

“Is It Just Me?”: A Phenomenological Exploration of Maternal Ambivalence In Breastfeeding

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Abstract

Breastfeeding is considered the baby-feeding 'gold-standard' with the World Health Organization recommending exclusive breastfeeding for at least the first six months of life. Yet very low breastfeeding rates are reported worldwide. In this phenomenological exploration of breastfeeding, which is inspired by my own experiences as a long-term breastfeeding mother, I suggest that to account for this gap, breastfeeding should be explored holistically, from the nursing mother's perspective, as an embodied and relational commitment which can trigger ambivalence.

I address this ambivalence through seven research questions. The first and overarching question asks: 1) What is the embodied experience of breastfeeding? This question is approached by asking 2) What are women's breastfeeding-related attitudes and expectations? 3) How does breastfeeding impact women's social lives? 4) Does breastfeeding require particular logistical or organizational considerations? 5) Do women feel support and inclusion in breastfeeding? 6) Do women find breastfeeding limiting and challenging? and 7) How do social, cultural, and political contexts affect breastfeeding? To answer these questions, I conducted six open-ended interviews with Israeli breastfeeding women whose life circumstances align with my own. Interview transcripts were analyzed phenomenologically to provide an emerging conceptualization of breastfeeding which I have categorized in terms of positive, negative and in-between experiences. This analysis revealed breastfeeding to have extensive impacts on women's lives, including bodily changes and attitudinal shifts, as well as having significant social, professional, and financial consequences.

Given these implications, I propose that breastfeeding is an inherently complex, relational practice which can trigger ambivalence. This ambivalence is felt in conflicting sensations and emotions, thoughts and attitudes. Furthermore, while this ambivalence is influenced by external forces, it is felt subjectively and physically in how women come to see themselves. What is relationally and ecologically understood about breastfeeding is that the care for another can generate a complexly lived experience for the caregiver, yet this complexity is often unacknowledged. Thus the public promotion of breastfeeding as being 'best' in terms of baby-feeding is misaligned with women's lived experiences and therefore counterproductive in encouraging women to breastfeed.

Keywords: Breastfeeding; Phenomenology; Maternal Ambivalence; Relational Flow; Ecological Systems Theory

To my Zohar and my Noga.

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Chapter 1.

Introduction

*A woman's chest, much more than a man's,
is in question in this society, up for judgment, and whatever the verdict,
she has not escaped the condition of being problematic. (Young, 1992, p. 76)*

The current work is a phenomenological exploration of breastfeeding. My own experiences as a long-term breastfeeding mother are complicated and challenging, and these challenges pushed me to explore the meanings breastfeeding brings to women's lives. I was eager to learn if other women experience breastfeeding similarly to me, or if my own experiences were and are unique.

Breastfeeding was and still is a complicated, demanding, and all-consuming engagement for me. Being a working and nursing mother of two kids and a Ph.D. student at the same time requires juggling many tasks and responsibilities. Trying to prepare meals, answer emails, get some work done, and drive places with a very cute, smart, yet demanding toddler at my feet screaming "booby-booby" and pulling me down is just another day. Smelling burnt onion as my lunch goes down the drain, she is still sucking and sucking on me on the couch. I know that as soon as I get up she will start (or rather continue) screaming and so I do a quick mental risk assessment of crying and yelling versus having a burnt lunch. I watch her not touch her dinner and know this means I will not get to sleep at all because she will be hungry and nurse all night long. I wake up from yet another sleepless night to the pull and noise of this nursing toddler, feeling my skin stretch from nursing while lying on my side, noticing the stretch-marks on my once GG-sized breasts, and taking note of my now-half-empty bra. I ask my husband if he still likes my boobs as he did 14 years ago and hear him pause for a long second before saying "yes."

Establishing breastfeeding was never an issue for me; sustaining it within a life comprised of a complicated array of considerations was. And doing so without resenting it was impossible for me. Living through these moments day-in and day-out for a

cumulative duration of about seven years leaves me wondering – is it just me? How is it for other women? I have girlfriends and mom-friends, but we do not talk about it.

In this introduction, I discuss my motivation for exploring breastfeeding and offer a perspective on breastfeeding as a multifaceted and complicatedly embodied experience. I argue that breastfeeding, as inherently relational, is influenced by social, cultural, political, and geographical factors. Furthermore, I position myself within this inquiry as a cisgender woman, wife and mother of two, an Israeli, cognitive psychologist, and emerging phenomenologist and doctoral candidate at Simon Fraser University. Throughout this dissertation I have had to find my way between different research orientations and specifically between my quantitative training and phenomenological tendencies. Most evidently this has involved addressing different methodologies, bodies of literature, and ways of being oriented towards the research process. Different dissertation chapters were written at different times, seasons, on different continents, and in different life phases. These chapters thus reflect differences in tone, motivation, interest and emphasis. Taking these shifts in language and tone into consideration is also how I have come to situate myself in this study. It is how I have come to understand my own biases and perspectives as indicative of the ambivalence felt in the practice of breastfeeding.

1.1. The motivation for the current work

As a mother (now nursing, as I said, for a cumulative duration of almost seven years, which is almost 20 percent of my life), I have practiced breastfeeding in various contexts, places and situations. I have a well-established sense of what it is to breastfeed, how it feels, and what it means for me. My body knows how to breastfeed.

My motivation for the current work emerged from my own complicated breastfeeding experiences as a new mother nursing my new-born son. Nine years ago, three months after my son was born, my father was diagnosed with terminal cancer. We were told by the oncologist that he had about a month and a half left (a prediction that unfortunately proved to be very accurate). Breastfeeding under these circumstances turned out to be a lose-lose situation: I had a newborn baby who practically lived on my breasts while my father was spending his last few weeks in a hospice – which is no place for a newborn. I was conflicted and did not know what to do.

Because of the intense breastfeeding, my son had an easier time relaxing with me than he did with his dad. This was great when I was trying to calm him down, but not so great when I had to leave the house to visit my father. While other young moms were conflicted between ecological diapers and disposable ones, I was trying to think if it is okay or not to bring a nursing newborn to a place full of dying people. I wanted to be with my dad but often found myself unable to leave the house because my son was crying and feeding on a tight nursing schedule. To be able to leave, even just for a little while, I had to pump milk. It was hard to extract the quantities that would enable me to leave the house for more than about two hours at a time.

That made me very frustrated and angry about the whole situation. I ended up finding myself with a very young baby, sitting beside my father's deathbed, breastfeeding. I wanted to be responsive to my dad but unfortunately I had to be responsive to my son, and vice versa. Also, since we were in a place full of sick and dying people, bringing a newborn there was less than optimal. I was worried he might catch something so I had to make sure I did not touch anything which was also very depressing because I wanted to touch my dad. And on the brighter side, the institution's staff were very happy to see me there. I guess a nursing newborn was a nicer sight than all the skinny people dying of cancer. Their reactions to my presence were much more supportive than the responses I got at home. I felt bad for my son because my dad was diagnosed with cancer so close to when he was born. He almost instantly had a grieving mother. He did not have the opportunity to have a happy mom and I regret that.

I remember days of mothering, attending to my son's needs, taking him for a stroller walk, and just bursting into tears as soon as he would take his nap. Then I would switch back to my caretaker mode two hours later when he woke up. That particular time was just a blur of sleeping and waking and feeding and crying, with nighttime being the worst. I would fall asleep while breastfeeding him, dreaming about taking a walk with my dad. It felt so real yet surreal, talking and walking, with very vivid details of everything, and suddenly being yanked out of my walk back into my bedroom through the cries of my son to be fed. These nighttime travels left me so drained and disoriented that at some point I asked my father to stop coming. And he did.

Breastfeeding my son later on, while recovering from my dad's death, felt in a way like having a superpower. When nothing else made my son stop crying I just had to pull out a boob and he was happy. I also felt that being able to soothe him like that could

somehow compensate for the fact that I was grieving and not emotionally available for him. It was so powerful a feeling that I was concerned about what was going to happen when I would not be breastfeeding him anymore. So I continued to breastfeed him until he was three and a half years old. I felt like I had no other means at my disposal to connect with him. I did not have to work as hard as my husband to make him relax. I had a built-in design for that; but what is going to happen when it is gone?

Cavanagh (2020) also described how breastfeeding enabled a sense of competency and deeply embodied connection with her daughter.

Breastfeeding is not just about feeding a child to allay hunger; breastfeeding offers a newborn comfort and reassurance that feeds the entire nervous system. My milk, my breasts, and touch nourished her, and I am nourished reciprocally. She asks for my breasts and I give them willingly. To nourish her with them, through them, gives me a sense of power and the chance to use my breasts as I want. The body is home.
(Location 1867-1868)

As I learned later on, this embodied connection extends beyond breastfeeding. I did not know back then that mothering and comforting is more than manufacturing and giving milk so, in a way, I felt like the milk we shared was our only tangible connection and I was very worried to lose that connection. Cavanagh (2020) also shared my concern, writing: “occasionally I worry I will wean her in a way that damages our bond....I can’t predict the future, but I do know the point of breastfeeding was not to bind my daughter exclusively to me but to give her a foundation to establish nourishing bonds with others” (location 1935).

A question worth pondering is: why did I breastfeed at all? Thinking about the situation now, the easiest thing to do would have been to stop breastfeeding, tell my husband to start coping more efficiently, and be with my dad for the little time we had left. But for some reason I did not do that. As I am trying to articulate the reasons for continuing to breastfeed despite everything, it is hard to say anything that will make sense. I simply wanted to breastfeed. Despite everything, I was happy I could feed my son. I enjoyed the closeness, the skin-to-skin touch, our routine of him coming out of his bath, right into my arms, for a long nursing session. I loved the cycles of his exploration always leading back to the comfort he found in me and in being breastfed. I also suspected it would be easier to nurse than to switch to baby formula. I was worried I

would lose my “superpower.” Silbergleid, (2020) also referred to breastfeeding as a superpower, writing: “my breasts are making milk, right now, as I write. What’s your superpower?” (location 2421).

Everything happened so fast for me. After about a month and a half the dilemma of nursing or not no longer existed as my dad passed away. Then there was no real reason to stop. Trying to generate a present-tense description of something that happened almost a decade ago is challenging. I am sure that if someone would have asked me then, I could have provided a detailed, sensitive impression of the nuances and subtleties of invisible exchanges I had experienced. These nuances are hard to put into words. They were comprised of sensations, bodily changes, and decisions made irrationally. I can now say that the way breastfeeding is entangled for me with motherhood, and with the relationships I have with my children, left me ambivalent back then, almost a decade ago, and leaves me in a similar quandary today.

1.2. Maternal ambivalence

The word “ambivalence” originated from the German term *Ambivalenz*, and was coined in 1910 by Swiss psychologist Eugen Bleuler in the context of describing psychological states such as schizophrenia. According to the Oxford English Dictionary, the meaning of the word ambivalence is “[t]he condition of having contradictory or mixed feelings, attitudes, or urges regarding a person or thing. Also: the condition of being undecided about a viewpoint or course of action, or of being unconvinced by the merit of something; the state or fact of being contradictory or inconsistent.”

As a long-term breastfeeding mother, I can attest that more often than not I felt ambivalence in my engagement with breastfeeding. I love it and resent it, am exhausted by it and tired of it. But I do not want to stop. I do not alone experience this ambivalence, this complexity; many mothers feel it (although not all speak about it). Several works have taken on the challenge of bringing to light the ambivalence mothers feel in the context of caring for their children. LaChance Adams and Cassidy (2020), for example, describe the conflicting sensations motherhood entails for many.

to take responsibility for another person’s fragile life is to invite physical labour, terror, feelings of failure, insane devotion, mournful regret, rage, claustrophobia, fierce protectiveness, amazement, and poetic inspiration.

....The questions can linger. Who might we have been without them? Who would they be without us? What would happen to them if we abandoned them or died? How will they take it when we do die, if we indeed die first? We find ourselves utterly responsible and ultimately powerless. (location 100).

In her doctoral dissertation, LaChance Adams (2011) sheds more light on the ways interpersonal dependency and the bonds we share with others leave us vulnerable, particularly in the mother-child relationship, because of the built-in physical dependency of the child.

We are all fragile bodies that require the good will and generosity of others. Human bonds are essential to human life, but those bonds also place us at risk. The boundaries between self and other are often unclear, but this can be more easily overlooked in the supposedly — autonomous adult. Recognizing our interdependence helps us to understand the true context for ethical life....When considered in the context of the mother-child relation, because it can be among the most intimate and the most conflicted, our intersubjective ambiguity and ethical ambivalence come into most striking relief. (p. 13)

These conflicting sensations, thoughts, and emotions are multifaceted. Each mother has her unique situation, with specific resources, limitations, possibilities, and choices to make. Each mother deals with her circumstances leading to ambivalent sensations, emotions, thoughts and attitudes. Levingston (2020), for example, tells of her ambivalence toward her children as a lower class Black woman. She tells of her struggles to establish her family's financial future at the expense of her availability to her children and, specifically ,the necessity to constantly and continuously balance her own needs and the needs of her children.

There is always a conflict between my needs and the needs of my children, tension between my survival and theirs. Which do I choose? Those lines are always blurred.... As a woman who is poor, Black, single, the mother of six children by four different men...a Ph.D. candidate, an entrepreneur, a woman, I find myself always stuck in the balance, trapped in these kinds of

dilemmaseach time I choose my children, I am always both surprised and relieved. (location 368)

Furthermore, according to Levingston (2020), what matters is not only the challenge of balancing these conflicting needs but also the fear of social costs in acknowledging she experiences conflicting sensations of motherhood.

May I write openly and candidly? May I tell you about all the ways in which I experience maternal ambivalence? Will there be a social cost? I am always torn and pulled between multiple minds. (location 368)

Levingston's concerns about the acceptability of speaking of her ambivalence are not surprising given the views of a good mother as a sacrificing mother, a mother who does not attend to her own needs, desires, or engagements, particularly if these conflict with the needs of her children (Charles, 2011; Stearns, 2013).

Maternal ambivalence comes in many different flavors. There is enough conflict to go around, and one does not have to be of a certain ethnic background, certain socioeconomic state, or a specific marital status to be ambivalent in one's parenting. In another demonstration of maternal ambivalence, Parsons (2020) shares her personal dilemma between the opportunity to go on the trip she always dreamed of and attending to her children's needs.

As the trip progressed, there were more opportunities for adult experiences that I resented having to miss: hikes that were too long and too difficult for preschool legs, a boat trip under Iguazú Falls that would have been too cold and intense, and excursions that required longer bus rides than could be managed without a bathroom break. Tired of telling them not to whine when I wanted to as well, I started to whine to myself: I wanted to go on the hikes, I wanted to go exploring, and I wanted to join everyone for after-hours drinks. Maternal ambivalence was moving from simmer to slow boil. (location 3180)

Parsons (2020) also speaks of the social acceptability of acknowledging these sensations and conflicts.

The tensions I was experiencing are not often considered ethical ones by mainstream philosophical ethicists in the Western tradition. The struggles of mothers, when internal to the family (private) and not implicated in choices

about humanity as a whole (public), are largely rejected as pertaining to philosophy and relegated to the realm of psychology. (location 3206-3233)

In other words, Parsons (2020), LaChance Adams (2011), LaChance Adams and Cassidy (2020) and Levingston (2020) highlight the need to refer explicitly to the ethical considerations embedded in the care for another, and the conflicts and ambivalence such loving bonds can trigger from a philosophical perspective. These quotes and illustrative stories speak of the conflicts so many mothers have in balancing their needs and the needs of their children as well as their reluctance to acknowledge these challenges.

These examples are not breastfeeding related per se, and yet I argue that breastfeeding holds particularly great potential for experiencing maternal ambivalence. Motherhood in general, and breastfeeding in particular, requires women to balance the need to care for themselves and the need to care for their nurslings. In the current work, I show that breastfeeding invites women who do choose to nurse to experience conflicting emotions, sensations, thoughts, as well as rational and irrational fears and hopes on a regular basis. I further maintain that it is important for breastfeeding mothers to acknowledge these conflicts even if they run against the grain of what is touted as the “good mother” schema (Stearns, 2013). My argument for acknowledging maternal ambivalence is supported by Almond’s (2010) work suggesting that acknowledging and living in peace with these conflicts and ambivalence is a sign of good mental health.

[Maternal ambivalence] refers to a conflicted mental state, in which one has both loving and hating feelings for the same person. It characterizes all human relationships, not just that of mothers and child. Being able to tolerate both kinds of feelings, at different times, without having one feeling destroy the other, is a sign of good mental health. (p. 8)

In this work, through the analysis of women’s stories of breastfeeding, as well as my own breastfeeding stories, I demonstrate that breastfeeding is an inherently complex experience, with positive and negative sides, and many shades of meaning in between. I also demonstrate that women feel ambivalent toward breastfeeding: the same woman may experience breastfeeding in conflicting ways at the same time or in different times in her life – enjoying it, resenting it, suffering through it, and holding it dear. Through this phenomenological exploration of breastfeeding, I bring to light a rounded conceptualization and understanding of what it means to be a breastfeeding woman, and

the broad and vast implications of this physical engagement for many women. I show that it is possible to consider breastfeeding as a particular manifestation of maternal ambivalence, and that breastfeeding can be experienced as a multilayered and conflicted practice.

1.3. Research focus and questions

Going forward and years later, I still wonder if it is just me. I know the circumstances were challenging in my own case. Not every day does one get to bring a new life into the world and say goodbye forever to a loved one. I could not help but wonder about my lived experience as a breastfeeding mother. I wanted to learn if other women experience anything of this order that I did. Perhaps breastfeeding was entirely different for them, in which case I wanted to know how breastfeeding is for them. As Snowber (2012) articulated: “I am more interested in what I don’t know than what I know. I already know what I know, but how can I be surprised by being fully awake” (Snowber, 2012, p. 123). In later work, Snowber (2018) discusses the possibility of using research and, more specifically, arts-based research to connect the “personal and professional, autobiographical and artistic” and how “the interconnections [between them] are made apparent within research; taking on the endeavor of researching our own lives” (p. 233). Snowber further indicates how her lived experience as a dancer informed her academic and scholarly work, stating: “I did not have to leave my artist at the door of the academy, but could let it inform all my work” (p. 233). Similarly, the current work is informed by my own experiences as a breastfeeding mother. As Snowber (2018) recommends, I do not leave my breasts, milk, or kids at the door of this academic endeavor.

Living through my own challenges, I can easily understand why some (or most) mothers opt to not breastfeed at all. Only a handful of women I know have breastfed for the extended time that I did, and most of the mothers I know (including my own mom) did not breastfeed at all or breastfed only briefly. I wanted to learn if other women, who choose to breastfeed, experience it as limiting as I did in terms of mobility, social interactions, and professional and career development. I thought that if it is so, if breastfeeding is indeed limiting by definition, this information should be clearly communicated to new and expecting mothers because a continuous physical commitment such as breastfeeding should not be taken lightly. I was surprised by its all-encompassing implications on my life and I wanted to learn if these are regular, yet

unspoken, consequences of breastfeeding, or if they were just the poor combination of circumstances in my own case.

Even though I was never told explicitly that “breast is best,” and even though I had never even seen a woman nursing before my son was born, for some reason I was fixated on breastfeeding. I did not know why. I had a hard time understanding why I was still breastfeeding despite the discouragement, discomfort, and lack of support. I knew that breastfeeding in public is unacceptable but, for some reason, I also thought that formula feeding is a poor substitute. I quickly learned that strangers do not like to see a suckling baby at the mall yet I never heard anyone complain about advertisements showing half-naked lingerie models. I wondered if it was the baby or the possibility of seeing a milk-dripping nipple that disturbed them. I was curious to learn if other women received similar mixed messages or if maybe I was just too sensitive to other people’s opinions.

I wondered if my own experiences, and their complexity, were purely personal or if they are an integral part of breastfeeding and shared by other mothers. In other words, I wanted to learn if my own experiences are singularly unique, or if there is some commonality of these experiences with those of other nursing mothers. Were other women suffering or enjoying their own circumstances of breastfeeding? Are there others whose partners, extended family members, neighborhood and community influence breastfeeding to such a considerable extent, although in a way that is hard to pinpoint?

In the current research I explore both my own and other women’s experiences of breastfeeding and address the following questions: 1) How is breastfeeding felt as a bodily practice? 2) What attitudes and expectations do women hold with respect to breastfeeding? 3) What are the influences of breastfeeding on women’s social lives? 4) Are there specific logistical, organizational, or operational considerations dictated by breastfeeding? 5) Do women feel support and inclusion in the context of their baby-feeding choices? 6) Or do women find breastfeeding limiting and challenging? 7) To what extent are their experiences of breastfeeding influenced by broad forces reflected in public policies and social norms?

The opportunity to rigorously address these questions presented itself when I took a qualitative research methods course with Dr. Cheryl Amundsen, who encouraged me to pursue them. The current work is the result of the process that started under her

guidance and continued under Dr. Stephen Smith's and Dr. Celeste Snowber's supervision, support, and guidance.

In this work, I explore the way breastfeeding is influenced by external forces yet is lived subjectively on and through a body that has specific characteristics which position it within society and culture (e.g. Young, 1992; Lee, 2018; Lloyd, 2018). As suggested by Merleau-Ponty (1945/2012), "I understand the world because I am situated in the world and because the world understands me" (p. 430). Following such an existential conceptualization of breastfeeding, I contextualize it as embodied and relational, and highlight the ways in which nursing women are situated in the world. I do so by focusing on the interaction between the socio-cultural contexts and the embodiment of this practice – how women's experiences of breastfeeding can be felt in a deeply embodied way and, at the same time, be profoundly influenced by their life's circumstances.

1.3.1. A relational-ecological focus

To account for the intersections and interactions between external circumstances and the embodied experience of breastfeeding, I propose to explore this practice through an inclusive frame of reference. Specifically, I suggest that combining Bronfenbrenner's ecological systems theory (1977, 1994) with a relational-phenomenological perspective (Lloyd, 2012a; Merleau-Ponty, 1945/2012, 1968, 2012; Smith, 2006, 2007, 2020; Smith & Lloyd, 2019) can be useful in gaining a more fully rounded understanding of what it means to be a breastfeeding woman. Given that not all mothers breastfeed, despite the good reasons to practice it as a form of baby-feeding, I suggest that to truly support and encourage breastfeeding requires describing, acknowledging, and reflecting on the lived and living experiences of breastfeeding, on the ecology in which breastfeeding happens, and on how influences from the outside find their way into the subjective, carnal realms of breastfeeding.

My own story demonstrates the interplay between external circumstances beyond my control and the way these registered with me, thus situating my own involvement with breastfeeding within the theoretical framing of a relational-ecology of breastfeeding. A smile from a hospice nurse could have made a significant difference to my doubtful feelings about bringing my son there. A marital disagreement in the form of a phone call to come back home to feed, ten minutes after I had left the house, also took its toll. My

body responded physically to my attempts to pump milk by changing the supply so that on days I could not pump I was congested and uncomfortable. My ambivalence around my ability to produce milk and feed my son became an extreme concern because of my dad's situation. Negotiating breastfeeding necessities within external impositions was felt in my flesh – I was tired, hungry, engorged, and not very stable, yet still functioning on the many fronts I had to cope with and, in that, my inner experience was not only subjective but also affected by my environment (Smith 2020, Smith & Lloyd, 2019).

Such “external” impositions became, in fact, inner sensations, blurring the boundaries between the “external” world and me. Being angry and engorged, for example, might have been triggered by “external” impositions, but my embodiment as a breastfeeding woman was completely immersed within these impositions. They positioned me and affected how I could compose myself as a breastfeeding mother. These exchanges can also make things less clear, or more ambiguous. The source of this ambiguity can be found in the ways “external” and “internal,” self and others, are in fact interwoven with one another. This ambiguity can, for example, manifest itself in the ways the nursing body is responsive to the needs of the nursling, even from a distance. If there were clear boundaries between the nursing woman and her nursling, her body would not have produced more or less milk (change the supply) based on the varying needs (or demands) of the child (Ma, 2020; Young, 1992). If there were clear boundaries between the nursing woman and her nursling, nursing babies and children would not have shown a preference for a specific side at specific times of the day. If there were a clear boundary between a nursing mother and her nursling, it would not have been possible to find specific antibodies in her milk to the specific health issue with which her child is dealing (e.g., Sadeharju et al., 2007). Such degree of responsiveness can have a nursing mother ask herself if her body is her own or if, because she shares it with her child, and in fact her child dictates her bodily sensations and functionality, it becomes any less or any more hers. I propose that this ambiguity can cause women who nurse to be ambivalent toward breastfeeding.

Certain breastfeeding stories and narratives I share demonstrate such ambiguity and the necessity of both frames of reference — the ecological and the embodied-relational – when exploring the meanings the practice of breastfeeding can have for those who nurse. My dad's medical condition (my exosystem; Bronfenbrenner, 1977) dictated my availability for my newborn son. I felt these shifts in availability physically –

being engorged when I needed to pump to leave the house, being constantly on edge, not being able to sleep, either because I had to wake up to feed my son or because I was worried about my dad, were all parts of my microsystem (Bronfenbrenner, 1977). My husband's eagerness to get help from other family members (also my exosystem; Bronfenbrenner, 1977) influenced my ability to attend to the things that were going on. The hospice staff's attitude to my presence with my son – an example of the mesosystem (Bronfenbrenner, 1977) – enabled me to be there and be available for both of them. All of that influenced me and the way my body was changing because of the varying breastfeeding demands (microsystem; Bronfenbrenner, 1977). These examples illustrate how internal sensations and external impositions meet and become interwoven. They show how subtle as well as explicit exchanges with others color the embodied experiences of the "I".

In the next sections, I describe my approach to unpacking the complexity and ambiguity that are inherent to breastfeeding. I do so by further framing breastfeeding as a practice of relational exchanges and flows which blur the boundaries between the nursing mother, her child, and the lifeworld they inhabit.

1.4. Choice of Methodology

I wish to unpack some of the complexities embedded within the practice of breastfeeding and address specifically the above-mentioned research questions. As Snowber (2012b) suggested, "[w]hile one can lie with one's lips, it is almost impossible to lie with the body. The body is a place of deep knowing" (p. 54). Following this line of thought, I attempt to tap into the deeply embodied knowledge of breastfeeding using a phenomenological methodology. I do so by exploring breastfeeding as an embodied and relational practice (Cohen Shabot, 2019; Lloyd, 2012a; Merleau-Ponty, 1945/2012, 1968; Smith, 2006, 2007, 2020; Smith & Lloyd, 2019) framed within ecological systems (Bronfenbrenner, 1994, 1997). We are living bodies, but we also live within society and culture and this impacts our manner of being to a great extent. As Snowber (2012) suggested:

One cannot live in Western culture and not take the impact of cultural constructs that emphasize what we look like instead of how we experience sensations through our bodies. It is clear that body knowledge has become

endangered within the human species, and we are often alienated in our own bodies. (p. 55)

While we live embodied lives and live through and by our embodied selves, it is often hard to appreciate the extent to which we live corporeally with others. We cannot ignore the contexts in which we live as incarnated, bodily beings, and therefore, it is essential to rigorously address the external context in light of the relations and exchanges we have with others and with the world. I do so in the hope of shedding light on, and doing justice to, the inherent conflict and complexity many women (myself included) live with in the context of breastfeeding. In doing so, the current work can move toward an holistic account of breastfeeding as a phenomenon of interest to the women themselves and to those who would make assumptions about their breastfeeding practices.

1.4.1. Merleau-Ponty's phenomenology of perception and ontology of the "flesh"

I base my phenomenological perspective on Merleau-Ponty's work concerning the ways we perceive and experience the world and the meanings an embodied practice such as breastfeeding holds for the breastfeeding subject. According to Merleau-Ponty (1945/2012, 1968), the body is our point of view on the world, a representation of our intentionality, and as such our experiences are embodied by definition: "the body is the vehicle of being in the world and, for a living body, having a body means being united with a definite milieu, merging with certain projects, and being perpetually engaged therein" (Merleau-Ponty, 1945/2012, p. 83). This embodiment is not reflected by having a mind "housed" in a body but, rather, we are carnal subjects who "have a pre-reflective grasp of our own experiences, not as causally or conceptually linked to our bodies, but as coinciding with them in relations of mutual motivation" (Carman, 2012, location 238). That is, for Merleau-Ponty, there is a "necessary connectedness of consciousness as it is incarnated; mind, for [Merleau-Ponty], is always embodied, always based on corporeal and sensory relations" (Grosz, 1994, p. 86).

According to Merleau-Ponty (1945/2012, 1968), being an embodied subject is what makes it possible to be in relations with the world, objects in it, and with other embodied subjects. As bodily perceiving subjects, we know the world and the 'things' or 'objects' in it through our situated perception and from our unique and partial perspectives. In the *Phenomenology of Perception*, Merleau-Ponty (1945/2012) explains how we always

perceive the world through a situated perspective by using the example of perceiving a three-dimensional cube.

From my body's point of view, I never see the six faces of a cube as equal, even if it is made of glass, and yet the word "cube" has a sense: the cube itself, the real cube above and beyond its sensible appearances, has its six equal faces. To the extent that I move around the cube, I see the front face, which was a square, lose its shape and then disappear, while the other sides appear and each in turn becomes square. But the unfolding of this experience is, for me, nothing but the opportunity for conceiving of the total cube with its six equal and simultaneous faces, that is, the intelligible structure that makes sense of this experience. (pp. 209-210)

Our perspective is partial, never complete, dynamic, and changing based on our position toward the world and the 'things' in it, and yet we are still capable of maintaining a sense of coherence through these perceptual processes.

Conceptualizing perception as such also has implications for the relations between the perceiver and the perceived, the seer and the seen: "it is essential that the thing, if it is to be a thing, have sides hidden from me, and this is why the distinction between appearance and reality immediately has a place in the perceptual 'synthesis'" (Merleau-Ponty, 1945/2012, p. 395). According to Merleau-Ponty then, as perceiving, embodied subjects we have complex, dynamic relationships with the world in which we are enmeshed, and a part of this complexity is that we can never know the 'things' we perceive fully in all their complexities and through all the possible perspectives that exist (Cohen Shabot, 2008). Considering the way this relationality positions her as a perceiving subject within the relations she has with the world and with others, LaChance Adams (2014) articulates how, "while the other is not hidden from me, locked within interiority, she also is not fully laid out for my examination" (p. 109). In other words, other people, things, or the world, will always remain partial for the perceiving subject because she does not and can never have access to their full complexity and to all possible ways of perceiving them.

Merleau-Ponty (1968) claims that these perceptual processes are characterized by ambiguity. The complexity, or ambiguity, is grounded in perceiving the world as made of living relationships and bodies, touching, not fully separated from one another, yet not

fully encompassing one another (Cohen Shabot, 2008). Merleau-Ponty (1968) asks: “where are we to put the limit between the body and the world, since the world is flesh?” (p. 138) and replies:

As flesh applied to a flesh, the world neither surrounds it nor is surrounded by it. A participation in and kinship with the visible, the vision neither envelops it nor is enveloped by it definitively.... My body as a visible thing is contained within the full spectacle. But my seeing body subtends this visible body, and all the visibles with it. (p. 138).

Perceiving others and the world from our unique and partial perspectives is where the coiling up of the touching and the touched, the seer and the seen, happens. Being toward the world in such a manner, overlapping but never completely merging with it, while a gap or *écart* always remains, is characterized by ambiguity.

For if these experiences never exactly overlap, if they slip away at the very moment they are about to rejoin, if there is always a “shift,” a “spread,” between them, this is precisely because...I hear myself both from within and from without. I experience – and as often as I wish – the transition and the metamorphosis of the one experience into the other, and it is only as though the hinge between them, solid, unshakeable, remained irremediably hidden from me. (Merleau-Ponty, 1968, p. 148)

Merleau-Ponty’s (1968) ontology of the “flesh of the world” allows a consideration of breastfeeding as a deeply relational practice, considering the breastfeeding mother as immersed in this flesh of the world while staying in her own skin, her own body connecting but never fully merging with the world or with others, her nursing included. As such, her body, her point of view on the world, is partial, specific, dynamic, responsive and influenced by the world, things in it and others. These ‘things’ and others can also reflect social and cultural cues, affecting and coloring the meanings she gives her own embodied experiences.

Once again, the flesh we are speaking of is not matter. It is the coiling over of the visible upon the seeing body, of the tangible upon the touching body, which is attested in particular when the body sees itself, touches itself seeing and touching the things....(Merleau-Ponty, 1968, p. 146)

Such an interpretation of our embodied experiences, the world, 'things,' and the relations with other subjectivities means considering not only the body but also the context in which this body exists and the exchanges the body has with its environment. Is it, for example, a feeling of being in flow or instead of friction, rigidity, pain, and suffering? I propose that breastfeeding can be any of these. When we consider the exchanges between the body and the world, and the external cues which affect the lived bodily experiences, we come to realize that regarding breastfeeding as a unidimensional phenomenon misaligns with its lived experience. Instead, the practice can be viewed as fluid, in flux, an experience of blurred boundaries, which is to say, it is a demonstration of the ambiguity of the relations between the body and the world to which Merleau-Ponty first drew out attention.

In this work I will demonstrate how breastfeeding is felt from within the body, allowing the mother and child to connect, but never completely achieving a merge of mother and child. The gap between them, *écart*, always remains. As chapters four through six will show, the boundaries between bodies do become blurry, but there is still, nonetheless, a sense of coherence, even when one shares her body with her child. Or as suggested by Merleau-Ponty (1968): "we situate ourselves in ourselves and in things, in ourselves and in the other, at the point where, by a sort of chiasm, we become the other and we become the world" (p. 160). I may produce milk, and give it to my child. I connect with my child through the milk we share and I make this milk only because she asks for it. But milk is not all and everything I am. Such consideration can be used to view breastfeeding as a carnal mother-child connection and exchange, a connection which happens in a shared world involving both the mother and the child, but never, ultimately, the two of them occupying one and the same world.

1.4.2. A Phenomenology of relationality and flows

Knowing others in the world, subjectively, partially, never to the fullest, through the body, resonates with Smith's and Lloyd's (2019) emphasis on phenomenology as a way of knowing the world through inherently physical interactions with it and with others. They suggest that our experiences of the world around us are felt from within in a deeply relational and interactive manner, and this relationality can be explored by focusing on our feelings, emotions and moods and how we are attuned to subtle nuances and exchanges with our environments and with others whom we encounter. Thus, we should

not only acknowledge the human condition as being “flesh,” but also *flesh out* how we are connected and attuned bodily to others. One example of such attunement comes from Smith’s (2006) phenomenological analysis of the notion of “an embrace.” Smith (2006) discusses the gesture of an embrace, as an embodied intentionality, and its meanings and manifestations in “gestural landscapes” (p. 2):

[an embrace] is of a kinaesthetic landscape, a space and time of transcendental motility....it is the emotional registers, transcendent meanings, the sense of possibilities prefigured in the tangible moment, that make hugging or even holding a child seem like an embrace....There is a tangibility even to figurative embraces that uncovers, strips away, what it means to be at home in the world and with others. (pp. 2-3)

Smith’s phenomenological analysis, diving deep into the metaphorical and tangible, visible and invisible exchanges and meanings an embrace can have, are insightful in giving voice to the nuanced attunements, intentions, exchanges, and flows within the interactive moment. Smith’s phenomenological inquiry also informed Lloyd’s (2012a) inquiry into her own experiences as a breastfeeding mother where she refers to breastfeeding as a “fluid embrace.” She states:

[t]he fluid embrace, however painful as I acquaint myself with a new way of being visceral in the world, thus reminds me that I, my breast, is so much more than an object for my child and something to be objectified by the gaze of others since my viscosity flows from and through me and connects a false divide between what may be considered internal and external” (pp. 4-5)

Considering ‘flow’ as Smith (2006) and Lloyd (2012a) do, allows for a more fully enfleshed account of exchanges, gestures, and meanings within the practice of breastfeeding, while highlighting the ways these exchanges breach the boundaries between what is considered external and internal, or between the self and another. Such fluidity, and specifically the notion of being “in flow,” is at the heart of the *relational flow approach* to phenomenological inquiry (Smith & Lloyd, 2019) which also informs the current work, as will be further discussed in the methodology chapter. As we live through our embodied selves, each mother, from her own perspectives and in the specific exchanges with her child, will experience the world distinctively and with greater or

lesser moments of flow. A perspective on *flows* within the practice of breastfeeding takes into account the corporeal interactions between mother and child in breastfeeding.

In the current work, I situate my own breastfeeding practices as well as those of my participants within this particular phenomenology of relationality (Cohen Shabot, 2008, 2018; LaChance Adams, 2011, 2014; Lloyd, 2012a; Merleau-Ponty, 1945/2012, 1968,; Smith, 2006, 2007, 2020, Smith & Lloyd, 2019) and in keeping with Bronfenbrenner's ecological systems theory (1977, 1994). Using these frames of reference, I demonstrate how the very immediate sensibilities of breastfeeding are influenced by external forces (e.g. social, cultural, geographical and political) which are felt through subtle relational exchanges with the world and with others who are perceived from within and through the nursing body.

1.4.3. A phenomenology of blurry boundaries

Much empirical, theoretical, and autobiographical work discusses the female body and the breastfeeding body in particular. A phenomenological research lens and the use of evocative descriptions and language enable a close and personal perspective to these conceptualizations of breastfeeding. Kukla (2005), for example, suggested that “female bodies and especially pregnant and newly maternal bodies leak, drip, squirt, expand, contract, crave, divide, sag, dilate, and expel” (p. 3). This carnal, leaky, milky, fluidity of breastfeeding is said to breach the boundaries between the maternal body and the nursing baby's body (Simms, 2001). Campo (2010), for example, described breastfeeding as an embodied engagement that radically challenges the body/mind and self/other dualisms through the “fluidity of the breastfeeding body and the mother/child symbiosis [with breastmilk as a bodily fluid that] disturbs the boundaries between inside and outside; public and private and between the individual and society” (p. 51).

This embodied relationality is not just a theoretical matter, it is “not a spectator sport” (Behnke, 2010, p. 53). I very tangibly grasp it when it is bedtime and I breastfeed my daughter to sleep. She is right there, nursing. I hear her breathing through her nose, with rhythmic and almost meditative breaths. I can feel her drowsing off and feel myself melt into the mattress, like listening to someone else's heart beating, her breathing setting the tone and pace. We connect through her latch, and I can feel her letting go of the day, agreeing to finally give herself to sleep. This exchange – me making milk, and

she taking it – happens every night. It has a gentle but profound effect. As our breathing synchronizes, I feel myself getting more and more relaxed and sleepy, and I wonder if I am the one putting her to bed or if she is the one putting me to bed. So even though breastfeeding is never symmetrical, one side is always giving and the other side is always taking, yet the exchange that takes place has a synchronous effect, at least for me, with her, and before that with her older brother. Cavanagh (2020) also talked about the synchrony between two bodies through breastfeeding and the learning that it enables.

As my daughter explores how our bodies work together, she is exploring her powers. It's a process. During her first weeks, she learned how to nurse, lodging her tongue beneath my breast to get the best latch. Knowing how to draw milk from me is a kind of power. I like to think she's also gaining power through the freedom to express pleasure and frustration, pleasure when she could satisfy her hunger, frustration when she could not. If the early childhood development experts are right, this freedom will help her build a sense of security that will enable her to be attuned to herself and the signals her body gives her....[T]o explore your body close to another's body without being controlled, condemned, or shamed – that's what I would have wished for myself. That's what I wish for my daughter. (location 1880)

The embodied synchrony and mutual influence that flows between and through our bodies also makes the boundary between us blurry. Kukla (2005) suggested that breastfeeding can be seen as a bridge between two bodies.

The capacity of the maternal body to nurture, via its womb and breasts, seems to give its boundaries a different kind of lack of fixity: we imagine the maternal body as an 'organic unity' able to bridge the gap between two bodies, becoming both one and two at once through the gift of gestation and milk. Thus the boundaries of the maternal body are unstable in these two different ways, which have been given different sets of meanings and normative valences over the years. (p. 3)

In other words, understanding what it means to be a breastfeeding mother, why most mothers do not breastfeed for long, and what mothers need to support them in their choice of baby feeding requires more than statistics and official recommendations.

In terms of the ecological view, the playing field is not level just because each mother has her own unique circle of support and resources available (or unavailable) to her. Additionally, a breastfeeding woman's experience spreads beyond the specific times when she engages in breastfeeding. Her involvement with breastfeeding can be framed within her core family's conceptualization of breastfeeding, her spousal connection and context, her peers, coworkers, and community and the attitudes others hold towards breastfeeding. Breastfeeding can further be framed by a woman's geographic location and the local norms, traditions, laws, and policies impinging on its practice.

The combination of a relational and embodied approach with an ecological systems theory further affords the mapping of external forces while keeping in mind how impressions of the outside register on or through the flesh. Focusing on embodiment and relationality implies that the intention is to "go beyond the traditional dichotomy of subject and object, spirit and matter, interior and exterior, or even nature and culture" (Lau, 2016, p. 177). Viewing breastfeeding in this manner fits with the way other scholars describe breastfeeding as going beyond the distinctions of self and other, of public and private, and of breastfeeding as breaching all kinds of boundaries (Campo, 2010; Simms, 2001).

Such framing of breastfeeding allows consideration of nursing mothers as subjects, active agents, in their own unique situations and circumstances, with particular constraints and affordances that enable and disable desired outcomes. Additionally, since breastfeeding is lived through and by the body, it is possible to suggest, as Snowber (2012) does, that these embodied ways of knowing can be considered an internal guidance system or a built-in navigation system available for us to use. We can gain a fuller understanding of breastfeeding by following these embodied signals. When studying breastfeeding, because of its embodied and relational premises, it is important to emphasize that the cultural and social ecology does not remain detached and external to the nursing woman. Issues stemming from geography, politics, social class, race and disability are experienced subjectively, internally, in, on, and through the flesh. Thus, a

relational embodied phenomenological account affords a closer look into the manner in which breastfeeding reveals itself to women who breastfeed. Focusing on details and impressions that otherwise may go unnoticed, such as subtle nuanced exchanges, synergies and energies (Smith, 2006, 2020; Smith & Lloyd, 2019), allows an account, through evocative descriptions, of the way breastfeeding is felt through the body but is also responsive to the environment.

A fuller account of the significance of breastfeeding in women's lives is made possible by describing how nursing mothers negotiate, navigate, and narrate this milky, enmeshed in-betweenness between their bodies and their babies bodies, within the world in which we all live (Cohen Shabot, 2018; Simms, 2009). Such an account of breastfeeding can help address questions of how women feel breastfeeding through their bodies (Q1) and what attitudes they hold toward breastfeeding (Q2). This account can also elucidate the challenges and limitations such a practice can introduce (Q6), shed light on the way breastfeeding impacts social opportunities (Q3) and the feeling of support and inclusion (Q5) while keeping in mind unique breastfeeding-related logistical or organizational considerations (Q4), as well as influences from broader forces (Q7). In other words, these questions can be rigorously addressed to give a fuller account of what breastfeeding introduces into a woman's life.

Through the search for answers to my research questions I hope to make explicit how the systems women who nurse live and operate within make their way into the embodied and relational engagement of breastfeeding. Bearing in mind the above-mentioned considerations, I propose breastfeeding to be an inherently complex and delicate negotiation which can trigger feelings of ambivalence, despite the common flattening of this practice to being the 'best' one in terms of baby-feeding. I further propose that this complexity depends greatly on circumstances seemingly external to the nursing woman, such as social and cultural norms and perceptions, issues of social class, race, and religious affiliation, with these circumstances coloring and complexing the nursing woman's subjective, embodied experience.

1.5. Sampling considerations

As my drive to explore the above-mentioned research questions derived from my own ambivalence, I wanted to compare my take on breastfeeding with that of women

who are close to me demographically speaking – cisgender women, Jewish, Israeli, living in North America, raising their nurslings with a partner, and working toward careers. Since this is a phenomenological study, the purpose is to get as close as possible to the essence of the lived and living experiences that a few individuals have in common (e.g., Creswell, 2013), and to capture, through evocative descriptions and attunement to nuance, the meaning of these experiences as they are lived through.

Such intentions, to dive deeply into the exchanges and flows of the mother-child relations in the context of breastfeeding, were suggested by other authors as well. Lloyd (2012a), for example, asked: “what might we learn from attending not only to the aesthetic qualities of the maternal embrace but also to the kinaesthetic flow of gestural motions within such envelopment?” (p. 9). In specific reference to breastfeeding, Lloyd (2012a) further suggests that “breastfeeding may be understood beyond the scientific principles of ‘mechanism,’ measured quantities and the nutritional value of breastmilk as such,” and that “we may also consider attuning towards the kinaesthetic sensations of experiencing life in fluid relation” (p. 8). Similarly, my intentions are to explore the nuanced sensations, emotions, attitudes, and relational exchanges within the practice of breastfeeding.

As my starting point was my own experience, it made sense for me to start with women close to me demographically and delve into their stories. Clearly the choice to focus in-depth on a certain population has its limits in terms of generalizability, as will be elaborated in the methodology chapter. Keeping these empirical shortcomings in mind, I propose that an emphasis on in-depth analysis yields particularly germane insights regarding the experiences of some women, of some demographic characteristics, in some situations. It is through such depth rather than breadth of treatment that commonalities to the practice of breastfeeding may well be brought to light.

In my work, I aim for transitive understandings by going deeply into the nuances of a few women’s experiences, specifically by focusing on the ways breastfeeding is felt and lived through the body as well as the ways the breastfeeding body is positioned and situated within society, culture, and geographic locale. Moreover, through such emphasis on depth, I wish to demonstrate that there is a contrast between the framing of breastfeeding as ‘best’ and its actual lived experience, and such contrast may also apply to women of other demographics in various circumstances.

The focus on depth over breadth is important particularly when considering breastfeeding to not be a set of stand-alone events but rather a continuous practice in which women engage for days, weeks, months, and even years. Therefore, I propose that tuning in to the nuances of women's lived experiences as they do the work of mothering can be useful as an indication that breastfeeding is not only 'best' but an embodied and relational engagement which may trigger ambivalence for women who nurse. In other words, I acknowledge my choice of sampling sets limitations in terms of applicability and generalizability of my work. With that, I also suggest that it is possible to use the insights emerging from the present study as starting points in understanding how women not explicitly represented in this study value, feel, and practice breastfeeding. If, as I will show, women of this demographic illustrate how breastfeeding can trigger ambivalence, it will not be surprising that women of other demographics also experience it as such, albeit to a greater or lesser degree.

1.6. Thesis organization

This thesis is comprised of seven chapters. In the next chapter, chapter two, I review breastfeeding-related literature from different subject positions. The review of the literature addresses current understandings of topics related to the research questions at the heart of this study – breastfeeding embodiment (Q1), expectations (Q2), support, inclusion (Q3, Q5), and challenges (Q4, Q6), as well as questions concerning breastfeeding policies and social norms (Q7).

I begin by reviewing breastfeeding literature and research from a biomedical perspective, discussing worldwide low breastfeeding rates and issues concerning breastfeeding advocacy and education. The biomedical literature review is significant since it demonstrates the contrast between official recommendations supportive of breastfeeding and the actual take-up of these recommendations. The exploration of this gap enables an emerging understanding that official recommendations and advocacy are insufficient in promoting breastfeeding. The biomedical literature sheds light on current breastfeeding policies and norms and further demonstrates that current support agencies are inconsistent in giving women support in their baby feeding choices, thus addressing research questions five, six, and seven.

I then turn to consider other types of literature, mainly phenomenological, feminist, and developmental accounts, to allow a closer look at the lived and living experiences of breastfeeding. The review of feminist, phenomenological, and developmental literature relates to research questions concerning current understandings of breastfeeding embodiment (Q1 and Q2), while viewing breastfeeding as a relational engagement situated within a complex ecology comprised of layers of social (Q3), cultural and environmental elements (Q7). Through the unfolding of the literature review, I demonstrate the necessity of acknowledging the mutual influences between external considerations and internal subjective experiences. The transition from the biomedical literature, through the feminist, phenomenological and ecological accounts, illustrates that there are no simple answers to questions concerning the subjectivity of breastfeeding. The review also enables an understanding that breastfeeding is a multifaceted phenomenon that can be looked at from various perspectives but most essentially from the nursing woman's perspective.

In the following chapter, chapter three, I describe the methodology I used, namely phenomenology, to explore the meanings breastfeeding brings to women's lives. Since different phenomenologists defined and emphasized different aspects of phenomenology, I first review the evolution of phenomenological thought. I start with Husserl's conceptualization of phenomenology as concerned with "things themselves," then review Merleau-Ponty's take on the body as the lens of exploration of the world, with an emphasis on the ways we perceive the world as embodied subjects, touching specifically on the work of Eva Simms concerning interembodiment in the context of breastfeeding. I then review Smith's and Lloyd's (2019) relational flow approach to phenomenology, which I use as a methodological framework for the current research. The relational flow approach builds on Merleau-Ponty's ideas and enables a close and sensitive attunement to interembodiment as a visceral feeling of the body and the way our bodies interact with other bodies and with the world. As will be discussed in chapter three, using the relational flow approach highlights the significance of attunement in terms of how exchanges with the world and with others find their way into the kinesthetic life of the subject, the dynamic and ever-changing nature of breastfeeding, and the necessity of considering breastfeeding from a perspective of flows within the practice itself.

I then build on Jacobs's (2013) interpretation of the phenomenological reduction as the transition from the natural attitude to the reflexive disposition such that one is not just informed but formed in the phenomenological process. My engagement with the phenomenological reduction, as the current work invited, has enabled me, as a researcher, a breastfeeder, and a breastfeeding researcher, to not only reflect differently on the practice of breastfeeding but also consider the flows within my own interactions with others and the world. In chapter three, I describe how through the process of the phenomenological reduction, I became more aware of the subtleties of the exchanges I have with others. Additionally, and perhaps most importantly, through this inquiry I learn I can rely on the inputs my body generates in the background as a legitimate source of information about the interactions I have with my environment and others. And in that, my engagement with the phenomenological reduction was, as Jacobs suggests, a life changing event for me. Finally, I describe the qualitative methods I used for data collection, analysis, and interpretation. I additionally explicitly state how I made use of my own experiences as a breastfeeding mother to interpret the stories shared with me by other nursing mothers.

In chapters four through six, I bring to light the experiences of the six breastfeeding mothers I interviewed while analyzing their stories as comprised of positive, negative, and in-between sensations, perceptions, attitudes, experiences, and events. Each chapter discusses different aspects of the mother's takes on the ways they practice breastfeeding and are titled successively *The Bright Side*, *Gray Areas*, and *The Dark Side*. Each chapter addresses the research questions of this study as the women's stories touch on breastfeeding's embodiment (Q1), their expectations of and attitudes towards breastfeeding (Q2), the way breastfeeding impacted their social lives (Q3), specific logistical, coordination, or organization-related considerations imposed by breastfeeding (i.e. day-to-day routines, everyday life events) (Q4), their experiences of inclusion, support, and challenges (Q5 and Q6), and the way they perceived breastfeeding to be influenced by policies, social norms, geographic location, and the law (Q7). Additionally, I use Bronfenbrenner's ecological systems theory as the organizing structure for the women's stories, starting from the micro-system, through the meso-system, to the exo-system and, finally, the macrosystem.

Chapter four, *The Bright Side*, describes the positive sides of breastfeeding the participants shared with me, including feelings of competency, new appreciation of their

bodies (Q1 and Q2), and support (Q5). Chapter five, *Gray Areas*, describes the mixed or neutral aspects of breastfeeding having to do with their embodied selves (Q1), their expectations (Q2), their relationship with their partners (Q3, Q5, and Q6), and the influences of their community, social connections (Q3), and geographical locations (Q7). Chapter six, *The Dark Side*, describes the challenging aspects of the participants' stories that have to do with pain (Q1), the rough start (Q2), breastfeeding in public (Q3 and Q7), and difficulties keeping a balance between breastfeeding and other aspects of life (Q4).

The last chapter, chapter seven, discusses the findings in relation to the literature on breastfeeding, suggesting that breastfeeding is a complex practice, even for the same woman, with the same body at the same time, or for the same woman at different times of her life, breastfeeding different children. Based on my and other mothers' breastfeeding-related stories, anecdotes and examples, I suggest that breastfeeding is an inherently complex, often ambiguous, experience characterized essentially by maternal ambivalence. I frame breastfeeding as such because nursing mothers invariably have to reconcile conflicting feelings, attitudes, and sensations within this practice. I further suggest that breastfeeding promotional efforts focusing on the moral responsibility to nurse yet overlooking the inherent conflicts nursing mothers have to live with and negotiate are counterproductive and, thus, worldwide low breastfeeding rates are to be expected. I claim that to effectively support breastfeeding means to acknowledge the potential for mothers to be ambivalent toward this practice and to normalize these feelings, thereby enabling mothers to freely express the challenges they experience without threatening their status as "good mothers."

Chapter 2.

Literature Review

2.1. The biomedical perspective

Breastfeeding is considered the 'Gold Standard' in baby feeding and has been studied from a variety of clinical perspectives concerning health outcomes. Based on a systematic review of breastfeeding research, exclusive breastfeeding is recommended for at least the first six months of life (World Health Organization, 2001, 2002). For the baby, breastfeeding is associated with lower risks for infectious morbidity, as well as lower risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome (e.g., Stuebe, 2009, p. 222; Dewey, Heinig, Nommsen, Peerson & Lönnerdal, 1992; Agostoni, Grandi, Gianni, Silano, Torcoletti, Giovannini, Riva, 1999). For the mother, not breastfeeding is associated with increased risks for premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, and myocardial infarction (e.g., Stuebe, 2009, p. 222).

Yet despite having a 'Gold Standard' and despite the vast biomedical research interest in breastfeeding, not all mothers breastfeed. The Canadian Community Health Survey (CCHS) revealed that in 2009-2010 only 25% of Canadian women breastfed their babies exclusively for at least six months¹. That is, only a quarter of Canadian women followed the WHO's recommendation while the majority of them (75%) did not. In fact, 25.4% of the Canadian women surveyed breastfed for less than a week or did not breastfeed at all.

Canadian women are not alone. According to UNICEF UK, 81% of women in the United Kingdom initiate breastfeeding after the baby is born, yet only one percent exclusively breastfeed at six months of age. If also counting *any* breastfeeding in the statistics (i.e. not exclusive breastfeeding), things are looking brighter with 34% breastfeeding at six months. Nevertheless, the specific, evidence-based

¹ <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs/duration-exclusive-breastfeeding-canada-key-statistics-graphics-2009-2010.html>

recommendations of the WHO concern *exclusive* breastfeeding for the first six months rather than *any* breastfeeding.

These are only two examples from very well developed western countries of the low rates of compliance with official recommendations. Yet given that both Canada and the UK offer their citizens year-long, government-paid maternity leaves, these two specific examples are telling. It is, first of all, surprising that compliance rates with officially recommended guidelines are so low. Second, considering the length of paid maternity leave in these countries, it can be argued that financial support is necessary but also insufficient in ensuring exclusive breastfeeding.

This compliance gap raises a few questions and concerns, the main one being: why, if breastfeeding has so many documented health benefits for both mom and baby, and if it is supported financially by governments, and if there are clear recommendations for doing so exclusively in the first six months of neonatal life, would so many mothers not breastfeed? This question, which is intentionally provocative, suggests that perhaps, more often than not, breastfeeding and "what's best" for women and their babies in any given situation varies considerably. In other words, something must be getting in the way. The data showing that 25% of Canadian women do not breastfeed at all or breastfeed for less than a week suggest that something greater than the sum-of-all-health-benefits must be at stake. Certainly, finding the root cause of this significant gap between recommended practice and actual take-up is imperative in trying to close the gap. Given the global impacts as well (see Bosi et al. 2016 for a full review), gaining a fuller understanding of the situation for potentially breastfeeding mothers can truly impact millions of people.

2.2. The gap between theory and practice

As suggested above, there is a vast body of breastfeeding research focused on developmental outcomes (e.g., Horwood & Fergusson, 1998; Dee, Li, Lee & Grummer-Strawn, 2007), nutrition (e.g., Dewey, 2001), immune-related issues (e.g., Hanson, 1998), facilitation and barriers for breastfeeding for women in various contexts such as lack of social support (e.g., Arlotti, Cottrell, Lee, & Curtin 1998), and nursing in the workplace (e.g., Johnston & Esposito, 2007; Lindberg, 1996). Yet despite the broad biomedical, developmental, and social research foci, the gap between theory and

practice persists. The causes of low breastfeeding rates may well be unrelated to simply ignoring suggested health or immune benefits.

One thing to consider is that, even though the information regarding the importance of breastfeeding and its advantages is available, there is an issue with the flow of information, that is, the transmission of recommendations and evidence-based practices to the day-to-day lives (and challenges) of the potentially breastfeeding mothers and their families. In cases of challenges establishing breastfeeding, for example, not all new mothers know to whom to reach out for help nor can they necessarily reach out for such help financially or technically. The link between the 'Gold-Standards' and a mom-baby dyad is usually a health-care provider in an institution or the community, such as a pediatrician, a midwife, a registered nurse practitioner, a lactation consultant, or via public breastfeeding advocacy messages. These health-care provisions may have the best of intentions in following best practices and official guidelines, nevertheless the data reveals that many moms are either not being reached or are making themselves unreachable for the education and support they could be getting.

2.2.1. Breastfeeding advocacy

Promoting one specific feeding technique over another can be perceived as criticism of maternal functioning and competency. In support of this idea, Thomson, Esbich-Burton, and Flacking (2015) frame baby feeding as a shame-inducing event that causes feelings of marginalization, failure, inadequacy, and isolation for both breastfeeding and non-breastfeeding mothers. These authors use Tangney et al.'s (1996) definition of shame as an experience in which "the self is both agent and object of observation and disapproval, as shortcomings of the defective self are exposed before an internalized observing 'other'....shame leads to a desire to escape and hide – to sink into the floor and disappear" (p. 1257). Breastfeeding and, specifically, the advocacy of it, can cause a mother to show a wide variety of negative responses as a result of an internalized "other" that is there, in their minds, criticizing, making comments, and disapproving of their feeding practices. Having such emotional responses to something that happens so often can cause breastfeeding to feel as a recurring negative event. And indeed Thomson et al.'s (2015) participants (both breastfeeding and non-breastfeeding) reported fear, humiliation, inferiority, and inadequacy with respect to baby

feeding. A newborn may need to feed in very short intervals, sometimes a few times an hour, 24/7 for the first few months, therefore the mother who breastfeeds can spend the whole day, every day, experiencing such negative affective responses. These responses may cause social isolation which can, in turn, be related to other postpartum negative emotional experiences, including anxiety and depression (Hega et al., 2012).

Feeling such negativity so frequently and continuously may also mean reacting to this negativity somatically or viscerally, although Thomson et al. (2015) did not mention this explicitly. Anxiety, for example, may be related to racing heartbeats, restlessness, fatigue, or suffering from muscle tension. In an attempt to avoid such sensations, and out of fear of being scolded for their baby-feeding practices, breastfeeding women may limit their interactions with health care practitioners and not reach out for professional help. Cavanagh (2020) wrote about how trauma can be stored within the body: “the human animal, thanks to our highly evolved rational brains, works hard to diminish the import of terror, and the stress gets stored in our bodies” (location 1777). She wrote about trauma in the context of shame resulting from sexual harassment, but the internalized feelings of shame can be extended to breastfeeding. In other words, anxiety and stress resulting from breastfeeding advocacy can be felt viscerally and persist long after breastfeeding. Silbergleid (2020), for example, wrote about maternal guilt and shame in baby-feeding. She tells how, despite her daughter’s allergic reaction to protein found in her breastmilk, she had a hard time letting go of breastfeeding because of that guilt.

There is no formula to determine when to breastfeed and when to formula feed, but there is an enormous cultural apparatus (some would say propaganda) that results in mother’s guilt about their choice. ...the guilt runs deep; despite my strong desire to breastfeed and my ability to produce voluminous quantities of milk, my daughter ended up requiring hypoallergenic formula due to food protein intolerance....Her pediatrician told me to keep nursing; despite chronic diarrhea and reflux....I spent months on a radical elimination diet, starving myself and worrying about every bite I put in my mouth. What if the pediatrician had said, “I understand breastfeeding is important to you, but you’ll both be better off if you switch to formula”? I hated everything about formula, but now I understand I owe

my child's health, and my own, to WEANING her. (Silbergleid, 2020, locations 2342 – 2354)

The framing of breastfeeding as a shame-inducing event can be related to perceptions and anticipations of soon-to-be-first-time mothers. Oftentimes, the reality of breastfeeding can be very different than what women expected, and such unmet expectations can play a role in how women experience their circumstances.

According to Fitzwater Gonzales (2018), who conducted a longitudinal study interviewing parents-to-be, breastfeeding is often described as “natural” even if the word “natural” is rather ambiguous and elastic in its meaning. She found that “individuals feel strongly about breastfeeding being natural [yet] often struggle to give a clear definition of what it means” (location 4928). Her analysis reveals three possible interpretations participants give to the word “natural”: it is “something that just exists”; “an inherent design of the woman’s body”; and “a contrast to something unnatural” (Fitzwater Gonzales, 2018, location 4997). Defining breastfeeding as “natural” implies that “all women have the inherent capacity to breastfeed successfully and, thus, breastfeeding requires little support” (Fitzwater Gonzales, 2018, location 4939). This framing suggests that breastfeeding is easy, enjoyable, convenient and simple but this is often incongruent with how breastfeeding is experienced by many women, making them feel like they are failing. She claims that when breastfeeding is perceived as “natural” it also implies that it is easy to accomplish and that no help or support is needed. Fitzwater Gonzales (2018) says that describing breastfeeding as natural “negatively affects the identities of women who struggle to breastfeed and it also discourages mothers from seeking out breastfeeding support” (location 4997).

Kalil and Cavalcanti de Aguiar (2020) elaborate on the framing of breastfeeding as natural in analyzing breastfeeding promotion campaigns from 2008 through 2014 in Brazil. They analyzed the images and messages on campaign posters and concluded that one of the main messages was the association between breastfeeding and nature. This association implies that breastfeeding is natural, easy, and beautiful: “the association of breastfeeding with nature, where breastfeeding is considered a natural behavior that is common to all mammalian females – casts it as women’s duty to their offspring... We argue that the discourse of civic service portrays breastfeeding as a moral imperative to the nation’s collective health” (locations 1112–1120). Connecting

Kalil's and Cavalcanti de Aguiar's (2020) analysis to Fitzwater Gonzales's (2018) findings implies that breastfeeding advocacy may contribute to soon-to-be-parents' false belief that breastfeeding should indeed be an easy task to accomplish. When breastfeeding campaigns depict beautiful, well-rested poster mothers who "have no trace of dark circles around their eyes from sleepless nights" (Kalil & Cavalcanti de Aguiar, 2020, location 1102), it is unsurprising that women who are exhausted by or frustrated with breastfeeding feel shame, frustration, or guilt in response to these campaigns. In chapters four through six, I tell the stories of the six women I interviewed for this study of their unmet expectations (Q2) and the messages they received about their child feeding practices. Through the exploration of their feelings of support and inclusion on the one hand (Q5), and challenge and limitation on the other (Q6), framed within their specific expectations and logistical, operational or organizational considerations (Q4), I show that it is very common for women to have misaligned expectations concerning breastfeeding, further supporting Kalil and Cavalcanti de Aguiar's (2020) and Fitzwater Gonzales's (2018) conclusions.

The critique of framing breastfeeding as "natural" is further extended by Lee (2018) who states that such framing prevents us from acknowledging the cultural contexts and social forces that influence breastfeeding (p. 18). These external factors are, for example, the expectations of mothers to engage in "intensive mothering" (Hays, 1996) where mothers are to be the primary care-givers who engage in care that is "child-centered, expert guided, emotionally absorbing, labor-intensive, and financially expensive" (p. 8). According to Stearns (2013), this expectation is reflected in the "breast is best" discourse because breastfeeding is considered the superior form of baby-feeding and is also recommended by experts, thus fulfilling the "expert-guided" element of Hays's definition.

According to Ma (2020), breastfeeding promotion campaigns in the US aim to educate mothers on the benefits of breastfeeding without addressing any of the tangible barriers women, and particularly women of color, experience in breastfeeding. She points to the irony of the way official organizations set goals to increase breastfeeding rates without providing support or addressing barriers in the form of "unpaid maternity leave, inadequate childcare policies, and lack of equal pay" (location 3482). The 'breast is best' mantra together with the common framing of breastfeeding as "natural" (Fitzwater Gonzales, 2017; 2018; Kalil & Cavalcanti de Aguiar, 2020) disregards the

need for support while simultaneously ignoring external constraints on breastfeeding. With this combination, it is no wonder that baby feeding is felt as a shame-inducing event (Thomson et al., 2015).

When my son was little and I was a very new mom I too, felt the adverse effects of pressuring mothers to nurse while not supporting them in the practice of breastfeeding. I felt these feelings of shame and fear viscerally to the extent I felt my milk dried up. My son was just a few months old, I had plenty of milk and he nursed a lot, but on the day before his two months appointment, I was so stressed it felt like I had no milk. The stress and fear at that time were so intense that my milk just stopped coming. Nothing came out. When he nursed he was uneasy, and I felt like the milk was not reaching him and he was still hungry. It could have also been a growth spurt, but I clearly remember the panic in worrying that, in addition to the intimidation of that checkup, I was also losing my ability to nurse him. I was worried the nurse would tell me he nurses too much, or is not growing fast enough. I tried pumping, but nothing came. I tried going to the other room to relax, but nothing helped. I could not sleep that night, and not because he was crying. I was just terrified of what they are going to tell me. I was worried that my parenting skills, and feeding choices in particular, would be crushed under their scrutiny and they would just tell me I was not doing such a great job. Unfortunately, when I got there the next day, my fears were met. The nurse was not a very nice person. I later learned from my neighbor, who also had a newborn, that this nurse was notorious for her treatment of new moms and so I switched practitioners. But it was little fun while it lasted.

My above-mentioned example demonstrates how policy can be felt in the flesh as, for instance, feeling milk production peter out when under stress and when, say, scared by a medical practitioner. Such seemingly causal connection gives evidence that the mind and the body are not separated. As Merleau-Ponty (1968) suggested, we are not minds "housed" inside a body; rather we are our embodied selves immersed within the world. When the norm is to criticize mothers for their parenting skills and feeding choices, their bodies respond. Ma (2020) also highlights the significance of these experiences of breastfeeding, stating that "the bureaucratic solutions ignore complexities inherent in women's breastfeeding experiences" (location 3509). In other words, breastfeeding promotion and support often overlook the subjectivity of breastfeeding, including its embodied aspects. In the current work, and by addressing the research questions, I provide an account of how these conflicting messages are felt through the

body (Q1). In chapters four through six, breastfeeding mothers share with me their unmet expectations (Q2), feelings of support (or lack thereof) (Q5 and Q6), their encounters with medical practitioners, as well as their ways of conducting themselves while in public and being conscious of public perceptions of breastfeeding (Q7).

In the next section, I suggest that the tendency to disregard the subjectively lived experience of breastfeeding and the maternal ambivalence it can trigger may be deeply rooted in the way motherhood-related functions (and breastfeeding in particular) are conceptualized philosophically.

2.2.2. Between the biological and cultural

According to Lloyd (2018), there is a long-standing tendency to ignore pregnancy, childbirth, and breastfeeding in both philosophy and law. Lloyd suggests that looking into these domains of knowledge is significant because of the meanings that are attributed to both as “two authoritative realms of knowledge to which we often turn to determine what is right” (location 3573). She further claims that by examining breastfeeding in the context of legislation we can gain insight into the cultural and social norms for breastfeeding because “pregnancy, breastfeeding, and motherhood are socially constructed and culturally situated. They are not merely a natural phenomenon” (Lloyd, 2018, location 3598). Lloyd highlights the significance of addressing norms or cultural restrictions (as in Hays’s, 1996, example) not only for the private experience of any specific breastfeeding mother but also for acknowledging the cultural and legal contexts of breastfeeding.

According to Lloyd (2018), the combination of viewing pregnancy, childbirth, and breastfeeding as biological functions (as can also be suggested by framing them as “natural”; see Fitzwater Gonzales, 2018; Kalil & Cavalcanti de Aguiar, 2020) coupled with the social and cultural norms of what it means to be a “good mother” (Lloyd 2018; Hays, 1996) results in excluding mothers and motherhood from legal and philosophical discourses. This biological reductionism suggests that motherhood should be practiced in private, leaving each breastfeeding woman to deal with her own circumstances. Ma (2020) also refers to the values assigned to “good motherhood” and points to the need to switch paradigms when considering breastfeeding.

Fast forward to the day my daughter was born, and I found myself desperately trying to get her to latch on. We were one hot mess with both of us crying. I had unknowingly internalized the mantra “breast is best,” and to be a good mother, I had to give my daughter the best by breastfeeding her....Some may question the value of personal experiences and focus solely on the physical, measurable benefits of breastfeeding. Before I became a mother, there were times when I felt the same. It was only through experiencing motherhood and breastfeeding that I realized I could not – and should not – separate the breast from breastfeeding. My experiences shaped my definition of a good mother and taught me that breastfeeding was more than mere nutrition. Somehow I had fallen into the trap of measuring my worth based on my ability to successfully breastfeed. ...But as I took a more critical look at breastfeeding, I began to understand how my failures were related to the medical community’s desire to control women’s bodies. (Locations 3416 – 3434)

According to Ma (2020), failing to acknowledge the moral and social value that is assigned to breastfeeding as a sign of “good mothering” is systematic in nature and is not supportive of breastfeeding. Additionally, struggles with breastfeeding made her appreciate the necessity of focusing on the subjective experience of breastfeeding.

Brigidi et al. (2020), similarly to Lloyd (2018) and Ma (2020), describe how breastfeeding is viewed in Spain as a “private act that should be restricted to secluded spaces and is only appropriate for very young children....Social spaces are politically and hierarchically segregated; women were, by divine grace, destined for maternity, and fathers or husbands were meant to guard women” (location 1261). Brigidi et al. contextualized this situation to Spain during the dictatorship of Franco (1939-1975) yet added that even today breastfeeding is secluded from the public sphere, as evident from the absence of women breastfeeding in visual media and “the existence of private baby feeding spaces inside of restrooms or in special bathroom-like rooms” (location 1252). Concerning research questions four, five, six and seven in the current work, the women I interviewed also told of the times when they breastfed in public. Stories of nursing aprons, bathroom-like nursing rooms, and feelings of social limitation because of breastfeeding’s necessities are common threads to their breastfeeding stories.

Lloyd (2018), Ma (2020), Brigidi et. al. (2020) and others criticize the view that a good mother is a breastfeeding mother, and that good-breastfeeding mothers should nurse their children in private and not in public. The connection between the private and the public, or the universal, is meaningful in many contexts (Snowber, 2012; Snowber, 2014). This connection is important in the context of breastfeeding, because of the conflict between the idea that a good mother is a breastfeeding mother, yet breastfeeding should only be practiced in private (e.g., Kalil & Cavalcanti de Aguiar, 2020). A good mother is to remain secluded from the public sphere as long as she is breastfeeding, if she wants to keep her “good mother” status. This segregation may have significant implications for women’s professional, financial and social opportunities as well as their embodied sensations of feeling stress, shame, and guilt.

The expectation of mothers to breastfeed, but only in private, connects to several of the research questions of the current work. What may seem at first sight a very simple question – where is it okay to breastfeed? – is in fact a loaded one with vast implications for many women.

Lloyd (2018) demonstrated that these norms and expectations concerning who is a good mother (and who is not), and what good mothers do (or should not do), find their way into legislation in the USA. Lloyd (2018) analyzed the case of Angela Ames who was fired after her maternity leave in the chain of events that included not being able to pump milk at work and being told to “go home and be with her babies.” Angela filed a lawsuit claiming sex discrimination but this lawsuit was rejected by the court and then not heard by the supreme court in the USA. The court claimed that Angela did not “present sufficient evidence that lactation is a medical condition related to pregnancy” (location 3647). The rejection was justified on the grounds that because adopting mothers and even men can lactate by various forms of induction, it does not indicate there is sex discrimination. Elaborating on the possibility of induced lactation, Guckenheimer (2020), an adoptive mother, tells how she learned that breastfeeding is not limited to biological birthing mothers, but that it is possible for adopting mothers through a process of induced lactation. This induced lactation includes a combination of pumping, medications, and supplements.

I had presumed that giving birth is a necessary breastfeeding pre-requisite, but I was wrong. Some lesbian moms share breastfeeding roles to allow

equal parenting, responsibilities, and bonding. Women whose babies were carried by surrogates may breastfeed. Adoptive and foster mothers can even breastfeed. (locations 3194-3206)

Hormone therapy can be used to mimic childbirth, thereby enabling lactation, even for people who were identified male at birth. Americo (2020), for example, provides a first-person's impression of her perspective as a transgender woman (a female who was identified male at birth) and her transformative journey in the context of lactation and breastfeeding. She describes contemplating the possibility of going through hormone induced therapy to enable her to breastfeed: "I could breastfeed too. I, a transgender woman, could achieve a milestone of womanhood that many cisgender women never experience" (location 2701).

Going back to Lloyd's analysis, she suggested that the court's ruling in Angela's case is telling of how motherhood, or "good motherhood," is perceived as the equivalent of active motherhood and as such it should be done in private and not in the public sphere (location 3672). Lloyd uses breastfeeding as an exemplary case because it is "between the biological (pregnancy) and cultural (childrearing)" (location 3684). According to Lloyd, breastfeeding is framed as a part of what being a "good mother" is and, as such, the discussion of breastfeeding is limited to personal choices that ignore greater social and cultural determination of such choices. It individualizes each breastfeeding woman as a singular case instead of enabling a systematic review of breastfeeding as "socially constructed and culturally situated" (location 3598). Viewing breastfeeding as influenced by social and cultural norms also enables consideration of factors such as race, social class, disability, and religious affiliation as weighing on the subjective experience of breastfeeding in particular and motherhood in general. Touching on the issue of race and perceptions of motherhood, Levingston (2020) talks about the limited options poor, Black, single mothers have, when considering social perceptions on their functionality as mothers.

Sexism is even crueler. Here are the options for many impoverished, Black, single mothers. Option one is to stay in an abusive relationship with a jealous man because his being there makes the neighbours feel safe. You know? He makes her look respectable and her family less of an eye sore. His being there decreases their anxiety about illegitimate families and non-

normative heterosexual sex. He rights her wrongs, easing the public's mind. Meanwhile, in fact, he makes her home highly dysfunctional and broken. While she is privately beaten, the neighbours stroll by their home, pushing their carriages, happy that he has legitimized her and eased their discomfort. There is always option two. She can raise her children alone, as a single mother in a highly functional and loving family and have Child Protective Services always showing up because the neighbours suspect the children are hungry. Sometimes, it is not even that. They call "just in case" – just in case she has too many children to handle, just in case someone is being abused, just in case she is too Black to mother, just in case she is a stereotype. (location 377)

While Levingston's (2020) take is not breastfeeding specific, it is nonetheless telling of how attitudes toward women and mothers are heavily situated within cultural perceptions and social norms. These perceptions leak in and dictate the deepest aspects of the personal, subjective experience women have within their families and in their intimate relationships. Going back to the context of breastfeeding, it is not hard to consider how such a view of being 'too Black/poor/young/old/to mother/breastfeed' can strongly determine the overall subjective and personal framing of breastfeeding. Furthermore, each nursing woman is positioned within her own unique context in terms of intersectionality (Cho, Crenshaw & McCall, 2013; Hill Collins and Bilge, 2020; Paynter & Goldberg, 2018) as different demographic attributes such as age, skin color, religious affiliation, or sexual orientation intersect and make the personal, subjective experience of breastfeeding distinctly felt (Hill Collins & Bilge, 2020). Intersectionality, as defined by Hill Collins and Bilge (2020) is a useful concept to address how "in a given society at a given time, power relations of race, class and gender, for example, are not discrete and mutually exclusive entities, but rather build on each other and work together" (p. 1). Applying the concept of intersectionality to the context of the experience of breastfeeding implies that each woman's position within or across the different sections, can leave her subjected to various forms of discrimination. Lloyd's (2018) legal analysis demonstrates how discrimination or lack of support can be communicated through attitudes toward breastfeeding women in the workplace, in their neighborhoods, in public messages concerning breastfeeding, and in legislation. And yet, without the acknowledgement that such attitudes are a result of something greater than each woman's specific set of

circumstances and without the acknowledgment of the way demographic characteristics can intersect, each woman is left to live privately within these circumstances, suffering from discrimination that is systematic in nature yet subjectively felt. As Lloyd (2018) suggests, these points of systematic discrimination become apparent when reviewing legislation that reflects common norms and perceptions of a given society. Levingston's (2020) mention of the racially-biased interventions by social services (also an official social organization) points to systematic discrimination in the way certain women within a specific demographic intersection (because she is not only a mother of six, but also single, and also Black) are treated by the official representatives of a society. This view is further supported by Lee (2018) who discusses this individualization in the context of breastfeeding promotion.

Breastfeeding promotion efforts largely treat it as an individualized responsibility of mothers, rather than recognizing the social determinants of health and the sociocultural factors that make breastfeeding challenging, even impossible, for many women. Public health campaigns surrounding breastfeeding focus on modifying the behaviour of individual women in order to attain goals for population health. Although many breastfeeding promotion documents employ the language of health and psychological benefits rather than explicitly stating moral obligations, health is increasingly considered to be an individualized moral responsibility (Metzl & Kirkland, 2010). However, promotion efforts have largely ignored the relationship between the activity of breastfeeding and women's sense of self (Dunn et al., 2006), failing to adequately recognize the needs of women and treating them as mere means to the promotion of children's health and well-being. (p. 33)

Similarly, Stearns (2013) stated that "[t]he expectation to breastfeed is integral to a range of societal expectations of mothers that Hays (1996) describes as the prevailing cultural ideology of "intensive mothering" (p. 8). The above-mentioned definition of intensive mothering is also consistent with the way Lloyd (2018) discusses the idea of "good motherhood" as something at the root of sex discrimination and the way breastfeeding is framed as a personal, private, and individual choice rather than as a practice and engagement that is more systematically grounded in social and cultural

forces greater than each woman and her specific situation. This point is further reinforced by Lee (2018) who writes that:

Rather than discussing breastfeeding as a choice, we should focus on providing the necessary support for those who wish to breastfeed and attempting to overcome systemic obstacles to breastfeeding, without ever making it a moral obligation or requirement, which would exacerbate how childcare is individualized as primarily women's responsibility under current conditions of neoliberalism (p. 20)

Following Lee's, Lloyd's, Ma's and others' logic, I now turn to issues related to support and education available for breastfeeding women. If breastfeeding advocacy is a shame inducing event (Thomson et al., 2014), and relevant legislation (at least in the US) reveals a systematic unwillingness to identify breastfeeding as a unique activity that may require unique social, cultural and legal considerations, what can still be done in terms of support for breastfeeding women? Can breastfeeding shift from being a fear and shame-inducing stressor to an empoweringly positive, relationship-building practice that is socially and culturally acknowledged and supported?

2.2.3. Support and education

Schmied, Beake, Sheehan, McCourt, and Dykes (2011) conducted a meta-synthesis categorizing the various forms of support available for breastfeeding women from medical practitioners or peers. Schmied et al.'s (2011) review yielded the description of four different styles of support on a continuum ranging from efficient to inefficient: Authentic Presence; Facilitative style; Reductionist approach; and Disconnected encounters.

According to Schmied et al. (2011), the most effective type of support is Authentic Presence which they described as an empathetic, patient, and responsive approach to supporting breastfeeding mothers. This type of support is characterized by a trusting relationship between the mother and the health practitioner or peer who is willing to share the woman's experience, take the time to touch base with her, be empathetic and, as a result, is sensed as "being there" for the woman. Practitioners or peers who practiced a Facilitative style encouraged women to breastfeed while providing accurate

realistic and detailed information, which also includes information about possible difficulties. They engaged in dialogue with the women around breastfeeding and offered practical and proactive help and support.

Two less effective types of support were the Reductionist approach and Disconnected encounters. In the Reductionist approach, standard information was delivered in a dictating manner, and oftentimes the information was heard as conflicting. In the Disconnected encounters, women often felt like the practitioners or peers were pressuring, undermining, or blaming them while not giving them the needed consultation time. Additionally, in cases where physical contact happened (as it often does in breastfeeding support), the quality of touch itself was reported to be insensitive and invasive. In other words, the effectiveness of support greatly depends on the way it is subjectively valued and feeling supported is key to breastfeeding facilitation. When properly supported, breastfeeding does not have to be a negative shame-inducing engagement. Yet, in Canada, only about a quarter of mothers continue to breastfeed as per official recommendations and no one can say if they feel "guilted" or "shamed" into practicing breastfeeding.

The framing of breastfeeding as "natural" or as a moral obligation (Fitzwater Gonzales, 2018; Kalil & Cavalcanti de Aguiar, 2020; Lee, 2018) leaves little room for the embodied intensities embedded in breastfeeding. Having milk leaking everywhere or trying to get used to the new size and shape of your boobs do not seem to be a part of the conversation when the discussion of breastfeeding is limited to the "best" that "good mothers" can do. Several authors suggest that breastfeeding campaigns often disconnect breastfeeding and the body. As Silbergleid (2020) said: "in the university classroom, we like to pretend we are all brains, not bodies" (location 2319). Ma (2020) further demonstrates how breastfeeding promotion is in fact promoting embarrassment and shame of the lactating female body. She criticized the Department of Health and Human Services' (DHHS) breastfeeding campaigns for using images of dandelion puffs and ice cream cups with cherries instead of using images of breasts.

These depictions of breastlike nonbreasts trivialize nursing, highlight society's unease with mammary glands, and discourage the normalization of breastfeeding. Such cultural discomfort reflects maternal lived experiences....What chance do we have to normalize breastfeeding when

awareness campaigns are too embarrassed to show real breasts?
(locations 3482-3482)

Advocating breastfeeding in such a way highlights the perception that breastfeeding is a moral obligation and delivers the message that mothers should be ashamed of their nursing bodies. Such messages imply that nursing breasts that are engorged and leaky should not be exposed in public. Focusing on “breastlike” objects and not on the breasts which are integral and even central to women’s embodiment and identity (Young, 1980) may leave many mothers feeling unsupported and discouraged.

Several authors wrote about how breastfeeding advocacy and promotion influenced their experiences of breastfeeding, particularly as they learned breastfeeding may have a dark and painful side too. Ma’s (2020) story, for example, demonstrate the significance of non-offensive breastfeeding support. She wrote about the pain and failure in breastfeeding her daughter. She tells about her attempts to reach out for breastfeeding support and the disappointment she felt when no one offered any useful advice or assistance.

I was wracked with guilt that I could not nurse her directly from my breast and became alarmed when my nipples began to bleed. I never knew nipples could bleed like that. All of these difficulties made me question who I was not only as a mother but also as a woman. I felt like a failure for not being able to nurse like the mothers depicted in La Leche League (LLL) brochures or hospital posters. When I sought help, I was repeatedly told that a proper latch does not hurt; no other assistance was offered. When I called LLL, the woman on the other end of the line chastised me for pumping and feeding my baby expressed milk from a bottle. She did not offer any remedies and criticized me when I was desperately at the end of my rope. It was a dark time for this first time mother. I was angry at the lack of support, but my anger fueled my passion to change the breastfeeding paradigm for all women. (locations 3416 - 3424)

Ma’s story shows that breastfeeding support can be experienced very negatively when it includes criticism and when it is not informative enough. In other words, the focus of breastfeeding support and education should be twofold – the information should be

accurate and practical (as shown by Schmied et al., 2011) and delivered in a way that acknowledges the embodiment of breastfeeding. The focus should not be the ability to comply with what is implied by the “breast is best” mantra (i.e. you must breastfeed to be a good mother) and any shame with this newly embodied function should not be a part of the equation.

In her story, Ma described her surprise in learning nipples also bleed with sensations described as being at the “end of my rope.” Her corporeal sensations, as Snowber (2014) articulated, were her place of deep knowing. She knew that something was off, she reached out for help, and was deeply disappointed with what she discovered. Her anger, frustration, hurt, disappointment, pain, and blood were her motivation to switch paradigms and become a breastfeeding researcher. I, too, was angry, frustrated, and tired, and these sensations and feelings can certainly be a powerful drive. I, too, like Ma, took note of how breastfeeding support or resources do not have much to offer struggling mothers like me. This realization, and the disappointment with most current support outlets, is helpful in that it highlights both the “what not” (i.e. what types of breastfeeding support and education are not useful) as well as the “what is”, or rather, what I (and probably Ma) was hoping to find. Silbergleid (2020) similarly described breastfeeding promotion as a lose-lose situation.

I am not a zealot, or what is pejoratively described as a “breastfeeding nazi,” despite feeding on demand, co-sleeping (otherwise known as “bed sharing”), and continuing to breastfeed beyond the first year. This is what I choose to do with my breasts and what I feel is right for my family. What is right for your family and your body, well, that’s your business. You stay out of my nursing bra, and I’ll stay out of yours....Breastfeeding, especially extended breastfeeding, seems to function as a synecdoche for many of the conflicts over motherhood....No matter what you choose, you are wrong. (Location 2590)

Silbergleid implies that even when a mother tries and succeeds in breastfeeding, she risks being referred to as a “breastfeeding nazi” and may find herself having to push against external views of her practice. The dilemma in being shamed-if-you-do and shamed-if-you-don’t further highlights the need to ground breastfeeding support in women’s’ living and embodied experiences rather than in the stated superiority of

breastfeeding over formula feeding (i.e., 'breast is best'). The current work sheds light on these aspects of breastfeeding by addressing the way women feel (or don't feel) supported and included (research questions five and six), as well as providing an account of specific logistical, organizational or operational considerations imposed on and by breastfeeding (i.e. day-to-day routines, everyday life events) (Q4).

Based on these reports, it seems that breastfeeding support can come in different forms, some less helpful than others. Balogun et al. (2016) conducted a meta-analysis to explore the effects of education by health-care professionals and peer support on the initiation of breastfeeding. Their review included 28 studies and data gathered from a total of 107,362 women from seven countries. The intervention techniques reviewed were diverse and included a series of one-to-one meetings with a lactation consultant, a lecture with Q&A, and a meeting with a pediatrician. Balogun et al. (2016) concluded that breastfeeding interventions brought some improvement to breastfeeding initiation rates, but mostly when the interventions were "needs-based, one-to-one, informal sessions delivered in the antenatal or perinatal period by a trained breastfeeding professional or peer counsellor" (p. 21). Balogun et al. (2016) warn about over-generalizing these results and taking into account sampling issues as well as research quality, however it can be concluded that some breastfeeding education or advocacy interventions are more efficient than others in supporting breastfeeding initiation. Balogun et al.'s analysis, however, does not reveal much about the nuanced exchanges included in these one-to-one informal sessions. Balogun et al. (2016) suggested that future publications on the effectiveness of breastfeeding interventions should detail the experience of the people who participated (p. 21). Based on reports such as Ma's and Silbergleid's, however, it is possible to suggest that the increase in initiation rates was also related to the way women feel throughout these sessions. It is likely that these sessions facilitated breastfeeding when they included accurate information, did not include shame, and acknowledged the complexity and challenge breastfeeding introduces to women's lives, which is simply to say, they offered an holistic approach.

A few things come to mind when considering the possible reasons for the results showing some support helps to increase breastfeeding initiation rates, while other presumed support does not. First and foremost, breastfeeding is a sensitive topic because it involves the body and the relationship between the breastfeeding mother's body and the nursing baby's body, the woman's partner's body, as well as the way the

nursing body is situated in public as a manifestation of motherhood. That is, breastfeeding is an embodied and relational practice, and therefore advocacy and education must be delivered in an appropriate and non-offensive way. There seems to be a fine line between educating and supporting or preaching and scolding.

When asking if the support available for breastfeeding women is indeed supportive, we are in fact asking the following question: does practicing breastfeeding mean feeling fear, shame, guilt, resentment, and social marginalization disguised as “choice”, or is it about feeling supported, empowered, connected and included? This line of thought shifts the focus from health-benefits and official guidelines to something much more personal and intimate – the subjective and intersubjective living experience of breastfeeding. In other words, the focus is shifted from “best practices” to the way breastfeeding is lived through the body and through the connection of the nursing body with other bodies and, specifically, with the nursing child. In the current work, I address the embodied relationality of breastfeeding by listening to women’s stories of how they experienced breastfeeding through their bodies. Stories of physical pleasure, closeness, pain, and tiredness, as shared by the research participants, shed light on the embodiment of breastfeeding.

2.3. The living experience as a way of knowing

Low breastfeeding adherence rates (e.g., Bosi et al., 2016), despite or because of breastfeeding promotion campaigns (e.g., Kalil & Cavalcanti de Aguiar, 2020; Ma, 2020; Brigidi et al., 2020), demonstrate that the knowledge of health benefits does not facilitate breastfeeding. The literature further suggests that an emphasis on maternal guilt (Ma, 2020), or shame (e.g., Brigidi et al., 2020; Silbergleid, 2020), as well as hinting at breastfeeding as a moral obligation on behalf of public health outcomes (Lee, 2018), does not increase breastfeeding rates. Considering these low adherence rates along with mothers’ stories of breastfeeding support, education and advocacy (or lack thereof; e.g., Cavanagh, 2020; Ma, 2020; Silbergleid, 2020) hints that the determining factors for breastfeeding are more complex than heretofore acknowledged. These determinants can be related to the way postpartum women experience their situation, including the way they feel breastfeeding on and through their flesh, and in the way their bodies change and are now related to their nursing children. The new connection between the mother’s body and her baby’s body through breastfeeding, and the focus on the

embodiment of this connection, relates to Merleau-Ponty's take on the way we experience the world through the body where "for us the body is much more than an instrument or a means; it is our expression in the world, the visible form of our intentions" (Merleau-Ponty, 1945/2012, p. 5).

According to Merleau-Ponty (1945/2012), we perceive through and by our bodies, which mediate the outside world for us. We move and touch and inhabit the world and, through that carnal implication, we can know and experience things in the world. By this active and dynamic process that is our perception we interact with 'things' and, more importantly, with other embodied subjects in the world. This perceptual process leaves the boundary between the subject's body and the world, or other bodies, blurry and ambiguous. Perception is key to Merleau-Ponty's scholarly work in that it is the very means whereby experience happens. That is, the way we experience has to, by definition, be mediated by our embodied selves which see and touch and taste and smell and feel. To have a mind for contemplation and cognitive processing means having a body that perceives itself acting in space and time and essentially making space and time for oneself and others.

Sheets-Johnstone (2010) highlighted the differences between awareness of the way our body functions (e.g., neurotransmitters firing) and kinesthetic awareness. While we are unaware of the first, we can (if we choose to) be aware of the second. Kinesthetic awareness is awareness of the experience of movement and posture through space. She writes:

An examination of the experience reveals not only the fact that any movement creates its own qualitative dynamics, including specifically spatial dynamics, i.e. directional and areal qualities, but that the mover has the possibility of experiencing space in an objective sense in any act of moving merely by paying attention to the three-dimensionality of his or her movement, hence its direction and amplitude. (p. 113).

Arguably, however, breastfeeding invites the breastfeeding woman to get connected with the first type of awareness. Many female breastfeeding phenomenologists describe the embodied sensations of lactation – that tingling sensation becoming within the breast in response to a cue such as their child's cry (e.g. Simms, 2001; Young, 1992; Silbergleid, 2020) and feeling anxiety when it's feeding time but the baby is not there, which is

immediately followed by milk leaking (Silbergleid, 2020; Ma, 2020). In later work, Sheets-Johnstone (2020) added that it is not only awareness of movement and the dimensionality of moving through space, but also the living body that is animated and full of soul.

[Here we have] a living body that is livingly present, and as livingly present is most basically a tactilely-kinesthetically affectively alive, motivated, and moving body, a body that “is not the apprehension of a spirit fastened to a Body” but a Body that is “full of soul” as exemplified in “that person there, who dances, laughs when amused, and chatters, or who discusses something with me in science, etc.” (Sheets-Johnstone, 2020, p. 20)

Awareness of our bodies as living, moving, dancing, laughing, and lactating bodies resonates with Snowber’s (e.g. 2012, 2014) embodied inquiry. She described this type of inward awareness, or listening, as being attuned to the body as a place of “knowledge, wisdom, and insight” (p. 119), with words being limited in communicating this deep body knowledge. She refers to dance as a practice that connects the inner landscape with the outer landscape, and through that “the body, through dance, becomes the place where the invisible and visible meet and physicality and spirituality are intertwined” (2014, p. 117). The emphasis on embodied inquiry “opens up a phenomenological understanding of who one is and who one is becoming” (Snowber, 2014, p. 2), similar to the process the phenomenological reduction invites (Jacobs, 2013).

According to Jacobs (2013), and as will be further discussed in chapter three, the phenomenological reduction is a life-changing transition as it invites one to become aware of the differences between the way things ‘appear’ and the ways they ‘appear to me.’ Jacobs (2013) insists that

a perceptiveness to a distinction that normally goes unseen must be acquired—namely, a perceptiveness to the difference between what appears and the way in which it appears to me. In and through this change of interest, we gain access to the subjective dimension Husserl termed “transcendental.” That is, in and through bracketing everything that we always already see, we do not exactly accomplish a turn towards the subject; rather, we become perceptive of the subjective in and through

which the world (or, better, everything that appears within it) is continuously brought to appearance with a certain sense. (p. 354)

Both dance (according to Snowber, 2014) and the phenomenological reduction (according to Jacobs, 2013) can be processes of *becoming* for the dancer or the phenomenologist. Snowber (2014) suggests the kinesthesia of dance is an intertwining of external and internal landscapes, allowing the dancer to tap into deeply embodied knowledge. Jacobs (2013) highlights the phenomenological reduction as a process through which one grasps the perspectival distinction between the ways ‘things appear’ and the way they ‘appear to me’ – which is also the intertwining of external and internal perspectives. The reflective space, within the practice of dance or within the phenomenological reduction, both call for that inward attunement and are described as processes of transitioning: “the moment at which one becomes a transcendental idealist” (Jacobs, 2013, p. 352). Such attunements invite the dancer, the phenomenologist, to pay close attention to that deep, embodied, perspectival way of knowing.

At first glance, it is possible to wonder what the dynamics of dance, movement, and kinesthesia have to do with breastfeeding. Any breastfeeding mother knows that breastfeeding rarely happens on the go. You usually find yourself attached to the sofa, with a baby who does not let go of the latch for what may seem like hours at a time. Yet, taking a phenomenological perspective toward breastfeeding, trying to be attuned and get connected with the way the breastfeeding body is experienced and to the way the breastfeeding body and the baby’s body are attuned and connected to one another, is significant for learning about what breastfeeding introduces into women’s lives. Learning nipples bleed too (Ma, 2020), physically feeling the stress and anxiety of leaking when milk starts to let down (but the baby’s not there) (Cavanagh, 2020; Silbergleid, 2020), feeling the skin stretch (Jackson, 2020), are all embodied sensations breastfeeding women can listen to and talk about. “From a phenomenological perspective, ‘kinesthetic movement’ can only mean the actual experience of one’s own movement, an experience, we might note, that is readily accessible to any human even if readily passed over by many” (Sheets-Johnstone, 2010, p. 113). By focusing on breastfeeding, the ‘kinesthetic movement’ or ‘kinesthetic awareness’ can be extended to the sensory input that emerges through the embodied interaction with the other body – the baby’s body – and provide a sense of breastfeeding as an inter-embodied, or relational, experience.

The view of the body as home, as a source of deep knowledge (Snowber, 2012, 2014), and of movement and interaction as informative (Sheets-Johnstone, 2010, 2020), allows consideration of breastfeeding as an invitation to connect to the body as a source of knowledge. Ma (2020), for example, described her great disappointment in not being informed about the painful sides of breastfeeding and emphasized how lack of knowledge about this side of breastfeeding was a great challenge for her. The disappointment and surprise highlighted that her expectations about breastfeeding were misinformed, and this misinformation was damaging to her. This is but one example of the importance of tuning in to the female body and the breastfeeding body in particular.

Young (1980, 1992) gave voice to the female embodied experience, describing her observations of the female body's movement in a way that takes into account its situatedness "in contemporary advanced industrial, urban and commercial society". (1980, p. 140). Young followed Merleau-Ponty's conceptualization in examining "the ordinary purposive orientation of the body as a whole toward things and its environment which initially defines the relation of a subject to its world" (p. 140). Specifically, she discussed the centrality of breasts to the female embodied existence.

We move and act in this flesh and these sinews and live our pleasures and pains in our bodies. If we love ourselves at all, we love our bodies. And many women identify their breasts as themselves, living their embodied experience at some distance from the hard norms of the magazine gaze.... [A] woman is a natural territory; her breasts belong to others—her husband, her lover, her baby. It's hard to imagine a woman's breasts as her own, from her own point of view, to imagine their value apart from measurement and exchange....If we move from the male gaze in which woman is the Other, the object, solid and definite, to imagine the woman's point of view, the breasted body becomes blurry, mushy, indefinite, multiple, and without clear identity. The project of giving voice to a specifically female desire is an important one for feminism. (p. 80)

Cavanagh (2020) followed Young's (1980, 1992) suggestion and gave voice to her breasted experiences. She wrote about what it was like for her to be the first girl at school to grow breasts, being sexually harassed, and later becoming a breastfeeding

mother. In light of her own breast-related narratives, she worries about the breasted legacy she leaves for her daughter.

This brings me to my daughter. What relationship to her body will I pass on to her? I wonder how my habits will affect her, my habit of remaining composed, even when I'm uncomfortable, even when I'm under fire.... now I am a mother trying to level with this legacy of attitudes towards female bodies so that it may lose its power over me and maybe our sons and daughters too. (locations 1813-1824)

Giving voice to this breasted existence, breastfeeding or not, is significant not only because as women we have a relationship with our bodies, or we are our bodies (Snowber, 2014) that also will have, have, or have had breasts. It is also important because as parents we are raising little women and men (or anything in between that they will choose to identify with) and we want them informed. If knowledge is power, and we still ignore our embodied selves, can we still be empowered? Or differently put, will being attuned to the somatic, embodied and interembodied sensations breastfeeding introduces somehow add resilience in the face of hardships? The stories of the six women who were interviewed for this study, as will be reviewed in chapters four through six, also concern these questions of how breastfeeding introduced a connection to the way they experienced their bodies. My participants told of the pain and pleasure, strain and reassurance breastfeeding introduced into their lives (Q1). Following Young's wish to give voice to women's embodied experiences, in the next section I review phenomenological literature concerning breastfeeding as an embodied and relational practice.

2.3.1. Embodiment and relationality

Breastfeeding, before being cognitively and emotionally processed and registered, is inherently physical. Even more than that, it is inter-corporeal. The nursing body "knows" how to hold another and to support, sustain, and nourish this other being. This "knowing" of breastfeeding can sometimes include pain and hurt, experiencing unwanted changes, and the realization that sometimes our bodies do not function as we hope or expect them to. This "knowledge" of the body is reflected in the way the mother's connection to her breastfeeding child is felt physically. When it's feeding time, the

breasts get congested and uncomfortable. If occasionally a feeding is skipped, the breasts will become uncomfortable and may even start leaking. If that happens regularly the body will learn to produce less milk so this congestion will not repeat itself. Or as articulated by Young (1992): “[w]hen she is lactating, she feels the pull of milk letting down, which may be activated by a touch, or a cry, or even a thought” (p. 82). Silbergleid (2020) also described how her body feels when she has to breastfeed but cannot.

I feel it in a faculty meeting while my chair drones on about this and that, and all I know is that I need to leave *now, now, now* and sure enough, I feel milk letting down. When I leave, I will pick up my son and feed him and only then will I be able to relax....I do not need to look at the clock anymore; I know it is time to pump milk because I become otherwise inexplicably anxious at the same time every day. Within moments of this feeling, my breasts thrum with milk; I put on my pumping bra, let the milk spill into the collection bottles, and immediately relax. My body is primed to feed my child; I must attend to it. (location 2289- 2304)

The phenomenologist, developmental psychologist and mother, Eva-Maria Simms (2001), also provided a first-person, phenomenological expression of her own impressions of being a breastfeeding mother.

Newborns are perfectly made for taking in their mother’s milk, calling it forth with a gesture or a cry. The skin as the boundary line between two bodies is breached again and again in the evocation and gift of milk....The need of a mother for her baby to consume the milk she produces is a very strange phenomenon. My body was ruled by her need, her need called forth from it an immediate and uncontrollable response. Never in my life have I felt so much given over and identified with my body than when my children were infants. Never have I been in such close contact with another being’s skin, arms, and mouth than during those early weeks of continuous holding and feeding. I made milk, smelled like milk, was sticky with this stuff that was me, but not me, that produced in me the need to give it away. Keeping it was painful, impossible. After the first few wobbly days Lea and I developed a beautiful rhythm of giving and taking, waking and sleeping. The miracle was that she and my body were one, that she, more than I myself,

controlled what my body made in milk. When she consumed less because she was ill, it took my body a few days to adjust to the new rhythm and make less milk. Disturbances in rhythm meant that I became uncomfortable with the need to give the milk away. It leaked all over the place, and unexpressed made my breasts tender and painful to the touch. (pp. 24-25)

The embodied connection and inter-dependency is beautifully illustrated in this quote. As a long-term breastfeeding mother myself, I can concur and add that this sense of coexistence is not limited to nursing a newborn. Even today, when my daughter is three-years-old, on days when I am not around to nurse her on our regular schedule, I can physically feel my body producing her milk, waiting for her to come and take what's hers. As Simms says – I am making something in order to give it away. Breastfeeding my daughter these days, however, is not as thrilling or exciting anymore because she is older now. 'Painful' and 'difficult' are words better suited to the present situation.

Breastfeeding her, as much as I love her and our connection, often feels like someone is putting me on a painful 'time-out.' I am making lunch, or helping her older brother with something, or packing because the movers will be here in two days, when she suddenly comes, screaming, demanding to nurse and refusing to eat. I try to distract her with food she likes – berries, fruit pouches, roasted seaweed, or meatballs, but it is no good. BOOB! NOW! Preferably while I read her Dr. Seuss's *Green Eggs and Ham* while she nurses. It is an awkward position to be in, with her lying on my legs, a pillow under one of my bent knees, trying to hold her and the book at the same time, pull up my shirt, but not drop anything or anyone, reading about "Sam I am" or "I am Sam." My nipple is in her mouth, but as she feeds she often gets distracted, and who wouldn't be, when her brother is running around making noise. She suddenly turns to look at him, but forgets to let go of my nipple, so she just pulls it away with her. And it hurts. Had I listened closer to my embodied signals, the way my body knows that this is not fun anymore, I would have probably stopped by now. And I am working on it. When it is the middle of the night, and I am too tired to feed her, because she just falls asleep with my nipple in her mouth and I cannot go back to sleep, I am trying to explain to her that the booby is sleeping and there is no more milk right now. The booby needs to sleep for it to have milk tomorrow. At the same time, I feel I ran out of juice. Breastfeeding a toddler is hard. And perhaps it is time to let it go.

Given our connection, even if I am very keen on moving forward, she is not as keen as I am. I experience the interdependency Simms (2001) described even though I am nursing an older child. I still make milk, and still need to give it away, but given the changes in the situation, it feels differently than it did when she was little. She is older now, and needs solid food too. It is hard to keep the supply up with her demand. And I feel this challenge in my body as a pulled nipple and a tired boob that does not get to rest at night. Similarly to me, Silbergleid, (2020) wrote about nursing a toddler.

With a toddler, on demand feeding means he is inclined to pull up my shirt to get what he wants, flapping his hands and saying something like “mama mil.” He is old enough that I can respond, “let’s have a muffin; you can have mama’s milk at bedtime,” but he may or may not agree. We are in negotiation over my breasts; I think I would like them back. (locations 2444 – 2453)

She also wrote about her thoughts of ceasing breastfeeding, and how she feels the connection between her and her son influences other aspects of her life.

As I move towards my son’s second year, I take small steps towards severing our ties....But I still think about my breasts more than I care to admit. When I am teaching and away from my son, especially after a heavy nursing weekend, my milk lets down unexpectedly, which reminds me of my primary purpose as a human mammal. As a feminist, I am shocked by this statement. I would be appalled if anyone said anything about hormones affecting a woman’s ability to think and work. But there it is. The fact that I am breastfeeding undoubtedly affects my work, although arguably no more than many medical or biological issues. It is high time we recognize and support that phenomenon rather than ignore or disparage it. (location 2596)

Acknowledging breastfeeding as embodied and relational can also inform the breastfeeding women's support systems and enable a better experience for the mother. As Stearns (2013) states:

A perspective on breastfeeding as an embodied practice recognizes that being a breastfeeding mother is not only or simply a decision that merits

one a potentially positive judgment about her mothering abilities; it is also an embodied commitment accomplished on a constant basis. (p. 361)

In addition to nursing women's writing of their breastfed experiences, several authors studied the embodied subjective aspects of the practice of breastfeeding. Shmied and Barclay (1999), for example, described how women relate to the embodied aspects of their engagement with breastfeeding. Their participants oftentimes used phrases that implied a challenge to find words to describe something so somatic. Some women described the embodiment of breastfeeding in positive terms, referring to the act of sharing their bodies with someone else, the dependency of their baby, the baby's enjoyment of the connection, and the synchronous connection between themselves and their babies. They referred to the intimacy, sensuality, and physical pleasure breastfeeding held for them. But other women described breastfeeding as distressing and disappointing, referring to breastfeeding as demanding, disruptive (of routines) and distorting (of the body and breasts). Breastfeeding, for some women, was uncomfortable and painful, "agonizing" and "excruciating" (p. 330). They also used a variety of metaphors to describe their experiences, such as being "a feeding machine", "a walking and talking cow", or "a milk bar" (p. 330). Another aspect that concerned the participants in Shmied and Barclay's (1999) study were the physical changes of the breasts as a result of lactation and also the objectification of their lactating breasts by health care providers, which sometimes felt like there is a separation between the lactating breasts and the rest of the body.

Resonating with Shmied's and Barclay's (1999) participants' voices, Bartlett (2000) also touched on the way she felt breastfeeding in a somatic and relational way. She described various snapshots of her life as a breastfeeding mother. Sometimes, for her, it was a repetitive, meditative engagement as she nursed and rocked her baby for hours, letting thoughts run free about the profound, trivial, and corporal (p. 175); other times she reported the pain, tears, and suffering of performing this gendered engagement as her partner slept uninterruptedly (p. 180).

Ryan, Todres, and Alexander (2011) described breastfeeding as a way of "knowing" through the body and its connection to other bodies, referring to "the interembodied experience of breastfeeding" which is different from an instinctual, reflexive of hormonally-driven coupling, despite it being somatic (p. 733). Ryan et al.

(2011) explained “interembodiment” using three terms: *Calling*, *Permission*, and *Fulfillment*. *Calling* refers to mom and baby communicating in a non-verbal way, reaching out for each other and expressing “an emotional longing that included both expectation and need on both sides” (p. 733). This calling was non-verbal and sometimes happened even from a distance when, for example, the women's body reacted physically (by producing milk) to just the sound of the baby crying over the phone. This also resonates with Simms’s (2001) description of how she needed to give her milk away as much as her baby needed it to feed and Silbergleid’s (2020) description of milk letting down when it is her regular nursing time even when she is not around her child.

Permission is the second aspect of interembodiment and refers to the uninterrupted, physical, psychological, emotional, and social environment that enabled the mom-baby dyad to acknowledge the mutual calling between them (p. 735). It is not an actual act of receiving someone's permission but rather an internal feeling of being enabled to breastfeed. An example could be delivering the child in a hospital where the mom is not separated from her baby after birth and is provided the space to breastfeed. Additionally, it is possible to suggest that the way permission is communicated can be explicit or very nuanced, although this was not mentioned directly by Ryan et al. (2011). The third and last element Ryan et al. (2011) identified was *Fulfillment* which refers to the “closeness, comfort, and bodily completability of successful breastfeeding” (p. 736). It is the successful enactment of what both mom and baby were *calling* for and received *permission* to perform. Ryan et al. (2011) further explain that their interpretation is based on observations and is not designed to make empirical claims. Instead, these descriptions offer a framework through which the experience of breastfeeding can be understood. These themes are only a few of the possibilities for framing the practice of breastfeeding and do not exhaust a more complete conceptualization.

2.3.2. Breastmilk linguistics and metaphors

One perspective for conceptualizing the embodiment of breastfeeding focuses, as does the work mentioned above, on the boundaries between the mother and the infant while zooming in on the connection between them. This perspective also allows a focus on breastmilk as a metaphor. Breastmilk, according to Cixous (1976), is the ultimate gift – “the embodied manifestation of generosity, a corporal generosity that nourishes not

only children but creativity – the source of the self – itself” (p. 265). Garnier (2017) analyzed Cixous’s writing, posing questions concerning semantics and the interaction between language and the body in the context of childbirth. She discusses the way linguistics demonstrates the transition from a woman-centered perspective of care to a performance/efficiency-oriented approach. Garnier wrote about the placenta, yet similar inferences can be drawn concerning breastmilk.

Postpartum depression, parturition. Pre- and postnatal. Premature. Painless. Where have all the *b*’s gone? The *b*’s for birth, for being born, the *b*’s for babies and birthing baths, the synchronous *b*’s that give lullabies their beat and rocking cribs their lilt? The *b*’s in bearing, as in labour, the *b*’s in womb and belly, The *b*’s for beginning and birthing forth? Instead the overabundance of *p*-prone, phallic ensign bearers seems to have burdened the graphic and phonetic spectrum of giving birth and motherhood (location 1898).

Following this semantic connection, it is possible to say that in the context of breastfeeding, *p*’s are also very prominent: breastfeeding **p**romotion, **p**opulation health goals, breastfeeding in **p**ublic. Like Garnier (2017) it is possible to ask what happened to the *b*’s in **breasts**, **boobs**, **breastfeeding**, **breastmilk**, **baby**, and **boundary**? Garnier (2017) refers to Cixous and Irigaray and discusses how language and bodies interact and because of that the placenta can be referred to as “both material and metaphorical” (location 1934). Similarly, it is possible to view breastmilk as both material and metaphorical; breastmilk can be viewed as a generous gift (Cixous, 1976), a living fluid (Ma, 2020) that transcends the borders between the nursing woman’s body and her child’s body (Simms, 2001), allowing long-distance, embodied connection and communication (Ryen et al., 2011), an internal clock, time-telling through embodied signals (Silbergleid, 2020) and an internal GPS system (Snowber, 2012).

In other words, paying close attention to semantics and linguistics affords finer attunement to the way breastfeeding-related terms are used, and this can be informative as to the way the boundaries between the baby and her mother are conceptualized. Perhaps a shift in focus is required if the focus is not just the **p**ublic *p*erformance of motherhood but also the **b**aby, **breasts**, **breastmilk** and the **blurry boundary between bodies**. This shift can be from research focusing on public health promotion goals and

breastfeeding rates and percentages to living experiences and women sharing their own breastfeeding stories. In the current work, by addressing research questions concerned with embodiment, expectations, breastfeeding-related logistics and organizational considerations, support and challenge, I offer an holistic account of breastfeeding, and thus help to shift the focus of breastfeeding research away from an efficiency/performance oriented perspective and toward a woman-centered perspective.

2.3.3. Breastfeeding ecology

Linguistics provide some clue into the metaphors, common word uses, and trends in perceptions concerning breastfeeding, particularly in relation to the boundaries between the mother and her baby's body, and the transitions and exchanges that are enabled through these boundaries. An additional perspective, moving from the metaphorical into the tangible, is that which gives consideration to the substances that go from the mother to the baby via the placenta and breastmilk. Thinking about substances going through the placenta usually implies the substances the mother transmits to her baby – giving nutrients and disposing of waste. Myers (2017), however, shared another perspective concerning the other way around – the maternal postpartum use of the baby's placenta through placenta consumption (through encapsulation for example). She wrote about how she consumed her encapsulated placenta for the benefits of the hormones and energy it stores. She described how she used it as a regulation aid to help her with the transition from her postpartum maternity leave back to work.

To prepare my return [to work], I again consumed my encapsulated placenta starting two weeks before my first day back in the office, at twenty weeks postpartum. Reintroducing my own perfect blend of hormones and energy, through ingesting the placenta, kept my emotions regulated; it was a natural mood stabilizer....Although I missed my son dearly, I acclimated back into the workforce easily, without emotional distress, and with sufficient breast pumping output. (location 501)

In other words, it is possible to look into these connecting tissues and substances as a two-way exchange between the mother and her child. During pregnancy the placenta regulates the exchange of materials between the mother and her baby, but postpartum,

the mother can reintroduce the energy she put into supporting the placenta by consuming it herself. The same energy can be said to go into the production of breastmilk – the substances making breastmilk can also be viewed as a source of energy, although postpartum self-consumption of breastmilk is not very frequently reported.

Considering breastmilk as the fluid that transmits energy and nutrients from the mother to the baby also requires consideration of less than optimal materials that can find their way into breastmilk. In her later work, Simms (2009) takes the phenomenological notion of sharing one's body through breastfeeding into the ethical and ecological realm. According to Simms and others she quotes, the breastfeeding infant is in fact at the top of the food chain and as such is the most exposed to a huge variety of environmental toxins via the placenta and breastmilk. The conceptualization of embodiment and sharing one's body opens the discussion to these surprising elements of ecological consideration.

Talking about the living experience of this food-chain, Silbergleid (2020), tells about her own take on the transitions of toxins from her to her children via breastmilk.

Both [Valium and Vodka] are contraindicated for nursing mothers. Although I have ingested neither, I am on a steady supply of Ambien; with my internist, we do a cost-benefit analysis. Sleep wins. My son has likely also digested a whole host of chemicals, including pesticides, dioxin, ingredients for jet fuel, and flame retardants. ...nursing infants leach their mothers not only of vital nutrients but also toxins stored in their fatty tissue; the particular toxins and their concentration have to do with simple geography. So even though I only purchase organic food to feed my children, my own milk is likely not organic, according to strict USDA standards. (locations 2526 – 2536)

Cohen Shabot (2018) further frames breastfeeding insofar as it “implies a complex carnal connection between the breastfeeding subject and the world—through the suckling baby—one that emphasizes our being edible and thus an organic part of the world, with no clear boundaries, blurring hierarchical differences” (p. 3). That is, focusing on the embodied breastfeeding experience, and the connection that makes us, as

mothers, the food source for our offspring, despite sounding grotesque, is useful in enabling a fuller understanding of breastfeeding as a practice.

Remembering that a breastfeeding mother is a subject who also breastfeeds, remembering that she is a part of a greater ecological system as seen by substances in the milk itself, and remembering that the act of breastfeeding is “socially constructed and culturally situated (Lloyd, 2018, location 3601), can frame breastfeeding as happening within a wider ecological system – as in Simms’s (2009) and Cohen Shabot’s (2018) discussion of this practice. But the term *ecology* can have more than one meaning. The term *ecology* in Simms’s discussion refers to the branch of biology that studies the relations between organisms in nature. But *ecology* refers also to the interactions between organisms at the level of psycho-ecological and socio-ecological insights.

Lloyd’s (2018) work mentioned earlier hints at this layer and demonstrates that the physical work of breastfeeding often conflicts with other aspects of life such as employment. There is labor embedded within this practice or, as Lee (2018) states:

As breastfeeding is a reproductive activity that extends over months or even years, requires intensive labour, curtails women’s movements, and potentially conflicts with employment, it is an example of one of the ways women struggle to maintain and revise their sense of self in light of their caring responsibilities to others. (p. 22)

In Angela Ames’s case, her leaking, painful breasts were the cause of her disagreement with her employers and eventually her termination (Lloyd, 2018). This emphasis is important since not seeing and acknowledging that breastfeeding women are also embodied subjects (i.e. not only milk producers or a self-sacrificing caretakers) also disregards the ways in which breastfeeding is a relational practice connecting the mother and her child (Lee, 2018). One of the main claims in Lloyd’s (2018) argument was that the contrast at the basis of the court’s decision in Ames’s case (comparing a given woman to a theoretical man in her situation) is absurd and unfitting to measure and evaluate the act of breastfeeding, which has specific physical implications for women (but not men) and is also influenced by culture. Stearns (2013) stated supportively that:

[t]o focus on breastfeeding as an embodied practice is to remind ourselves that there is a cost to imagining women as female men and that women do

experience a reproductive burden. Proclaiming an equality with men that mandates the ability to act as men in the social sphere (that is, to be autonomous individuals without physiologically dependent others) is to impoverish our expectation of what sexual equality should be. (p. 361)

In other words, the focus on embodiment and specifically on the embodiment of breastfeeding is important not only from a philosophical point of view, but also from a pragmatic point of view since breastfeeding has very practical, financial, and even legal implications for women. In the current work, in chapters four through six, through the consideration of logistical implications (i.e. day-to-day routines, everyday life events) (Q4) and through the considerations of limitations placed by breastfeeding (Q6), I elaborate on such practical, financial and legal consequences breastfeeding has for women who nurse. I show that decisions such as spreading school-load, changing a medication regimen, or making the decision to go back to work are all very pragmatic aspects of day-to-day life, but are heavily influenced by the demands of breastfeeding.

The current work does not focus on the subject of gender equality, however it is important to point out that to address the corporeal, subjectively-lived experience of breastfeeding is (hopefully) one more step in the right direction. Viewing breastfeeding as it is bodily felt and giving voice to the women's authentic presences within their bodies lets us see that a woman is not a female man, but a subject (as contrasted to an object) in the world, living her life through and by her body. Cohen Shabot (2018) states it in this way: "breastfeeding experience expresses our being in the world as carnal subjects, edible subjects enmeshed in the flesh of the world and of others" (p. 3). In the next section, I take up this level of breastfeeding reference and address the way breastfeeding is situated within the ecology of social and cultural meanings, as was suggested by Lloyd (2018), Lee (2018), Stearns (2013), and others.

2.4. Breastfeeding within a systems theory context

Phenomenological breastfeeding research draws upon women's stories, anecdotes, and examples in relation to breastfeeding and, in doing so, some of the themes hint at a more complicated context. When a breastfeeding woman talks about the midwife she has had, a pediatrician she saw, her mother giving advice, or her partner going back to work when the baby is a few days old, it implies she is a part of a

complex system. It is easy to think that an experience of something so personal as breastfeeding is the direct result of grit and determination but it would be naïve to suggest that breastfeeding begins and ends with the mother-child dyad.

One useful framework to articulate the many complex systems in which this embodied practice occurs is Uri Bronfenbrenner's (1977, 1994) Ecological Systems Theory which suggests that to truly study human development we must take a broader interpersonal and social perspective. Although Bronfenbrenner's area of research was developmental psychology and not breastfeeding mothers, in the following section I demonstrate that this conceptual framework can be useful for mapping the context in which breastfeeding takes place, thus allowing insights into the way women perceive their experiences as influenced by policies, social norms, or their geographic locations (Q7). Using the ecological systems theory as a framework can afford a multilayered perspective on breastfeeding. Such a framework can take into account the way breastfeeding is felt through the body, the way a woman's body is in synchrony and attunement (or lack thereof) with her baby's body, and emphasize that these sensations and feelings are heavily influenced by external considerations – that is, how the embodied and relational experience of breastfeeding is contextualized.

I hope to show through Bronfenbrenner's framework that social and cultural contexts (such as workplaces, neighborhoods, official policies and regulations) register in, on, and through the flesh of nursing women, and that different bodies, of different colors, shapes, sizes, or with medical conditions, perceive, value and live through breastfeeding differently. The focus on the embodiment of breastfeeding also invites us to consider how different bodies are positioned within their social-ecological environments. Such considerations demonstrate that some bodies are more privileged than others. As will be later discussed, obese women or women with a disability, for example, experience breastfeeding differently when compared to women who are not obese or who do not have a disability. Angela Ames's case, for example, also demonstrates how perceptions and norms can take their toll on the embodied experience of breastfeeding (Lloyd, 2018). Angela was congested, her breasts were painful, she was anxious and leaking milk because of her workplace policy. It was a policy that was felt through her body. This is but one example, but many more exist. According to Bronfenbrenner (1977, 1994), to truly understand human development, we need to go "beyond the direct observation of behavior on the part of one or two persons

in the same place; it requires examination of multiperson systems of interaction not limited to a single setting and must take into account aspects of the environment beyond the immediate situation containing the subject” (p. 514). We need, in other words, to focus on the ecology of human development. This developmental-ecological approach assumes that to be able to fully understand human development we should consider not only the changes in the individual but also their living environment and the way it changes. According to Bronfenbrenner, the environment is important because “this process [of human development] is affected by relations obtaining within and between these immediate settings, as well as the large social context, both formal and informal, in which the settings are embedded” (Bronfenbrenner, 1977, p. 514).

Bronfenbrenner conceptualized the environment as a system of nested structures, from the simplest to the most complex, and each contained within the next. The first system is termed the *Microsystem* which is comprised of a “complex of relations between the developing person and environment in an immediate setting containing that person” (Bronfenbrenner, 1977, p. 514) The features of the settings are having a specific time and place, and in this time and place, the individual has a particular role and activity in which to engage. The next system is the *Mesosystem* which is defined as a system of microsystems; that is, a mesosystem contains the interrelations between the various settings in which the individual functions. A mesosystem for a child, for example, contains the interactions between her family, her school and her friends. The next layer is the *Exosystem* which is an extension of the mesosystem. It includes things that do not focus on the developing person but influence him or her. For example, a demanding workplace of the mother of a baby girl does not contain the baby herself but influences greatly her day-to-day life through her mother’s engagement at work. Other examples of the Exosystem include (but are not limited to) the neighborhood, mass media, social media, government agencies, and social policies. All of the above-mentioned systems operate within the *Macrosystem* which includes both formal and informal rules and regulations, codes of conduct, cultural patterns and schemes, social roles, and norms. According to Bronfenbrenner, the microsystem, mesosystem, and exosystem are concrete manifestations of the norms, rules, and regulations from the macrosystem (Bronfenbrenner, 1977, pp. 514-515).

The distinction between the mesosystem and the exosystem is made a bit more complicated in the current work compared to that in Bronfenbrenner’s original

conceptualization. The current work focuses on the phenomenon of breastfeeding as an interembodied practice happening between a woman and her child, while Bronfenbrenner focused on the developing child. This shift in focus also shifts the boundaries of a few of the definitions of the different systems of the ecology. For Bronfenbrenner, the community, neighborhood, or workplace are considered parts of the exosystem because the developing child does not engage directly with them (Bronfenbrenner, 1977, p. 515). In the current work, however, the women were active members in their communities, neighborhoods, or workplaces and therefore I consider them parts of their mesosystem. This distinction may sound a small one, yet it is important to clarify the use of different definitions in order for this work to contribute to the existing body of breastfeeding research.

Mapping the different ecological systems in which breastfeeding takes place, as Bronfenbrenner's ecology allows, can enable a more rounded account of how breastfeeding is experienced. Even when choosing to accept an epistemological view stating that I can only know through my embodied, perspectival self (Merleau-Ponty, 1945/2012, 1968), an ecological-relational framing allows an holistic account of the ways the nursing body is positioned and situated within these different socio-cultural structures. Merleau-Ponty (1945/2012), for example, states how we cannot separate the act of perception from the perceived, the object of our perception.

Perception is just that kind of act where there can be no question of separating the act itself and the term upon which it bears. Perception and the perceived necessarily have the same existential modality, since perception is inseparable from the consciousness that it has or rather that it is of reaching the thing itself. There can be no question of maintaining the certainty of perception by denying the certainty of the perceived thing. If I see an ashtray *in the full sense of the word "see,"* then there must be an ashtray over there and I cannot repress this affirmation. To see is to see something. To see red is to see an actually existing red. (p. 392)

Therefore, when we perceive through the body, we perceive the things themselves. Adopting this view for the inquiry of breastfeeding allows a consideration of the ways the breastfeeding body is responsive to its context. When, for example, there are changes in milk supply based on the nursing's demands or if the milk dried out because the nursing

woman had to go back to work, we can say that her embodied experience of breastfeeding (her perception) also affirms the existence of the “things” (i.e., the context to which her body responds to). They, as Merleau-Ponty suggested, “have the same existential modality.” Thus, a focus on the embodiment of breastfeeding not only affords but also calls for a consideration of the context in which breastfeeding is practiced. This context, in turn, can be mapped through an ecological-systems perspective.

I use these structures, or systems, as an organizing schema for the various external influences on breastfeeding women. The intention in referring to an external ecology of systems, or theoretical structures, is not to disregard the way breastfeeding is felt through the body and through the carnal connection between the nursing mother and her baby’s body. Rather, through attunement to embodied signals, the intention is to pinpoint influencing factors stemming from the nursing woman’s context. I suggest that such mapping can allow a fuller account of breastfeeding since these forces are not always visible, although they may have a profound effect as, for example, Angela Ames’s case demonstrates (Lloyd, 2018).

Brigidi et al. (2020) also suggested that “local breastfeeding politics are important to the everyday lives of women, as they affect women’s bodies, body practices, and perceptions of freedom” (location 1261). I would like to extend this suggestion, that it is not only about local breastfeeding policies and politics but rather an entire ecology that can influence the experience of breastfeeding. Ma (2020) further emphasized that the discussion of breastfeeding is lacking in not addressing the broader context in which breastfeeding happens: “sadly, these debates [formula vs breastmilk] disempower and blind women to real injustices, including unpaid maternity leave, inadequate childcare policies, and lack of equal pay. If mothers are too busy judging each other’s infant feeding practices, they are too preoccupied to battle the true wars lodged against them” (location 3482).

A breastfeeding woman can be regarded as operating in a microsystem that is interacting in a mesosystem and within a macrosystem. A lactating woman has her role in her family and her extended family; she has a role in the workplace (even if she is currently on maternity leave); she has friends, neighbors, and acquaintances; she has her community (real or online), all the while living in a specific country with norms, laws, and regulations. For example, a breastfeeding woman who lives in the US and is not

entitled to any paid maternity leave may feel frustrated and engorged while at work and unable to nurse her baby. Forces from the Macrosystem (i.e. maternity leave duration) heavily influence her personal and embodied experience of breastfeeding. Another example can be of a woman who just gave birth and does not have any female family members living next to her (mesosystem). Also, since she was the first to give birth of her friends, she has never seen another woman breastfeed (microsystem and mesosystem). When she encounters breastfeeding difficulties, no one in her immediate circle can help, give advice, or point the way to a relevant practitioner. Her insurance does not cover a lactation consultant (exosystem) or maybe she is unaware of such a practitioner existing. She feels alone after not succeeding in her attempts to breastfeed. Her living experiences of isolation and failure are felt singularly and corporeally but are heavily influenced by the various systems within which she operates. Another woman has a year-long paid maternity leave (macrosystem). This is her third child (microsystem) and she is well connected within the neighborhood (mesosystem). Her mother is a retired nurse who provided her with breastfeeding guidance very soon after the delivery (mesosystem). She has many other mom-friends and they spent their time going to children-friendly places (mesosystem). She breastfeeds until her child is three-years-old. Feeling satisfied and happy about her decision and ability to nurse, she also is unaware of the contribution the systems she operates within make to her living experiences of breastfeeding.

When also considering Simms's (2009) ecological framing of human lactation it becomes even clearer that a nursing mother never stands alone. If, for example, we think about a hypothetical woman who grew up in a highly polluted area and was exposed to chemical substances because of employment, when she became a mother, all those years of living in a polluted area will find their way into her infant via her milk and the placenta. This added layer of consideration takes into account Bronfenbrenner's ecological systems theory and adds the actual ecology and its material effects. Simms's (2009) work also adds the temporal element by showing how our past and physical environment registers in our cells in a way that goes to the next generation through our bodies (via placenta and breastmilk).

We may not be fully aware of this happening while it happens. We may think that our experiences are personal, private, and subjective (which they are). And as was suggested above, our experiences are influenced by the way we live by and through our

embodied selves (Merleau-Ponty, 1945/2012) and by the way our mind interprets, filters, selects and biases the information and situations in which we find ourselves (Siegel, 1999). These experiences, however, are also relational to our environment and are heavily influenced by what happens in the systems making our lifeworlds or, as suggested by LaChance Adams and Cassidy (2020):

Motherhood brings the paradoxes of being human into blinding light....Gender, as we know, powerfully affects other aspects of our lives, just as class, race, nationality, and other factors do. There are some important differences in how mothers and fathers are treated, what they expect from themselves, as well as the resources and limitations they tend to have. These will affect the institutions and the experiences of motherhood, fatherhood, and parenthood more broadly. (location 122)

2.5. Relational flow in ecological systems

I have synthesized Bronfenbrenner's ecological systems theory with a phenomenological methodology and philosophy in order to understand the meanings breastfeeding brings to women's lives, and to connect between external ecologies and the subjectively lived experience of breastfeeding. Merleau-Ponty's (1945/2012, 1968) work allows a conceptualization of the way we are embodied subjects perceiving through our flesh. In his work on the phenomenology of perception and the ontology of the flesh, Merleau-Ponty suggests that as perceiving subjects we are not separated from the things we perceive or from the world we perceive. We perceive through our embodied selves, our flesh, which is enmeshed within the world which is also flesh. The connectedness of the seer and the seen, the touching and the touched, connects us to others and to the world in a pre-reflective way, although we never fully merge with what we perceive or touch. The other who we perceive "is both familiar and strange. She is made of the same flesh as I am....Yet there is always something of her that I cannot reach" (LaChance Adams, 2014, p. 119). These considerations of the flesh and flesh of the world allow us to reflect on the ways women can be ambivalent in the context of breastfeeding. Being connected through the body to another can be thrilling and limiting; being enmeshed in the flesh of the world can also highlight the ways the body has specific characteristics which confine it within particular breastfeeding lifeworlds. Such confinement allows for consideration of how policy or social norms can be felt on and

through the flesh. If, for example, a specific place is more accepting of public breastfeeding of women of certain sizes but not others, there is no doubt the women of the “right” size will have a different take on breastfeeding than women of the “wrong” size (see for example O’Sullivan et al., 2015).

Additionally, to emphasize the importance of both the embodied perception but also the attunement to such an embodied perception, I draw upon the “relational flow” rendition of phenomenology (Smith, 2020; Smith & Lloyd, 2019). Smith (2020) and Smith and Lloyd (2019) to suggest that using phenomenology as a methodology can allow us to tap into the here-and-now as we live it, how we are immersed within it, how our body is engaged with it, and how we are *attuned* to others within the experience that we are living. Such a phenomenological rendition acknowledges the “otherness,” or outside-ness, of what we perceive (in all the partiality in which it is experienced), while also considering how as perceiving subjects we can use our embodied responses as sources of deep knowing. It is thus useful for the exploration of the meanings an embodied engagement such as breastfeeding can have. The relational flow approach can address the way our experiences are embodied and relational and how inward and outward attunement can be informative as to the meanings breastfeeding holds for us.

Such an approach is, of course, not the only approach to conducting phenomenological research into evidently relational phenomena. Finlay (2008), for example, talks about the process of phenomenological research as a combination of “being “scientifically removed from,” “open to” and “aware of” while also interacting with research participants in the midst of their own experiences” (p. 3). Finlay’s approach (2008) highlights the combination of empathy, openness, and critical thinking, asserting that one of the main challenges for the phenomenological researcher is not only to be aware and try to bracket out presumptions and assumptions, but to do so on a continuous basis while this process becomes layered and complex, and as more presumptions and assumptions arise. As will be evident in chapters four through six, bringing the participants stories, there is no doubt that there is a continuous necessity to try and stay removed from yet open to other’s experiences. My approach to this research is so personally driven that I did not truly see a way to be detached from what I was hearing, and from what my research questions implied. The emphasis on relationality, in addition to embodiment, as possible through the relational flow approach, highlights the subtle nuanced exchanges as well as the way these are being interpreted and filtered

through our sensory interactions with the world and with others. The relational flow approach enables me to stay with my own experiences while leaving room to feel the experiences of others. And as the interview chapters will demonstrate, holding these different points of view is enabled when the methodological attitude is to be attuned to subtle nuances and exchanges. Being open to, while also detached from, the meanings of a phenomenon is similar to, but not completely identical with the suggestion to use the researcher's own embodied signals as a source of knowledge (Snowber, 2012).

The relational flow emphasizes “the immanently flowing force of life.” With this shift of attention, we turn away from “worldly appearances” and towards “evocative descriptions of the invisible substance...of life” (Smith & Lloyd, 2019, p. 2). This focus pays close attention to impressions; that is, the relational flow approach enables a focus on the manner in which these “things” appear while discerning “the ‘radical immanence’ of life in an invisible, originary, animating, revitalizing, ‘transcendental affectivity’” (Henry, 1990/2008, p. 81, in Smith & Lloyd, 2019, p. 2). Focusing on the manner in which “things” appear enables the rapprochement of phenomenology with the very affectivity informing it; in this approach, there are no longer “objects” but exchanges, synergies, resonances, and synchronies through which we attempt to tap into “the very force of life’s self-generation” (Smith & Lloyd, 2019, p. 2).

When exploring living experiences, the generating stimuli may be external, yet, such external stimuli find their way into how life is felt from within: “[o]ur visible, evidential lives may be dictated from the outside, but life feels motivated from within” (Smith & Lloyd, 2019, pp. 2-3). That is, relational flow as framework for phenomenological exploration is not object-centered and does not focus only on the embodied subject. Rather such a phenomenological rendition allows an exploration that is in the present-tense, that is inherently relational, and that taps into the now moment that is the temporal impression of deep engagement with the world.

An ecological-relational account enables a focus on the inter-subjective realms that are influenced by both the external conditions and our impressions of them (e.g. our embodied, subjectively-living self), all of which makes our personal experience what it is. Using such an inclusive frame of interpretation has the potential to do justice to the socio-ecological determinants mentioned above as well as account for individual differences in meanings and interpretations that reflect our own unique circumstances.

Chapter 3.

Method

3.1. Phenomenology: A philosophical school and methodology

I conducted a phenomenological study in order to provide an holistic exploration of the living experience of breastfeeding and answer the seven stated research questions. Phenomenology is said to be a qualitative research methodology and a school of philosophy (Dowling, 2007; van Manen, 2016). The latter is rooted in the intellectual work of Edmund Husserl (1859-1938) and later expanded by Heidegger, Sartre, Merleau-Ponty, and many others (Spiegelberg, 1982 in Creswell, 2013). Phenomenology as a research methodology, however, involves the application of philosophical precepts about the significance, as well as the ways and means, of tapping into the living experiences of individuals who have seemingly gone through the same event (e.g., Creswell, 2013).

According to Husserl, to truly understand human consciousness, we should study rigorously the essence of “things as they appear” (Valle et al, 1989 in Dowling, 2007). But a few questions come readily to mind when considering the exploration of “things as they appear” to consciousness. What precisely are those “things”, to whom do they “appear”, and under which circumstances do they appear? And of what epistemic importance is it to have experienced first-hand the event of interest? These are not easy questions to answer and I am certainly not the first author to ask them (e.g., Butler, 2016).

According to Smith (1986), “our interest in a methodology is not a mere concern with method. A phenomenological interest is “not just *methodological* but *existential*” (Heidegger, 1962 in Smith, 1986, p. i). Smith (1986) adds that “there is the recognition that when we speak about methodology, we are speaking about the rigor of our orientation, and its discipline, standard and fidelity to that which substantiates our interest” (p. i). In other words, the discussion of phenomenology as a research methodology is not the simple (yet very tempting) rendition of ‘I did this and that because that’s what the method textbook said.’ Rather, this discussion has to first acknowledge

the philosophy and evolution of thinking about how to approach the topic at hand. It requires looking to phenomenology as an evolving methodology of questioning the natural attitude and finding layers of meaning otherwise hidden from view. Additionally, it requires addressing the way the researcher herself navigates her way within the research questions and data interpretation, all while taking into account the underlying assumptions different phenomenologists bring to their philosophical and methodological writings. In this chapter I first review various interpretations of phenomenology and trace the evolution of its methodological thought. Following that, I address the phenomenological reduction and position the current work and my own research interests within the wider landscape of phenomenological inquiry.

3.2. The phenomenological landscape

The beginnings of phenomenology as a philosophical school can be found in the writings of Husserl who was interested in attending to “the things themselves” as they bring themselves to consciousness. Van Manen (1997) explained that “phenomenology is the study of the lifeworld – the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it” (p. 9). Understanding what it means to be interested in the ‘lifeworld’ and ‘pre-reflective’ experience is a development of Husserl’s concern for “things” not necessarily in context. According to Butler (2016), several authors agree that Husserl himself tended to “not provide clear examples of his thinking” (p. 2034) and therefore, for every phenomenological researcher, “a choice needs to be made regarding which [version of phenomenology] will inform the project under consideration” (p. 2035). I can say that my own understanding of what it means to do and write and live phenomenology is still emerging.

My understanding of Husserl’s focus (which, of course, is informed by the scholarship of others) is that it was object-oriented (Smith & Lloyd, 2019, p. 2). That is, according to Husserl, the “thing” that appears in consciousness is what we wish to get closer to and understand. A few underlying assumptions are that this process has some built-in passiveness to it. The “thing” appears and then we process the manner in which it appears to us. Through this lens, Husserl explored the idea of intersubjectivity and being informed through engagement in the process of the phenomenological reduction. The notion of the phenomenological reduction will be elaborated upon later in this chapter.

Merleau-Ponty's take on phenomenology was quite different in that the focus was not the object (i.e. "things") but rather the way we experience the world through our body; that is, it is not just consciousness that has "things" appearing to it but there is an active, embodied, dynamic, perspectival, perceptual process whereby such things appear. The way we can know anything goes with the way we are in an active relation with the world.

Our body is not in space like things; it inhabits or haunts space. It applies itself to space like a hand to an instrument, and when we wish to move about we do not move the body as we move an object. We transport it without instruments as if by magic, since it is ours and because through it we have direct access to space. For us the body is much more than an instrument or a means; it is our expression in the world, the visible form of our intentions. (Merleau-Ponty, 1945/2012, p. 5)

Consciousness is inherently active and interactive: "the body is no longer merely an object in the world, under the purview of a separated spirit...it is our point of view on the world" (Merleau-Ponty, 1945/2012, p. 5). We perceive and grasp time and space through and by our body, which filters the outside world to us. We move and touch and inhabit the world and, through this implication, we can know and experience "things", objects, and other subjects in the world.

Perception is key in Merleau-Ponty's scholarly work in that it is the very means whereby experience happens. His goal was to "re-establish the roots of the mind in its body and in its world, going against doctrines which treat perception as a simple result of the action of external things on our body as well as against those which insist on the autonomy of the thought" (1945/2012, pp. 3-4). His phenomenological approach "attempts to overcome the Cartesian separation of body and mind, self and other, through understanding the body in terms of intentionality, or being-towards-the-world" (Lee, 2018, pp. 24-25). The body plays a central, unmediated, and direct role in these perceptual processes; the body is what enables them.

I move external objects with the help of my own body, which takes hold of them in one place in order to take them to another. But I move my body directly, I do not find it at one objective point in space in order to lead it to another, I have no need of looking for it because it is always with me. I have

no need of directing it toward the goal of the movement, in a sense it touches the goal from the very beginning and it throws itself toward it. In movement, the relations between my decision and my body are magical ones. (Merleau-Ponty, 1945/2012, p. 96)

Experiencing the world and its entities in such a way has to, by definition, go through our embodied selves which see and touch and feel and perceive. To have a mind for contemplation and processing means having an active body that perceives itself acting in space and time. According to Merleau-Ponty, as further elucidated by Elizabeth Grosz, the body as our point of view to the world can act, touch, perceive, without us having to cognitively “know” anything about its physiology or functionality.

The body "knows" what its muscular and skeletal actions and posture are in any movement or action, quite independent of any knowledge of physiology or how the body functions....The movements I make are not simply the addition of various successive mechanical movements of a Cartesian or Hobbesian body-machine. (Grosz, 1994, p. 91)

Knowing in such an unmediated way has, according to Merleau-Ponty, implications for the way we “know” the world, objects or “things” and other subjects, as well for the way we can know from within the body itself.

It is by means of my body that I am able to perceive and interrelate with objects; it is my mode of access to objects. And unlike my perspectival access to all other objects, my own body is not accessible to me in its entirety. (Grosz, 1994, p. 92)

Merleau-Ponty’s later writings about the way we perceive the world through our body are also useful in enabling a consideration of the relationality of human relations. Connecting this relationality to the domain of perception, he elucidates the way our perception of color is, in fact ,relative, that is, relational to its context.

Claudel has a phrase saying that a certain blue of the sea is so blue that only blood would be more red. The color is yet a variant in another dimension of variation, that of its relations with the surroundings: this red is what it is only by connecting up from its place with other reds about it, with

which it forms a constellation, or with other colors it dominates or that dominate it, that it attracts or that attract it, that it repels or that repel it. If we took all these participations into account, we would recognize that a naked color, and in general a visible, is not a chunk of absolutely hard, indivisible being, offered all naked to a vision which could be only total or null, but is rather a sort of straits between exterior horizons and interior horizons ever gaping open, something that comes to touch lightly and makes diverse regions of the colored or visible world resound at the distances, a certain differentiation, an ephemeral modulation of this world – less a color or a thing, therefore, than a difference between things and colors, a momentary crystallization of colored being or of visibility (Merleau-Ponty, 1968, p. 132)

Merleau-Ponty's reference to the variety of reds lets us understand that when we perceive, what we perceive is relational – there is no absolute red. We also know from studies in cognitive psychology and perception that color and saturation are perceived in context. Our system makes adaptations to the interpretations based on the currently available input. That is, our system is not static, not only receptive. It actively processes the information we have available for us, and changes in input lead to changes in the inferences we make for ourselves. In other words, we actively and continuously interpret the flows of information from our environment. Merleau-Ponty further discusses the relation between the world, the body, and our perception of the world through the body.

When we speak of the flesh of the visible, we do not mean to do anthropology, to describe a world covered over with all our own projections, leaving aside what it can be under the human mask. Rather, we mean that carnal being, as a being of depths, of several leaves or several faces, a being in latency, and a presentation of a certain absence, is a prototype of Being, of which our body, the sensible sentient, is a very remarkable variant, but whose constitutive paradox already lies in every visible. (p. 136)

Merleau-Ponty (1968) goes on to say that:

The world seen is not “in” my body, and my body is not “in” the visible world ultimately: as flesh applied to a flesh, the world neither surrounds it nor is

surrounded by it. A participation in and kinship with the visible, the vision neither envelops it nor is enveloped by it definitively. The superficial pellicle of the visible is only for my vision and for my body. But the depth beneath this surface contains my body and hence contains my vision. My body as a visible thing is contained within the full spectacle. But my seeing body subtends this visible body, and all the visibles with it. There is reciprocal insertion and intertwining of one in the other. (p. 138)

Merleau-Ponty's notion of a perceiving subject is not an objective-rendering, information-gathering machine, but rather that of a carnal, active subject who experiences the world from a singular and unique perspective, often in great depth through reciprocated, continuous, ever-changing exchanges with entities and others within the *flesh of the world*.

According to Cohen Shabot (2008), Merleau-Ponty's writings, and particularly his notion of flesh, are useful in their bringing into the light the body, its carnal, materialist and often imperfect, dark, or flawed, nature. She states, however, that Merleau-Ponty's discussion of the body, or flesh, would have been more rounded had he also considered what happens within the body itself, as a way to complete the justification of the discussion of the body as our way of knowing the world, not by perceiving through external senses, but by sensing the world from within. Similarly, Leder (1990) refers to the importance of taking note of the ways experiences are not only sensed in a superficial way: "[b]eneath the surface body, perceiving and perceived, acting and acted upon, lies an anonymous visceral dimension" (p. 209). Further implying the importance of being attuned to and in-tune with the way perception is felt somatically, Smith (2020) and Smith and Lloyd (2019) highlight how, as active beings, we are not only perceiving the outside world but our experiences are sensorially making-meaning, moment to moment, of the lifeworlds within which we are enmeshed and enfleshed.

Merleau-Ponty's work can be applied to breastfeeding as a living practice, especially when keeping in mind attuned, sensorial responsiveness. This application allows us to consider breastfeeding as a deeply embodied and relational exchange which the mother has within her own flesh and in deep correspondence and reciprocity with "the flesh of the world" and, more specifically, with other embodied subjects enfleshed in this world. While Merleau-Ponty did not talk about breast milk, we can use

his conceptualization to wonder about the substance that makes breastfeeding what it is. Considering breastmilk as a substance that is generated by the nursing mother, produced by the demands of her nursing, and consumed by her baby, we can wonder – is it visible or invisible? Is it tangible? Is it inside the body or external to it? It depends. Breastfeeding mothers feel milk being produced; they feel the urge to feed; they feel being engorged. These sensations are relational insofar as they are governed by the needs of another, namely, the nursing child. But can we see this substance? Can she see it? Maybe if she pumps. We can see the baby or child gaining or losing weight. Would that count as being visible? The milk exchange happens in the non-existing gap between the latching baby and the nipple and thus it is mostly rendered invisible. Considerations such as the visibility or invisibility of breastmilk position breastfeeding in the realm of relationality and in the fluid exchanges between the bodies of mothers and their babies.

Breastfeeding occurs viscerally and is understood somatically within the flesh itself – through sensations within the tissues of the breasts. Essential flow of milk invites us to consider breastfeeding as an invisible meaningful exchange between bodies, suggesting that when conceptualizing breastfeeding, the child is not an external object perceived by the mother, as one of many others. Eva Simms (2001) suggests, and as will be further discussed in the next section, a new-born may be only as much as a six or seven pound creature, governing her mother’s sensations to the degree of modifying her body’s functioning. Breastfeeding enables two-way exchanges between corporeal beings who were previously but are no longer connected umbilically and via the placenta and uterus. Yet they remain connected *through* flesh and, specifically, by milk. It is important to consider the role breastmilk has in these invisible exchanges as “the embodied manifestation of generosity” (Cixous, 1976, p. 265) since without such exchanges, without the generous flows between the mother’s body and her baby’s body, breastfeeding would not be possible. Chapters four through six, presenting the interviews I conducted with six breastfeeding women, will demonstrate the very mundane yet meaningful way in which this flow of relationality and interembodiment of breastfeeding becomes manifest.

3.2.1. Phenomenology as a route to inter-embodiment

Many insights can be drawn from Merleau-Ponty's take on phenomenology and the way he cast human experience, interaction, and intentionality as embodied. In the context of the current work, I wonder about Merleau-Ponty's masculinist understanding of embodiment and its relevance to a discussion of something so feminine as breastfeeding. How can such en fleshed understanding contribute to the present study when he, in fact, never had the option to engage with this embodied practice? How can we use his understandings of the motility of the body to communicate the living experiences of breastfeeding as experienced by and through the bodies of women who breastfeed?

Regardless of the question concerned with the phenomenologist's gender, which may or may not be relevant, it is important to acknowledge that large parts of Merleau-Ponty's scholarly work on the "flesh" have afforded many female phenomenologists opportunity to reflect on their own breastfeeding experiences. One such author is Eva Simms, a developmental psychologist, phenomenologist, and mother who wrote about her breastfeeding experiences using Merleau-Ponty's work as an inspiration to describe "[the] mother's experience of sharing her body with a baby" (Simms, 2001, p. 24). Simms describes the paradox of assuming a baby is separated from her mother by showing how the baby's reflexes are in perfect responsive alignment with the mother in relation to the mouth opening reflex, the ability to see from the distance that a mother usually holds her newborn, and the way "[t]he newborn's body molds itself into the mother's arms, fitting along the groove between her arm and abdomen" (p. 24).

Simms uses Merleau-Ponty's phenomenological insights to discuss breastfeeding and the embodied connection between a mother and her baby. She writes: "Merleau-Ponty's ontology of the flesh contributes to the ontology of well-being: it gives us a conceptual and evocative language to describe human existence in its pre-verbal, syncretic, and non-dualistic manifestations" (Simms, 2001, p. 22). According to Simms (2001), the act of breastfeeding breaches the 'pretend boundary' between the two bodies: "[t]he skin as the boundary line between two bodies is breached again and again in the evocation and gift of milk" (p. 25). Simms (2001) illustrates in her writing the deeply embodied connection she experienced when nursing her newborn daughter.

I often looked at her and marveled that even though she had left my body, she still grew through it. Milk was the line that tied us together, the very special stuff that gave her life, growth, and contentment. Milk is the glory of our animal being, the need to give of ourselves and pour out our care and love. (p. 26)

Simms's writing is not only that of a developmental psychologist writing about breastfeeding, theorizing about its role in mother-child relations. She uses metaphors, images, and evocative descriptions to enable readers of her work to see through her eyes, feel through her skin, and come to appreciate the carnal connection between her body and her child's body. That is to say, Simms's phenomenological account of breastfeeding is not only embodied but interembodied. This relational account allows us a closer look at what other authors (e.g., Ryan, Todres, & Alexander, 2011) describe using generalized and theoretical terms.

According to Lee (2018), breastfeeding is an "intercorporeal intertwining of child and mother, or interembodiment" (p, 24). She further suggests that "[b]reastfeeding is an example of how phenomenology understands identities as being formed through relationship with the bodies of others" (p. 24). Gaining an understanding of this interembodiment or, as Simms (2001) calls it, "being housed" and "cradled," is important not only metaphorically but also pragmatically since infants who are not cradled or housed in that sense do not thrive. Thus using such language is useful not only for the theoretical conceptualization of the practice of breastfeeding but also for providing a practical perspective.

Breastfeeding offers both the mother and the nursing child an additional dimension of knowing the world. Certainly I know my children know the world differently because of breastfeeding. When my daughter falls and hurts herself, she knows she can find multisensory comfort in me, our hug, and in the milk she takes when she nurses. She learns about the difference between night and day and about routines as I tell her "the booby" is available or unavailable for her to nurse from at different times of the day. She learns that it is not dark yet, so "the booby" is still sleeping to have her milk ready when she goes to bed. This is not to say that non-breastfeeding children do not learn the difference between night and day or do not find comfort in their parent's hugs. It is only to say that breastfeeding gives our relationship an additional dimension of closeness and physical connectedness. Our skin-to-skin touch, the responsiveness of my body to her

needs, learning about asking and getting and also learning that sometimes it is not appropriate to nurse right there and then, even if she really wants to, are the ways breastfeeding adds a depth to my connection with my child. By the same token, it has taken me a great deal of mental and emotional energy to understand that sometimes it is in her (and my) best interest to say no. Learning that the way my body feels about breastfeeding is as legitimate as her deep desire to nurse.

Phenomenology as a philosophy and a qualitative methodology affords the understanding of meanings embedded in breastfeeding through the focus on the subjective experience of the nursing mother. This is different to other approaches that may focus on the act of breastfeeding from the nursing baby's perspective, as in psychoanalysis for example. Luce Irigaray, for example, critiqued both psychoanalysis and classic philosophy on the basis of failing to see how we are all human beings coming from another human being – i.e. our birthing mother.

In fact, Freud goes on, “you soon see how inadequate it is to make masculine behavior coincide with activity and femininity with passivity. A mother is active in every sense toward her child” (p. 115). The example of breastfeeding that is immediately adduced in evidence, is, of course, questionable; it is difficult to see how the verb “to breast-feed” can be simply reduced to an activity by the mother unless by virtue of purely grammatical criteria (as an active, transitive verb etc.). And in any case, such criteria become immediately questionable when opposed to the very “to suck,” for then the mother finds herself the object of the infant's “activity”. (Irigaray, 1985, p. 16)

According to Irigaray, our existence would not have been enabled without these interembodied relational dispositions we are all born into and that are necessary for our survival (Simms, 2001). This dictates a perspective that takes into account how we are connecting with the world around us in an interembodied, relational way, particularly when considering breastfeeding. In other words, there needs to be consideration of the relational, intersubjective, and interembodied aspects of breastfeeding. Additionally, by considering the lived experience of a breastfeeding mother, we are becoming more attuned to the realities many experience, and getting further from notions of idealized “good” mothers. As LaChance Adams (2014) suggested: “the best way to avoid the idealization of motherhood is by turning to its reality.... As Edmund Husserl advocated,

we must continually go “back to the things themselves”: women’s experiences as mothers” (p. 7).

Breastfeeding connects the feeding mother and the nursing child through the body and this connection is central to the relational give-and-take within this aspect of parenting. As Simms’s and others (e.g., Cavanagh, 2020; Ma, 2020; Silbergleid, 2020) demonstrate, breastfeeding mothers, myself included, know breastfeeding through their bodies, from within, with respect to another, namely, the feeding baby. They touch, hold, lactate, feed, connect through latching to a baby who smells, sips, sucks, and sometimes even bites. Breastfeeding mothers know without words what it is like to breastfeed while the baby pulls your hair. We know how it feels when the breasts produce milk but you are not around your baby to take care of that congestion. We can relate to having your baby roll over to you in bed, connect to feed and then roll back to sleep for what seems like five hundred times a night. All of these are lived and living instances of breastfeeding from an inter-embodied perspective.

If we choose to accept Merleau-Ponty’s and other’s takes on what it means to “know” anything in this world, that knowing happens through the body and in the way our body interacts with other bodies and with the world and environment around us, then we must acknowledge that we cannot “know” this world or any “thing” in it objectively. We are subjective by definition and, as shown in other disciplines, our involvement within this world, our active participation in constructing meanings and relations and flows, changes the “things” and objects with which we interact. This means that we are always coming at things from a certain perspective. We can never “know” for sure or completely. This means that we are not, and cannot, ever be truly objective. We are all subjects and subjective, and therefore the interpretations we attribute to the world always implicate us in some way.

Personal interpretations of actions and routines can influence on and be influenced by the way we engage with the world around us. Waking up at night to feed is probably not great fun for anyone. There must be a difference, however, between waking up a lot and then in the morning going to your full-time job for the whole day or waking up a lot and then giving your baby to someone else so you can take a nap for a few hours. There is a difference between waking up to a screaming baby who will not latch and waking up to a quiet baby who rolls over to nurse and goes right back to sleep. These are just a few examples of how important it is to take a closer, more nuanced view because while

something may sound the same on the surface, digging deeper into personal meanings and these “relational affinities, resonances, and synergies” (Smith & Lloyd, 2019, p. 2) reveals telling differences in our lived and living experiences. Acknowledging these nuances, personal interpretations, and circumstances is important if we are interested in a fuller, more rounded understanding of what it means to be a breastfeeding mother.

3.3. Breastfeeding as a relational flow

Continuing Merleau-Ponty’s line of thought, Smith (2006, 2007, 2020) and Smith and Lloyd (2019) articulate “relational flow” as indicating a telling aspect of the experiential realm, of the phenomenality of existence, in which one is actively and immersively engaged in the world and with others. The relational flow perspective uses phenomenology as a methodology to tap into living experiences of moving in concert with others. Smith and Lloyd (2019) call for us as researchers to “concern ourselves first and foremost with relational affinities, resonances, and synergies” (p. 2). These are perhaps invisible but, in this context of “relational flow,” not seeing something does not mean it does not exist, just as not seeing breastmilk does not mean breastfeeding does not happen. Their phenomenological rendition of moments of flowing connectedness allows for a fuller exploration of any lived experience in that it leaves room for “the things” (e.g. objects that find their way into our consciousness), for our bodily perceptions that filter and generate everything for us, while also highlighting the importance of the nuanced subtleties that are there in the way we interact with our environment on various levels that sometimes go unnoticed but are nonetheless constitutive of our ways of being in the world.

Smith (2020), for example, tells of a lake swim he took and how environmental changes in sunlight (i.e., external circumstances) influenced his kinetic and kinesthetic senses of swimming, turning it from an enjoyable outing to being full of anxiety. The outside world exacts a toll at times on our inner experiences. The influences can be robust and easy to pick out, as Bronfenbrenner’s framework suggests, or subtle and nuanced yet still very significant, as Smith and Smith and Lloyd (2019) suggest. The relational flow approach to phenomenological inquiry seems more than applicable to a practice as somatic and fluid as breastfeeding. Smith (2020) describes relational flow as enabling him to take into account “environmental attunements, shared rhythms and

reciprocated gestures, or the lack thereof” (p. 6). Through the metaphor of swimming, he picks up the work of Merleau-Ponty and demonstrates how flow is inherently relational:

My elemental immersion in the water is a feeling for the reciprocity of my actions with the water that yields a propulsion through the water. Through moist inhalations and blowing, bubbling exhalations, I breathe of this “flesh of the world” (p. 146) that I am and of which I am integrally and intimately connected. (Smith, 2020, pp. 6-7)

Similarly in the context of breastfeeding, a relational flow paradigm urges me to keep in mind my own, as well as other women’s, experiences in the here-and-now, taking into account the physical sides of breastfeeding as well as the way the breastfeeding body is attuned to others who are also a part of the practice (e.g. the nursing baby and significant others). Such an analysis of breastfeeding focuses on the potentiality for connection and communion that is embedded in the flesh and in the ways the body can touch and be touched, know the other although never to the fullest, and in the transitions between bodies where “[o]ur fleshy incarnation means that we can both perceive and be perceived, and that everything I see is suffused with the visions of others – my partner’s, my child’s, a friend’s, a stranger’s, and so on” (LaChance Adams, 2014, p. 119). The acknowledgement of the enmeshedness of our body with that of others and the world we share allows detailed consideration of the reciprocal connection between a breastfeeding mother and her child, and the metaphorical and tangible marks this connection leaves on her body even when not breastfeeding (e.g. congestion) or after breastfeeding ceases (e.g. stretch marks).

The relational flow paradigm allows consideration of all of the above while still leaving room to consider how external factors find their way into the subjectively individual experience, just as the waning sunlight at the lake cues anxiety for Smith (2020). It is this relational flow perspective on interembodied experience that acknowledges the breastfeeding woman as a subject rather than a health-promoting object. Lee (2018) states:

Current understandings of breastfeeding are inadequate and harmful to women because they restrict how breastfeeding is practiced by treating women, on the one hand, as milk-producing machines necessary for providing optimal nutrition for infants, and on the other hand, as deriving their identity and self-fulfillment primarily through self-sacrificing care for

children. Both of these ways of understanding breastfeeding erase women as subjects. In doing so, they also fail to recognize the relationality inherent in the breastfeeding dyad of mother and child. Both mother and child are intimately connected to each other in the practice of breastfeeding, but this goes unrecognized when breastfeeding is understood as a merely physiological process or as unconditional giving in the absence of maternal enjoyment.” (p. 23).

Using the phenomenology of relationality to learn more about the meanings of breastfeeding enables me to situate my own experience in light of the experiences of other women: to pose questions and wonder about meanings, contrast others’ stories with my own, and reflect upon and write about my engagement with breastfeeding with both my children. Learning that phenomenology is empty without pouring into it my own narrative of flesh and milk is a significant part of this research process. Writing of my private stories, perceptions, and presumptions is a challenge but also an opportunity to note the nuances of my own story with respond to my participants’ stories. I am invited in this way to attune to flows to which I usually do not pay much attention – to what other people may call their “gut feelings” or some sort of sensory input that is hard to pinpoint or explain to anyone else. It is like having another stream of consciousness running in the background parallel with cognitive, emotional, and social streams running in the foreground. With practice in attuning to this stream of otherwise pre-reflective consciousness, I learn how to better hear myself, which is not an easy task with all the noise around.

While I knew (or at least thought I did when I just started this research) what breastfeeding meant, and still means for me, I kept wondering if I was the oddball. After all, my circumstances were challenging and unique. I had a hard time believing that other women were going through the same things I was. I wondered if breastfeeding would be as intense and complex in different circumstances. I was therefore motivated to study the meaning breastfeeding holds for others. This interest aligns with the way van Manen (2016) articulates curiosity as the basis of phenomenological exploration: “[W]e wonder: What is this experience like? How does the meaning of this experience arise? How do we live through an experience like this? And thus it may happen that an ordinary experience may suddenly appear quite extraordinary” (p. 31).

3.4. Curiosity and phenomenological reduction

Van Manen (2016) elaborates on the significance of curiosity as the motivation to conduct a phenomenological study. According to him, the drive to do phenomenology is about “being swept up in a spell of wonder about phenomena as they appear, show, present, or give themselves up to us...phenomenology is more a method of questioning than answering, realizing that insights come to us in a mode of musing, reflective questioning, and being obsessed with sources and meanings of lived meaning” (p. 26). According to van Manen (1997, 2016) curiosity, wonder, and the questions that follow are central to phenomenological inquiry.

This process of questioning is deeply rooted within the phenomenological tradition and is, in fact, methodologically crucial for the “phenomenological reduction.” Engagement in the phenomenological reduction (or *epoché*) dictates the necessity to “break through this taken-for-grantedness and get to the meaning of our experience” (van Manen, 2016, p. 215). The method consists of a suspension of the natural attitude, that is a “bracketing” or putting out of play of personal beliefs and suspension of personal judgments about the topic of interest. The goal is to “[put] into brackets the various assumptions that might stand in the way from opening up access to the ordinary or the living meaning of a phenomenon” (van Manen, 2016, p. 215). Understanding the meanings of an event or a practice of interest requires the phenomenologist to suspend presumptions, understandings, judgments, or scientific explanations (the *epoché*) and, simultaneously, to consider the event or practice as it was given through one’s own experience and observe how the meaning of the phenomenon emerges (van Manen, 2016, p. 216). This is not accomplished by a mere statement of facts but, rather, there is a need to get to the essence – to the things themselves. Van Manen goes on to say that “the reduction is an attentive turning to the world when in an open state of mind, effectuated by the *epoché*. It is because of this openness that the insight may occur” (p. 218).

Accepting the above-mentioned assumptions about our embodied engagement with the world (Merleau-Ponty, 1945/2012, 1968) means accepting that we experience everything through our situated, embodied selves, which are relational to others around us and to the lifeworlds we share. How then can we suspend judgments and assumptions if we can only exist as embodied relational selves? If I am indeed the

“measurement instrument” that takes note, evaluates, and perceives the outside world, and I have no other means of knowing but my embodied subjective self, how can I know anything for sure? In phenomenology, the answer is not to try and get past my own specific situated, subjective perspectives but rather to work through and with the subjective self that acknowledges my inherent limitations.

The need to suspend personal assumptions, judgments, and beliefs regarding a practice such as breastfeeding is easier said than done (Finlay, 2008). The idea of trying to see through or by my built-in perspectives and limitations of something I am immersed in so very much is, in fact, more complex than seems at first sight. Jacobs's (2013) interpretation of Husserl's *epoché*, however, brings some clarity to what is meant by this phenomenological reduction that does not put my own situatedness out of play. According to Jacobs, employing the phenomenological reduction is not merely yet another step in executing a research plan but rather a life-changing event after which the phenomenologist is not the same as she was before.

Phenomenology introduces a new set of problems of a different kind and therefore paves the way for “a radically new dimension of possible inquiry” (Jacobs, 2013, p. 352). The phenomenological reduction enables us to take a “reflective distance toward this natural life that cannot be measured within the world in which we live our life” (Jacobs, 2013, p. 353). The point of the phenomenological reduction and the paradox it holds lies in how the phenomenologist transitions from the natural attitude to the phenomenological one which is, according to Jacobs, this distant perspective that can be found in “a perceptiveness to the difference between what appears and the way in which it appears to me” (p. 354). This distance enables a form of reflection that is necessary for the phenomenological reduction. It is the understanding that one can transition attitudinally and dispositionally from the natural attitude to another dimension in which one sees things more circumstantially while thinking about how one sees them in this manner. As Jacobs (2013) described it:

[I]n and through bracketing everything that we always already see, we do not exactly accomplish a turn towards the subject; rather, we become perceptive of the subjective in and through which the world (or, better, everything that appears within it) is continuously brought to appearance with a certain sense. Applied to a common concrete example, rather than simply seeing the chair, we become aware of the continuously changing

perspectival appearances in which the chair appears as one and the same, in a certain way, and with its specific sense. (p. 354)

Awareness of the “perspectival appearances” is described as “a point of no return” because once you realize there is this other dimension of understanding and reflection which exists for you, the tendency to switch back-and-forth from that position to the natural attitude and vice-versa seems to become second nature. As Husserl (cited by Jacobs, 2013) stated: “while doing this, I do not only gain access to myself in my ultimate truth, but, by means of this knowledge, I am also individually another than who I was” (p. 349).

Taking on the challenge of engaging in the phenomenological reduction of my own experiences was not easy for me. Breastfeeding can be so intense (both physically and emotionally), so mundane and so boring, so emotionally thrilling even though I have been doing it for so many years now, that it can be hard to put into words. In fact, one of the challenges I faced with the current work was to intentionally and knowingly understand what I felt about breastfeeding. Responding to this challenge, however, enabled new meanings to emerge, not only in the way breastfeeding revealed itself to the women I interviewed, but also in the way breastfeeding and the process of researching this practice unfolded for me. By accepting Jacobs’s (2013) interpretation of the phenomenological reduction, and doing so in writing, I am also accepting Hélène Cixous’s invitation for women to write themselves: “[A] woman must write her self: must write about women and bring women to writing, from which they have been driven away as violently as from their bodies” (Cixous, 1976, p. 1524).

As I sit here drinking my coffee, reading, writing, and listening to 90s music, I wonder what IS my breastfeeding experience? This is not the first time I have tried to put it into words, but perhaps the first time I have applied Jacobs’s interpretation of the phenomenological reduction as achieving “perspectival appearances” to see what insights emerge.

3.5. Phenomenological reduction: Bracketing part I

My daughter is two-years-old and just this morning I breastfed her at least a dozen times. So describing what breastfeeding is for me should be easy. But it is not. I can start by describing the freshest memory I have from this morning. As I open my eyes

from sleep, she was there, half asleep, clinging to me, sucking and sucking. We are both unsure if there is anything left to feed on. She suddenly gets up and says in her baby language “food-food”, confirming my suspicion that what (if any) I had left is not enough. We go quickly to the living room/kitchen area and, still half asleep, I try to get her something to eat. My breasts can rest. Until next time. But this is not the essence of my breastfeeding experience. Focusing on the “now” of an engagement with a practice that continues for several years poses a challenge. Thinking back, my wonderings about breastfeeding was began when my son was only a few months old and my father was dying.

Reflecting back on a typical morning meant rising from yet another restless night of being up every two hours to breastfeed. I was so exhausted that I could barely keep my eyes open. I was so tired because I spent my nights sitting there in the living room, breastfeeding, trying not to wake up my husband, trying to get my son to go back to sleep, although not very successfully. With him on the breast, I’m shirtless, bored, and tired. I am playing computer games or just dancing around with him in a baby carrier as the night goes by, night after night. Finally, after a few hours with him on my breasts, and feeling cold in a house that cannot be properly heated, he would give up and fall asleep so I could sleep too.

I then wake up in the afternoon to a world that already started running hours ago, quickly grab the phone hoping to still hear my father’s voice on the other end, but fearing I will not since he was in a hospice dying of cancer that spread very quickly. I hope to still go and visit him. I would go to visit him every day with my son in the stroller or on me in the baby carrier, nursing him by my father’s literal deathbed. I was there on this random chair, ruining yet another blouse from pulling it down to breastfeed, trying to find a comfortable position to somehow lean and not stress my back and shoulders too much. Leaning with my feet on my father’s bed (on those removable side tracks hospital beds have), I am trying not to lean too much so I will not disturb the bed.

I am trying all the while to get some kind of a response from my father who is not that responsive anymore. I try to introduce my son to him, try to convince him to hold him, but he is already too weak and uninterested. I am not surprised that he is not interested but still sad he cannot hold his grandson. I know that given his medical condition (with cancer everywhere, including his brain) I should not expect much. But I am sad nonetheless. As I sit there uncomfortably breastfeeding, I am trying to keep my

balance on the chair while trying not to touch anything and just feeling terrible. I cannot be with either of them as I want to be.

As I open myself now to the pre-reflective experience of being a breastfeeding mother then, I am here, sitting in a coffee shop nine years later, realizing that breastfeeding was part of the conflict I experienced, yet it was neither the start nor the finish of it. I open myself to the lived experience of breastfeeding when I was also caring for my dying dad and I now see that the two events do not really conflict. It was not optimal, to say the least, but as I try to think about the meaning of breastfeeding for me *now*, it does not mean I cannot attend important and significant events. It just means I feed my baby from my breasts.

Back then it was easy to blame breastfeeding compared to other, less obvious elements that colored my engagement with breastfeeding. This insight that emerges as I am diving back into my past and from there to the present senses of breastfeeding is new to me. This process is in line with the way van Manen (2016) frames the phenomenological method: “[In phenomenology], method does not merely mean procedural, technical, repeatable features of inquiry. Phenomenological method is always a matter of attempts, bids, and hopeful risks. Within a phenomenological context, method is never just an engine that unerringly produces insightful outcomes” (p. 28). In other words, it makes sense to try and understand what breastfeeding is for me now, what it was for me then, compare and contrast the two breastfeeding times, and be aware of these shifts in personal meaning between then and now.

Turning away from literature concerned with breastfeeding rates and medical risks and tuning into women writing first-hand of breastfeeding lets me know I am not alone. Reading female scholars who take me through their words to their bedrooms, to their nurslings, and to how their bodies feel as their children cling to them, getting stretch marks, having breasts that change in size, shape and color, is comforting and reassuring. Before starting this dissertation I was a cognitive psychologist working on software designed to enhance learning and cognitive performance. Even though I breastfed, I felt alone because no one around me nursed and I was not aware of the literature around on breastfeeding. I did not know that it is not only me and my body that changed after my children were born. It happens to every new mother. My mom hinted at this. She strongly advised me to get an elective C-section and not breastfeed my children, her grandchildren, because “it will ruin me.” I did not know a whole other world

of breastfeeding documentation existed. Learning that I can and should write of my own breastfeeding circumstances and that this is an integral part of the research process, enabled me to break through the walls of isolation that breastfeeding, and motherhood presented to me.

In my writing I also acknowledge that I am seeing, living and writing through my own skin. I can only know what I know through my own embodied, inter-embodied and relational situatedness. Following Jacobs's (2013) suggestion, I can see myself, seeing myself through my own skin: looking to the me then, and back here to the present moment as an inherent part of the process of phenomenological exploration.

My emerging understanding differs from my original conceptualization of breastfeeding and, as such, it sheds new light on the methodology I used in my research. As I was preparing to interview other breastfeeding women, I wrote my own breastfeeding narrative which included personal insults, challenges and conflicts like the one mentioned above. Because breastfeeding was a common thread woven through the various instances and experiences I went through, I assumed this is what breastfeeding meant – being limited, being insulted in public, being criticized by family members, and being unsupported and scolded. The assumption that breastfeeding means being limited is not surprising, by the way, because these assumptions are in line with the way feminist literature conceptualizes breastfeeding. According to Lee (2018):

Feminist opponents of breastfeeding see it as deeply problematic because it requires ongoing responsiveness to an infant and restricts mobility, therefore conflicting with a traditional liberal conception of the autonomous self....Simone de Beauvoir had a negative view of both pregnancy and breastfeeding because these activities prevent women from realizing their own projects....The dependence of the fetus and infant restricts the free movement of a woman; therefore, Beauvoir argued that pregnancy, birthing, and breastfeeding are not processes that individuals can engage in without relinquishing their autonomy. (p. 22)

Rebecca Kukla (2005) argues similarly that breastfeeding necessarily conflicts with women's autonomy, asserting that "[a] woman who feels that she cannot leave her infant, or even reasonably deny her infant any form of access to her body, cannot do the concrete things that normal humans need to do in order to have a meaningful, distinct

identity that is comprehensible to themselves and others” (p. 178). Saying I could relate to these ideas of restriction in that very sensitive time would be an understatement. I was angry, grieving, and looking for someone or something to blame. It was easier to blame breastfeeding than to blame my husband for being a newbie father or to blame my father for dying.

I went about the interviews with these beliefs, presumptions, and explanations in mind. The wonder that led me was pushing me to learn if this is the real meaning of breastfeeding. I spent many years wondering if these feelings of resentment, anger, and limitation were unique to my situation or just a standard by-product of this bodily practice. I had a hard time even imagining breastfeeding not being so limiting and demanding. I also had a hard time imagining a world in which significant figures in your life would be encouraging and supportive of breastfeeding. All of these thoughts motivated me to move forward with my research. Through my engagement with the phenomenological reduction, while drinking yet another cup of coffee in the same cafe, I discover in retrospect how deeply immersed I was within my own perspective when I interviewed my participants and how this perspective influenced the specific sampling choices I made. I thought that if I interviewed women close to me demographically, I would be able to learn if I experienced breastfeeding the way I did because this is what breastfeeding actually is, or if it was just me who felt breastfeeding to be so limiting and challenging.

The engagement with the phenomenological reduction made me realize that perhaps breastfeeding itself is not that complicated, at least not for me and not now. The situation was complicated and breastfeeding certainly added another layer to it. But my experience of breastfeeding was colored by external factors that compressed that small space between my son and me. This realization is new and was not there when I was interviewing my participants. It continues to inform my research and sense-making process. As I wanted to discover what breastfeeding is *for other women* I also discovered what it is not *for me*. These shifts in understanding also concern my new-found attunement to the nuanced exchanges that I have with others around me all the time. Being willing to listen to the way I respond physically to my environment, and regard this stream of information as a legitimate source of information, is a new and powerful way to stay connected with myself. This is true in the context of breastfeeding but also for other areas of my life. And thus I can relate to the way the phenomenological

reduction process is said to enable the researcher to “gain access to myself in my ultimate truth” (Husserl cited in Jacobs, 2013 p. 349). With this realization, I now address aspects of the current research in terms of the actual method I employed.

3.6. Pre-interview considerations

3.6.1. Participants: Selection criteria, recruitment, and procedure

The recruitment procedure was somewhat of a “backyard” research approach. When I wanted to start interviewing other breastfeeding women I was very involved in a Facebook group of Israeli mothers living in North-America. Demographically speaking, we all had in common that we are Israelis, cisgender women, mothers, and that, at the time, we were all living abroad in North-America (either in Canada, the United States of America, or Mexico).

Following my Ethics approval, I wrote a post to that Facebook group (see the ad in the appendix) talking about my study and my research interests, and asking women who wanted to share their breastfeeding experiences to contact me and, if we saw fit, we would schedule an interview. The process was that someone contacted me and then we would chat briefly via Facebook Messenger in order to clarify my interests, learn a little about that person, and schedule a timeslot for an interview to take place via Skype.

My participant selection was a form of convenience sampling. Trying to schedule a Skype interview with someone currently living in Israel would have been very challenging because of the 10-hour time difference with Vancouver.

A good number of the women in the group shared a very similar demographic to mine – some of them were also pursuing academic careers, experiencing a transition to living on a different continent and learning how to live in a different culture, all the while breastfeeding.

The only exclusion criterion was to be still breastfeeding at the time of the interview. Because I was interested in the breastfeeding experiences of women somewhat similar to me, I wanted to hear from women who were all currently engaged in it. I thought that interviewing women who had ceased breastfeeding would introduce a layer of interpretation and reconstruction that would interfere with the exploration of the here and now experience.

3.6.2. The Participants: Demographics

Many women expressed initial interest in participating in my research, yet only a few ended up doing so. Following the recruitment procedure, I had scheduled Skype interviews with five different women from the Facebook group. Another woman I knew personally from an Israeli-based nursing support group had agreed to be interviewed as a pilot participant, making for a total of six participants. These six women who participated in my study came from varied occupations and professions, yet still within that homogenous ethnic and regional demographic. I assigned pseudonyms to each of them in order to keep their identities confidential.

Rylee was the first breastfeeding woman I interviewed. She was a 36-year-old stay-at-home mom living in Israel with her partner and two kids. Her older daughter was 4 years old and her younger son was 18 months old. She was nursing them both and even nursed the older one to sleep during our interview. I considered my interview with Rylee as a pilot interview because we knew each other from before the study and because I had no prior experience conducting interviews.

I conducted the second interview with Dani. She was a 35-year-old Israeli woman living with her husband and daughter on the East Coast of the USA. She was a Ph.D. student at an East Coast University and was nursing her 16-month-old daughter.

Molly was the third interviewee. She was a 33-years-old Israeli woman living with her husband and daughter on the East Coast of the USA. She had an office job and was nursing her two-year-old daughter.

I then interviewed Teresa. She was a 33-years-old Israeli woman living with her husband and daughter in Boston, USA. She was working as a freelance photographer and an undergraduate student. She was nursing her almost-three-year-old daughter.

Yvonne was the fifth breastfeeding woman with whom I spoke. She was a 36-year-old Israeli woman living with her husband and two daughters (four-year-old and 13-month-old) on the West Coast of Canada. She was a clinical psychologist holding a Ph.D. and starting her private practice after relocating to Canada and nursing her 13-month-old daughter.

Emiliy was the sixth and last breastfeeding woman with whom I spoke. She was a 30-year-old Israeli woman living with her husband and daughter in New Jersey. She had an office job and was nursing her 10-month-old daughter.

3.6.3. The Interview Procedure

In this section, I describe the way I conducted the six interviews and ground this part of the method in Creswell's (2013) and van Manen's (1997, 2016) suggestions concerning the phenomenological interview. According to van Manen (1997, 2016), the phenomenological interview should be used as a means of gathering data and exploring narrative material that can be used to create a rich and deep understanding of human experience. He further suggested that this data should be concerned with actual events and could include stories, anecdotes, and vignettes of experiences (van Manen, 1997, pp. 65-66), to avoid over-interpretation and speculation.

According to van Manen (2016), when conducting a phenomenological interview it is important to consider the where, who, when and how. First, regarding the where and when, van Manen suggests using a location that would be convenient for the participants and "feel right" (p. 315). In the current work, each participant chose the time and place that suited her most since all interviews were held via Skype. Most participants were in their homes when I interviewed them, some in their PJs, one nursed as we spoke, another one had her cat with her while we talked, and none of them seemed in a hurry. I think it safe to assume my interview procedure met this location criterion.

Van Manen (1997, 2016) also suggested developing a friendly connection with the participants prior to seriously opening up the research question. In this work, each interview started with a casual chat in a friendly atmosphere in which I thanked the participant for her willingness to be interviewed and also shared some of my own stories and motivation to conduct this research. I hope, therefore, that this criterion was met as well. Additionally, van Manen (1997) states that the phenomenological interview can also be done in the form of a conversational relation between the interviewer and the interviewee aimed at the meaning of the experience (pp. 65-66). This form of conversation usually does not require asking a lot of specific questions; patience and delicate prompting are usually sufficient for the conversation to continue (pp. 65-66)

Similarly, Moustakas (in Creswell, 2013) suggests collecting data from 5 to 25 participants and using an open-ended, in-depth interview format with broad, general questions: “what have you experienced in terms of the event/practice/topic?” and “What contexts or situations have typically influenced or affected your experience?” (p. 81)

My research questions concerned many areas of breastfeeding life such as its embodiment (Q1), attitudes and expectations (Q2), social life (Q3) logistics (Q4), inclusion and support (Q5) limitation and challenge (Q6) and broader forces influencing the women’s experiences (Q7). I did not, however, ask the participants explicit questions in a fixed format to elicit their responses. Rather, I followed Creswell’s (2013) and Moustakas’s (1994) suggestions, and started all interviews with a broad question asking: “What is your breastfeeding experience?” Some of the participants felt a bit overwhelmed at first by the breadth of the question. If that was the case, I prepared in advance more specific prompts to encourage participants to share their experiences. The prompts were focused on an example of breastfeeding which stands out for its vividness, or I encouraged the participants to talk about the experience from the inside in terms of feelings, moods, and emotions or in terms of sensory impressions such as how they felt in their bodies and how things smelled or sounded. During the interviews, when I felt more elaboration could help me better understand what the participants meant, I asked specific questions but tried to avoid causal explanations, generalizations, or abstract interpretations.

During the interviews, I often found myself comparing my own stories, examples, and narratives with those my participants shared with me. In order to acknowledge these contrasts explicitly, sometimes, and only when it seemed fitting for the conversation, I shared with the participants anecdotes and perceptions of my own. This follows van Manen’s (2016) suggestion “to develop a conversational relation with a partner (the interviewee) about the meaning of experience” (p. 66). I often found that when I shared my perspective it encouraged the participants to go into further detail about theirs, even when their takes on breastfeeding were very different than mine.

All the interviews were conducted in Hebrew, audio recorded, transcribed and translating into English. To address the research questions, the interviews covered a range of topics such as the initiation of breastfeeding, the ways their bodies changed, functioned, or felt in the context of breastfeeding (Q1), balancing breastfeeding with their professional life or work (Q5 and Q6), breastfeeding on the go (Q4), their support system

(Q3), familial history in the context of breastfeeding, and local policies and norms affecting breastfeeding (Q7). The interviews lasted an average of 62 min, ranging from 30 min (with Emily) and up to 90 min (with Teresa).

3.6.4. Making sense of the data

The English transcripts were read and reread several times to discern which ideas, topics or themes best characterize the stories, anecdotes and narratives shared with me during the interviews. At first, each unit of analysis was a single participant. I produced a list of topics per participant and then divided the transcripts into sub-categories based on the different categorical topics. Topics, for example, were going back to work, community life, family life, and embodiment.

In the next phase of this sense-making process, I looked at the transcripts across the participants to see if any similarities might emerge from the stories different women shared with me. In this phase, each of the topics was given a title (this was done per participant). Once all the transcripts were titled, I converged the various titles across participants based on similarities. For example, if one participant spoke about her community and another spoke of her neighborhood (both in the context of breastfeeding), the two snippets were grouped together under the common title of “Community.”

At this point, I noticed that not all snippets were similar enough to be grouped together, even if the participants were discussing a seemingly similar topic. I noticed that the distinguishing factor was the tone of conversation or shade of emotion or judgment to that part of the conversation. That is, two different participants could be talking about the same topic (e.g. nursing in public) but one would describe it in a positive tone and another would talk about it with a negative tone. This realization made me think that the data should be further divided. It became clear that a mere division by topic would not do justice to the nuances of the data.

Following this line of thought, three different “buckets” emerged – one containing the positive aspects of breastfeeding (titled “The Lighter Side” which will be discussed in chapter four), one containing the negative aspects (titled “The Dark Side” which will be discussed in chapter six), and the third one containing aspects that were neither positive nor negative but mixed or neutral in affect or meaning (titled “Gray Areas” which will be

addressed in chapter five). Each of these aspects – the lighter, the darker and the gray – address all seven research questions, suggesting that the experience of breastfeeding is complex with each woman potentially experiencing her situation as positive, negative or something in-between.

The realization that the qualitative data made more sense being first divided by tone or shade of stories and anecdotes and only then by the specific topic allowed for a more accurate and fuller account of breastfeeding. All six participants had stories that fell into the three sections – meaning that all participants had positive, negative, and neutral or mixed feelings and stories about breastfeeding. Some, of course, contributed more to certain affectivities, but by addressing the data this way, each story or anecdote was analyzed separately in an attempt to create a mosaic of an holistic experience shared to a greater or lesser extent by each of the mothers with whom I spoke.

I originally thought that all the breastfeeding stories I will hear will be bad experiences, like my own at the time, but as I read and reread the transcripts I understood that not all were negative. In fact, most of them were, at first blush, quite positive. I then realized that I cannot mesh them all under one negative title; I needed to make room for the positive ones as well. As I moved forward I realized that some of the stories were neither. I could not say for sure if they were positive or negative. And as these “in-between” stories accumulated, I realized I needed a third, neutral, or mixed, option. I based my decisions to split the stories into different shades as their nuances emerged during the transcriptions. Most of the time the decision to frame a segment was straightforward because the tone of conversation, the communicated affectivity or the judgement itself, was clear. Other times I felt there was more than one channel of communication. As often happens in real life, people can say one thing but mean something completely different. These different streams were apparent in the language used, in the metaphors or imagery that the participants shared with me, and in the examples they provided. Other times it was the tendency to repeat a saying or a phrase or revisit the same event multiple times that became particularly telling. These were hints that perhaps the meaning of breastfeeding that was to emerge is more complex than what I initially anticipated.

3.7. Bracketing part II

When I conducted the interviews in 2015-2016, I had just stopped breastfeeding my older son. So although I could remember what breastfeeding was like, I was no longer a breastfeeding mother. My daughter was born in October 2017 and at that point, I finished transcribing and translating the interviews and it was time to analyze them. I was breastfeeding again and, to my great surprise, the second time around was completely different. Knowing that I was going into a process of handling other people's stories, examples, narratives, and anecdotes (again), knowing that I wanted to make sure that I attuned to what they brought (even though the interviews had already taken place), and knowing that I wanted to be able to distinguish between what was mine and what was theirs, I started writing again. And once again I had to acknowledge that my present nursing experiences are not only different from my previous ones, but that they are also probably different from those of my participants. I wanted to address other women's stories in a way that gives them due appreciation and to be able to separate what is mine from what is theirs.

Being a second-time mom was not only different because it was a different child. The circumstances were different. I was now more experienced as a mom and as a breastfeeder, I lived in Canada and not in Israel, I did not have my family or my husband's family around, for better or worse. And most importantly, no one was dying. All these differences, to my great surprise, made their way into my private, personal, living experiences of breastfeeding.

The most interesting piece to me was revisiting the transcripts the second time around. I remembered that when I first conducted the interviews, whenever a participant would share something about her supportive family or spouse or tell me about positive public reactions, I had a hard time grasping such positivity. Being a breastfeeding mother for the second time with my daughter I had the opportunity to enjoy some of these positive sides of breastfeeding first-hand. With no family members to critique me and no screaming strangers at the mall, things were looking brighter and that gave me a new appreciation for the data that I was analyzing. I enjoyed the freedom I found in being alone in a different country, to do as I saw fit without having to feel like I was stepping on anyone's toes. My husband was different too. He already knew what it

meant that I breastfeed. He started sleeping in another room so the nighttime feedings did not wake him and I was free to do as I saw fit.

Additionally, nursing in Canada is significantly different than nursing in Israel. In Canada, no one ever said anything about my breastfeeding. Not one comment. Not from strangers or from people I know. Others minded their own business which, happily for me, did not include my breasts or my children. I made my own decisions as to when to start pumping milk and I began very early so that there was never a situation where I needed to leave the house but could not because there was no milk. My engagement with breastfeeding was positive and I am still nursing my daughter today at three years of age.

Having such a different take while I was reading and analyzing the interviews I conducted with other women was very interesting and insightful. I came to see their stories in a different light. As I said, when I first interviewed my participants and they mentioned anything positive, I was very doubtful. I had an extremely hard time believing breastfeeding can actually feel like that. My doubts surfaced as I asked questions throughout the interviews to see if maybe they were not mentioning anything negative for some reason. Some of the participants were even surprised by my questions because of the big difference between what I implied and what they had experienced. Enjoying some of that “goodness” myself the second time around, I was now able to appreciate what my participants were telling me the year before. I knew first-hand and for the first time that it is possible to nurse in a mall without being shouted at. And that it made sense to have a supportive spouse. Reviewing again what other women told me made my experience more rounded and made me more open to hear (or rather read and interpret) what my participants were telling me in our interviews.

3.8. Interpretative framework

My interpretive framework is informed by two perspectives: the relational flow interest in phenomenological inquiry (Smith, 2006, 2007, 2020; Smith & Lloyd, 2019 building on Merleau-Ponty’s work, 1945/2012, 1968) and the ecological systems theory (Bronfenbrenner, 1977, 1994). I posit that the personal, private, embodied, and complex experience of breastfeeding should be viewed as lived-from-within but influenced by external contexts. A phenomenological lens on breastfeeding allows the consideration of nursing women as active perceiving subjects, living within their own flesh, which is

relational to others and to the world. In that relationality it is possible to consider the ways in which nursing women are connected to yet separated from their nurslings, others and the world. An emphasis on relational flow allows for an account of breastfeeding that emphasizes the significance of relationality being felt through meaningful exchanges of energies and in the synergies of these exchanges that are felt sensorially. An ecological systems theory enables the mapping of possible external factors that affect the experience of breastfeeding, such as familial context, neighborhood, community, social norms, and provincial policies. The combination of perspectives, the first giving voice to the way events are lived from within through embodied and relational exchanges, with the second acknowledging how events are shaped, enables a richer, fuller, and more rounded understanding of what it means to be a breastfeeding mother.

Such an inclusive account of breastfeeding is also in line with other scholarly work by breastfeeding women documenting their own breastfed experiences and existence (e.g., Bartlett, 2000; Cavanagh, 2020; Cohen Shabot, 2018; Jackson, 2020; Ma, 2020; Myers, 2017; Silbergleid, 2020; Simms, 2001; Young, 1992, 1980). These scholars give voice to the subjective experience of breastfeeding while also contextualizing first-hand accounts in recognizing external circumstances. They, too, speak to how women feel their nursing bodies, how breastfeeding changes their bodies, and what breastfeeding affords them in connecting to their children via this milky give-and-take. They discuss breastfeeding in the context of their workplaces, their local social norms, and their available support systems. I join these scholarly efforts in bringing to light my own and others' lived meanings of breastfeeding and the inherent complexity, ambiguity at times, and ambivalence of this practice that we have all encounter at some time or other.

In the following three chapters, I thematize the personal experiences of breastfeeding of the six nursing women I interviewed. These stories, anecdotes, and narratives were elicited in six open-ended, in-depth interviews and divided into three general categories based on the shading of the participants' comments: the *Lighter Side*, *Grey Areas*, and the *Dark Side*, as mentioned above. Each of the three sections addresses the seven research questions through a review and analysis of the topics that emerged in the interviews.

In keeping with the ecological systems theory, each chapter begins from the Micro level of the experience – the women themselves, their bodies, self-awareness, thoughts, feelings, and personal considerations regarding breastfeeding. From there the analysis progresses through the Mesosystems and the Exosystems, including how their breastfeeding experiences involve other people such as their partners, other children, and extended families. The analysis also touches on the role played by their community (tangible or virtual) and their workplaces. Finally, the practice of breastfeeding is framed within the context of societal forces and public policies, which is the macrosystem. Each chapter includes quotations by all participants although not organized by participant but, rather, follows the above-indicated Micro-to-Macro order. Each experiential characteristic is first discussed in general and then supported by specific quotations from one or more participants. The quotations are then analyzed, explained and linked, where possible, to the relevant literature.

Having three separate chapters to give shading to breastfeeding serves to render a hermeneutic phenomenology. While, in reality, it may not be possible to shade all the experiences of breastfeeding so distinctively, considering them in this way allows me to answer my research questions and provide a richer and rounded description and interpretation of what it means to be a breastfeeding woman. It is in this interpretive way that I seek to understand breastfeeding within the construct of “maternal ambivalence” and as the expression, at telling times, of how such ambivalence is lived.

Chapter 4.

The lighter side

4.1. Chapter overview

The "Lighter Side" addresses the positive aspects of breastfeeding that were apparent in the stories shared in the interviews. This chapter reviews impressions, comments and observations to show some positive commonalities to the experience of breastfeeding. The stories are analyzed following both frames of reference: the ecological systems theory and the phenomenological-relational flow approach.

Following Bronfenbrenner's ecology, I first address the positive influences breastfeeding has on the mothers within their microsystem. These positive influences include feeling competent as caregivers, reassured and appreciated for their abilities to nurse and nourish their babies, and taking on a body image that embraces its functionality while deemphasizing other aspects such as appearance. These stories address my first and second research questions concerned with the embodiment of breastfeeding and the adoption of certain attitudes and expectations of being supported in this practice.

In the context of the microsystem, the participants told me of the ways breastfeeding became embedded in their everyday lives, thus addressing research question four concerned with breastfeeding logistics (i.e. day-to-day routines, everyday life events). Additionally, I consider the how breastfeeding influences these women's interactions with other people, that is, how breastfeeding is experienced as a relational engagement. These others include the nursing child, the extended family of the breastfeeding mother, the communities formed around breastfeeding, and others in the workplaces. Such considerations address research question three that is concerned with social context and research question five concerned with support and inclusion. This review of the positive aspects of breastfeeding will thus start from the microsystem and advance to their mesosystemic level. Then, within the macrosystem, I address the broader context for breastfeeding involving medical practitioners and insurance policies, geography, and politics, thereby dealing with research question seven that is concerned with broader forces influencing the experience of breastfeeding.

Furthermore, the women's stories on the lighter side of breastfeeding demonstrate how the above-mentioned external factors influence the subjective experiences of breastfeeding in ways that may be subtle, inexplicit, nuanced, and invisible, yet are nonetheless very significant.

4.2. Breastfeeding within the microsystem

Several radiating themes emerge from the interviews showing how breastfeeding connects intimately and integrally to various aspects of the women's self-awareness and embodiment. Their senses of themselves include thoughts and feelings of achievement, along with the senses of accomplishment and reassurance that breastfeeding allows them to take care of their children. These mothers feel they can give their children everything they need nutritionally, as well as being able to comfort their children when necessary. These ways of knowing breastfeeding not only registered or were processed cognitively but, as will be demonstrated, were felt physically in the ways the women's bodies responded in synergy and synchrony with their nursing babies' bodies.

4.2.1. Breastfeeding as a superpower.

Addressing research question number two concerned with attitudes towards breastfeeding, this section illustrates breastfeeding mothers' positive attitudes towards breastfeeding, specifically referring to it as instrumental to their parenting. The act of feeding a child from the breast is described by almost all participants using strongly positive expressions. Breastfeeding is perceived as an extremely powerful parenting instrument as is evidenced in a statement by Rylee that she has a "doomsday weapon." Teresa described breastfeeding as "a superpower she [my daughter] and I have that gives us a solution to almost everything" while Dani spoke of having a "powerful tool." Such instrumental expressions were used frequently to explain the functions of breastfeeding in their everyday lives. Breastfeeding serves a range of purposes in soothing a crying, tired, or hungry child (Rylee), helping a distressed teething baby (Dani), providing comfort and nutrition on sick days (Molly), and giving strong immune support to older nursing children as well (Yvonne).

Rylee described below how breastfeeding was a "one thing fits all" for a variety of her son's needs. It took her a while to discover that breastfeeding could be such a

powerful instrument in her caregiving, but once she came to this realization, it became her "go-to" strategy in interactions with her children:

For a newborn, nursing is everything. It's mom and mom is everything. And you're there for him. He's good – boob. He's wet – boob. He's cold – boob. And then there's a situation when you don't know what to do and then: OK – boob, and it works. And again, boob, and it works. It's like everything on earth that's a problem for a human being, you give him a boob and it relaxes him. He got hurt – give him a boob. He's hungry – give him a boob. He's cold – give him a boob. So there's this crazy sense of satisfaction that, with anything that's not good for him, you give him a boob right away and it's all good. Magic cure. Doomsday weapon.

Breastfeeding is not only a source of food and comfort for the child, but it is also a source of reassurance for the mothers. Several participants described how, knowing they can nurse their children, they are reassured that, at least physically, their children are getting everything they need. When the child is sick and does not eat, mom knows that her milk provides her child what she needs and that takes the worry away. Molly, for example, described the reassurance she felt when her daughter was sick and stopped eating.

When she's sick I'm the happiest person in the world knowing I'm still breastfeeding. When she had a virus and threw up, she was still nursing and I was very relaxed that she wasn't going to dehydrate. Because it was her comfort too. So, she's getting fluids in, even if she's throwing them up. It was worth it.

With respect to research question two, concerned with attitudes towards breastfeeding, seeing a child grow and thrive on breastfeeding contributes greatly to the women's self-efficacy. As the child grows older, mom knows that the raw material she gives her child is the source of all that growth; and that knowledge, in turn, contributes to her sense of accomplishment. Knowing that children thrive on what is given to them is a key contributor to the sense of accomplishment of the breastfeeding mothers whom I interviewed for this study. A few of the participants spoke specifically about how knowing that they can provide for their children's needs engenders much confidence in their parental abilities. The following quotes are illustrative:

To me, breastfeeding feels amazing. When I looked at each of my kids at one-year-old it's like they are almost not eating anything. It's all from the milk. Like, his body builds itself out of the raw material I gave him. I'm talking about a 10-kilo kid. Like, respect! (Rylee)

The reason I don't want to stop nursing is that we both enjoy it very much. It's a powerful tool. She's teething now, she's sad, and it's very comforting. She once had a virus and threw up for three days. She was also nursing all day. And what do non-breastfeeders do when it's like that? I'm thinking – when is that gonna be me? Oh my God. None of us is interested in stopping. The fact is that it has a lot of benefits even when you don't need it nutritionally. (Dani)

It's a very positive experience that, other than the very clear and significant health aspects, feeds my child and gives her the antibodies. It gives her a good start and all of that. It's also clear to me that it has positive influences on our relationship. Something I use it as a very accessible tool to give her comfort and support when she needs it and I think it makes it easier for me in many challenging situations as a mother. When she's not feeling well or I have a situation where she's fallen, she calms down very fast because she has that comfort. With kids that don't have that, maybe it's a little bit more complicated. I feel like this is some kind of a super instrument, really a superpower, that she and I have that gives us a solution to almost everything. (Teresa)

These sensations of having a superpower, coupled with the reassurance and confidence in the ability to provide for the child, are central when considering the positive aspects of breastfeeding. Also, given that some of the mothers who I interviewed for this study were nursing older children (aged two, three or even four-years-old), the responses demonstrate that these sensations are long-lasting and telling in the framing of the overall engagement with breastfeeding. Even when children are expected to get most of their calories from solid food, the engendering of competence, agency, and self-efficacy remains central for the breastfeeding mothers.

4.2.2. The Breastfeeding body

In this section I review the participants' stories about their new appreciation of their bodies that resulted from breastfeeding, thus addressing research questions one concerned with the embodiment of breastfeeding and research question two concerned with attitudes and expectations. Breastfeeding reframes several functional aspects of the body and sheds new light on sensations, expectations, and attitudes. The breastfeeding mothers reported a new perspective on their bodies and its functionality. In this newfound appreciation of the body, there is a focus on sensations of pleasure and a degree of calmness felt regarding their bodies that were not necessarily experienced before breastfeeding. This new perspective can be challenging to describe at times but positive in general and said to "contribute greatly to mental health" (Teresa). Dani

expresses some frustration with the absence of vocabulary to describe the physical pleasure breastfeeding brings her without, as she adds, "sounding like a pervert."

I think it is very physically pleasant to breastfeed. And not just physically because it's pleasant to snuggle. I know that even women who don't enjoy breastfeeding itself enjoy the snuggle. But to me breastfeeding is very pleasant. Now, one of my biggest problems with breastfeeding is that our entire vocabulary around physical pleasure is sexual. So, although I really enjoy breastfeeding physically, I don't have words to describe it without sounding like a pervert. This troubles me a lot because there's nothing sexual about it, yet *it is* a physical pleasure. It gives me chills. It's pleasant. It's fun. And I don't have any way to talk about it. I remember at first it frustrated me a lot. But yes, it was very fun to breastfeed. It's fun today too.

Other participants discussed having a new appreciation of a healthy, well-functioning body with an ability to nourish their children. And in appreciating this ability, they deemphasized other aspects that were previously important to them. Teresa talked specifically about her mental health and body image. She described how being a breastfeeding mother has enabled her to view her body in a healthier light compared to how she previously viewed herself when suffering from an eating disorder. Knowing her body is so amazing that it was designed to feed and nourish a child changed her focus. If in the past she was concerned about her tummy being flat enough or being skinny enough, since breastfeeding she focuses on more functional considerations. Teresa described how the practice of breastfeeding, and notably the necessity of exposing her breasts, has given her a different, more positive body image.

I think motherhood and breastfeeding gave me some proportion in terms of the criticism about my body and my expectations of my body. Maybe it's also from a privileged position that I'm not so much overweight. I'm healthy and I have a healthy daughter. In general, motherhood contributes greatly to my mental health – to think, and to take things in proportion and make changes in priorities. I suffered from eating disorders when I was younger up until very recently. But on the first day when my daughter got home from the hospital, I breastfed her in a separate room because [my partner's] parents stayed with us and after about an hour I realized it's just crazy to start hiding myself every time I breastfeed. So I stopped hiding my body. I didn't have a problem taking my boob out in front of people. I sat in front of a colleague and breastfed next to him. I now have a sense of proportion as to what's important to me today. I don't take it to places of freaking out over it because I'm healthy and my daughter is healthy and that is what is really important. Motherhood gave me proportion.

To summarize, and with respect to research questions one and two, when it comes to perceptions of the self and the embodied selves, almost all the mothers described at

least one positive contribution breastfeeding has had for them. It can promote self-worth, provide reassurance of one's abilities to nurture a young child, and lend appreciation for one's body being healthy and functional while, at the same time, deemphasizing prior perceptions or attitudes. One way or the other, breastfeeding has made these mothers see themselves in a brighter, more positive light.

4.2.3. Interembodied communication

The participants shared how breastfeeding was a body-to-body communication medium. They described the physical sensations related to breastfeeding, thus further addressing research question one, referring to the embodiment of breastfeeding. They said their bodies knew when to feed, how to feed, and their children communicated with them non-verbally through their embodied sensations of their bodies producing milk, congestion and discomfort even from a distance. They described how they could feel their breasts producing milk and how they learned to trust these sensations as reliable sources of information concerning their children's needs. The tingling feeling of milk starting to let down, for example, or an increase in anxiety out of the blue, were signals (or an internal navigation system; Snowber, 2012) for communicating with their children. Yvonne, for example, told how through breastfeeding her body synchronizes with her baby's needs so that she can feel when her daughter is hungry because she feels her breasts producing milk.

There are times like I'm saying "I have to breastfeed NOW." One of the experiences I remember most was when I was going grocery shopping when every outing was more challenging. I would feel it's starting to hurt and I would tell myself – I need to get back home now. And then my husband would call and say "she's crying, you need to come back and breastfeed." I would tell him "I know, I'm already on my way." Long-distance communication instrument. She's hungry and my body produces milk, and then I'm congested, in pain. It's this distant communication that is amazing. I'm a kilometer away from her and sense that she's hungry through my body preparing her portion. It happened many times.

Yvonne's story adds the perspective of embodiment sensations to Ryan et al.'s (2011) discussion of "nonverbal communication between mother and baby. It was a reaching out to each other, an emotional longing that included both expectation and need on both sides" (p. 733). Yvonne's story describes her body signaled to her when it was time to nurse and come back home to feed her child. Echoing Yvonne's story, I

have also felt numerous times with both my children how my breasts produce milk when I was not near them to nurse them. I would later discover that around the same time I was having these sensations, they were hungry, asking to eat, or crying, once again demonstrating that breastfeeding is indeed a form of pathic attunement even at a distance. Yvonne also mentioned how her child learned to signal to her based on the way her different breasts lactate.

Yvonne: There's this special signal that she's showing me when she wants to nurse. She scratches my chest shows me from which side she wants to nurse. There's one side that's always more congested, so there are times she prefers it and there are times she prefers the other side.

Ilana: Wow! It's like "I'm really hungry" or "I want a snack"

Yvonne: Exactly. It's amazing. She really signals me. Or if she nurses from one side and I think it's enough, she scratches me and shows me by pointing "Wait. What about the other side?"

Yvonne's comments exemplify embodied relational exchanges: physical signals, sensations, and gestures between the baby and her mother's body. This type of communication is also a demonstration of breastfeeding as "a dyadic activity, involving the mother/provider and the child/consumer" (Stearns, 2013, p. 364). A relational flow, phenomenological rendition allows the exploration of the embodied and relational aspects of breastfeeding through an account of the physical, corporeal, and carnal synchronies and flows it enables. Such phenomenological lens further enables a perspective that takes into account both the mother, the baby, the boundary between them (and the ways it is breached) as well as the way external factors influence these exchanges. Describing breastfeeding as an interembodied practice also follow Stearns's (2013) suggestion to explore the practice of breastfeeding through its very bodily means of mother-child attunement.

An embodied perspective on breastfeeding centers the analysis on the doing of breastfeeding: how mothers go about and think about breastfeeding within the immediate social context and structural constraints of their lives. (p. 361)

To follow up on the idea of breastfeeding as an interembodied communication medium, Yvonne added that, to her, the sensuous aspects of breastfeeding afford a joint

learning opportunity. Through breastfeeding the baby can learn about intimacy, how to be close, and how to cooperate. For feeding to work, both mom and baby need to learn how to work together, how to hold and be held, and it is all about that nonverbal, relational, communication between them.

I very much love breastfeeding. This is my second child so I'm more experienced, and the second time was much easier than the first. It's a very pleasant experience of closeness and intimacy. I read somewhere and really connected to it, that the baby is actually learning cooperation through breastfeeding and it's beautiful how you attune to one another in the body and in general. Also, a lot of times I'm looking at her and see how it's an experience of feeding that's multi-sensual. She clings, and smells and also sometimes wallows in the boob while I'm holding her from behind. I think it's a very significant experience for her and very significant to me. As far as I'm concerned I want to continue with this as long as possible.

Yvonne's stories demonstrate how breastfeeding is not only a communication medium (even with a non-verbal infant) but also an opportunity to learn cooperation through nuanced attunement to one another. This communication happens wordlessly and relies primarily on signals, gestures, and kinesthetic sensations and awareness. Such communication dynamics of breastfeeding can be said to extend to older nursing children as well. Teresa described how her daughter uses breastfeeding to connect with other adults such as her dad or a babysitter.

My daughter is doing something really cute now. She sometimes asks to nurse [from her babysitter] and she tells her "no milk". So she's pretending. She brings a small cup, puts it on the breast of the babysitter and says "I'll fill you up." And she occasionally says it to her dad. She's not really breastfeeding from him. Now she brings Buzz Lightyear [an action figure] to breastfeed from me. Or she asks me if I want to breastfeed from her. It's very cute.

Teresa's daughter's pretend play illustrates that breastfeeding can serve as a communication medium with others who are not a part of the practice of breastfeeding. Through such games it is perhaps also possible to get a glimpse into the child's inner world and the role breastfeeding and the breast plays in it. Such pretend play further shows that the learning of intimacy and embodied communication enabled through breastfeeding transcends to other contexts and meaningful relationships. The idea of learning through the body, and generalizing this learning to other realms of knowing also resonates with Cavanagh's (2020) reflection on her relationship with her nursing baby daughter.

Our bodies and minds are palimpsest records of what's been etched into us, etchings that cannot be erased. ...We pass our stories to our children, both the ones we tell them and the ones we cloak in silence. (Location 1824)

In other words, these embodied ways of learning and knowing cooperation and communication that breastfeeding enables transcend the mother-child relationship to other meaningful relationships and transcend time by extending beyond when breastfeeding is practiced.

The women's stories of the positive aspects of their embodied connection with their nursing children through breastfeeding lend appreciation to the ways breastfeeding is experienced through the nursing body and how the nursing body is attuned to the baby's body. And in that, the discussion of breastfeeding's embodiment and relationality addressed the first research question. Women's expectations (Q2) were also touched upon briefly and will be further addressed in later sections. In the next section, I address research questions four and six concerned with breastfeeding-related logistics (i.e. day-to-day routines, everyday life events) and challenges.

4.2.4. Logistics

The participants' stories touched on the positive influences the practice of breastfeeding has on their everyday lives. Specifically, the participants discussed breastfeeding in terms of mobility and convenience, telling me they were happy they did not need to carry any other props or instruments (e.g. bottles, powders, or boiled water). They were also happy that their breasts are always there, available for use and ready for feeding, without any advance planning. Teresa described the ease of breastfeeding.

We travel a lot, at work, doing a lot, and I never had to carry bottles and pumps or powders and search for water and boil water. I can always pull out a boob [laughing] and let her nurse and that's it.

Yvonne also talked about the ease of breastfeeding. Everything is there. No preparation, no props, or additional materials are required.

Breastfeeding is very convenient. You don't have to carry anything. So it's very convenient not having to deal with all these powders, bottles, bottle cleaning. Say we go on a trip. I don't even need to think about it and I don't take anything in particular for her because she's already

eating like a grown-up girl. She eats what we eat on the one hand and the milk is very convenient. I know I can breastfeed.

Molly added that, for her, breastfeeding has enabled more spontaneity. She also qualified that it was not always easy. Breastfeeding became more manageable and less frustrating as her baby grew and nursing times shortened.

Molly: Suddenly it became simpler as she grew. There was a difference. It was a significant improvement. Going out with her was easier and once breastfeeding got easier, it got easy. I can just go where I want to when I need to. Bottle feeding had a much higher cost when you need to make sure you have water and that it seems like so much more trouble.

Ilana: So, breastfeeding was more supportive of mobility?

Molly: Yes. Definitely. Especially when she started eating solid food and could also go with my husband. Once there was solid food he could have gone out with her. So he will give her a cookie, he will give her something else and it's not limiting in my opinion. In the first months, when she's really dependent only on me, there's a limitation because he can't feed her. But that could have been resolved with pumping.

Molly talked about the ease of breastfeeding, but it is also important to note that nursing got really easy for her as her baby got older and nursed less. Perhaps unsurprisingly, it became easiest when solid food was introduced and the demand for breast milk decreased. Molly also mentioned the possibility of pumping milk as a way of tackling any limitation set by breastfeeding. Other participants likewise referred to pumping milk as a strategy to manage any limitation imposed by breastfeeding. While for some moms pumping does not come easy, for others it is so easy and comfortable they can even donate excess breastmilk. Dani, for example, was able to donate sixteen liters (more than four gallons) of breastmilk.

I would send two full breastmilk bottles with her to daycare. To do that I pumped crazy amounts, donated 16 liters to the mother's milk bank here. It was never that difficult for me to pump so it wasn't that terrible. But what happens is there's a stage when milk production stabilizes and then pumping is difficult.

Dani also said that breastfeeding never limited her, neither in terms of mobility nor in any other way. She successfully balanced her work life and her family life and breastfeeding in particular. She used a Batman movie metaphor to illustrate how she, like Batman, did not have to choose between two things that are important to her – she can breastfeed and continue her professional development and education.

Ilana: I'm just asking if in terms of mobility it wasn't an issue that you're also a person who needs to do things and go places and also wants to keep breastfeeding.

Dani: I just take her with me. But that was until now. When she was little taking her everywhere wasn't a problem. I have photos of me breastfeeding in very weird places. [laughing] But I was also lucky enough and my husband is working in a place where he can suddenly take days off. We're both academics. It was very clear to me it's not even up for discussion that I'm not going anywhere without her. Breastfeeding comes before anything else.

Ilana: You mean if you had to choose between going with her or not going at all?

Dani: In one of the Batman movies one of the riddles the Riddler gives Batman is choosing between Robin and his love. And Batman doesn't choose. He saves both. People asked me "what if you need to give something up for breastfeeding?" That was just not an option for me.

Dani's life choices enabled her to have her cake and eat it too. She never had to choose between breastfeeding and going to conferences for example. She breastfed while going to conferences because her specific situation enabled her this flexibility which helped to make breastfeeding a positive experience for her.

To summarize, with respect to research questions four and six concerned with logistics, convenience, and limitations, most mothers reported that breastfeeding made their day-to-day lives easier, especially in terms of mobility. Having breastmilk on-demand in the right temperature with no props and no aids actually enables more freedom than I originally suspected. An important qualifier to this statement, however, is that some mothers mentioned breastfeeding on the go got easier as their children nursed less, ate more or received pumped milk. That said, the stories shared here illustrate that most of the mothers comprising the current sample maintained their freedom and mobility while breastfeeding. Their stories thus provide insight into research question four concerned with logistics (i.e. day-to-day routines, everyday life events) and research question six concerned with experiencing breastfeeding as limiting.

Keeping the above-mentioned stories in mind, it is still possible that other women, nursing under different, less enabling circumstances, experience breastfeeding differently. The question of how women of other demographics live through and practice breastfeeding becomes very relevant when considering that all women in the current

sample were White, living in first-world countries with their children's fathers, and almost all of them were employed, and well educated. The representativeness of these women will be further addressed in later sections and in the discussion chapter when considering the limitations of the current sample in terms of its demographic characteristics.

4.3. Breastfeeding within the Mesosystems

Participants spoke of the social support and social structures that facilitated breastfeeding. In the next sections, I will present certain interactions, relations and exchanges they had in the context of particular social environments, including their social circles, neighborhoods, communities, and workplaces. The stories in the following sections address research question three concerned with the women's social life and research question five concerned with support and inclusion at the mesosystem level.

4.3.1. Social support

The stories in the prior section illustrated breastfeeding's role as an intercorporeal communication stream between the mothers and their nursing children. In this section, the women's impressions suggest that communication with others around breastfeeding is important for them as well. Furthermore, as the participants' stories in this section will reveal, without access to other people and resources, they would not all have been able to nurse. All of the participants, each in her own context, described the importance and significance of others for the successful establishment of breastfeeding, thus discussing breastfeeding support (Q5) and the social context of breastfeeding (Q3).

In some cases, such as when there are difficulties establishing breastfeeding after birth, external support was essential for the mother's ability to breastfeed. Such support can come from people close to the woman like her mother, a sister, a friend, her partner, or a paid practitioner like a lactation consultant. The stories in this section reveal that no woman is an island – communicating breastfeeding needs, and more particularly communicating the challenges, is necessary and even crucial for the successful establishment of breastfeeding.

Dani, for example, invited her sister (a midwife and professional lactation consultant) to be with her after birth and provide breastfeeding feedback. She is also an

active member of an online breastfeeding community that helped women connect around breastfeeding-related issues. Teresa described how her views regarding breastfeeding were shaped by the women close to her (mainly her sister) and also how she received guidance and support from the lactation consultants in the Newborn Intensive Care Unit (NICU) when her baby was hospitalized. She lived in a neighborhood where breastfeeding was very visible and socially acceptable. Molly called a lactation consultant who advised her when her baby got dehydrated. She met breastfeeding peers online who later became her tangible social community. Rylee attended LaLeche meetings to learn more about breastfeeding and used these meetings as an opportunity to connect with other mothers. These meetings enabled her to create for herself a social network made of “boob-related” friends. Yvonne paid a professional lactation consultant to come and help her establish breastfeeding. Yvonne also had her mother with her all day every day for a whole week after birth to assist her physically with breastfeeding. Emily had her mother with her after the delivery and paid a lactation consultant to make sure breastfeeding was working out alright.

Simms (2001) echoes the role of the mother’s mother in supporting the new-mothers’ transition into motherhood: “I was all body and almost soil again, my own mother taking care of me and standing sentinel against the world adumbrating my primal, undifferentiated and indifferent being” (p. 25). To get such support, the participants had to reach out to others – their family members, friends or paid practitioners. As Molly said: “If you search for it, you find it. Something had to be broken for me to find that.”

For most mothers in my study, interacting and communicating with others was meaningful and essential for their successful and positive breastfeeding experiences. Yvonne stated:

With the first breastfeeding I was really standing at a cross-road. If I didn't have the resources, including financial by the way, to call in a lactation consultant to come to my house at that minute, my breastfeeding would have been terminated. It was a real moment of crisis that if someone, a professional, hadn't intervened I wouldn't have been able to breastfeed. And it would have been an experience of missing out for me, and painful. And it's a shame. Someone comes, fixes it and it's working. But you know, I had the resources. Which are first the knowledge and understanding and awareness and the secondly a link to a good lactation consultant and money to call her.

Yvonne's comment supports the conclusion of Balogun et al. (2016) that for breastfeeding support and intervention to be successful there should be "needs-based, one-to-one, informal sessions delivered in the antenatal or perinatal period by a trained breastfeeding professional or peer counsellor" (p. 21). The importance of seeking help is supported by Lee (2018) in stating that: "[n]egotiating between the powerful social norms controlling breastfeeding requires women to carry out significant work on themselves, something that is extremely difficult to do without help from others" (p. 160). This need for help from others reverberated in most of the stories told by the participants. Almost all participants in the current sample did just that, and received support as the need emerged. Their positive experiences of breastfeeding depended greatly on their ability to interact positively with helpful others.

Communicating with others (usually female family members or professionals) is essential for the successful establishment and continuity of breastfeeding, although this need to reach out can sometimes go unnoticed. If, for example, Yvonne's mother had not been able to be there with her for a whole week it is possible that she would have been unable to continue breastfeeding. Or if Dani's sister could not have been with her after the delivery, perhaps she would not have been able to breastfeed as well. These are only two examples. All the women in the current sample live in a world where access to medical practitioners is quick and easy. But I cannot help wondering what happens to a woman living in the USA, for example, whose insurance does not cover a lactation consultant and who does not have any female role models to assist her. My concern is further highlighted when considering that all the women in the current sample were healthy mothers. But what happens when the breastfeeding body is not only a lactating body but is also a body suffering from a medical condition or a disability that may require different or additional support systems? Chapter five, dedicated to the "Gray Areas" of breastfeeding, provides some glimpse into the way breastfeeding is practiced while also dealing with ADHD.

4.3.2. The community

If no woman is an island, and it takes a village to raise a baby, what happens when the breastfeeding mother's mom/sister/significant other has to go back home/to their family/to work? All of the participants in the current study talked about the significance of a community of support for breastfeeding their children, further

addressing research questions three and five. While for some a community is something tangible that is right outside the doorstep, for others a community is something more virtual.

For Molly, breastfeeding started her engagement in rich community life, which began as a virtual community and extended to a physical one. It was an opportunity to connect to other moms, without which her social circle would have probably been much more limited.

I had a specific difficulty with breastfeeding and then a friend said: "Come I'll connect you with a support group because they can help you" and they really did help with a lot of things, but once I'm there I'm also exposed to other things. It's a snowball creating a whole community and we had a thing on Saturday so suddenly it's my real life with these people around and it all started from breastfeeding. Had I not tried breastfeeding, it's possible I would have never connected with any breastfeeding group and wouldn't have been exposed to this world. And the same goes for if I didn't have the difficulty. I have a friend that when she tried breastfeeding I told her "come, I'll connect you with LaLeche they give great advice." It didn't suit her. She stopped breastfeeding after a week. I don't mind, really. But it's clear to me that it's hard to face it alone. That help is vital. Or another friend found it was so easy for her and her kid is almost the same age as my daughter and she's still breastfeeding and she didn't need any help from anyone with anything so she's also not there and she also doesn't have that community and she's didn't need it. If you search for it, you find it. something had to be broken for me to find that and then suddenly I'm this girl who breastfeeds a two-year-old and that wasn't planned.

Molly's story, as well as other women's stories, illustrate how through breastfeeding, mothers have opportunities to connect with one another, ask and receive help and support, and become a part of a community formed around breastfeeding.

Another demonstration of the importance of finding "your people" in the context of breastfeeding is Rylee's account of the "natural selection" process her social life underwent after she had her children. I asked her if and how her social life changed as a result of breastfeeding and she told me she surrounds herself with same-minded people. It seems like the mere fact of breastfeeding has created a gap between her and her pre-parenting friends.

I don't hang out in the company of people who frown their faces at me for breastfeeding. It's possible that in the mall there will be people who will make faces, especially moms on maternity leave who think breastfeeding for three months is a lot. But I don't hang out in malls, I don't hang out in these places. My friends are all long-term

breastfeeders. I don't think I have any pre-parenting friends left. All of my friends today are boob-related.

Finding 'your people' can happen online, as it did for Molly, but also in the real world as in Rylee's case. Teresa described her social environment and specifically her neighborhood that is very pro-breastfeeding. Teresa told that being surrounded by like-minded neighbors who also practice long-term breastfeeding made things easier for her.

We live in a very progressive neighborhood. I live in a street where I have a neighbor in the next building who is a mother of a two-year-old and pregnant and also breastfeeding, and a neighbor in front who's a doula and a lactation consultant. The environment is very pro-breastfeeding. The partners, too, and the families around also. And I remember a situation when my daughter was a toddler. Not a baby anymore and she played with the neighbor's daughter and jumped on my hands and just pulled out my boob and the grandma was there too and they laughed a lot about that. This is how it's like in this neighborhood.

To extend even further, Teresa talked about an idea she has regarding the possibility of wet nursing in the community: breastfeeding someone else's child as part of a babysitting service when living in a tightly-knit community.

My older sister offered my daughter to nurse from her and she took a sip and said "it's not for me. I prefer mommy's" [laughing] I don't know if it's different in the taste or the experience. It's funny. I never nursed anyone else. It could actually be cool I think, like my sister's son or something. I'm very for that. If we were living in the same community it seems very cool to me. I offered friends, no one agreed. [My neighbor] wanted me to babysit I said I don't have a problem breastfeeding her, but they looked at me and said "no-no." If my neighbor offered to breastfeed my daughter – cool. Like the specific neighbor I know, not the one I know nothing about. But I think it's great. I wish I could live in a community of women who feel comfortable breastfeeding each other's kids.

Dani referred similarly to sharing breastfeeding with other women, telling about two women she knows from an online community who practice wet-nursing. Her story demonstrated the multilayered support mothers can find in breastfeeding communities. The moms in Dani's story gave each other support technically by solving a childcare related issue, emotional support by being empathetic about difficulties, and provided a tangible solution to each other's problems. The unique solution they found in wet-nursing can be said to be inter-embodied because of the physical touch and transition of milk between the nursing mother/babysitter and someone else's child. This example, which

further addresses research questions three and five, demonstrates the importance of social support, even when originating from an online support group.

Dani: The mom of the boy is still breastfeeding him, she just couldn't pump enough so she asked the babysitter if she's willing to breastfeed him.

Ilana: Wow. Crazy.

Dani: It was in the right constellation because we're all members of a breastfeeding group. It's a group where the common ground is breastfeeding and in this group, the babysitter and the mom met. She asked if someone is willing to babysit, and then they started talking about how she can't pump enough and that's how it happened. It was in the right context. They both talk about it freely.

Ilana: Wow. I didn't know such things even exist.

Dani: You're not hanging out in the right communities.

Dani's story attests to how in the "right" context people can find what fits their specific situation: if they feel safe enough to discuss their issues and problems freely, others will reach out to them and offer the help they need, even if unorthodox in other contexts. In Dani's specific example, the intimacy and support of the virtual community were vital to resolving a breastfeeding related issue, and the proposed solution also demonstrates that breastfeeding can be practiced in a way that is not limited to the connection between the child and her mother.

Danny's story is not a stand-alone one because wet-nursing happens in other contexts as well. On the website of the organization Black Women Do Breastfeed Inc 2010-2015², we can find Angela's story in the blogposts section. Angela is a 44 year-old mother of five and grandmother of two who wrote about practicing wet-nursing with her grandchildren (Angela, 2014). Angela wrote about her determination to assist her daughters with breastfeeding, despite the fact that wet-nursing (or just breastfeeding, for that matter) was not socially accepted in her circle. She tells of two specific instances when her ability to nurse her grandchildren was not only helpful but instrumental. One such instance was when her younger granddaughter did not gain enough weight after birth because of difficulties in establishing breastfeeding with her mother. These

² <https://blackwomendobreastfeed.org/2014/11/24/angelas-story-stepping-in-to-fill-a-need/#more-364>

difficulties resulted in the hospital staff not being willing to release her from the hospital after birth. Angela tells how she stepped in, without informing the medical staff at the hospital, and fed her granddaughter from her breasts, just to make sure she gained enough weight to be released home after the delivery.

Interesting differences emerge when comparing Danny's take on wet-nursing with that of Angela. While Danny tells of a very accepting social and cultural response to wet-nursing, Angela tells a different story. Her daughter was against the idea because she was concerned about other people's opinions and asked her to stop. Additionally, Angela herself tells in her story about her concerns about publicly sharing her story of wet-nursing.

I realize that by sharing my story, I open myself and my family up for some criticism from those who feel that it's not natural to nurse children that are not your own. Many of my friends and family members don't even know that I nurse my grandchildren. But I wanted to share our story in the hopes that it would show the many sides of what breastfeeding looks like....we, as a society, should support this natural process instead of making comments and judgments out of a lack of knowledge or familiarity. Let your lack of understanding be an opportunity to have a conversation with a nursing mother/grandmother about why they choose to breastfeed. Support the women around you that breastfeed their babies by not giving nasty looks when you see them nursing in public, judging them for nursing another woman's baby or by not asking them to feed their baby in a nasty restroom.

Danny describes a social circle that facilitates practices such as wet-nursing, while Angela tells of practicing breastfeeding despite social and cultural barriers. It is possible to wonder about the core differences in the descriptions of a seemingly similar breastfeeding-related instance by two different women. Clearly Danny and Angela are from different backgrounds; Angela is about 15 years older than Danny, is a mother of five and a grandmother of two, while Danny is a mother of one. Angela is a teacher and Danny is a Ph.D. candidate. Angela is Black and Danny is White. It is hard to say what or if any of these differences, or perhaps the intersections between them, contributed to their respective takes on public perceptions of wet-nursing, but clearly, there are telling differences. In fact, Paynter and Goldberg (2018) suggest that issues of wet-nursing and milk-sharing are heavily situated within "historical, gendered, racialized and class

assumptions” (p. 142). Paynter and Goldberg (2018) conducted a critical review of literature looking into milk donation and demonstrated that “there is an absence of attention to race, class and sexual orientation” (p. 143) in the milk sharing literature. Paynter and Goldberg (2018) point to the fact that the papers they retrieved either did not address the demographic characteristics of their sample or focused on a specific demographic – that of Non-Hispanic White (or women who identify as White), educated, with a median income of at least over 50,000 USD. Additionally, none of the studies asked the participants about their sexual orientation. In other words, milk-sharing research does not take into consideration issues such as race, economic class and sexual orientation or the ways these interact and impact breastfeeding-related practices (Paynter & Goldberg, 2018). Danny, as with the other five women interviewed in the current study, is of a similar demographic intersection: White, educated, and living with an opposite-sex partner. Therefore, it is unsurprising that her views of breastfeeding-related practices such as wet-nursing or milk-donations are grounded within that specific intersection. In keeping with these considerations, it is perhaps also unsurprising that while Danny reported social facilitation of such practices, Angela reported socio-cultural barriers. Further support for Angela’s concerns of socio-cultural views of milk-sharing are found in the work by Boundy, Perinne, Nelson, and Hamner (2017). Boundy et al. (2017) examined the frequency of milk donation use in Neonatal Intensive Care Units (NICU) as a function of the ethnicity of the population in the hospital’s postal code. Boundy and colleagues discovered that in postal codes with higher non-Hispanic Black population milk donation is used less than in areas with lower non-Hispanic Black population. Despite the fact that Black women are at higher risk for preterm birth (Hamilton, Martin, & Osterman, 2015; Allen et al., 2008), Boundy et al (2017) showed that the use of breast milk via donation is not as common in areas where the population is more likely to be Black. The discrepancy pointed at by Boundy et al. (2017) is telling of the statistical relationship between milk-sharing and ethnicity, yet it does not shed light on the reasons behind this discrepancy. Angela’s story, however, can be used to illuminate the ways milk-sharing, as with breastfeeding, is heavily governed by socio-cultural views on breastfeeding-related practices such as wet-nursing.

Feeling socially supported in breastfeeding.

During the interviews with Danny and Teresa I can acknowledge that hearing about the resourcefulness and social support my participants sought and found from

their families, social circles, and communities, I felt jealous. As Jacobs (2013) suggested, engaging in the phenomenological reduction introduces a “reflective distance toward this natural life that cannot be measured within the world in which we live our life” (p. 353). Hearing about all that support and knowing that I had none of it made it very hard to relate to my participants’ positive accounts. I felt I did not have a way to navigate through what they told me. Trying to hear them despite my own assumptions, presumptions and breastfeeding-related instances was challenging.

Some of the participants were quite surprised by my questions as I wondered out loud during the interviews what it means and how it feels to be supported in a way I did not know. They started to have questions of their own. Both Teresa and Dani tried to put themselves in the position I described, and found it to be absurd.

Teresa: If I'm trying to describe a situation where my spouse might run into people who comment about breastfeeding: how would he respond to me? It's just not a situation we ran into [laughing]. You know if that would shake something within him, but he's a distinct and declared feminist so I don't think that would be something he would say – "Why are you breastfeeding for so long?" He just wouldn't.

Dani: What would I do if people would misbehave when I breastfed in public?

Ilana: What can you do? There's nothing you can do.

Dani: No, but maybe in my experience breastfeeding wouldn't be so much fun. Maybe I would stop.

Ilana: I don't believe that, because what you're describing, between you and your daughter is very rewarding on its own. But it's possible you would go out less, or perhaps it would limit your going out time before breastfeeding, after breastfeeding.

Dani: But then, I think when breastfeeding is not an integral part of life, when suddenly it's something you need to make time for, when it's not flowing, when the environment is not supportive, it would change my experience.

Dani’s referral to a feeling of flow within the practice of breastfeeding once again positions it within the relational flow approach, pointing to how important it was for her to “move reciprocally and synchronously in a profound intimacy with the world” (p. 11) as Smith (2020) suggests, indicating at the same time that external circumstances do find their way into the personal experience of breastfeeding. In other words, feeling in flow, in

synchrony, and having positive exchanges with the environment are key to a positive experience of breastfeeding. But there are limitations to being able to feel this flow.

In summary, when considering research question three and research question five, the women's stories show the significance of the social context in which breastfeeding is practiced and highlight the need for support in that practice. They further shed light on possible social supports, indicating that women can find support in their tangible or virtual communities. It also seems the practice of breastfeeding can change the social context itself, broadening or limiting it.

4.3.3. Being a working-nursing mother

The mothers described how breastfeeding worked for them in the context of their workplaces, professional development, or careers, that is their Mesosystem. In the context of research question five, concerned with feelings of support and inclusion, the women's stories demonstrate that to be fully supported as a breastfeeding woman means to be accepted in the workplace as well. The participants, each in her own unique setting, share their strategies, support systems, and coping mechanisms that allow them to continue with their professional lives while nursing. For some, it was easier than for others. Teresa, the student/journalist photographer, decided to space out her professional development to be available to her child for the first few years. Dani returned to work and school after nine months but made sure to pump enough milk. Emily pumped every day at work more than once to make sure her baby had breastmilk as the main nutrition at daycare, and Molly was pumping while at work and working half of the week from home to continue breastfeeding.

Yvonne's story is a great example of support and inclusion in the workplace. After she had her younger daughter, Yvonne planned to take her residency exam – the final point in a 15-year-long training program to be certified as a clinical psychologist. This exam required her to attend many individual training sessions with her supervisors. Yvonne told me that since her supervisors were all female psychologists and psychoanalysts who were strong advocates of the mom-baby dyad notion, they allowed her to bring her nursing baby with her to all training sessions and nurse while continuing her professional training. This gesture of her supervisors enabled her to continue breastfeeding and stay on course in her professional development trajectory.

Yvonne: I had a very small baby who's also breastfeeding and my supervisors were very patient. It seemed very natural to them this whole notion of a dyad, and mother-baby and they were all on my side, completely: "not a problem, just breastfeed and I'll type while you nurse." There was this one psychoanalyst and she had a couch and my daughter would sleep on the couch while we talked. They were very supportive and enabled it. And just like that, I took the exam with her. I can really remember her sitting by my side for hours in the stroller. She wakes up and I'm breastfeeding. And goes to sleep and I'm with the supervisor studying and that's what we did. I succeeded in integrating her in the flow of what I needed to do and she's with me, what I do she does with me. [laughing], The Continuum Concept.

Ilana: That sounds perfect. Like a really good fit.

Yvonne: I think that's because I was more relaxed with breastfeeding and had more confidence in myself and had more knowledge too, I took it easy. I was much more confident. But it was also enabled because I had a very supportive environment. I guess that if I were this high-tech woman trying to bring her into meeting it wouldn't have been accepted so kindly. Because I was surrounded by psychologists, all women, all around the mother-baby idea, obviously, it was much easier for me.

Yvonne's supervisors practiced what they preached and enabled her to continue her professional training while also accepting the importance of the mom-baby dyad in general and specifically the role of breastfeeding in that interaction.

Other participants shared how they felt their employment or career choices were supportive of their breastfeeding practices. Dani, for example, did not feel breastfeeding limited her in any way. She took her nursing baby with her on conference trips, sometimes dropped by the university's daycare to breastfeed and was also able to pump enough milk for her baby to have breastmilk in childcare. In other words, with respect to research question five concerning support and inclusion, the participants' stories revealed how forces in their mesosystem (employment and professional development opportunities) positively influenced their lived experiences. These opportunities were appreciated by those who felt the flexibility, consideration, and acknowledgment of their motherhood practices.

These stories of inclusion in the workplace, and Yvonne's particularly, resonated with my own take on being a working-nursing mother. When my daughter was about 12-months-old, I was working as a research assistant and encouraged to bring her with me

to work, use a standup desk so I could carry her in the baby-carrier and nurse while I was also working. I was also reminded numerous times by my supervisor and staff that it's OK if she cried or was fussy (even during meetings!) and that I should not worry or feel bad about that. Another co-worker, a post-doctoral fellow who was also a nursing mom, had her twelve-month-old baby come to visit her so that she could nurse him while at work. She would also occasionally pump milk while at work, which made the whole environment seem very baby-friendly. I am forever grateful for having such first-hand experiences of what was shared by my research participants.

Yvonne's professional-development story, as well as my own, demonstrate how emotional approval and support from your co-workers, employers, or supervisor can color the embodied and interembodied breastfeeding experience so brightly. Feeling welcomed and included, despite breastfeeding's (or even motherhood's) necessities, is unfortunately not to be taken for granted and certainly is not something all mothers get to enjoy. This is consistent with the finding of Ryan et al. (2011) of the desirability of the "uninterrupted and protected space or environment in which breastfeeding took place. It was the physical, psychological/emotional, and social environment that allowed the woman and her baby to acknowledge their mutual calling" (p. 735). The lighter side stories in this study showed that these are not merely theoretical constructs but have very specific, tangible, real-life implications, particularly concerning external influences in the mesosystem. In Yvonne's case, permission was granted by her supervisors in the way they allowed her to take her baby to all her training sessions and made sure she was comfortable. In my case, the permission was granted through both subtle and explicit messages of encouragement from my supervisor and coworkers. Additionally, getting a stand-up desk physically facilitated my ability to enact Ryan et al.'s (2011) finding of "the "closeness, comfort, and bodily completability of successful breastfeeding" (p. 736). Through that very simple ergonomic gesture, I was able to nurse my baby in the baby carrier while working and, just like that, I was included in the workplace.

Subtle nuanced exchanges and gestures may be easily overlooked, but these should not be taken lightly as without such relational cues of hospitality the ability to practice breastfeeding and continue a professional development trajectory could have been much more limited.

4.4. Breastfeeding within the macrosystem

Thus far, my discussion has focused on the women themselves, their babies, families, communities, and professional development and employment. In this section, I consider the wider circumstances of these women and the broader social contexts in which larger forces and factors are at work. This brings the discussion of the Lighter Side of the breastfeeding experience into Bronfenbrenner's (1977) Macrosystem of "overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exosystems are the concrete manifestations" (p. 515). In so doing, the discussion that follows addresses research question seven concerned with the influence of broader forces, policies, regulations and the law.

Dani told me how policies and regulations where she lives brightened her engagement with breastfeeding. She spoke about the very specific aids and assistantships she received that helped her integrate breastfeeding into her lifestyle. Specifically, she mentioned a generally positive atmosphere toward breastfeeding, getting a fully-funded breast-pump that enabled her to pump enough milk to go back to work and still nurse, getting funding to see a lactation consultant, having a pediatrician who supported long-term breastfeeding, and going to a breastfeeding education class before giving birth. These external scaffolds all provided her with the support, positive attitude, technical aids, and educational resources that made her breastfeeding experience so positive.

The atmosphere here is very breastfeeding supportive. I got a breastfeeding preparation course for free while I was pregnant, and I got a Medela Pump in Style breast pump for free from the insurance. There's the medical examination when you come two days after the delivery at a pediatrician. That exam has two parts. It's half a pediatrician examination and half a meeting with a lactation consultant. And it's mandatory. They are very very very supportive of breastfeeding. So when I gave birth I already had all that information in mind. I told you, I was already very prepared and I got help at the hospital. The bottom line is that they helped me very much. And even though it was like "if I succeed I succeed and if not then not" I already had a lot of knowledge about breastfeeding when I delivered. It's a system. The only reason they are so supportive of breastfeeding is that they consider it preventative medicine. This is a system that's driven to prevent lawsuits, this is a system that prevents a certain kind of damage.

Dani talked further about the broader political context in which she was living. This context included medical practitioners who follow the recommendations of the World Health Organization (WHO). She also contextualized her positive experience of breastfeeding within her geographic environment and the political affiliation of the area.

We're not in an environment where breastfeeding is perceived as problematic, and everyone sees and acknowledges the benefits. Our pediatrician told us, that the recommendation used to be to breastfeed until the age of two. Before that, the recommendation was until the age of one. And a few years ago they changed it to "breastfeed", so I told him "what do you mean?" so he said: "breastfeed". I told him "until she's five?" He said "cool". That's the medical system I am in. It's hard to believe there will be any tensions within that setting. The oddballs are the ones who don't breastfeed. When babies drink formula it is considered weird. And you need to understand that here it's unacceptable to give formula after one-year of age. There are no formulas for toddlers. They switch to milk at one year old. And toddlers who drink formula are considered odd. Baby formula is weaker here and baby formula companies are limited in what they can say and their lobby is not as strong, so it's not only that everyone is breastfeeding here and that practitioners are into breastfeeding, it's also there's no opposition. There isn't. So in some ways your questions are so odd because here it is so normal you're talking to me and I'm from the North East from a blue area. Very democratic. I'm from an area of a liberal university. I'm not sure if you would talk with someone from the deep South she would have the same experience.

Dani's story shows how breastfeeding is influenced by what is enabled, accepted, or considered odd in a certain geographical locale. Feeling breastfeeding is in flow thus depend very much on external factors that can either add barriers to, or be facilitative of, the practice. Forces such as lobbying, money, insurance policies, and even mere geography, are strong determinants of how an intimate practice such as breastfeeding is taken up.

A positive take on breastfeeding can be the result of explicit as well as nuanced messages of acceptance and inclusion. As Smith and Lloyd (2019) suggested: "Our visible, evidential lives may be dictated from the outside, but life feels motivated from within" (pp. 2-3). By the same token, while breastfeeding is lived from within and can be experienced positively, that also depends on dictating factors from the outside. The difference between having a positive experience of being a breastfeeding-working-mother and encountering what Angela Ames's did when she was fired and told by her employer to "go home and be with [her] babies" (Lloyd, 2018) is rooted in the way these outside factors and forces are felt and interpreted subjectively and from within. Seeing a

smiling face directed at your nursing baby as opposed to seeing someone frown at you can be the subtle difference that makes all the difference in the way breastfeeding is valued.

Like Dani, the other women in the current sample were all living in developed countries and were well aware of the existence of support services and resources, such as a lactation consultant, a pediatrician, and an insurance company. Given that, it is possible to question the importance of policy for people who are already very strong-minded, which is to say, people who can advocate for themselves. A case can be made, however, for the importance of policy even for people who can advocate for themselves. Policy can frame your expectations of a system. Policy dictates procedures and defines what "best practices" are in a variety of situations no one individual can fully be prepared for in advance. Yvonne shared the very first moments of breastfeeding with her oldest daughter. After the delivery, the baby started to nurse but because of medical and legal considerations, the staff took the baby from her, and from this initial skin-to-skin contact, to test for her blood sugar level.

One of the experiences I remember, not a good one, with my oldest, is that right after she was born they put her on me and she nursed and then they took her from me. Today thinking back I was after giving birth and there was a concern for diabetes because she was large. In retrospect, she didn't have diabetes. And they took her from me. HOW did I let her be taken from me. If she has diabetes the best thing for her is to nurse. It will keep her in range. But NO. They took her from me. And today I'm saying "God! What fools! And how did I let this happen" and I'm after giving birth and the staff comes and "No. We have to take her". Unbelievable unbelievable unbelievable. They have to take her quick if there's diabetes. And what do they do if there is diabetes? Give glucose! It's just absurd. So what's the problem if she's breastfeeding glucose? But, you know, it's an insurance procedure.

The various forms of social, cultural and financial supports and scaffolds Dani received demonstrate the big positive influence policy has had for her personally. Yvonne's example, however, shows policy to be a double-edged sword. With regards to research question seven, the stories here demonstrate that policy is important, but the quality of the breastfeeding experience depends on which side of the policy you are on. Keeping in mind the specific demographic characteristics of the women interviewed for the current work is important. Being employed or studying in the USA or Canada means having medical insurance and access to advanced medical services. Being of a specific demographic or color also means, unfortunately, a different likelihood of receiving a

specific attitude from the practitioners one meets when interacting with these medical services. As Levingston (2020) stated, sometimes a Black single mother might get calls from Child Protective Services just because she might be “too Black to mother.” The women comprising the current sample, despite their status as immigrants, did not share such stories of racism. There is, however, no doubt such stories exist.

4.5. The Lighter Side: Summary

The Lighter side stories revealed that for breastfeeding to be experienced positively, specific social and cultural scaffolds are required, particularly for working-nursing mothers. These scaffolds can be provided through social agents such as a supervisor, a neighbor, or a community member, that is, through personal and work connections and exchanges with others. These interactions, even when subtle or hard to pinpoint, have the power to color the living experiences of the breastfeeding woman.

The breastfeeding stories in this chapter reveal that breastfeeding can be felt as physical pleasure that also enables long distance, embodied communication (Q1 and Q2). These stories further suggest that this practice can be the breeding ground for rich community life (Q3) while facilitating day-to-day routines (Q4). It was further demonstrated that a breastfeeding woman can be supported and included, in general and in the work place in particular (Q5 and Q6), and that such support and inclusion can be grounded in policy (Q7). In other words, the Lighter Side stories demonstrated that when there is social and cultural recognition of breastfeeding necessities, breastfeeding is facilitated and experienced positively.

Who would have thought a stand-up desk would make such a huge difference between being a working mom and not being able to keep a job, but as suggested by Lee (2018), Bronfenbrenner (1977, 1994), and Lloyd (2018), the external factors find their way into our personal, subjectively lived experiences. Nuances of relational exchanges can easily be disregarded or forgotten, but the stories of the positive side of the breastfeeding reveal their significance to the way nursing women interpret their inner impressions. Thinking about how your work supervisor will respond if you breastfeed while at work can even register in an embodied way – by feeling relaxed while nursing at a meeting or being tense and feeling muscular tension and trying to hide it. These bodily reactions result from what appears to be happening on the outside yet is felt deeply

within. External factors can facilitate and support breastfeeding (as in the Lighter Side) or create obstacles for it (as will be further discussed in subsequent chapters). Either way, they leave their mark on how breastfeeding is experienced by the nursing mother.

Chapter 5.

Gray areas

5.1. Chapter overview

In this chapter, I touch upon the complicated, in-between positive or negative, breastfeeding-related experiences. Such mixed takes indicate the inherent complexity breastfeeding introduces into women's lives. Similar to the layout of the *Lighter Side* chapter, this chapter reviews the participants' stories in layers, from closest and most personal to the broader, public and political. This chapter starts with the microsystem of the breastfeeding women: their embodied selves, self-awareness, and everyday lives, thus addressing research questions one, two, and four concerned with the embodiment of breastfeeding, attitudes and expectations, as well as breastfeeding logistics. Next, I discuss in this chapter the role breastfeeding plays in the women's interactions with other people, including their children, partners, core family, community, and workplaces, touching on their mesosystems, and addressing research questions three, five and six concerned with social support, inclusion and challenges. These aspects also take into consideration the temporal dimension of breastfeeding, framing it within the personal or familial history and thinking about the future and how breastfeeding is or is not a part of what is to come. Within the women's macrosystem, this chapter also touches on issues concerning feminism and politics, thus addressing research question seven which is concerned with broader socio-cultural forces influencing the experience of breastfeeding.

Unlike the stories in the *Lighter Side* chapter, those in this chapter are not all positive. They are also not completely negative. Both sides (and anything in-between) can co-exist contemporaneously for the same woman. The main thread to this chapter is the complexity embedded in the stories. In stories of hardships, you can find strength. In stories of success, you can find the difficulties. An easy second-time-around hints at a difficult beginning the first time. A specific example may tell more about what is not told or about the circumstances leading to a specific choice. These stories offer glimpses into the complexity of breastfeeding and into the participants' private dilemmas about this practice. In this chapter I review the women's decisions concerning family planning, professional development and employment, as well as logistics such as sleeping

arrangements, thereby shedding light on how breastfeeding added complexity to their lives.

5.2. Breastfeeding within the microsystem

5.2.1. Embodied expectations

Starting with the microsystem, this section will review the different attitudes the participants held about breastfeeding, some even from before actually becoming mothers. I address research question two, concerned with attitudes and expectations, by reviewing the participants' stories telling of their expectations of breastfeeding and specifically the shifts and changes they went through. Additionally, these stories frame the participants' attitudes toward breastfeeding, thus addressing research question one as well. This discussion touches on the participants' perceptions of their embodied selves, self-awareness, expectations and their interactions with their nursing children.

Rylee talked about her expectations regarding breastfeeding from before giving birth. She stated that she did not have any expectations but mentioned she did have some social learning opportunities which enabled her to form a view of breastfeeding.

I had no expectations at all before my daughter was born. It was like "OK, we'll try" and then I've had some really rough two weeks. And then I got to my first La Leche League meeting that helped me wrap my head around it. Since then I grew stronger in my opinions and that also fit with what I knew from before - my paranoid opinions from before, about the marketing tactics of the formula manufacturers. I also learned that the more you do skin-to-skin from the start the more it prevents problems with breastfeeding. I have a friend who tried to breastfeed for the first time 12 hours after the delivery! 12 hours! And my daughter tried to nurse an hour after the delivery.

Not knowing what you are going into can be very overwhelming for a new mom, especially considering that breastfeeding starts after giving birth, which is a major life event on its own. Rylee described these intense moments after first becoming a mother and trying to manage her newborn daughter. She also contrasts being a first-time-mom with being a second-time-mom.

With my daughter it was hard for me to understand that a boob will solve most if not all problems at least at the beginning. I had in mind "But she just ate! What does she want now?? ENOUGH!!" With my son, I didn't have that. As long as he was little it was: "OK, here, have a boob." "Maybe you need to pee? OK, boob, take a boob. Pee? Boob,

boob, boob". He was sleeping-boob, sleeping-boob, woke up a little. He was also crying a lot less. He nursed for shorter times, earlier, and more successfully. Probably because he was nursing while his sister was also nursing, the milk came quicker, and more easily so he didn't have to work as hard. Just like when she was born, she would breastfeed for half an hour, an hour, two-hours, three-hours-straight, sucking the life out of me! And he would breastfeed for 3-4-5 min tops! And fall asleep. For three hours straight!

Rylee's two breastfeeding terms were significantly different. The first was far more challenging and the second one saw her more relaxed, easy-going and not as overwhelmed. This same woman, with the same (yet changed) body, performing the same embodied-relational activity at two different points in time, had very different experiences. While one is described as "sucking the life" out of her, the other appears to have been relaxed and calm. Having two such contrasting experiences and sensations of the same practice suggests breastfeeding to be a complex experience.

Since breastfeeding is a relational practice by definition in that it requires an interaction with someone else (i.e. a nursing baby), that other someone and their unique traits and qualities can influence the type of interaction and the sensations that go with it. Rylee wondered about that as she said: "It was also easier with him. Maybe it's all about character and not related at all." Rylee was aware of that complexity of her experience and in a semi-joking way describes it as a manic depressive feeling she has toward breastfeeding.

Sometimes it's the coolest thing in the world. And sometimes, pppffff, enough already, I'm sick of this and I don't want to do it anymore. A little manic depressive? Sometimes it's so cool and fun for me and pleasant for me and holding my little boy in my arms and letting him breastfeed and holding him and just letting him have everything. And sometimes it's like - enough! You're four! Eat something! Shall we order a pizza? What about a pizza? The bottom line is that it's both the "Wow! This is fun", and the "Ahhhhh, enough already!" I think this pretty much summarizes my breastfeeding experience. Both of them equally.

Unpacking her story further reveals that the value she assigned to breastfeeding in each of the different terms depended greatly on who she breastfed as well as what phase of life she was in while breastfeeding. Rylee's story illustrates that breastfeeding an infant yields different experiences than breastfeeding an older child and that being a first-time breastfeeding mom is very different than being a mom the second time around.

Similarly to Rylee, Yvonne contrasted the rough start to her first breastfeeding experience with what she felt the second time around. Specifically, she described a very

proactive attitude she came with into the delivery room the second time around. As a result, the second birth and breastfeeding were very different from the first ones.

With the first breastfeeding, I think there was some degree of disappointment. I expected it to go easier and it was less easy and I was surprised. For the second time breastfeeding, I was surprised for the better. Because the first breastfeeding was very painful, I used to breastfeed with silicon nipples so in the second breastfeeding right after I gave birth I sent my dad to buy it, and in the end, it wasn't necessary. I remember a lactation consultant coming and I told her "Wait, do I need to use these?" She replied: "No Yvonne, it's a new girl, a brand new story." I took it right back to the store. And suddenly I had this switch – "Right. It's not the same." Then it went easier.

Yvonne's sentiment demonstrated how the first experience of challenge acted as a learning opportunity in framing her expectations for a second rough time. Together, Yvonne's and Rylee's stories demonstrated a learning curve from the first to the second times, allowing for preparation and adaptation to take place.

Learning the body can change, respond differently, and feel differently depending on the situation, means that the mothers interviewed for this study learned in a way that was not only cognitive but also embodied and interembodied. The participants described how their bodies were more prepared for breastfeeding the second time around, and with the second nursing child the milk came sooner, faster and with more ease. It seems that the connection with the second child was easier or, to put into Rylee's words, "my second child nursed for shorter times, earlier, and more successfully. Probably because he was nursing while his sister was also nursing, the milk came quicker and more easily so he didn't have to work as hard." Yvonne shared a similar sentiment in saying that "[I]t went easier. I think it also had objective reasons too. Not only the lactation, that never stopped between births. My second child was born bigger and stronger and more ready to nurse, plus her character fits nursing a lot. She's very opinionated."

These stories address the first research question and shed light on the way breastfeeding can be felt physically through the connection between the nursing body and the baby's body. Shifts and changes of attitudes, expectations, emotional, cognitive, embodied, and interembodied impressions all hint at a complex experience which occurred in the participants' microsystem – a "complex of relations between the developing person and environment in an immediate setting containing that person" (Bronfenbrenner, 1977, p. 514).

The contrast between the first and second breastfeeding rounds are, as Merleau-Ponty suggested, indicative of shifts in the breastfeeding woman's "point of view on the world" (1945/2012, p. 5). Such an embodied, subjective point of view creates an intimate relationship between the subject and her world (Cohen Shabot, 2008) and, in the case of breastfeeding, between the nursing woman and what makes her lifeworld. This intimate, unmediated relationship occurs through processes of embodied perception.

The visible about us seems to rest in itself. It is as though our vision were formed in the heart of the visible, or as though there were between it and us an intimacy as close as between the sea and the strand. And yet it is not possible that we blend into it, nor that it passes into us, for then the vision would vanish at the moment of formation, by disappearance of the seer or of the visible. (Merleau-Ponty, 1968, pp. 130-131)

Learning from the inside out, and using their bodies as a source of input and information means that the women could have used their bodies for biofeedback in being attuned to what feels good and right, as well as to what is not working for them. Such attunement can be considered an "embodied way of knowing" (Snowber, 2012, p. 119). According to Snowber (2012), turning inwards towards the language of the body is "fundamental to human expression" and "has the capacity to connect to the terrain of the inner life" (p. 119). Listening to these embodied ways of knowing breastfeeding allows acknowledgement of the complexity breastfeeding may bring, as shared by Rylee and Yvonne. Remembering painful moments and noticing the lack of pain, taking note of prior hours and hours of nursing and contrasting them with a new and improved nursing schedule, are all meaningful ways of knowing breastfeeding through the body.

My own story, as I have previously shared, also resonated with these emerging complexities; having the same (but different, maybe older and wiser) body, being the same person yet being more experienced, feeding a different child who is completely different than her older brother, and living in a different place, were all circumstances that significantly influenced my breastfeeding impressions. I, as with my participants, had my own list of "lessons learned" from the first time. My body also knew how to lactate and my second baby was more efficient in nursing, making each nursing session shorter and easier. Reconciling unmet expectations and surprises was a part of that complexity for me as well as my participants.

5.2.2. Pre-motherhood attitudes

Molly, similarly to Rylee and Yvonne, shared another side to the complexity embedded in breastfeeding, thus addressing research question two concerned with attitudes and expectations. While for Rylee and Yvonne the complexity was rooted in the contrasts between the first and second time around, for Molly the complexity can be found in the temporal contrast between Past-Molly and Present-Molly. The pre-baby-Molly was not expecting to breastfeed for longer than a few weeks at best, while the post-baby-Molly was still nursing a two-year-old at the time of the interview.

I didn't plan to breastfeed and certainly, I didn't plan to breastfeed until she's two. It was like "I'll breastfeed at the beginning when I'll be on maternity leave and only then." And then my friend told me about studies. They say it's much healthier. I said, "Well, it's possible to aspire to that." When I went back to work I told the pediatrician "Well, I think I'm going to try and combine breastmilk with formula. I don't think I'll be able to pump these quantities". I really hated pumping. Then she said "Cool" and frowned her face for me wanting to give formula. I said "OK. So I'll pump." Then I said "OK. A year. I'll stop nursing for sure. No way I'm nursing a girl with teeth." but one-year-of-age came and she didn't have teeth. I said "OK. She doesn't have teeth. When she'll teeth I'll stop." And then I said "She never bites me. I don't have any problems. Just cause she has teeth? The poor thing". Then it was "OK. When she'll start talking. Because enough is enough. I won't breastfeed a girl that says "booby" and asks for it." And in general it's very odd to breastfeed a child who talks. They are grown-up kids. But she's not really talking yet, right? Obviously, booby is one of the things, her first words. And then it was "OK, she's just saying "booby", she's not actually talking". Just cause she's saying that? She's not really a big girl." And then it was "OK until she's two. At two I'm making a cut." And two was two weeks ago. I haven't made the cut yet. On the one hand, I really feel like making that cut. On the other hand, I really feel like continuing. I'm very ambivalent.

As John Lennon said, "life is what happens when you're busy making other plans" (Lennon, 1980, track 7). Molly's engagement with breastfeeding unfolded in a completely different way than she planned. At each decision-making juncture she continued to choose to breastfeed despite her prior thoughts of breastfeeding being inappropriate at that particular point in time. Molly's story also demonstrates how a priori attitudes and decisions about the future do not always fit when you get to that point in time. Past-Molly and Present-Molly have different views, thoughts, and expectations, thus revealing another point of complexity in the living experience of breastfeeding. One more thing to note were the cues Molly mentioned as influencing her decision at each juncture – a pediatrician's frowning face, a cooperative, non-biting baby, a friend sharing

breastfeeding studies – all of which might just have easily been ignored, yet they gradually shifted Molly’s attitudes and influenced her course of action. Subtle gestures, hints, or exchanges, as suggested by Smith & Lloyd (2019), had great impact on Molly’s decision to continue breastfeeding.

Dani also reflected on the shifts in attitude she underwent, demonstrating yet again the contrast between pre- and post-breastfeeding attitudes and thoughts and hinting to a complex experience.

My breastfeeding experience started way before I gave birth. I remember my husband's tween sister nursed until the age of four and I remember I was very disgusted. It's very funny retrospectively. It was disgusting to me. I remember I saw the *Time Magazine* article with that girl with the seven-year-old boy on the cover they put there for the provocation and discussion and it really shocked me. I always said that if it works – it works, and if it doesn't, it doesn't. And then I gave birth.

Pre-breastfeeding Dani thinks breastfeeding can sometimes be disgusting, but Present-day Dani breastfeeds an older baby, participates in online breastfeeding support groups, and donates breastmilk. Silbergleid (2020) shared a similar narrative of progressing into an ongoing commitment to breastfeeding on-demand that she did not predict in advance.

I did not actively plan to nurse a toddler any more than I did not plan to forcibly wean my first child when she was nine months old, which was already a feat compared to the statistics of working mothers. But we were still going at a year, fifteen months, eighteen, twenty. We are weaning, to be sure, as he eats three meals of table food plus snacks and now exclusively drinks formula at day care, but still, we nurse first thing in the morning and before naps on weekends and at bedtime, and two, three, four times over night. When he is teething, I call it the “all-night-suck-a-thon” as he uses me as a human chew toy. No. He will not take a pacifier. I didn't plan any of this. The nurse handed me my five-pound newborn, I put him on my breast, and he latched on. I have no plans to be on the cover of any magazine nursing a preschooler. (location 2557)

Revising attitudes, revisiting old decisions, and reflecting on similar actions in different contexts, are all part and parcel of the living experience of breastfeeding. These changes are consistent with Gribble’s (2008) findings concerning attitude change in long-term breastfeeding mothers who lean away from their prior disapproval of long-term breastfeeding and toward continuing breastfeeding for a duration beyond what is socially

acceptable in Australia. Long-term breastfeeding mothers change their opinions regarding breastfeeding as a result of what they learn about breastfeeding, seeing how their child enjoys breastfeeding, and having role models for long-term breastfeeding (p. 5). Consistent with Gribble's (2008) findings, Molly reported breastfeeding beyond what was originally planned after she saw that her child enjoys it. Rylee found breastfeeding role models and educated herself regarding breastfeeding through La Leche League meetings. Both Dani and Molly reported the same attitude change described by Gribble (2008) regarding long-term breastfeeding.

These two forms of change – learning from their past experiences for second-time moms and acknowledging and living with attitudes that changed – demonstrate cognitive and emotional flexibility. These changes are telling of how nuanced changes make for a very significant difference in the subjectively lived experience of breastfeeding. While Smith's (2020) relational flow approach focuses on a different embodied realm – swimming – it is useful in understanding these changes and transitions:

...if flow is more than a psychological construct of physical engagement in the world, and if it is the embodied sense of rhythmic unity with the world, then being in flow motion is about more than swimming up and down the lanes of a pool. Catching the wave suggests catching on to what it means to be connected to waterscapes, and seascapes, teeming with gestural life. The primary experience of flow motion is an aspiration to move reciprocally and synchronously in a profound intimacy with the world. (p. 11)

Being *in flow* in the world, not only as a physical engagement but also in terms of inner flows, is significant to the practice of breastfeeding. The *Lighter Side* stories showed how such feelings of flow and synchrony allow women to value their engagement with breastfeeding positively. Here, on the other hand, women's stories show how when such a feeling of flow is more limited, the inner living experience of breastfeeding changes too. Rhythmic changes and sensory flows are suggestive of the inner processes the women I interviewed shared with me. The changes they went through (different child, being more experienced, embodied changes, practicing breastfeeding vs. theorizing about it) colored their inner experiences, slowly shifting attitudes, realigning expectations, and allowing them to “move reciprocally and synchronously in a profound intimacy with the world” (Smith, 2020, p. 11). The participants adjusted to what was

happening around them and to their changed realities as breastfeeding mothers. With respect to research question two concerning attitudes and expectations, the stories in this section reveal that the women comprising the current sample allowed themselves to flow with the shifts they had felt physically. As they tuned in to the ways their bodies were changing, into their different points of view of the world (Merleau-Ponty, 1945/2012, 1968), they discovered how they feel and think differently about breastfeeding, hinting at breastfeeding being a complicated experience.

5.2.3. Finding meaning in challenge and success

This section addresses research question six concerned with limitations and challenges by describing breastfeeding related challenges and difficulties and also the determination, resourcefulness, and resilience to ride out the difficulties. Complexity is evident here in the multidimensional and creative approach each of the mothers took in finding strength despite the challenges, and acknowledging difficulties even while succeeding in breastfeeding their children. The participants described their sense-making processes and the new considerations the practice of breastfeeding introduced into their lives. They shared the ways they coped with their new reality and talked about the worries that were born along with their babies (e.g. Is she gaining enough weight? Should this hurt so bad? Should she be feeding so often?).

Dani talked about how she decided to "go to war" for breastfeeding. Her story sounds full of positive feelings, determination, and commitment to breastfeeding. It can be inferred in between the lines, however, that she did encounter challenges.

So when I started breastfeeding I came at it like I was going to war. There was NO WAAAYYYYY I would give up because of difficulties. So it's possible there were a few minor objective difficulties, but I just don't remember them because it was like "I'm going to breastfeed!" It wasn't just my decision. When I came back from the hospital, my sister was here. She came to be my doula and my lactation consultant. And gave me feedback about my breastfeeding and I think it's a part of why I objectively only had minor difficulties. So, on the one hand, I only had only minor difficulties and, on the other hand, I came with a very determined mindset so the start was very good relatively speaking. I think she actually never got Formula. And between 3 weeks and 3 months she had a little undetected reflux so she was a little poor and she was crying a little and a lot on the boob so there were times it was no fun. In the beginning, it was a little painful but all in all the experience was good. And when the tiny objective difficulties were over at around 3-4 months old, breastfeeding was really fun.

Dani's story of the beginning of her breastfeeding is full of optimism and success. Her baby successfully nursed and never got formula. She overcame some difficulties. She had professional help from her sister and had a good, fun experience. Yet another point to consider is the repetitive mentioning of "only minor objective difficulties" and the use of military term "going to war." It is unclear as to the magnitude of these difficulties. It also has us wonder how to quantify what is "minor" and who is to say what an "objective difficulty" is when considering something so subjective as breastfeeding. What's clear from this quote is that Dani did encounter some challenges yet made a decision to power through the difficulties while framing them as minor. This contrast between the fun framing and the maybe challenging details hints at a more complex experience.

Emily described something similarly complex in the reality of breastfeeding on demand. She described her daughter as a cluster-feeding baby and how coping with her demands was very difficult for her. Nonetheless, she was happy and determined to breastfeed her child despite these challenges.

I nursed on-demand. It was clear that if she has a need I will meet it and that's my approach up to this day. As soon as she wants, feels the need, a lot of the times she was just on the breast, not only nursing but for as long as it is needed. As long as she needs. And it was hard, it was hard. And I was here with my boobs out all the time. As soon as she needed to, she had access. But I felt good about it. I felt really good. It was very hard but I knew it would pay off.

The complexity of being alone and intensively nursing a child becomes apparent in Emily's comment. There's the common saying that "it takes a village to raise a child," yet Emily did not have a village or a tribe. She only had herself and her husband before he went back to work. Not have a tribe for support can be a painfully difficult. The picture painted is of a woman, sitting alone, half-naked, not being able to do anything else other than attend to her nursing baby. Going into further details, this means that when she is hungry, there is no one there to cook for her. And it is hard to cook when you are half-naked nursing a cluster-feeding baby. Yet in this very harsh reality, Emily still found a bright side. She was proud of herself. She knew that her investment in breastfeeding would pay off. This is another example of a complex experience. It is possible to just consider the hardships, yet Emily chose to focus on the advantages of the situation while still acknowledging the challenges.

Similarly to Emily and Dani, Yvonne also had a rough start. Her daughter was born too early and was too weak to nurse. She did not gain enough weight to be

discharged from the hospital after birth. The baby had to be formula fed, which was very disappointing for Yvonne. This can all be considered a very challenging situation, however it is important to also see the resourcefulness Yvonne demonstrated in the face of challenge.

My first experience of breastfeeding was very turbulent because my child was born a month before she was due and was very small and very weak so every feeding she would fall asleep and wouldn't nurse as much as she had to. She lost weight and they barely discharged us from the hospital because of that. And I insisted on breastfeeding. There was one day that was very turbulent that I really couldn't do it and my husband said "let's give her a bottle" and today in retrospective I'm less hysterical, it's not terrible if she takes a bottle once and I'll get back to it. But then I was very hysterical and then an amazing lactation consultant came and helped me with this unique method of pumping with a tube that's like a straw. That really helped me and then breastfeeding got stable.

Within the turbulence of giving birth, worrying about weight gain and trying to nurse, Yvonne was able to refocus, seek help, and overcome her difficulties. Yvonne's story of agency in the face of challenge is not the only one. Emily shared how at the beginning, after her daughter was born, she felt insecure about how efficiently her baby was breastfeeding and gaining weight. Similarly to Yvonne, Emily demonstrated agency, sought professional help and went to see a lactation consultant. While Emily's feelings of uncertainty could probably frame this negatively, on the bright side she was able to find help and get reassurance and support from a professional.

These were two very intensive days, but even after I started nursing I wasn't sure – is she feeding enough? Am I doing it right? There are a million and one questions. And I read the literature, some hold the view of switching sides, not switching every 10 minutes, million different views. And in retrospect, not only about food and breastfeeding, all these books are just confusing. Really. They only stress you out. I'm experienced now, I wouldn't recommend these books to young moms. Only intuition. But either way, I was concerned, you know. I told myself – the weight. She was also born in an average weight. 3 kilos. It's not unusual but relative to our family history, we were all big kids, say 3.8 kilos both me and her dad. Even 4 kilos. So it was relatively low and I didn't know if it's right. So I saw my insurance has an option to go to a lactation consultant. So I said "I'll go. What do I have to lose." Just to ease the concerns. I went to a lactation consultant when she was two weeks old. We went to a lactation consultant and she was very, very understanding, explaining, showing me how she should latch to the breast. She told me "She needs to empty the breast, you don't need to switch in eenie meenie miney mo. Let her finish. Offer her more, it's not a problem". And I said – "This approach makes a lot of sense to me, I see it's working" and she said she's nursing very well". So I said – great.

Emily's description reveals the process she went through. She was concerned and followed up on that concern to make sure she received answers that made sense to her. This process was not a simple one. From Yvonne and Emily's stories, it seems that complexity emerges when they face difficulties and demonstrate agency: taking charge, making decisions, and actively seeking help. All of which are points of strength and light within the hardships. Ma (2020) describes a similar take on breastfeeding to Emily's, telling how nothing good comes out of these information outlets since, unfortunately, "her breasts did not read the same books."

As a first time nursing mother and researcher, I noticed how breast-feeding literature often depicts nursing in a dichotomous nature. Many suggestions for new mothers seemed black and white and reminiscent of a recipe. I believed that if I did what those books suggested (e.g., nursed on each breast for twenty minutes to prevent soreness or get a good latch, so nursing doesn't hurt), breastfeeding would have been a breeze, and I would be like the ethereal Madonna nursing her baby . What I did not anticipated was that my breasts did not read the same books and they had their own ideas about how breastfeeding would turn out. It was not pretty. My sore nipples felt like they were on fire, and I often angrily stated, "why can't the milk come out of my elbows?!" (locations 3522 – 3533)

Another point of challenge and resilience relates to coping with breastfeeding-related pain. Yvonne described her coping strategy for dealing with the difficulties and pain she felt while breastfeeding. When she talked about the painful beginning of her second breastfeeding, she framed the pain as a "healthy" or "meaningful" pain; although breastfeeding was very painful, the pain was not without meaning which, to her, made it more manageable. She grounded this perspective within the works of Claude Levi-Strauss who talked about the power of symbols within the experience of giving birth. The point was that pain becomes more bearable when put in a meaningful context.

What to me is very surprising in the second nursing is that the beginning was very very painful. Luckily I have friends, and I was prepared, and I knew, and still, it surprised me. That's because the uterus' contractions the second time around are very painful. It's like a second delivery. I couldn't believe this was happening to me – painful contractions every nursing session. Every nursing session!. Contractions. At some point I said "I want an epidural, I can't take it. I need an epidural for this thing I can't get through it". Yes, it was really very very painful contractions for about two days, the first two days, until the uterus shrinks back.

Every nursing session was just terrible pain of actual contractions. On the other hand, because I could also give it meaning, you probably know the paper "the power of symbols" by Claude Levi-Strauss, in Anthropology. It's a paper that talks about giving birth in the aboriginals and how the people who are with the woman while she's giving birth, like the partner, doulas, midwives etc. are there for the birth and actually say "Now the northern spirit is fighting this and that" and give meaning to the contractions and the pain making them bearable for the woman. It's an amazing paper. So here, I knew the meaning was that it's something healthy. It's a healthy pain that the uterus is actually returning to its place. It helped me cope with it. It's not like a headache that you only want to go away. OK, it's an important pain, everything is going back into place. Breastfeeding helps. How smart is it that breastfeeding actually helps the contractions and all! So these were two little painful days. This whole process is not pain-free [laughing].

With respect to research question six concerned with challenges and difficulties, each participants in her own context talked about coping strategies with the challenges breastfeeding introduced. Dani talked about coming with an attitude of "going to war" over breastfeeding and Emily imagined herself connected to others like her while half-naked and breastfeeding her "little piranha." Acknowledging the pain and suffering through it, retrieving mental images and metaphors to frame the situation in an empowering way, and changing attitudes are all coping mechanisms used in hard times to foster resilience and creativity. Colorful imageries, metaphors and storytelling are also consistent with the way Lee (2018) frames breastfeeding as a form of art.

I extend the La Leche League's understanding of breastfeeding as an art, a practice that must be developed through skillful application of effort, as distinguished from a natural or merely physiological processes. Subjectivity is an ongoing creative activity, and breastfeeding is an important part of this work of self-fashioning...Breastfeeding is a kind of self-creation...Ongoing movement, development, and change make poetics an essential component of understanding embodied subjectivity. Breastfeeding ought to be understood as creative and dynamic, both threatening and productive to one's sense of self. (p. 26)

Breastfeeding is indeed an art of living. Mental images such as that of an adorable little piranha biting a woman sitting alone (Emily), finding meaning in imagining the waves of uterus contraction pain as "the Northern spirits fighting" (Yvonne), or imagining a battlefield and fighting for breastfeeding with (or against?) a baby (Dani) were some of

the images that emerged in the interviews. These were all very creatively tangible images for something so subjective, elusive, embodied, interembodied and difficult to put into words. I suggest, too, that writing a Ph.D. around breastfeeding is a creative form of coping with a complex situation. This work included the unique opportunity to dive into the meaning breastfeeding has had for me and for others: systematically interviewing others, reading and rereading other women's breastfeeding accounts, comparing them to one another and to my own stories, and reading other scholars who have theorized the practice. These were all parts of the process, challenges, and opportunities this doctoral work invited. And in that, this is indeed a unique and welcome opportunity to process a complicated, continuous, embodied and relational engagement in writing through feedback and reflection.

5.2.4. Exclusiveness

Still within the microsystem, the participants gave glimpses into their spousal connections and the ways these connections help and hinder breastfeeding. Consideration of the women's spousal connections also addresses research question three concerned with their social lives, research question five concerned with support, and research question six concerned with challenges and limitations. The main issue seemed to be about gender roles and the framing of the relationship between mother and nursing child.

According to Hausman (2004), "breastfeeding forces us to think about women as mothers, and mothers as women, as well as both the material and the ideational effects of this particular kind of reproductive burden" (p. 275). The participants' stories showed that this multiplicity of roles assigned to them as women, wives/partners, and mothers contributed to the framing of breastfeeding as a complicated experience. In Teresa's case, ambivalence emerged regarding the question of ownership of her body and her breasts.

When the birth was getting closer someone told me 'Soon you'll give birth and your body will return to be yours' [laughing]. Now that I think about it, it's the most absurd thing I can imagine. After the birth, my body, the ownership of my body was, many times I can't even go to the bathroom without my daughter coming along. Or even shower alone, not with breastfeeding. Many times she reaches her hands and my body is hers [laughing]. So the thought of my body returning to me is probably the most absurd thing I can think of.

Teresa's seemed rather amused by the idea of having her body back in her possession, however it is nonetheless an issue that connects to broader feminist perspectives. Teresa stated that there's a clear boundary in her spousal connection. That same boundary seemed breached or fluid when it came to her connection with her nursing daughter. This is consistent with Simms's (2001) phenomenological reflection on milk and flesh.

When we look at the phenomenon of touch, we find that infant touching bodies are complemented by the tangibility of the mother's body. The skin as the boundary between bodies becomes the coiling place of the flesh, the locus where touching complements the touched and where the tangible issues its invitation. The mouth transgresses the skin's demarcation, it opens and takes in, and the body of the (m)other gives itself in liquid form. (p. 30)

Through the practice of breastfeeding, the boundary between the bodies of the mother and her child are breached through the movement of milk from one to the other. But it is not only breastfeeding around which this boundary is breached or negotiated, but that the breach extends beyond the realms of breastfeeding touch. Considering Simms's (2009) ideas in the context of Teresa's story suggests that perhaps breastfeeding was the initial invitation for this breach of boundaries that is further extended to other realms of touch such as when taking a shower.

The idea of ownership of the body and the boundaries breastfeeding enables or disables also touches upon the notion of exclusiveness. My interview with Teresa revealed the term "exclusiveness" to be even more complicated than I had originally thought. Halfway through our conversation, it turned out that we were each referring to a different type of exclusiveness. When I asked her if breastfeeding created some kind of an exclusiveness within the relationship with her husband, I was referring to exclusiveness in the burden of care (i.e. the reproductive burden; Hausman, 2004) since she is the only parent who can nurse. Teresa thought that the question referred to the role of the breast in her sexual relationship with her husband and exclusiveness in terms of the functionality of the breast – is it for nursing or sexual purposes? The discussion that follows touches both aspects.

Ilana: And what about exclusivity?

Teresa: What? Like, the breast? I think that it's really from the place of my experience in my relationship with my husband that is really something extraordinary. The ideological array that guides him in life, like me, he was raised by a feminist mom and in a home with a big sister and he's very respectful of women's right to their bodies and their decisions, obvious things for me, but I think that in this situation, it's my body, and there always needs to be consent for anything. It was never like my body belongs to him. My breast is MY breast. I'm not trying to go with that direction of my breast as...

Ilana: I was actually talking more about, sorry for interrupting you, I mean more in terms of the exclusiveness of your relationship with your daughter.

Teresa: No, definitely not. I thought you meant more like the breast as a sexual organ. Because that's a criticism I read a lot on the Internet, you know, comparing a breast for feeding and a breast as a sexual organ. It's just, in the end, it's convenient. It takes off a lot of responsibility from him [laughing]. You know, but he does a lot of other things with her. And I feed her. He feeds her solid food today all the time. Sits with her and reads her stories at dinner. So maybe I should ask him, but I don't think he feels he misses something in the relationship with her. You know, he still has baths with her and was sleeping with her and cuddling with her when she was little.

Ilana: No, I don't mean to bug or anything, it's just from things I know from other places and my own experience as a long-term breastfeeder a lot of times I got that perspective that pulling out a boob for everything doesn't leave much room for other things in the relationship with dad.

Teresa: I don't know. With us, it's the other way around somehow. A lot of the times because I am so accessible to her, a lot of the times she prefers dad. When she's sad or angry or tired most of the time she prefers dad. I think that because I'm so accessible then it's more exciting to get dad. Since she was little. I'm going to ask him [laughing] I went to a much more abrupt direction than your question.

Ilana: If it's a part of your experience I want to hear about it.

Teresa: No it's not like this is a part of my experience, it's just, in feministic circles and on the Internet I read this discussion about the right to be sexual. My right to decide that my breast is a sexual organ and also a nourishing organ. And the legitimacy of every woman to decide what it is for herself. You know, after three years of breastfeeding, my boobs don't feel like anything remotely sexual [laughing]. They have a distinct purpose, but you know, even before that I wouldn't go with a bra for example, and it's not something I would walk around and tell myself "hmmm these are my boobs" and today for sure

but what's funny is that it shows me I didn't even think about it at all.

My conversation with Teresa shows how a question can be interpreted in such different ways and have different answers depending on the context and specifically how the question of exclusiveness under both interpretations can be framed within a larger discussion of feminism and embodiment. This fragment of conversation also illustrates the connection between the different research questions and their applicability to both frames of interpretation. In my discussion with Teresa, research question one concerned with the embodiment of breastfeeding becomes intertwined with research question seven which is concerned with social and cultural influences such as feminist perceptions. Through the embodiment of breastfeeding, and the conceptualization of boundaries between bodies, the need to pay close attention to nuances and relational exchanges is highlighted as well as the need to acknowledge the broader systems and forces in which such exchanges take place, such as perceptions concerned with the proper use of the breasts.

Almost all participants indicated that their partners are very supportive of their breastfeeding. When breaking down their comments, however, a slightly different picture emerges. During the interview with Emily, she was in one room while her husband was with their baby in the other room. While we were talking via Skype, Emily was interrupted by her husband several times, and a small, in-between conversation provided a brief glimpse into the nature of the interaction between them around caregiving.

Emily: And the days passed by, excuse me {talking to her husband}, excuse me for a second, I'm switching here {Her soother is there} so I kept breastfeeding like I said she was cluster feeding, ahh no she had ah no she had.. ahhhh {WHAAAAT? It's there on the dresser}

Ilana: It's all right. Do you want to hang up and?...

Emily: No no just one second, one second [pause for her to switch rooms] [saying quietly] I love my husband but one second to stay with the child it's... [laughing]

This fragmented conversation is not breastfeeding related per se, but can be telling of breastfeeding-related situations. Despite this side remark, Emily described her husband as very supportive of breastfeeding, especially when she referred to the first few days when she was not strong enough to hold her baby to nurse her. He held her baby for her and was there with her the whole time.

Yvonne's example offers another point of view and reconciles the different takes on exclusivity just mentioned. Yvonne acknowledged the limitations sometimes inherent to breastfeeding and described a few different cases. On the one hand, there is the sense of accomplishment she felt related to breastfeeding. She also contrasted her sense of accomplishment with the stories of those who could not breastfeed. She talked about her husband who suggested bottle feeding be included in feeding schedule, and about a friend who could not breastfeed.

breastfeeding is very available and very powerful and it's also a very pleasant feeling. You know, I never thought about this but also for the mom, this sense of accomplishment actually gives the mom a feeling that I have something I know can calm her down. I also think it delayed the bonding with the dad a little. I think that when breastfeeding unravels, the dad can come into the picture more and I also remember, with my older one, my husband really wanted to give a bottle because he wanted to also have that experience of "nursing" [laughing] of giving food. It's an incredible thing for me. I have a friend that breastfeeding didn't work for her. She gave birth twice and didn't succeed breastfeeding and today she's very anti, in terms of being anti to this encouragement and push toward breastfeeding. And to me, it comes from a place of hurt, something very basic that she wanted to give and it wasn't possible for her. I really think there needs to be openness and a possibility for every mom to choose what's right for her. I have a friend who says "I can't stand it when someone touches my breasts. It makes me mad. It annoys me. It's nerve-wracking." I say – OK maybe for a mom like that it really is not a good fit, it's not pleasant for her. But to me, it's something so amazing, the possibility, also physiologically.

By offering these contrasts, Yvonne highlighted another side to the complexity embedded in breastfeeding, which is the side of those who want to but cannot participate for various reasons. Being able to participate or being excluded from feeding can generate different emotions for different people.

The ability to participate in the basic act of feeding can also have implications for other aspects of caregiving. Through these considerations of exclusivity in breastfeeding, it is possible to gain insight into the experience of being supported in breastfeeding (Q5) or experiencing breastfeeding as limiting and challenging (Q6). The women's stories in this section indicate that it is possible to feel supported and limited or challenged all at the same time. For Teresa, being the only one who feeds did not mean being the only caregiver. Unfortunately, the same did not apply to Emily's situation. And within that array of possibilities, there was also the option to choose a different feeding technique to include the other parent (Yvonne). Acknowledging all these possibilities means acknowledging the complexity that is built into the realities of breastfeeding.

5.2.5. The partner

Ambivalence and complexity are recurring features of the division of labor between parents. Specifically for Emily, breastfeeding was the breeding ground for inequality in the division of labor between herself and her husband.

I think my husband was a little jealous of the connection between me and my daughter through breastfeeding and used it as an excuse sometimes: 'I can't calm her down. She wants to nurse. You come.' Or like 'She can't sleep. She needs to nurse' – that's not true. She can sleep. It makes it hard. Very hard. Because at night, too, I'm the only one who gets up for her because I'm the one with the boob but, then again, there's this amazing connection.

Emily's story is just one of several illustrations that surfaced throughout the interviews on what was referred to by Hausman (2004) as a reproductive burden "proclaiming an equality with men that mandates the ability to act as men in the social sphere (that is, to be autonomous individuals without physiologically dependent others) is to impoverish our expectation of what sexual equality should be" (pp. 280-281). Contextualizing breastfeeding as a reproductive burden, Stearns (2013) further explains that

Compared to other routine care activities of early babyhood (changing diapers, bathing, rocking, etc.), breastfeeding, which typically occurs about every two hours during the early weeks, is arguably the single most time-consuming task that mothers perform in the first months of a baby's life, and it is the only task that is not shared with others. Breastfeeding requires the maternal body to be available for intensive mothering to be accomplished. (pp. 361-362)

Emily's story of her beginning as a breastfeeding mother is an illustration of just that – a half-naked woman, with a cluster-feeding biting baby who never leaves her bosom, and with a partner who quickly returns to work and is unavailable (or unwilling) to take part in the new situation and participate in the baby's care. Emily's experience is complex in that she is ambivalent in being both frustrated and tired, but also grateful for the opportunity to give what she thinks is best for her child.

More on the role of the partner within the participants' breastfeeding practices came from Molly's stories. Molly's husband, on the one hand, was happy she is breastfeeding and was grateful for not having to feed their child baby formula. On the

other hand, he requested Molly to change their co-sleeping arrangement to include adults only because "he missed that adult intimacy." He did not suggest that she stop breastfeeding. Complexity emerges here in that seemingly supportive suggestion – breastfeeding is good, and Molly was a "good mother" for breastfeeding (Stearns, 1999), yet Molly's husband is unwilling to pay the price in practicing all that goodness (i.e. temporary loss of the way he would like to sleep). Switching a sleeping arrangement while continuing to breastfeed at night means that whenever the baby wakes up at night, instead of just rolling over, nursing, and going back to sleep, Molly would have to wake up, get out of bed, go to the other room, get the baby out of bed, nurse sitting down, try to get the baby back to sleep and only then go back to bed. Given she is the only one who can breastfeed, Molly's husband's suggestion means only one person in that house will sleep through the night, and that person is not going to be Molly or their child.

This longing for the pre-baby adult intimacy Molly's husband desires may also be rooted in the way breastfeeding (as an interembodied practice) is perceived as a threat to their spousal connection. This is consistent with Stearns's (1999) dichotomy between the "good maternal body" and the sexuality of women's bodies: "[t]he sexual aspects of women and the maternal aspects of women are expected to be independent of each other. Thus breastfeeding raises questions about the appropriate use of women's bodies, for sexual or nurturing purposes" (p. 209). Molly's husband's suggestion reveals that he, too, like many great philosophers and writers, found this distinction challenging. Additionally, the idea of breastfeeding in bed resonates with other, more provocative, ideas, as was suggested by Young (1992).

I went to bed with my baby. I felt that I had crossed a forbidden river as I moved toward the bed, stretched her legs out alongside my reclining torso, me lying on my side like a cat or a mare while my baby suckled. This was pleasure, not work. I lay there as she made love to me, snuggling her legs to my stomach, her hand stroking my breast, my chest. She lay between me and my lover, and she and I were a couple. (pp. 88-89)

Given that the distinction between the sexual and the nourishing breast is a challenging one for many, Molly's husband could have also been jealous of the continuous reassignment of Molly's breasts. As the current work does not go into the depth of

sexually-related issues concerning breastfeeding this is but speculation, yet this potential jealousy further positions breastfeeding as a complexly lived experience.

Molly's and Emily's stories are telling of the hidden fees of breastfeeding. Labeling these two private situations as cases of reproductive burden may seem like an exaggeration at first because they can easily pass as a spousal disagreement or unmet expectations. They can, however, also be viewed through a broader lens of framing them as a form of reproductive burden. Addressing the experience of breastfeeding through an ecology of systems reminds us that breastfeeding does not happen in a vacuum and gender roles do factor into the ways breastfeeding is experienced within the private sphere of the spousal connection. Being the only one who wakes up at night, numerous times, carrying a tired body for days, weeks, months, and even years, registers in corporeal and visceral sensations. Being tired, frustrated and ambivalent, anxious at the thought of one more sleepless night, all the while carrying out the other adult-life responsibilities of working full-time, driving, cooking, and grocery shopping, and taking note of your chosen life partner's uninterrupted sleeping patterns, can pose major challenges to relationships. Marital tensions over the way the reproductive burden is shared (or not) find their ways into the physical manifestations of the marital relationship, as can be suggested by what is implied by Molly's husband's wish to have an 'adult-only' area once again. The anxiety and anger register physically in muscle tension, frowning faces, fake smiles, and ongoing burdening mental calculations over who gets to sleep, when, and how much.

A similar take on the division of breastfeeding labour comes from Bartlett's (2000) story of the painful breastfeeding experience she has had, all the while her partner sleeps uninterruptedly in the same room with her. It may be true to think there is not much he can do. She is the only one who can breastfeed. But emotional and social support are also important, and it is hard to be socially or emotionally supportive when one is asleep.

I remember (another scene) nights sitting up in the dark breastfeeding through the pain of – bad positioning? unfamiliarity? soft nipples? – chanting to myself 'big strong nipple, big strong nipple' with tears quietly streaming down my cheeks, thinking 'this is the pits. It cannot get any worse'. As the pain becomes more intense through the night, I decide not

to remain quiet but to vocalize the pain on each breath, making primitive animal-like groans while my daughter drowsily attaches and my partner sleeps on noisily beside me. (p. 180)

The discussion of ambivalence within the spousal connection, in the context of the costs of breastfeeding, addresses research questions five and six exploring breastfeeding in terms of support and challenge. The women's stories shared here show that sometimes seemingly "supportive" suggestions contribute more to breastfeeding's challenges than to feeling supported. These transparent exchanges, relational synergies, and asynchronous matchings (Smith & Lloyd, 2019) are what Lloyd (2018) proposed we should address in unravelling some of the many issues contemporary women face. They are subtle. These were no clear cut cases of lack of support or encouragement. Breastfeeding is framed as the "good" thing "good mothers" do, and practicing it is appreciated. It is only when reading between the lines of otherwise "helpful" suggestions from a spouse, someone considered an ally, that complexity emerges.

Thus far, I have reviewed in this chapter the meanings and complexities breastfeeding has had for the women I interviewed: the physical sensations of pain, suffering, satisfaction and pleasure. These women provided glimpses into their personal dilemmas and choices concerning the way they share (or not) their parenting responsibilities with their partners, their sleeping arrangements and what is implied in terms of the sexual aspects of their spousal connections. Complexity emerged from the need to reconcile conflicting sensations and attitudes continuously, such as self-doubt and a strong wish to do what one sees fit, or when experiencing pain but managing to carry on despite it because it is believed that the outcome justifies the pain. In that, the discussion so far sheds light on research questions five and six concerned with support and challenges.

5.2.6. Breastfeeding logistics

I now discuss breastfeeding-related complexities with reference to the women's everyday lives and routines, thus addressing research question four concerned with breastfeeding logistics. Each participant had to balance different considerations and factors in her own unique circumstances. This is in line with Shmied and Barclay (1999),

who claim that baby-feeding decisions can be more complex than they seem at first blush.

women's decisions regarding infant feeding are complex, related to their health, the health of their babies, the needs of other children and family members, living conditions, and other demands on their time and energy It is argued,....that most research fails to acknowledge the interdependence, interaction, and complexity of the total breastfeeding experience, issues of social class and ethnicity, as well as personal experience, are often lost in accounts of the health advantages of breast milk, the influence of multinational companies marketing breastmilk substitutes, and the portrayal of breasts in society. (p. 325)

More recently, Cavanagh (2020) elaborated on the ways complexity can emerge in breastfeeding. She highlighted the importance of acknowledging the physical burden breastfeeding introduces, which is relevant to the way breastfeeding is practiced in day-to-day life.

For many women, breastfeeding is not an empowering act. Low milk production, engorgement, and mastitis are just a few afflictions that can undercut a mother's confidence and produce anxiety. For some women, breastfeeding triggers memories of childhood sexual abuse. We must also recognize, honour, and respect that breastfeeding is physical labour: the average baby feeds every two to three hours for about fifteen minutes per feeding, amounting to about two hours of feeding or pumping a day, every day. (Locations 1905-1915)

Stories of engorgement and pain will be highlighted in the next chapter, chapter six, describing the darker side of breastfeeding. Touching on these aspects of hardship is, however, nonetheless important when considering the complex, in-between, aspects of breastfeeding. Therefore, the participants' stories in the current chapter, chapter five, will also address some of the challenges the women shared with me to demonstrate the complexity that is inherent to breastfeeding. By acknowledging these challenges and framing them in the "gray" area, I also address research question six, which concerns breastfeeding as limiting and challenging.

Yvonne, for example, talked about the little everyday moments of managing two kids, one of them nursing, and trying to prioritize what to do while nursing. The difficulties do not seem so unique to breastfeeding but pertain more generally to having a young family with more than one child. Nonetheless, it is something that every breastfeeding mother with more than one child deals with daily, and therefore should be acknowledged as part of the inherent complexity of breastfeeding.

Organization is more complex sometimes, it does make managing it more difficult, because for example now I'm giving them a bath and then the little one nurses and goes to bed, and now I need to manage during that time the older one too. So I need to fix her up, but the little one needs to nurse. So when there's two of us it's not a problem. When I'm alone I need to sit down and breastfeed and the older one still needs me. It really does make it more difficult sometimes. Most of the times it's OK because you know, the older one is in daycare and because usually, I have my husband's help. It usually works outright. Even if we're traveling and we need to pull over for a minute, it works out. The bigger problem is if I'm alone with both of them and I suddenly need to breastfeed but still be with the older one, who is still little, or suddenly I need to breastfeed and that one needs to go pee-pee. That's a situation in which you really say "OK, so what do I do?" But that's also something you learn. So for a second I disconnect the little one from the breast, and prioritize. Disconnect the little one, attending the older one, you learn. There's no perfect [laughing].

Yvonne shared this glimpse into the everyday life of a breastfeeding mother where breastfeeding does not happen in an empty space. Other kids need attention too and there is a need to plan and prioritize. Yvonne's words indicate how siblings can complicate breastfeeding because mom only has two hands, but Dani's story shows that siblings can influence breastfeeding even if they do not yet exist. Dani shared her thoughts on the possibility of having a second child. According to her, breastfeeding may interfere with her attempts to conceive or it may be unpleasant during pregnancy.

I'm thinking now, thinking all the time, about breastfeeding because I want to get pregnant and I know babies of all kinds. I know babies that stopped nursing in different stages and I know babies that kept nursing throughout, some that stopped and started nursing again after the delivery and I know babies that didn't want to stop and moms couldn't stand it. So all options exist and I'm on the one hand not ready to stop breastfeeding and, on the other hand, very ready for the next child. I'm thinking a lot about breastfeeding these days

Breastfeeding may interfere with pregnancy, but pregnancy may terminate breastfeeding. The physical necessities of nursing and pregnancy may potentially clash, adding to the complexity inherent to breastfeeding. And what if you want both? The

uncertainty regarding the way things will play out is one of the pieces that make up breastfeeding.

Dani's example sheds light on the role breastfeeding plays in family planning. Adding to those considerations, Teresa describes how breastfeeding influences other aspects of family life, such as sleeping arrangements. In Teresa's house, Teresa, her husband, and their daughter all sleep in the same bed together. This sleeping arrangement, as in Molly's house, makes nursing easier because there is no need to get up in the middle of the night. Teresa referred to this arrangement as making her life easier and also suggested it saved her marital relationship.

We're co-sleeping. She's on a mattress adjacent to our mattress. She often falls asleep breastfeeding, but not as much breastfeeding throughout the night. But around 7 am she sometimes rolls over and talks a little and wants to nurse and takes a few sips and goes back to sleep. Co-sleeping and breastfeeding is something I think saved our marital relationship, saved our life in some way, because it made the whole situation of sleep difficulties and waking up at night to breastfeed easier. She just rolled over to me. Really from a few weeks old, she would come to me, breastfeed and we would both continue sleeping. There was no waking up, no white nights.

The description of this situations sounds very positive in finding an arrangement that works for everyone. But if co-sleeping "saved their relationship and life," it implies something needed saving. The interview does not go into the details about the decision to switch to co-sleeping but perhaps it is possible to infer that, before that, things were more challenging. It is also possible to infer that the difficulty revolved around breastfeeding if breastfeeding lying down "saved" something. Teresa's and Molly's examples are telling of the ways each family can have different underlying reasons to act in what may seem similar ways on the surface. Understanding that different reasons can lead to similar outcomes sheds further light on the complexities of breastfeeding and also addresses research question four regarding breastfeeding logistics. Breastfeeding requires specific logistical considerations which may manifest similarly or differently in different families. The main point is that breastfeeding takes time and space and these necessities should be acknowledged.

5.2.7. The extended family

Breastfeeding can also be a meaningful component of the relationships women have and have had with their families. Their engagement with breastfeeding is

contextualized in present events and relationships, but also within those of previous generations and in the assumptions inherited from their immediate family. Dani, for example, shared her perspective on breastfeeding in the context of her mother's unsuccessful attempts to breastfeed.

I knew my mom tried to breastfeed the four of us and didn't succeed. My mom, in the first pregnancy, had a severe complication and after that, it was three electives C-Sections. Breastfeeding after an elective is difficult. I knew she tried. Breastfeeding was always considered good in our family.

Dani's acknowledgment of her family's history in the context of breastfeeding adds another layer of complexity for her. On the one hand, breastfeeding is perceived as positive. On the other hand, it is not an easy task to accomplish since it may not go smoothly or may depend on medical considerations. Similarly to Dani, Rylee shared how her family's history and background influenced her parenting choices, breastfeeding included.

My youngest sometimes reminds me of my brother. Things like feeling deprived. My brother when he was little was like "No fair! What about me?" and that "Not fair!" moment stayed with him all through life. Because really, no one ever took him seriously when he was little. And with my youngest I'm trying not to be like that, because no child deserves to not be acknowledged. To be dismissed. So I see my son complaining that he deserves things too. Anything that my daughter gets, he says "What about me" and he's saying that even though he's not talking yet. When he sees my daughter nursing he wants to nurse too. It was very important to me to not have any discrimination. Balancing the two of them was something my parents didn't know how to do. It's very important to me that they won't be jealous of one another in anything I can control. And if that means that when my son was born and they took me from the delivery room to the ward in the elevator my daughter was already on me nursing that means that when I got to the ward the nurse was saying to me "I see you're going to be with both of them". And it was like a joke and it was extremely amusing but, yes, they both nurse and if in the morning they are waking up at the same time, and they do because they wake each other up, they nurse at the same time, each with his/her own boob. But I really try to not say "you can't now cause now it's your sister, or you can't now cause now it's your brother."

The women's stories reveal that the complexity built into breastfeeding does not suddenly appear with the baby, but rather is that into which the nursing baby is born.

The discussion of breastfeeding's familial context further addresses research question two concerned with attitudes and expectations, highlighting how prior takes on

breastfeeding find their way into the day-to-day lives of nursing women. Issues originating from their parents and from childhood, and the attitudes their partners hold, all played a role in the complexity of the experience of breastfeeding and the relations between the breastfeeding women and people close to them. Some, like Rylee, used breastfeeding as an opportunity to make amends for what she perceived as inequality in her original family. Others like Dani told of how breastfeeding is perceived as “good” (Hays, 1996) and “natural” (Fitzwater Gonzales, 2018) yet is not easy to perform and may even be seen as disgusting. These are illustrations of how deep and wide the experience of breastfeeding runs. The complexity embedded within breastfeeding does not start after the baby is born, but exists temporally, contextualizing the participants’ experiences within their familial histories. Such temporality of breastfeeding also relates to a broader sense of temporality in parenting.

Children’s needs are relentless and never ending. This can cause time to take a peculiar character – disordered and anarchic. The days are long, but the years are short. On top of that we are in suspense: Who will our children be?...The newborn’s stare seems to hold ancient wisdom and judgment. The toddler’s tantrums anticipate the teenager. When the future arrives, it echoes the past. It was only yesterday that they were starting school. A baby picture reveals the older child’s recognizable expression. Past generations resonate in their faces, bodies, choices, and dispositions. Yet, to them, their infancy and early childhood seem like an abyssal history; the years before their existence, mythological. (LaChance Adams & Cassidy, 2020, location 100)

Framing breastfeeding as a complex experience that also has this temporal dimension resonates with Simms’s (2009) conceptualization of breastfeeding and its ecology – through the practice of breastfeeding we share with our offspring what we got from our parents and grandparents. Simms’s focus was tangible in her referral to the milk that is consumed and all the substances in it, yet we can look at this from a metaphorical ‘ghosts in the nursery’ perspective and see how, through the practice of breastfeeding, we give our children what we got from our parents in terms of meanings, expectations, attitudes, and values attributed to different behaviors and practices, breastfeeding included.

Considering breastfeeding's ecology and temporality also touches slightly on what Bronfenbrenner called the "Chronosystem" encompassing "change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives" (Bronfenbrenner, 1994, p. 40). The term Chronosystem, however, is not a perfect fit with the above-mentioned description since I am referring to each woman's personal and familial history and not necessarily to broader historical changes in their environment.

5.3. Breastfeeding within the mesosystem

5.3.1. The community

I will now address research questions three concerned with social context, as well as research question five referring to support, by examining the next layer of socialization, namely, community engagement where it seems complexities exist as well. Molly shared her mixed views on online mothers' communities. On the one hand, she appreciated the sense of community that has emerged through her participation, but on the other hand, she felt these groups offer extreme views and, as such, may have unwanted influences on her parenting views. Molly said such views had shaped her opinions and attitudes in an unpredictable way, making it difficult for her to trace which of her practices were "hers" and which were "foreign."

It's extreme, the things you hear on social media. A lot of good things but many times these are very powerful voices on how to raise a child. Not only how to breastfeed. How all parenting should be. When you hear something so many times it sinks in and it influences you. But sometimes things I hear there from women in online groups, I think it's disturbing, so I'm saying - who knows how that influences me, these things that women say again and again and again and again. I had a specific difficulty with breastfeeding then a friend said "Come I'll connect you there, because they can help you" and they really did help with a lot of things, but once I'm there it's also being exposed to other things. It's a snowball of creating a whole community that suddenly we have our online community and we had a thing on Saturday and "I just wanted to breastfeed properly" but then suddenly it's my real life with these people around and it all started there. Everyone finds it in a different way because if you search for it you find it. Something had to be broken for me to find that and then suddenly I'm this girl who breastfeeds a two-year-old and that wasn't planned.

Molly's take on her emergent breastfeeders' community demonstrates the ambivalence she felt concerning her involvement and the support she received, thus demonstrating

that one can be very appreciative yet suspicious and skeptical at the same time about the same issue. This multifaceted view regarding her social support system is another part of a complex experience. Labeling something as “complex” (from the French *complexe* and the Latin *complexus*) carries the meanings of “to entwine, encircle, compass, infold” or “a surrounding, embracing, connection, relation.”; see Simpson et al., 1989). It implies something being comprised of different, entwined, relational, and connected parts. When something is labeled as “complex” it is important to keep in mind that it is made of various elements, and these elements are interrelated or relational to one another, interacting and influencing one another.

Framing social support via social media as “complex” means acknowledging the multifactorial qualities such support may have. This framing of social media as “complex” acknowledges the ambivalence social support outlets can sometimes trigger. Such ambivalence can be experienced as appreciating the support and the opportunity to find similarly-minded people, being happy about possibly receiving emotional support, but knowing that perhaps everything should be taken with a grain of salt, and being skeptical of those peers’ epistemic authority, or at least questioning their motives. As Molly’s ambivalence demonstrates, it means that seeking help and support can pose a challenge even after you find it.

5.3.2. Extra-familial matters

In previous sections I discussed women’s stories illuminating the weight breastfeeding has on family-related decisions, such as sleeping arrangements and family planning, thus addressing questions concerning logistics. In this section, I address another aspect of breastfeeding-related logistics revealing the way breastfeeding influences matters external to the family, such as professional development and employment. The discussion of these areas of life illustrates how breastfeeding can indirectly influence the family’s financial means and possibilities, adding to the inherent complexity breastfeeding women experience.

Teresa, for example, had to decide what would be her school load, with breastfeeding playing a significant part in that decision. Because her school work requires her to take prescription drugs for ADHD (Ritalin), and the safety of Ritalin with breastfeeding has not been studied enough, any decisions regarding school had to also take into account breastfeeding. Combining breastfeeding with medication required

planning that perhaps otherwise would not have been necessary. After considering all the variables, Teresa decided to take only one course per semester and not take any courses during the summer term. Teresa reported the decision to limit her school load was not only breastfeeding-related but more parenting-related. Yet it is clear that the need to combine breastfeeding with medications introduced a whole new set of considerations that are irrelevant to a father or a non-breastfeeding mother in a similar situation.

Teresa: I was diagnosed at an early age with ADHD and I very much enjoy my academic studies and now I'm trying to complete my degree and Ritalin is a drug that there's a lot of uncertainty around breastfeeding because it's a drug category that there's not enough research about so it's actually limiting. I took a very long break from school when she nursed in shorter intervals and only recently I went back to school because, after researching the matter, I learned that when there's a break that's longer than four hours, the type of Ritalin in the specific dosage I take is not really a problem. I don't take Ritalin unless I have to study for an exam. It seems very positive to me that I reduced my dependency on it because of breastfeeding. Now that I only have 3.5 courses to finish the degree I tell myself "I can do it all at once and finish with it" or I can stretch it and do one course per semester like I'm doing now and spend time with my daughter which is what I've decided to do. I don't take classes because I want to be with her and take her traveling and swimming in lakes and if I was doing an intensive year of school I would finish it but I would miss a whole year of my daughter's life which I don't want to do. It's not related to breastfeeding, but maybe thanks to Ritalin it made me make a conscious decision

Ilana: It made you decide?

Teresa: I really enjoy school and I'm a really strong advocate of a natural approach and avoiding medication usually and a vegan and all, but Ritalin to me is a life-saving medication. It is something without which I wouldn't survive many things in my life. And for studying I need to sit, take immediate-release-form Ritalin and sit four-five hours and study. And after it wears off, my concentration, I can't just sit and study. It's not something I can do. It requires constant planning because I need to know that if I'm going to take Ritalin then I have to eat breakfast because Ritalin suppresses appetite. I need to take it at a certain time and know that at some point it will wear off. And with the breastfeeding, it's just a part of it. But the thing that I need to separate breastfeeding from Ritalin made me engage in a more long term planning that's related also more than to Ritalin to calculating it and understanding that also within this I can't take four classes in one semester which is something I

might have been able to do if I was taking Ritalin every day and sit five hours every day and study but if I want after these five hours to breastfeed my daughter and have fun with her. I also prefer not driving after taking Ritalin. I prefer being with my daughter and being available to her and enjoying this time in her life. And inside that, Ritalin and breastfeeding have helped me understand [this form of] planning.

Teresa's thought process around professional development, parenting, breastfeeding, and medication, captures how motherhood in general and breastfeeding in particular are multifaceted. On the one hand, there is the drive to continue professional and scholarly development, but that drive conflicts with the restrictions imposed by breastfeeding. This conflict also dictates a conscious decision to choose one or the other and be more planned about the rhythm in which things are progressing. Teresa prioritized breastfeeding and free time with her daughter, but someone else may have prioritized school work and decided to stop breastfeeding altogether. Either one would have been a legitimate decision but the need to actively choose one or the other can become a dilemma.

Similarly to Teresa, Yvonne also engaged with breastfeeding-related planning. In the next example, she described having two conflicting wishes – one was to continue breastfeeding on demand and the other was to go back to work and put her child in childcare.

That's my indecision about how to organize things. On the one hand, I very much want to continue breastfeeding, on the other hand, I want to go back to work and put her in childcare and that would obviously harm breastfeeding. I've been breastfeeding on demand since day one. It's a type of a decision in an array of considerations; by the way, moving to Canada was one of them. I'm guessing that if I was in Israel, it would have seemed different because I would go back to work sooner. So moving to Canada, for all its complexities, actually enabled the continuity of breastfeeding.

Yvonne was not the only one to struggle with the conflict between going back to work and breastfeeding. Emily had to go back to work when her baby was only four months old because of the very short maternity leave in the USA, but was nonetheless determined to continue breastfeeding. She pumped milk 2-3 times a day, even when at work, to make sure her baby fed on breastmilk while at daycare. This arrangement was not an easy one to manage and, in that, it sheds more light on how breastfeeding can complicate other aspects of life.

At around her 4 months, she had to go into childcare. Unfortunately, maternity leave is a joke and I was very worried. I said "what will she do? She's attached to the boob all day" I also said "I will try to space out the hours" and to feed every three hours. I even nursed every 4 hours. She was never a fussy child when she was hungry. When she was hungry she never cried for food. And then I said I have to make sure she has milk for childcare. So I started pumping and I pumped and that was also hard. Very hard. At first, the milk hardly came and I wasn't skilled and it hurt, but I said "I'm insisting. I'm not quitting" and even today, she's 10-and-a-half-months and I pump three times at work, almost 20-25 minutes each time. I take the computer to the office, I work while I pump and I tell them – it is what it is. And in childcare, they give her bottles.

Emily's story offers another solution to this ill-structured problem of balancing work-life with family-life. Like Teresa, Emily had to think about how to combine her professional life with the demands breastfeeding introduced. Unlike Teresa, however, she either could not or would not put things on hold, so she found another way – pumping. Having more than one coping strategy for the situation in which she found herself indicates that one size does not fit all and each woman negotiates her own way to accommodate breastfeeding in her life. The complexity emerges in the way Emily worked with the constraints she had yet could still give her child what she thought was best.

In the context of breastfeeding logistics (Q4) (i.e. day-to-day routines, everyday life events), the complexity of the situation emerged as the participants opened up and explained their decision-making processes, elaborating on the weight breastfeeding had on their decisions. These snapshots into their decisions show that they are not only “personal choices.” Decisions have long-term financial, social, and professional implications for women who breastfeed. The factors contributing to nursing women’s decisions concerning education, work, or professional development are also grounded in literature arguing against framing breastfeeding as “a choice.”

According to Lee (2018), “[c]hoice is too limited a model for describing infant feeding decisions because it assumes an autonomous subject without recognizing the social, cultural, and economic constraints on feeding children” (p. 20). Lloyd (2018) also points to the problem of framing breastfeeding as a choice and criticizes those who equate “good mothers” with breastfeeding mothers. Framing breastfeeding as a personal and private choice made by each woman individually ignores the social, cultural, and legal issues women may face. External forces influence available opportunities while

also deemphasizing challenges, thus framing each woman's difficulty as private. These considerations move the discussion from the participant's mesosystems to the macrosystem where broader, written and unwritten rules, regulations, policies, and social norms influence the experience of breastfeeding.

5.4. Breastfeeding in the macrosystem

5.4.1. Breastfeeding in public

In this section I discuss women's stories of their breastfeeding practices in a context of broader social, cultural, and geographical factors (Q7). I start by reviewing stories of breastfeeding in public. Feeding a baby or a child from the breast outside the home may sound like a very straightforward thing to do and yet the participants' experiences of breastfeeding in public reveal a complex reality. Dani, for example, talked about how comfortable she felt breastfeeding in public. She described a few occasions of breastfeeding in public and indicated that while she detected subtle cues of discomfort from some around her, she felt protected by the law and free to breastfeed in public whenever she saw fit.

On Thursdays we go to Costco and she was teething. She was really miserable and was drooling a lot so I pulled out a boob and nursed her. So I'm holding her. Now she's big, you can see she's a toddler and not a baby. And I'm with her on my breast and I see people looking and no one is saying anything. I'm telling you if anyone says anything I sue their ass off. And it's so wonderful and great because it's not only that there are laws that prohibit any comments but it's also that these laws, on the one hand, enforce something and on the other hand they attest to something that exists. When she was very very little, at a few months, and only nursing, we were at a picnic. And there were two older women there and you know way back only poor women would breastfeed. It was a class thing. It was a thing in the 60s and 70s when formula went into widespread use and we were sitting and eating and I started breastfeeding her and the two older women got up. And they did it politely. They excused themselves and it was clear that it is very inconvenient for them. But they would never ask me to leave. It's so fun that I'm in the US, so my breastfeeding experience is very good with respect to that too. The environment is very respectful.

Dani's story of breastfeeding in public might seem positive in tone, yet it is also possible to claim that if a law is required to make someone feel comfortable and protected, especially with something so basic as feeding a child who only feeds on breastmilk, perhaps greater issues are lurking. In a perfect world, a breastfeeding mother would feel

completely safe even without legislation and the possibility of filing a lawsuit. If Dani's level of comfort depended on legislation it may indicate that the social and cultural context is not all that respectful and accepting.

Lack of social acceptance and inclusion are reflected in one of the stories Teresa shared. Teresa talked about someone she knows who confided in her, telling her she's still breastfeeding an older child but not in public because she is concerned about being criticized. Teresa wondered out loud about her future as a breastfeeding mother and about the decision to breastfeed (or not) in public.

I was in a public pool with a mom of a three-and-a-half-year-old I know from playgroup and I breastfed my daughter in the change room. She told me in secret that she's still breastfeeding, but she doesn't breastfeed in public because she's scared of criticism about nursing an older child. I remember that it was when my daughter was two-years-old and I told myself "What, I'm going to do that too? I'll have to hide?" I'm thinking out loud now, I'll have to stop breastfeeding her in public because it's unacceptable but maybe she's also less nursing now so I don't run into that, but I'm still breastfeeding her anywhere when she wants to. If we are in a playground, I breastfeed her, sometimes carry her on the way back from the playground and sometimes I hold her almost like a baby and she suddenly wants a sip from the boob on the way home from the playground. I don't know when I'm going to stop breastfeeding I don't know if I'm going to breastfeed her in a year, will I still do that? [laughing] Probably yes. As you can see, my guideline is what will be will be. Hope for the best.

Teresa's thought experiment further frames breastfeeding in the public sphere as complicated. Nursing in public is perhaps acceptable when the baby is very small (and only because of legislation), but not when the child is older. Her reflection on her peer's experience is neither positive nor negative, yet it demonstrates that the decisions concerning if, where, how, when and until what phase to still nurse your child in general and in public in particular are not simple ones. Such decisions are influenced by many (sometimes conflicting) considerations. Ma (2020) spoke of the irony in the conflicting demand to breastfeed your child (because 'breast is best') along with the pressure to not do it in public.

One of the greatest stressors for nursing mothers is having to breastfeed their infant in public. Some mothers are ostracized for whipping out their breasts while nursing, and others are told to nurse their infants in public bathrooms....I was initially self-conscious about public nursing but experience (e.g., a screaming hungry baby) taught me to nurse quickly and

efficiently. I also became bolder in asking complete strangers if they had space for me to breastfeed my baby because I refuse to use a restroom to do so. I even had a snarky reply in mind if anyone made the grave mistake of asking me to nurse there. I look forward to telling people that I would breastfeed my child in the bathroom when they were ready to eat their meal there. (locations 3562 – 3572)

Dani's, Teresa's, and Ma's (2020) breastfeeding-related instances and decision-making were within North American society and culture. But what happens if you land in a new place, with social and cultural norms you do not know yet, not knowing what is acceptable and what is not? Yvonne's story sheds light on such a scenario.

In Canada I find that the experience of breastfeeding is much more convenient because in Israel I used to hang around with the annoying nursing apron all the time and here I feel much more comfortable. First, [Canadian women] have this technique that they lift the shirt not from above but from below and then it's less obvious and because I saw that there are mothers who nurse more outside there's a much more pleasant feeling in the public space. Also there are always nursing rooms and family rooms in all the malls. In Israel you sometimes get to this disgusting place you don't even want to touch anything and you definitely don't want to breastfeed there. So say here I stopped using an apron all together. I put it [aside] and I have no idea where it is. In Israel, I was connected to that apron. I wouldn't move without it. Here you can't even buy that. I haven't seen it.

Yvonne's story shows how something so small as a piece of cloth can symbolize a huge cultural difference in acceptance and inclusion of nursing women in the public sphere. This snippet of experience falls under the "Gray Areas" section since it demonstrates the ways culture and geographic location contextualize and even determine the living experiences of breastfeeding (Q7). As with other cultural traditions and practices, breastfeeding is subjected to local rules of conduct. Yvonne also shared the beginning of her Canadian breastfeeding experience, telling of the cultural shock she went through.

I was breastfeeding, with an apron, by the way, I was sitting, we were in this temporary apartment downtown and a cleaner just came to clean the apartment as I was sitting with the girls down in the lobby and my daughter was hungry so I took out the apron and I breastfed her and the building manager came and told me "What are you doing"? and I told her "What do you mean?" and she said "Are you breastfeeding?" so I told her "Yes" – "Are you breastfeeding there under the apron?" so I said "Yes" so she said "No, there's no breastfeeding here. It's not allowed" so I told her "What do you mean "not allowed"" so she said "No

breastfeeding here. Not allowed. These are the rules of the building" So I was very surprised I told her "But I can't go up to my apartment. What am I supposed to do?" so she told me "No. Breastfeed only at home" so it was like this experience of – WHHATT? Like, wait? I was very offended, but after that, I realized that it's a very unusual incident. I understand there's this law here that you can't legally comment to anyone about her breastfeeding. Is that true? Is there such a thing here? Because I told this to someone here and she told me "Really? you can sue" they are very careful because in general, you can't comment about breastfeeding. I don't really know, but let's say that really it was a very unusual case let's say it was her and not something Canadian.

For Yvonne, this was a very unpleasant event. Her story once again demonstrates how the subjective experiences of breastfeeding feeds off relational exchanges while depending greatly on social and cultural contexts.

Yvonne and other participants' stories of breastfeeding in public are also consistent with previous work in the field. Breastfeeding in public was framed, for example, as performing "good motherhood" in public by Stearns (1999) and Kalil & Cavalcanti de Aguiar (2020). It is important to consider that such 'public performance' puts the maternal body center stage with each body having its own characteristics, its own shape, color, and size, and its abilities and disabilities. Such consideration add to the mix the necessity to take into account issues such as stereotypes, racism, and prejudice. In the context of the size of the breastfeeding body, for example, it is consistently shown that obese women have less positive breastfeeding outcomes compared to normal-weight women. O'Sullivan, Perrine, and Rasmussen (2015) found, for example, normal-weight women to be significantly more likely than obese women to exclusively breastfeed at one and two months postpartum. Hauff, Leonard, and Rasmussen (2014) found that the physiological characteristics of women with higher BMI (Body-Mass Index) could not fully explain the relationship between obesity and less positive breastfeeding outcomes. These findings suggest, unsurprisingly, that the act of breastfeeding and the possibility of positive breastfeeding outcomes, cannot be reduced to or be fully explained by biology and physiological markers such as BMI. Other factors weigh-in to play a significant role in women's decisions and opportunities to engage in such an embodied commitment. In other words, some bodies are more 'privileged' than others in the context of baby-feeding, and not on a mere biological grounds. When considering the embodiment of breastfeeding within an ecology of social and cultural norms of what is the "right" size of a body, it becomes clear that women can feel ambivalent toward the message "breast is best." Such conflicts can arise since it is not

enough to have a lactating pair of breasts. That pair of breasts has to belong to a body not exceeding a specific size. How can breast be best when women of certain sizes experience breastfeeding so negatively because of reactions to their weight or size?

Additionally, the discussion of breastfeeding in public further touches on the question of the appropriate designation for breasts – are they sexual, for nourishment, or both (e.g. Young, 1992; Stearns, 1999)? Brigidi et al. (2020) discuss the judgment assigned to breastfeeding in public, breastfeeding after a certain age, and the use of nursing aprons and washroom-like nursing rooms. According to Brigidi et al., such breastfeeding props are indications that breastfeeding in public is, in general, frowned upon.

If women continue nursing beyond the baby's first year, their breastfeeding practice becomes a social taboo, and mothers are judged accordingly. These views are made clear through the existence of special outfits made for discreet breastfeeding – for instance, tops and covers that hide both the baby and breast. The existence of private baby feeding spaces inside of restrooms or in special bathroom-like rooms reinforces breastfeeding's marginal position. (location 1252)

Lee (2018) unpacks some of the issues concerning breastfeeding in public, including social media and public reactions. She points to indicators of public opinion in depictions of breastfeeding in social media, or breastfeeding practiced in public by social figures. She talks about the contrast between the push toward breastfeeding on the one hand and policies discouraging the presentation of breastfeeding in public on the other hand (if considering social media as an example of the public sphere):

Despite being heavily promoted by public health campaigns, breastfeeding continues to provoke opposition, particularly when it becomes visible in the realm of public life and workplaces. Many women feel uncomfortable or embarrassed breastfeeding in public, and attempt to hide what they are doing (Public Health England, 2015). Women continue to be barred from breastfeeding in public on occasion (Szekeley, 2014), with nurse-ins being staged in response (CBC News, 2015; Craggs, 2014; Pigg, 2008; Shingler, 2011). A professor who breastfed her child during her “Sex, Gender and

Culture” class sparked wide-ranging controversy (Shipman, 2012). Facebook’s ban on photos of breastfeeding led to years of activism by a global group called “Hey Facebook, Breastfeeding Is Not Obscene” and the #FreeTheNipple campaign, finally leading Facebook to permit photos of breastfeeding, although photos of female nipples in any other context are still banned (Chemaly, 2014; Rhodan, 2014). (pp 5-6)

Rodríguez-Colón (2020) touches on a similar topic when she writes about her visit to the Metropolitan Museum of Art in New York City. She points to the irony of the museum’s visitors admiring the Madonna’s exposed nursing breast while simultaneously scolding a young woman in that same public space for nursing her child.

I noticed a mother nursing her child while cruising through the gallery. She was shortly approached by another visitor – a young woman – who confronted her and advised her to either go to the bathroom or cover herself because it was a public space. The mother, however, ignored the comment and continued feeding while walking. A few steps away from this scene, one could see the painting of *Madonna and Child* [...] in which [...] the Madonna is breastfeeding the child. My intention on this Mat visit was to look at some of the early artistic representations of the Madonna, but as I continued to walk I encountered more similar situations and some questions grew in my mind. What spaces are socially determined for mothers? In particular, how has our society determined the acceptable spaces for mothers’ breasts? How could the same person find the artistic representation of the Madonna (with exposed breast) and the child beautiful, while, simultaneously, believe it’s inappropriate when a mother breastfeeds in front of the same image? (locations 763-773)

The stories making up the current study revealed the participants had mixed experiences of breastfeeding in public (Q7). The stories reveal the strong influence of culture, norms and the law – that is, the macrosystems. Complexity is demonstrated in these stories by the mix of positive and negative aspects. The negativity however was not always apparent on the surface; it was only when reading between the lines that less positive things emerged.

Dani told of how she breastfed her daughter as a toddler in public on several occasions and did not detect any explicit negative responses. She felt comfortable in these situations and explained that her degree of comfort was rooted in having the law on her side: “If anyone says anything I sue their ass off” were her words. The complexity arises when considering that her degree of comfort depended on the possibility to call for legal action to make sure she can act as she does. This is particularly important because the threat of a lawsuit does not hold when it comes to real life. Lloyd (2018) showed that Angela Ames thought the law was on her side but that did not help much. She was labeled a problematic employee, lost her source of income, and probably did not have a positive breastfeeding experience despite or perhaps because of the law.

The unwritten norms and regulations from the macrosystem were apparent in the stories of some of the other women in the current sample. Teresa told of how breastfeeding in public was acceptable when nursing a small baby but not an older child. Yvonne spoke of the role geography played in painting her experience for the better, yet she received negative reactions when she publicly breastfed in an allegedly more accepting place. Both of them talked in terms of the embodied sensations of discomfort they felt, whether hiding or trying to not be seen by others, covering themselves with cloths or occasionally being “told off” by strangers, shrinking, and feeling helpless. It is hard to learn from words about somatic sensations but sometimes, when listening and trying to tune into that feeling of wanting to disappear while in public, it is possible to imagine how a full grown woman feels as she hopes to go unnoticed. It is also possible to imagine the sensations of anxiety or physical stress that this situation may provoke. In that, breastfeeding in public can also be said to be embodied and relational with disapproving nuances or the possibility of them being sensed, sometimes without an explicit cue, and felt deep inside the body.

These unwritten norms were communicated to the participants through their interactions with others and also through social learning opportunities in seeing others breastfeed or not in public. Breastfeeding in public can also be situated as a relational practice because the cues of what is socially acceptable and what is not were communicated through exchanges between the participants and others around them. The inner self-questioning of ‘is it OK to nurse here?’ could have been triggered by the smallest social-relational cue. Are there frowning faces? Is there a random stranger smiling? Maybe someone is saying something? These social cues do not need to be big,

loud, or official to flow from the macrosystem into the subjective experience of breastfeeding.

According to Dani, if you are in the USA, geography and the political affiliation of the area greatly influence the way breastfeeding in public is experienced. Adding politics and geography to the mix of the subjective and relational embodied experience of breastfeeding demonstrates yet again how the array of influences that come from outside are felt from within. As for my take on breastfeeding in public, breastfeeding throughout infancy and toddlerhood in two different countries that are very different in terms of cultural and social norms, I know that the macrosystem can greatly influence the subjective experience of breastfeeding.

5.4.2. Embodiment in a broader context

The participants related their examples and stories to other broader influences and forces, such as big pharma and norms about the female body, in addition to geography and cultural norms. Teresa hinted at big pharma and financial interests concerning breastmilk when positioning her breastfeeding practices within a macro-systemic sphere.

If, for example, I have a Strep infection and my daughter doesn't get it, it's clear that it's breastfeeding. And then I read occasionally about some study that if only it was possible to make mother's milk, to trademark it, and use it as medicine, it would have become widely acknowledged as beneficial.

Yvonne also hinted at these greater forces from a perspective considering her perceptions of her own body. She was happy because breastfeeding enabled her to eat as much as she really wanted to without gaining weight. Her comment situates, socially and culturally, the female body and its size, shape, and weight, by acknowledging that women are always under review to make sure their bodies fit into the "right-size." Young (1990, 1982) argued that women often experience their embodied selves as an "I cannot" rather than as an "I can." Yvonne experienced her newfound culinary freedom positively, but we should also consider the things she did not say. When she said that she can now eat as much as she wants to, it means that she usually has to limit herself. Her "I can" [eat as much as I want thanks to breastfeeding] sensation resonates with a persistent and consistent experience of an "I cannot" (Young, 1990, 1982), thus situating her engagement with breastfeeding as more complex than seen at first blush. For

Yvonne, it may have enabled a new form of embodied freedom, but a freedom that also emphasizes the lack of it to begin with.

The consideration of what a body “can” or “cannot” do also touches on issues concerned with disability and breastfeeding. Andrews, Powell and Ayers (2021) conducted a qualitative study looking into the breastfeeding experiences of women with disabilities. They found women with disabilities encounter difficulties in communicating with practitioners when the practitioners were less trained or less culturally competent in the context of disability. They further found that women with disabilities felt great pressure from practitioners to breastfeed, even when they had medical conditions or were taking medications contra-indicating breastfeeding. Finally, they found women with disabilities may have difficulties in breastfeeding, but it is not clear if these difficulties are specifically related to their disabilities or not. Andrews et al. (2021) concluded that it is important for practitioners to make accommodations in the accessibility of information to women with disabilities (e.g. translating to American Sign Language). They further stressed the significance of tuning into women’s lived experiences of breastfeeding and to the damaging effects inappropriate breastfeeding advocacy may have.

Some women simply cannot breastfeed safely because of disability issues, such as women who have disabilities that are transmittable (e.g., HIV), those with physical disabilities that preclude proper positioning, or women taking certain disability related medications. Disabled women deserve accurate information about safety, risks, and benefits of breastfeedingThese findings elicit concerns about the strong emphasis that has been placed on breastfeeding promotion. The lived experiences of women raise questions about whether the magnitude of benefit to breastfeeding is worth the distress experienced by women who have difficulty breastfeeding. (p. 87)

In other words, having a disability adds another layer of complexity to the lived-experience of breastfeeding and, more often than not, this added complexity can be transparent to the people holding official roles such as medical practitioners. People holding such positions in fact communicate official policies at the individual level. When official training of a lactation consultant or a pediatrician does not include specific training on inclusive care or accessibility, it reflects policy which does not keep in mind

mothers with special needs. This once again demonstrates how macro-system forces find their way into the intimate space between a mother's breast and her nursling.

5.4.3. Breastfeeding, ethnicity, and socio-economic class.

Another take on the complexity built into breastfeeding can be found in Teresa's thoughts of how breastmilk is treated in different societies. Teresa contrasted North America where breastmilk is sold with Israel where women donate breastmilk to mothers and babies in need. She also talked about breastfeeding as a matter of social class and ethnic background.

When my daughter was a baby I remember I saw a picture that just shook me as a breastfeeder, as a social activist, of a group of Black breastfeeding women in a milk bank because they're selling their milk and it was to raise the question of women selling milk and social and economic class. And yes, it's clear to me that in Israel women donate to each other. Here in the US the default is selling. [laughing] Women sell milk and it's someone earning money from milk. It's crazy. Clearly pumping milk is not a pleasure. But on the other hand I also say that if there's a woman that can't go to work she can pump while she's breastfeeding and it gives her extra money yes, but it was just something that rattled me. Even here, inside my community. The neighborhood that's going through gentrification, and most women around me are White women, but immigrants. In broader social circles I have sources that are not from the same background and today they feel like there's this revolution that for many years Black women didn't breastfeed and there's a return to breastfeeding from a trend of getting stronger, self-affirmation and such. It's interesting. It interests me personally to talk about it with women from a different background.

Teresa discusses how the experience of breastfeeding can be influenced by the nursing mother's ethnicity, social class, economic status, and the intersectionality between these different attributes (Paynter & Goldberg, 2018). She tells of her rattled response to issues concerning the use of women's bodies as commercial goods, such as in the case of selling, and not donating, breastmilk. Her comment does not go into other, related, and darker places discussing other contexts in which the female body becomes a commodity, such as prostitution, human-trafficking or third-world surrogacy. Yet the conversation certainly hints at that in the mentioning race, gentrification, and the way geography impacts opportunities for women of different backgrounds. For Teresa, it is clear that in a perfect world, a mother can freely decide to give her breastmilk to someone else as a benevolent act, but if it came to selling it for money this means things

are not going well. In other words, if a woman finds herself selling her breastmilk it must be because she has limited financial options.

Teresa's line of thought invites us to ask ourselves if and when it is appropriate to use breastmilk as a commodity? Is there a simple answer to such question? Will our response change if we knew the net-worth of the woman selling her milk? Is an answer to such question color-blind? Teresa's take on the possibility of selling breastmilk is yet another demonstration of how geography, culture, norms, and politics determine what is acceptable and what is unacceptable in terms of trading. Is breastmilk for selling or for donating? Apparently the answer to this question depends on your location, your race, and your class. Raising such questions, and acknowledging that there are no simple yes-no answers, sheds more light on the way the experience of breastfeeding is influenced by broader forces (Q7). Furthermore, these questions indicate how women of different backgrounds experience breastfeeding very differently as a function of their color, medical condition, or financial opportunities.

5.4.4. The private is political

Social and political issues such as feminism and capitalism surfaced throughout some of the interviews, further framing the participants' living experiences in a broader context. Dani, for example, framed her views of breastfeeding within a feminist framework, saying that it is essential to respect women's choices, as long as they are informed choices.

There's always this argument 'breastfeeders vs. formula givers'. And I used to have a lot to say about that. It took me a long time to formulate the stance I take right now. You need to get emotionally detached too. That story that my daughter never got a single drop of formula, it's idiotic. All the nonsense that even one drop of formula changes the gut flora I don't buy it at all. It was just a matter of principle [laughing] "She's not getting formula!" I think I also needed to get emotionally detached. I'm very very very pro-breastfeeding. I'm against elective C-Sections. I'm not just saying that together. It's going to connect. I'm pro-home deliveries. But I think that assuming you are aware, you know the facts, and you choose to not breastfeed and you choose to have an elective C-Section, I think, again, assuming it's an informed choice, it's OK. I think it's more than OK to choose things that are not good for our child or our body because our life is a complex array of considerations. And if someone knows that breastfeeding is better than formula and chooses to give formula, I'm so OK with that. My sister, by the way, doesn't agree with me but she respects my position. I think it's necessary to start respecting women's stances. That's the only

acceptable feminist position. I can't tell someone else what to do with her body and that means that even if she decided to not breastfeed for one day I need to respect that choice because it's an informed choice. Because it's not feministic to do anything else. So yes, this is about feminism and not about breastfeeding. I think it needs to be the mother's choice. And for a long time I felt terrible with girls who choose not to breastfeed, but now I'm OK with that. It's complicated.

Dani framed her feminist, pro-choice view as an informed consent practice. She also acknowledged the built-in complexity that choices concerning baby-feeding bring to the discussion. Complexity emerges here when considering potential definitions of the "informed" aspect of these choices. Who decides how much information is "enough" to be informed and what is the right information? When do you know everything there is to know about the choice to nurse or not to nurse? Who is the authority (if any) to say something is right or wrong? Pediatricians? La Leche League? The World Health Organization? Peers on Facebook groups? These questions become even more loaded when considering Lloyd's (2018) suggestion that when we need to determine if and when something is right or wrong we turn to philosophy and legislation. Yet, according to Lloyd, these realms are often not based on the lived experiences of women but are grounded in a theoretical assumption comparing women to a hypothetical man in their position, which is a patently absurd assumption.

Other questions that linger from the consideration of breastfeeding as an informed choice practice are: Should choices that are not informed be considered legitimate? Would that still be considered feminist? And who is the authority on Feminism to determine what is and what is not in the best interests of the mother and/or the child? All these questions are not addressed in the interviews but linger from the discussion of breastfeeding, further highlighting both the complexity inherent to breastfeeding as well as the way the subjective experience of breastfeeding can be dictated by broad, external influences (Q7).

5.5. Gray areas review: Summary

The Gray Areas stories provide glimpses into the participants' private breastfeeding-related dilemmas. Their decisions concern family planning, professional development and employment, as well as logistics such as sleeping arrangements (Q4). They also described how these aspects of their life were felt and influenced them physically (Q1). While not always stated explicitly, it is possible to imagine how prior to

breastfeeding Yvonne must have felt about food through constant dieting and walking around feeling hungry. Teresa, wondering about the need to hide, imagined her future self not wanting to be spotted breastfeeding a child who is too old to be breastfed. These seemingly small things, these private and personal "choices" are, in fact, meaningful insofar as they have real and very tangible implications. For instance, when Teresa mentioned that co-sleeping "saved her marriage," we can imagine what would have been the implications for breastfeeding without co-sleeping. Or when she mentions that she decided to space out her academic studies because of the conflict between Ritalin and breastfeeding, we can do the math on the financial implications on her household, as well as the mental and emotional changes that resulted in cutting back on the dosage of a medication that was necessary for her.

These examples are used as a way to make visible the hidden forces influencing any breastfeeding "choice" and prevent us from falling into the convenience of assuming "a good mother equals a breastfeeding mother." Additionally, they are useful in demonstrating the particular ways in which broader considerations register on the body and in a relational-to-others kind of way.

Chapter 6.

The dark side

6.1. Chapter overview

In this chapter I review "The Dark Side" of breastfeeding as shared by the women I interviewed for this study. This chapter gives consideration to the less positive aspects of breastfeeding. Whereas there is the positive, fun, cheerful, and loving feelings breastfeeding can provoke, it can also cause pain, exhaustion, suffering, and isolation. Although it is more socially acceptable to talk about strengths or frame things within a positive perspective, even when experiencing hardships, the challenges still exist. This chapter is dedicated to the difficulties, struggles, and even the physical price-tag breastfeeding puts on mothers.

The Dark Side chapter is much shorter than the previous two chapters and this may reflect the tendency of the study participants to elaborate on the positive and try to not focus on the negative. It may have also been harder for the participants to tap into the challenging parts of their experiences and that made it more comfortable for them to discuss the pleasant parts. Since there is not enough acknowledgment of the built-in difficulties and issues a breastfeeding mother can run into, leaving the comfort zone of the discussion of strength and perseverance is of particular importance. When a breastfeeding mother goes through difficult times, not knowing that it is a part of the overall experience may add challenges to an already taxing situation. One of the main goals of the current work has been to bring these negative aspects into view and perhaps, through that, make them appear less dark.

This chapter will also begin with the micro and advance toward the macro aspects of the breastfeeding experience, while addressing the seven research questions of the study. I start this chapter with the discussion of pain and embodiment, hormones, and sleep deprivation (Q1). This discussion is followed by consideration of the everyday logistics and coordination of breastfeeding (Q4). I then review the social and public aspects of breastfeeding, referring to research questions three and six that are concerned with the social aspects of breastfeeding, and the experience of challenge and limitation. Finally, the "Dark Side" of breastfeeding will be contextualized within a

broader perspective that includes formal and medical institutions and wider societal forces, thus addressing research question seven concerned with broader influences on the experiences of breastfeeding.

6.2. Breastfeeding within the microsystems

6.2.1. Embodiment and pain

Breastfeeding, just as with pregnancy, childbirth and even parenting, can be a very painful experience. Listening to the study participants' painful experiences sheds light on research question one referring to the way breastfeeding is experienced through the body. The first and most vivid illustration of breastfeeding-related pain is found in the first interview I conducted with Rylee. During our interview, she was nursing her four-year-old to sleep, and while she was talking about the things she liked about breastfeeding, her daughter bit her and locked her jaw on her nipple. Being the sensitive area it is, the dissonance between talking about how great breastfeeding is while experiencing the opposite was noticeable in my exchange with Rylee.

Rylee: [talking about something else] ouchhhh ouch ouch!!!! You are naughty!! Ouch!!!

Ilana: are you OK?

Rylee: I was about to pull out the boob...

Ilana: I hate it when it happens. It really hurts.

Rylee: Yeah it's a serious bite. If I wouldn't have taken the boob out of her mouth she wouldn't have given me this bite. She just felt the boob isn't there anymore and shut her mouth. It feels like I got bitten. Wow, she hasn't done that for a long time. There's a chance she wounded me

Ilana: Oh no! Do you want to go check?

Rylee: No I just looked and it looks like there's a little scratch there. These are the moments I'm saying "ouch why do I need this?" But on the other hand, now she's asleep, but the pain comes in waves.

This piece of conversation demonstrates the surprise, the pain, and the mixed feelings about being in such a position. You are hurting but grateful you can catch a break because your child is (FINALLY) asleep. Rylee was also questioning herself about the

worthiness of her nursing practices when they often cause her pain. Her self-doubt is topped up by her physical pain, making this a tough spot to be in. Similarly to what Snowber (2018) suggested when referring to “the grammar of the gut,” “[t]here are times someone may say they are doing so wonderfully, but something inside our kinetic intelligence tells us otherwise. What if we actually brought all of our bodies to honoring a way of listening? Listening through our limbs and words. Here is the muscle of intuition giving voice” (p. 234). Considering these biting moments are pretty common for a lot of breastfeeding women, it is safe to say that, at least in terms of physical sensations, breastfeeding is not an easy task. Additionally, breastfeeding can also be said to be emotionally challenging because of the tension between telling ourselves or someone else that all is well as the body says otherwise.

Emily, who jokingly referred to her baby as "my little piranha," further emphasized how breastfeeding can be a painful. Emily told me how hard it was for her after her baby was born because her baby was a cluster feeder (i.e. feeds very often – day and night) who bit her often and all while Emily was exhausted from lack of sleep.

I was in the hospital with my husband and the little one. It was very hard. I was exhausted. Both from the sleepless night and it is actually a continuum of not sleeping until today when I don't sleep for more than two hours straight. She was a cluster feeder and it was really hard and I would call her "my little piranha" because she would cling. It didn't bother me because I loved doing it. It was difficult. It wasn't easy at all. But I did it with love. And my husband supported me. When I was so weak, even too weak to pick her up, he would pick her up so that I could breastfeed her and then he would take her away. Everything so it would work. Sometimes I would also fall asleep with her while breastfeeding. These were two very intense days.

These struggles, exhaustion, and pain were not reserved for the first few days after birth. Emily's baby was "ripping her apart with bites" when she was teething. For her, breastfeeding is a continuous experience of physical pain.

Teething is a hard experience. Not at first. I always saw on forums, on Facebook groups, that moms say "Oh teething. Bites and all" so I was also scared of that. But it came relatively late, those bites. She at first was very gentle with me. She never hurt me. I was never in pain or to the degree that I said: "wow, I can't take it anymore because it HURTS." I've heard women's' stories and say "thank god I got it comfortable." And it worked out. No tied tongue or anything. She eats, and only now she's ripping me apart with bites, but she's into playing and she's laughing and I tell her "no" and she stops. She knows it's not something you do.

Emily's example shows that breast feeding can turn into a play opportunity which, unfortunately for her, included biting and laughing. There are clearly no bad intentions on the part of her baby, yet the lack of intent does not make the physical pain go away. Emily does mention she is feeding her with love, but unfortunately that love (and perhaps bonding hormones) does not make biting and chewing hurt less.

Breastfeeding is often described in positive terms, such as in Ryan et al.'s (2011) work discussing the *calling*, *permission* and *fulfillment* of breastfeeding, and yet, the anecdotes from the current work suggest that sometimes fulfilling the calling to breastfeed can be very painful. Perhaps because of that, a breastfeeding mother does not always want to answer this calling or get permission for fulfillment. This also resonates with Williams's (1997) take on breastfeeding education and advocacy when she writes that:

[a]s we begin to educate others about breastfeeding, oftentimes we speak in glowing terms – creating a powerful mental image of the perfectly beautiful mother sitting in front of the fireplace while violins played and roses created a fragrant room. Seldom do we willingly encourage others to picture their future breastfeeding experience to include traumatized nipples, screaming, back-arching, breast-refusing baby, or hours spent in a love-hate relationship with the breast pump or other gadgets. Reality for most is somewhere between the idyllic and wrenching. (p. 57)

The gap between theory and practice is also reflected in LaChance Adams's (2011) criticism of the way motherhood in general is conceptualized as an idealization revealing more of the philosopher's or scholar's perspective than it does of the phenomenon itself.

Typically, those who do consider the mother-child relationship treat it metaphorically, giving little consideration to its lived experience. These accounts idealize the mother's relationship to her child, emphasizing love, connection, and fecundity. In this case, philosophical metaphors of motherhood generally shed more light on longstanding stereotypes, rather than the phenomenon itself. Those who resist this poetic impulse tend to consider pregnancy, childbirth, and mothering as mere obstacles to

women's participation in public life and to their financial independence. (p. 4)

The dichotomy that LaChance Adams introduces, between the ideal and the pragmatic, tells of the need to look at the lived experiences of women holistically as the current work does. To get a full account of the embodied and interembodied experience of breastfeeding means to start from within but also acknowledge the external forces. In doing so we can situate breastfeeding in the real world and not in a metaphorical idealization of motherhood practices.

6.2.2. Embodiment and hormones

It is well known that breastfeeding triggers the production and secretion of Oxytocin which is also known as the "love hormone." It is possible to speculate that Oxytocin and other bonding hormones make breastfeeding-related pain more tolerable and thus enable breastfeeding to continue despite it. Yvonne, for example, framed the pain of nursing and childbirth as meaningful and important (in the Gray Area chapter), and thus more bearable. By the same token, Silbergleid (2020) discusses how she feels hormones play a very important role in her everyday life as a breastfeeding mother, especially as she is unwillingly controlled by the hormonal activity triggered by breastfeeding.

Far too often for a feminist, I feel I am at the mercy of my hormones. I feel unable to contain the milk leaking from my breasts or the desperation with which I need to be with my child – to sit with him in the rocking chair, nurse him, and breath. (location 2376)

From the participants' stories we learn that Oxytocin is not the only relevant hormone. Molly explained how her hormonal imbalance was a key factor in the decision to stop or continue nursing. To get pregnant again Molly would have to take hormones (due to fertility issues) and so, as long as she was still breastfeeding, she cannot have another baby.

To get pregnant I would have to stop breastfeeding her because I would need to take hormones so I can't get pregnant until it stops. Cause it's not just until the ovulation returns. My ovulation is just not ovulating. But when I think about that, I think that I really don't want to stop breastfeeding. To me, this is the place that raises the most resistance.

To stop for myself is one thing, but for something biological, hormonal that's not for my benefit or for my daughter's benefit. It makes the thought about stopping much more difficult.

Molly's story demonstrates how difficult the decisions to stop or continue nursing are for some women. For her, and probably many other women, it is not only about breastfeeding and hormones, it is also about her biological clock. The longer she breastfeeds, the older she will get, possibly making it more difficult to conceive, especially given her fertility issues. Therefore she needs to decide between continuing breastfeeding for an unknown period and perhaps risk the possibility of extending the family, or ceasing breastfeeding, which she holds dear, in order to have another baby. Either way, external considerations of family planning confound her decisions about nursing, shedding more light on both breastfeeding's embodiment (Q1) as well as breastfeeding's logistics (Q4).

Dani also refers to having a second child, the hormonal changes that resulted from nursing at night, and her thoughts about ceasing breastfeeding. As we were discussing things further, it turned out that the crux of her dilemma was not hormonal per se. She was actually using it as a fig leaf to hide her true difficulty, which was wanting to have a full night's sleep.

When she was 15 months old I got really sick of waking up at night. She was always good at sleeping but between 2 am and 5 am she would wake up to nurse and she's a great eater. Now at 15 months old, I decided that's enough. It was very very hard to wake up and just one night she woke up to nurse and I gave her a soother. And after three nights like that she stopped waking up. A girl who would wake up 40 times at night, easily, stopped waking up! So I got a little bummed cause there's always this argument of "give her formula and she would sleep better" [laughing] so I suspect it's true. It's a bummer. It seems breastfeeding at night doesn't help sleep. OK, I understand that a baby at first doesn't need to sleep well and it's safer that they don't sleep well. I used an excuse to stop nursing at night but to tell the truth I was just tired. The excuse was that I want to get pregnant soon. And they say that Prolactin levels are the highest between 2-4 am and stopping breastfeeding at night means less Prolactin. And Prolactin is not good for getting pregnant. So that was the excuse, but between you and me, I was just tired.

Dani's story is another demonstration of the confounding considerations in the decision to nurse or not to nurse. The added component to Dani's story was that she felt she needed biologically-based reasons for her decision to not nurse at night. As if saying "I really want to sleep like a normal person" is not a good enough reason to decide to stop!

For Dani, the physical difficulty of nursing a child who wakes up every night to feed is topped up by the emotional difficulties in acknowledging and sharing the fact that she does not want to do it anymore. She did want to share the true cause in her interview with me, knowing that her thoughts were on-record and will be used in this study, even though the information provided is anonymized and confidential – perhaps making it easier to admit to her decision-making process.

Emily also resonated with the wish to be able to get a full night's sleep, just like in the good-old-days. She described the reality of sleeping for no more than two and a half to three hours straight for almost a year. Her baby woke up to nurse very often throughout the night. While she mentioned "she's made peace with that," it is still something very hard to accommodate.

Her crib's in the same room with us, in the next bed. When she wakes up, I get up. She would fall asleep nursing. I would put her back in the crib. I didn't have a problem with her falling asleep nursing. "No, you need to separate it" - nursing, sleeping. That's probably the reason I'm not sleeping. But I made peace with that. And I'm OK with that. Today she sleeps in our bed. I came to the conclusion, a few weeks in, that it's more comfortable to me in the middle of the night. I function more like that. She wakes up in the middle of the night, she wants to nurse, she comes to me, like a little cub, takes what she needs, goes back, turns around, goes back to sleep. She's sleeping in our bed. And at first, "co-sleeping," I said "OK. Say what you say." It's working for us. She's safe. She's good. She's asleep. Not that much though. She's not sleeping through the night; she never slept a whole night. Never in these 10 and a half months. Again, it doesn't bother me. So now she's waking up every two and a half to three hours, it's also very hard. But I made peace with that and I don't see myself quitting soon.

Yate (2020) writes about the burden of breastfeeding at night is and how this triggers an aversion for some women.

The real difficulty with this responsibility [nursing a baby to sleep] is that the responsiveness required to fulfil it does not stop at night. Being 'in service' as mothers who have to nurture through breastfeeding and have formed kinship bonds by taking care of nurslings at night as well as throughout the day, often means mothers have put their nurslings' needs before their own. This can, over time, cause great suffering and in some situations even pain for mothers, and this is not to be over looked. It takes great strength to be a night-caring mother, while also being a day-caring mother, especially when the responsibility weighs on you alone.... [some mothers] crack at the seams

early on, and it often only becomes worse as time goes by. Single mothers, mothers without family or friend support, mothers who have a disability, mothers who are struggling with severe depression, stay-at-home mothers, mothers of multiples, mothers of nurslings with severe allergies... it all amounts to a sort of self-sacrifice, because caregiving takes up so much time and energy, and much of it is simply breastfeeding. (p. 64)

In the context of breastfeeding's embodiment, and consistently with Yate's (2020) account, the "darkness" within the practice of breastfeeding pertains to the months and months of sleepless, painful nights, all the while working a full-time job and being expected to function like your peers (who do get to sleep at night). Not willing to admit it to others that you just want to sleep, mothers find excuses like Prolactin levels at night or having to defend a decision to co-sleep, all in the name of nursing their children.

From the participants' stories it is also possible to argue that one of the contributing factors to the "darkness" of breastfeeding emerges from the need to frame breastfeeding as something they are grateful for and appreciative of. It seems illegitimate to say something like "not sleeping at night is terrible and I hate it!" and continue to nurse even though you sometimes suffer greatly from the physical burden of yet one more sleepless night.

6.2.3. Rough start

There was also darkness in what the participants described as their transition into motherhood. Unlike the stories shared in prior chapters, those in this chapter depict the difficulties of this transition in the ways breastfeeding was experienced shortly after the women gave birth for the first time. Without trying to frame things more positively, without trying to be optimistic, the mothers spoke of the hardships that were a part of their daily lives.

Molly talked about the difficulties at the beginning of her daughter's life. They ranged from physical ones, including latching problems and medical conditions, to emotional ones, such as being determined to breastfeed while being sleep-deprived. She mentioned how she reached out for professional help but it was not helpful in resolving her problems.

My baby didn't connect to the breast properly. She wasn't really small, but she was too small to connect. She didn't connect well and on day three we stayed home and she suddenly became yellow. She started dehydrating and it was hard. No one had told me and I wasn't looking to know. I didn't know about growth spurts. So we didn't know why suddenly in the middle of the night she would cry a lot and even when she's connected and she's succeeding, my milk didn't get to her. I was clueless. And in the middle of the night, I finally got a hold of a very very nice lactation consultant living in my area who talked with me at about midnight or eleven. She told me "I heard your message and you sounded so upset in the message that I had to get back to you." "Look, I'm a lactation consultant. I'm in a hospital. If your milk is not coming out you can pump. You can give her formula for now. One bottle won't kill anyone. I know a lot say it would but you have to get fluids in her. It's more important than anything else. You have to get fluids in her." So my husband ran out, cause we didn't have anything, to get the Similac. And I think when I gave her the formula and started pumping, then it became clear to me – I'm going to breastfeed. This is not going to happen. Not on the third day of her life. Up until then, it wasn't very important to me. Despite the help from the lactation consultant, things were hard. There was the practical difficulty. The latch, and the pain, and the failed attempts, the frustration (both mine and hers), trying and the positions. The breastfeeding position didn't come naturally to me. And I was told about The Football position "The Football! It will be incredible" and when the lactation consultant came and connected us with The Football position, it worked really well, but for me, it just didn't work. And the lactation consultant talked about breastfeeding lying down, but my daughter was like "No way. What's this with this sideways. we're not doing this like that". And there are emotional difficulties. It's work. And then she sleeps for two hours and then you need to do it all over again. And sometimes it works and sometimes it doesn't. And persisting persisting, persisting, persisting. Sometimes she falls asleep in the middle. Reality hit us. The difficulties were there. And particularly the burden of nursing, and then nursing again, and then nursing again. And two hours after that, not sleeping and waking up. Each nursing session was very long in the beginning. Forty minutes, then an hour, and then again breastfeeding for forty minutes, and then again, all of that.

Molly is not alone. Emily also mentioned the roughness of the beginning. Emily's story is a fragmented picture of the first days and moments of breastfeeding after her baby was born. She wanted to breastfeed but was concerned about possible problems and she describes herself in the first moments after the birth as "terrified," "exhausted," and "shocked."

Before my daughter was born it was clear to me that I'm going to breastfeed. I had no doubt. I was worried that it won't work out for one or another reason. There were a lot of concerns but it was clear to me I'm going to try and really, when she was born, in the hospital, it was also a hospital staff member who encouraged breastfeeding and encouraged skin-to-skin contact and staying with the mom and dad and

with everyone together. She was born and had a bit of a birth complication but since the first moment the doctor, after she cut the cord, put her on me and here – come. And she came. I was still terrified and didn't know exactly what was happening. But it happened. And that breastfeeding happened two minutes, maybe three minutes and not really food and we calmed down and cleaned up and they took her because, again as I said, she had a complication. They had to warm her up since her temperature was low. Two days after that, while I was still in the hospital, I was breastfeeding. I was extremely exhausted. And there was a shock, this whole thing of "OK, there's a baby here. What do I do?" First baby. I have no experience, I don't know what to do. We don't have family here that could help or anything.

Both Emily and Molly described a rough beginning when they were thrown into motherhood and, specifically, into being a nursing mother. It's possible to say that this transition into parenthood is not unique to these mothers; their partners also suddenly become parents after the baby is born. But being a nursing mother means being the only one responsible for the child's physical well-being and nourishment. As in Molly's case, when breastfeeding failed, her baby got dehydrated, which is a potentially life-threatening situation for a newborn if not treated immediately. Being the only source of nutrients and fluids for a newborn is a heavy, unshared responsibility for any mother who decides to breastfeed.

Not many women know what they are signing up for going into parenting and motherhood, as Molly attests: "No one told me and I wasn't looking to know. I didn't know." These rough start stories reveal the many challenges at the beginning of breastfeeding. Unshared responsibility, making decisions while being physically and emotionally exhausted and overwhelmed from the effort of childbirth, would be a lot for anyone. Being terrified, too weak to hold your newborn, and not having any available alternatives at home (i.e. formula) were all very negative experiences for some of the nursing mothers whom I interviewed for this study.

6.3. Breastfeeding within the mesosystem

6.3.1. Logistics

In addition to the above-mentioned hardships, the women reveal other areas of challenge and difficulty. One major area of challenge concerned a variety of nursing-related logistics, such as pumping to go back to work, delegating breastmilk management to the daycare setting, or balancing nursing with other day-to-day activities.

In this section, through the discussion of the challenges of going back to work and balancing breastfeeding with other activities, I address research questions four referring to logistics and research question six referring to feelings of limitation.

One example of the challenges in balancing professional life with nursing comes with Yvonne's story of when she decided to stop nursing her older daughter. Yvonne decided to stop nursing after 9 months for various reasons. First, her daughter started to bite her while nursing, which was physically painful. Second, she felt like breastfeeding is not beneficial for her daughter from a spiritual perspective. She went back to work as a clinical psychologist and, as such, would spend her days listening to other people's troubles. Yvonne felt like all that bad energy was going through her milk to her daughter as if somehow the milk she produces carries all the energetic toxins she absorbs throughout her workday only to be consumed by her daughter. Being a person who also holds such a spiritual perspective about the connection between people, and adding the extra biting pain, Yvonne decided sadly that it was time to stop breastfeeding.

My daughter stopped breastfeeding at nine months. Around the time I went back to work as a clinical psychologist and she also started teething and bit me. I tried to tell her no and it didn't work. She wouldn't stop biting and I was already working and it wasn't appropriate but I remember I cried the day she stopped nursing. I felt it was too soon, but combining it with work it felt like, from an energetic perspective I was absorbing all the toxins and then I'm nursing her and it wasn't appropriate. It felt more right to stop anyway.

As in Simms's (2009) ecology, Yvonne believed that breastfeeding was a transference channel for less than ideal substances and energies to her child (from her psychotherapy patients).

For other mothers, the transition from being on maternity leave to being a working-nursing mother also posed a challenge, shedding more light on breastfeeding logistics (Q4), and the potential limitations breastfeeding can introduce (Q6). Molly, for example, described how hard it was for her to manage breastfeeding along with her full-time job. She had to start pumping milk to go back to work and keep breastfeeding after only fourteen weeks of maternity leave. Although she spent only half of the week in the office, this still required her to pump about four times a day, every day. Pumping milk can induce discomfort at best, and be very frustrating and effortful. From Molly's description, it sounds that it was a big burden on her everyday life, which was lifted when solid foods comprised her daughter's nutrition.

My work place let me work three days from home, so I was really only two days at the office. But really, for these two days every pumping session I would get a very small amount of milk. I had to pump a trillion times to have the amount for these two days if they needed me for another day at the office. There were times I would pump in the morning when I wake up, once or twice in the office, and then in the evening, and at work, it was very busy. And pumping was not fun. Well, pumping can't be fun. And it lasted until she was one-year-old. But it decreased when she started with solids so it became easier because it's suddenly much less milk per day. When it got to pumping once a day at the office it wasn't that bad.

From Molly's and Yvonne's descriptions, it sounds like "not that bad" is the best one can strive for as a nursing-working mother. In the situations they presented, the choice seems to be between working hard to maintain breastfeeding while spending the days away from your children, or be worried about the possibility of harming your child when you bring the work vibes home with you. Emily shared Molly's sentiment regarding pumping and going back to work, but also elaborated on the sensations of how it feels when things at work do not enable you to pump when you need to.

If I don't breastfeed or pump during my workday, I feel it physically. It hurts. I want to breastfeed or pump. So all my days, suddenly events I go to in that range of three or four hours. I need to rush, if say, I'm at work if I have a meeting because "Oh no! I need to pump" so that's about when I'm at work.

Silbergleid (2020) also wrote about the stress from feeling the need to nurse or pump and not being able to attend to that need immediately.

The anxiety that starts, the heart racing, the trembling hands [...] The night my usually sleepless infant doesn't wake up until 2:00 in the morning, my body is buzzing with milk. Can't sleep can't sleep can't sleep. I pull him from the crib, and he sucks with his eyes closed and threatens to wake when I'm done, when he's gumming an empty breast. [...] My body is primed to feed my child; I must attend to it. (locations 2289-2304)

In the context of breastfeeding logistics (Q4) and the limitations it imposes (Q6), Yvonne, Molly, and Emily all spoke of how other factors in their mesosystem, such as professional considerations, were key to how they practiced breastfeeding, thus reaffirming that breastfeeding should not be framed as a "choice" (Lee, 2018; Lloyd, 2018). Breastfeeding is more than a choice. Practicing breastfeeding means managing and balancing a complicated array of considerations, and engaging in mental

calculations considering a variety of possible outcomes greater than each woman's own will, grit, or decision to nurse or not to nurse. Emily and Molly started pumping milk to be able to return to work. They told of the pain, frustration, and endless amount of work pumping introduced into their lives. Thinking for a minute about what their partners, the children's fathers, had to do to go back to work after their children were born sheds light, again, on the reproductive burden women carry with them wherever they go (Hausman, 2004).

Breastfeeding is hard work, and women are the only ones who can carry it out if they want to keep their status as both "good mothers" (who breastfeed) and "good employees" (Lloyd, 2018). Like Angela Ames, Emily also felt the pain of maintaining a pumping regimen at work. She described cutting meetings short because of congestion or leaking, the stress of trying to find a private place to pump, and the anxiety concerning how her milk is being treated when her child was in daycare (which will be discussed in the following section). Unlike Ames though, Emily was not told to "go home and be with [her] babies" so she was able to keep breastfeeding in her job. These experiences were felt physically and were influenced by the participants' relational exchanges both at home and outside of home. At home these exchanges were with their nursing children and partners and in their workplaces with their coworkers, supervisors, and breast-pumps.

6.3.2. Balancing work life with breastfeeding

The story does not end after the mothers managed to pump out their milk. When a nursing/pumping-mother goes back to work, her baby feeds on the milk she leaves, but that milk has to be given and managed by another adult in, say, a daycare setting. Emily tells what happens when you need to delegate the handling of that "liquid gold" by other people. This type of delegation included many potential issues such as what to do with leftover pumped milk or how not to spoil it.

In childcare they give her bottles. It's an operation that's very difficult for me. Very precious to me. And in childcare, when she just started I was concerned. I said "will she take a bottle? will she not take a bottle?" bottles with nipples that support breastfeeding, only number 1, so she wouldn't go on a nursing strike. I took care of all these things. At first, say there would be some milk leftover, from each bottle and they would throw it away! So I said "You're throwing my mother's milk?!?!" so they said "no... regulations.. and all.. we can't prepare again a bottle we

already used." For them, it's defected milk. I told them: "Listen, I'm fighting here for every ounce, so there's no way you're throwing away my milk. Leave it to me. I will give it." Until today, if there's milk left I give it in the evening. I give her what's left because it's breastmilk. I told them "It's breastmilk. It doesn't go bad like formula. It can last. There's no reason to throw it away. Particularly since I'm struggling for every ounce. And there was another issue about how they warm up the milk. They reassured me there's no microwave. They don't warm up the milk but use warm water. But then one day I found out what's "warm water." Oy Vey! so much for warm water. It was over the heat allowed for breastmilk! I said "Oy Vey! You're ruining my breastmilk!" They told me "Don't worry. How would you like us to warm it up?" I explained to them - warm water, not over a certain temperature. They very much understand the significance of it, so they were meticulous too. A week ago the head educator emailed me "Emily, we're stopping this, we're starting to bring bottle warmers". I said "NOOOOOOOOO!!". She told me "don't worry. I researched it and all, it supports breastfeeding, it's up to a certain temperature". So I could calm down. I thought, no worries, the girl is bigger now, she eats solid food so it's less central than it used to be, it's more for me.

The challenges of delegating the care of young children are not specific to breastfeeding and yet some issues are specific to nursing. Not boiling pumped milk is important because when boiled it loses the nutritional values the baby needs to thrive. While this may not be of great importance for a baby who is also eating solid food, a baby who only feeds on pumped milk does not have another source of nutrients. For a baby as young as 14 weeks, this can actually be a very serious matter. Another point that is important to emphasize is that by throwing out Emily's used milk because of regulations made for a different substance (i.e., baby formula) they are adding to her workload. While not as critical for survival as making sure the milk is not boiled, when thinking about a sleep-deprived mother who is not sleeping for more than two hours straight since her baby was born, working a full time job, and pumping a few times a day, knowing she could pump a little less could make a big difference in her quality of life.

Using Bronfenbrenner's ecological framework to analyze these stories reminds us that it is not only what happens to the woman who nurses, but also what is happening to the milk as the circle of care expands. And therefore, when considering how going back to work affected the experience of breastfeeding, we should look into that extended circle of care. Emily's story demonstrates the importance of this perspective. Despite the common saying that "you don't cry over spilled milk," it is likely that whoever came up with that saying never used a breast pump to feed their child. Emily's realization that her milk is being spilled regularly was experienced very negatively because it was not just

the milk that was going to waste. It was her pain, her effort, her time, her sleep, and her child's nutrition. Cixous (1976) suggested that breast milk is the ultimate gift – “the embodied manifestation of generosity, a corporal generosity that nourishes not only children but creativity – the source of the self – itself” (p. 265). Knowing that such a gift is being thrown away every day for no good reason can be heartbreaking.

Emily's story demonstrated what can happen when a nursing mother goes back to work. Molly spoke of what happens when a working-nursing mother comes back from work which is telling of the role breastfeeding plays in the mother-child, end-of-day reunion.

Sometimes in the evening when I come home from work I'm crawling into the house so she won't see me and so that I could have twenty minutes for myself. Because once she sees me it's – sit on the couch - sit-boob, and then it's half an hour until I can get up. And sometimes I don't feel like coming home and have that happen. I need a few minutes to catch my breath. So that's where it's hard. She's not with a soother at all. Unlike breastfeeding, she exhausted the soother when she was one-year-old. But sometimes she uses me as a soother. And sits on me too. Sometimes my husband is working nights so sometimes when I'm really tired she sits on me watching a cartoon, not breastfeeding, sucking, holding the phone I say, OK, you can nurse but I'm not here for half an hour so you'll sit on me like that. These are the times when it's a little difficult.

Being 'spotted' by her nursing child, who then just sat on her for hours nursing or just sucking the nipple did not allow Molly to have a buffer between the outside world and the inside of her house. Hiding to not get spotted, and often not having a moment to get centered before starting the home routine, was a negative experience for Molly. Molly described her child's need to reconnect with her after not seeing her all day as an unpleasant experience, which again demonstrates how the mesosystem – the necessity to go to work– influenced the subjective experience. This is consistent with Hausman's (2004) emphasis on exploring breastfeeding as an embodied female practice that puts women, and specifically, working-breastfeeding mothers in a different position compared to working men.

Breastfeeding mothers need to be around their infants, though, and it is in the separation enforced by employment requirements or social expectations that maternal embodiment is most seriously disrupted by regulating mothers into norms of the male body. [Because] breastfeeding

is not like a disability or an illness; it is a physiological relation to another subject who is separate but dependent. (p. 276)

As the women in the current sample reveal, and as Hausman (2004) suggests, this dependency, in the form of an interembodied relational exchange (Ryan et al., 2011, Irigaray, 1985), may sound very romantic (Williams, 1997) yet be experienced very negatively. The acknowledgement of the conflicts many mothers have to reconcile when they go back to work but continue to breastfeed also speak to the current work's research questions, specifically research question four concerned with logistics and research question six referring to the challenging aspects of nursing. Breastfeeding adds logistical barriers and considerations ranging from managing a pumping regimen while at work, delegating that precious liquid gold, and allowing enough time for a boob-centered reunion at the end of each workday. These logistical considerations then contribute to the experience of breastfeeding being so challenging, posing limitations and adding to the workload of mothers.

At this point we can ask: well, what if the mother does not go back to work? Perhaps this can ensure a positive long-term breastfeeding experience. Rylee's story suggests otherwise. Rylee was a stay-at-home mom so she never had to pump, never had to leave her nursing child for long hours every day and, as a result, also never had to go through the "reunion" Molly described. That resulted in Rylee continuing to breastfeed her daughter until she was four-years-old while simultaneously breastfeeding her younger child. Following the logic of the previous paragraph, it is possible to guess that since she did not encounter the above-mentioned challenges, her experience was positive. Yet this was not the case as our interview revealed. She was tired of nursing her older child and wanted her child to eat more and nurse less, but had a hard time telling her to stop without an external anchor (like going to work every day) and without feeling guilty for still nursing her younger child.

The stories of the current sample of mothers demonstrate that breastfeeding has a price, and this price can be felt physically. It can be painful and it can have far-reaching consequences and implications on family planning, the women's general health and well-being, their employment opportunities, and their social circles. These are also demonstrations of the "daily pattern of embodied living [that is a part of the] mother's repertoire of behaviors with which she does the labour of mothering" (Hausman, 2004, p.

278). In other words, the women showed that breastfeeding is a part of intensive mothering (Hays, 1996) – a lot of work, being exhausted from not sleeping at night, and being emotionally invested in child-centered care. As Emily said

She's not sleeping through the night; she has never slept a whole night. Never in these ten and a half months. Again, it doesn't bother me. So now she's waking up every two and a half to three hours, it's also very hard. But I made peace with that and I don't see myself quitting soon.

6.4. Social and relational logistics

Thus far I have discussed the technical difficulties the participants shared with me – from going back to work, to pumping and delegating care. This section will continue to discuss logistics, but of a different kind, while still referring to research question four. The second type of logistical concern includes other people and is, therefore, social and relational. Whether these others are their other children, their partners, neighbors or strangers, they find their way into the participants' breastfeeding experience and specifically into the more complicated aspects.

Rylee shared with me how she manages her two breastfeeding children. She talked about the difficulties in deciding who gets to nurse and who does not, as well as when and why. She also refers to the difficulties in breastfeeding an older child.

This afternoon my daughter said she wanted a boob and then my son climbed on me and pulled my shirt and started nursing and I was thinking "but wait, I told her "not now" and I'm saying yes to him" and she's standing next to me and looking at me and looking at him and saying "mom I want a boob" and I didn't feel like letting her nurse maybe because I was still a little hungry. Maybe because I was tired, or because I was thirsty. Or maybe because, enough already, she's 4!

The scenario of breastfeeding one child but not the other happens regularly in Rylee's house, and was of her own creation. She was the one who decided to continue nursing a four-year-old. It is important, however, to consider the specifics of Rylee's situation. From other women's stories, it seems that the decision to end breastfeeding usually goes hand in hand with going back to work. Considering that Rylee was a stay-at-home mom who was homeschooling her children, she never got to that point of needing to either pump milk regularly, leave home for long hours, or delegate the care of her children. So, while for other women the decision to stop breastfeeding or the need to pump is a part of the hardships of breastfeeding, it seems things are not so easy even

when there is no need to pump or stop. Breastfeeding can be challenging amidst the various possibilities of ceasing, limiting, or continuing it.

6.5. Breastfeeding in the macrosystem

6.5.1. Long-term breastfeeding

In this section, I address breastfeeding in terms of broader social, cultural and geographical considerations, in keeping with research question seven. To start, I review the conflict some of the participants described when sharing their attitudes toward long-term breastfeeding. Surprisingly, despite the fact that they were nursing older children, the women in the current sample did not always think long-term breastfeeding was a positive thing.

Molly: It's hard for me. It's hard to digest. cause now I'm saying well, when she's going to be three years old I will still say "but she still needs to nurse." I have a nursing friend who takes the approach of "he will stop when he wants to." And it's clear to me that she will breastfeed him when he's 4 and 5 if he still wants to, and to me, it's a little too much.

Dani: I remember, my husband's twin sister nursed until the age of four and I remember I was very disgusted. It's very funny retrospectively. But it really was disgusting to me. I remember I saw the *Time* magazine article with that girl with the 7-years-old boy on the cover they put there for the provocation and the discussion and it really shocked me. When I said it's disgusting my husband was very cool about that. To him, it wasn't problematic his sister breastfed a toddler.

Teresa: I remembered a situation involving someone I know from a playgroup. Her son was 3.5-years-old and we were together in a public pool and in the change room I breastfed my daughter and she told me, like in secret, that she's still breastfeeding, but she doesn't breastfeed in public because she's scared of criticism about nursing an older child. I remember that it was when my daughter was two years old and I told myself "what, I'm going to do that too? I'll have to hide?"

These snippets were also included in the Gray Areas chapter, yet they are nonetheless telling when exploring the darker aspects of breastfeeding. The discussion of breastfeeding older children reveals the thought processes and changes in attitudes of breastfeeding mothers and, as such, it sheds light on breastfeeding related attitudes and expectations (Q2). These shifting attitudes illustrate the necessity of reconciling conflicting views between what they thought in the past and what they are thinking or practicing in the present, and such reconciliation can indeed be challenging. Additionally,

these considerations were not only about the participants' inner voices and inner conflicts; they were, unfortunately, grounded in the interface they have had with their environment and perhaps were a demonstration of the internalization of outside voices.

Breastfeeding in public is an issue unto itself since “[b]reastfeeding, like being pregnant, is a state in which the body is in some ways a public good and thus open to public comments. Unlike pregnancy and childbirth,” however, “the expression of breastfeeding is a continuous activity that requires the ongoing participation of another person” (Stearns, 1999, p. 308). It is further suggested that breastfeeding in public can be framed as a performative representation of motherhood (Stephanson & Wagner, 2015; Bartlett, 2002) and, as such, it can be graded and have values assigned to it. As shown in their quotes, the participants in the current sample found themselves assigning values to other nursing women with “grades” ranging from “wonder” to “disgust”. That was particularly surprising since the respondents themselves were all breastfeeding children who were no longer infants.

6.5.2. Breastfeeding in public

The discussion of breastfeeding in public and level of social acceptance situates this practice within the macrosystem. Considering the influence of the macrosystem on the personal, private, embodied, and interembodied experience of breastfeeding means considering available public resources, laws, social norms, as well as breastfeeding advocacy and education (Q7). The women in the current sample gave their views on the different ways breastfeeding positioned them in the public sphere, which was often consistent with the way Hausman (2004) described what breastfeeding entails and particularly regarding breastfeeding in public.

Women’s exclusion from public space and civic engagement occurs, in large part, as a result of their change in embodied status. In the United States, breastfeeding in public has become an activity women must argue is not obscene or exhibitionistic; thus American women must account for what many think of as natural activities by inscribing them into the law as legal behaviours. This legacy of exclusion from the public sphere based on sex continues in breastfeeding promotional materials that show women in negligees or housecoats. (p. 276).

A few comments on breastfeeding in public were included in the previous sections of the Lighter Side and Gray Areas. Sometimes breastfeeding in public was experienced positively, especially if you only hang out with a similar crowd (Rylee) or in places that have specific regulations against saying something to a mom who nurses in public (Dani). Other times, breastfeeding in public was a negative experience. Yvonne, for example, spoke about how she realized that, despite her best intentions, she was influenced by the view that breastfeeding should not be seen in public and that if it is necessary to breastfeed in public then the mother should make sure to cover herself.

It's very imprinted in me, internalized, that you need to hide breastfeeding. I can't get completely free of it. In Israel, even when you're with a nursing apron, they will look at you like "what's this?", "Why are you doing such an intimate thing in public?" and here I'm sometimes in parks and there's no problem. But again, I'm less comfortable. I remember that my first experience running into that was on the plane. Here I saw this girl and she was with a baby my age and she just breastfed! And I'm like with my mom and all the rags and covering up and she's sitting like that and breastfeeding on the plane, in the middle of that. I said "Wow! OK, there's something I haven't figured out completely yet" [laughing]. I still said "OK, there's something different, I'll probably figure it out" but I remember she breastfed in the middle of the plane without wrapping anything around herself and I'm all in rags wrapped up so I said "Hmmm, OK, that's interesting".

Yvonne further framed the practice of covering oneself while breastfeeding as a matter of social learning opportunities. She lamented the lack of breastfeeding women in the public sphere and pointed out the losses from a systems perspective resulting from the invisibility of breastfeeding.

There's something very wrong in that breastfeeding is so hidden, it's wrong in so many ways. Women don't see breastfeeding. They are not exposed to breastfeeding and it's perceived as something that has to be hidden. Why? it's so natural, so right, so healthy, for everyone. When a mother is breastfeeding she's doing a favor for everybody. She's doing good by her child, she's doing good for herself, she's doing good for the environment, she's saving healthcare services also, she's doing good for everyone. Why does that need to be hidden? Also, what kind of message does that send to women that you have to hide? You need to go somewhere separate, that you can't do it in public and it's a double standard because, on the one hand, they are very encouraging like "yeah, breastfeed" and all, but then, on the other hand, they won't let you do it in public. It's very pushy and on the other hand women are not exposed to breastfeeding. I think about women without a support system. I'm very sorry that women need to see other women breastfeeding and you don't actually see them. Until you breastfeed, you don't see anyone else breastfeed. How will you learn? How will you

even know how to hold a nursing baby? I got a little exposure to that because I gave birth relatively late compared to my girlfriends. But I'm thinking about girls who give birth first in their gang or don't have breastfeeding women in the family. It's so wrong. That's even another form of oppression. Women's oppression. That women can't express something that's part of nature and part of themselves in the public space. There is exclusion from the public space.

Teresa's stories provided corroboration of Yvonne's concerns. She breastfeeds in any situation in which she finds herself and does not think it makes sense not to do so. We talked about how sometimes different parenting situations (and breastfeeding in particular) may engender a feeling of exclusion because it is not always comfortable to interact with other while being exposed when breastfeeding. Teresa and I talked about how, at some point, it is possible to decide to be included despite these breastfeeding necessities. According to Teresa, this exclusion, which is built into breastfeeding, and despite not being a positive experience, can be constructive because it can build resilience and perhaps a thicker skin. Yet not everyone builds such resilience or grows a thicker skin. Some women who need to breastfeed in public just do not become resilient and, as a result, find themselves either excluded from social situations or decide to stop nursing.

I breastfeed anywhere and in any situation. Not on purpose, I don't walk around saying "I'm going to expose my breast to do that" but just do so where she wants to eat and in whatever situation - on the train, in a political demonstration, during a family dinner with friends and family. Very quickly I understood I won't be able to put myself in an environment where I need to find a place to breastfeed and where I need to cover her up. Covering her up is just not an option. It just doesn't make any sense to me. Not that I judge women who do choose to breastfeed separately or cover themselves up; it just doesn't suit me personally. It takes too much concentration and preparation but it's also not a place of defiance. I'm not doing it to necessarily educate; rather, it's just a matter of functionality. There was my sister's story that she posted on Facebook that some mom commented on her breastfeeding during a soccer game and told her she's breastfeeding bluntly. Because my sister doesn't go with nursing tops, she just pulled her shirt up so my sister was talking about what is blunt breastfeeding? I don't know, what is blunt breastfeeding? [laughing] In parenting, I understood that some things are not done maliciously. No one does these things maliciously.

Teresa shared her personal strategy regarding the possibility of social exclusion. She nursed as she saw fit, regardless of the public perception of her. Teresa explained how she understands these situations ideologically. She also explained how to her,

these are not only theoretical notions. They are grounded in her living experiences as a breastfeeding mother.

I'm talking about the patriarchal society's double standard of being pious and virginal on the one hand and on the other hand having an unreasonable sexual ideal. And I guess this guides us even if we are feminists and even if we feel we are above that, so we both walked into a room in an inconvenient situation because that's what we think society expects from us maybe. But it's good, we both made this decision of not over-think it and decided to breastfeed wherever we want to. Yes, eventually we need to breastfeed, we need to feed. Every gram counts in these stages. We're expected to breastfeed or not to breastfeed or breastfeed for a specific duration and stop at some point. But in Israel suddenly people are like really "what you still have milk?" "what you're still breastfeeding, but she's already big". Many times I say to myself, my manifesto, my ideological array in life that generally guides me, I'm a vegan, I'm an activist, but many times in these situations I don't know what to reply because it catches me so unprepared, a little like sexual harassments that you tell yourself "in this situation I would probably do this and this and that" but then it happens to you and you're doing the opposite, or doing nothing at all. So it was like that for me in Israel, I would say something like "it's my daughter, it's my body and I know what's best" but I would many times mumble something like "yes, I still have milk" or "it's none of your business."

The convergence of Teresa's stories with Yvonne's concerns demonstrates how nursing in the public sphere is an issue greater than each woman's decision to nurse or not to nurse privately or publicly. Women nursing in public are criticized, especially if they do it after a certain age. And knowing that their practices will be criticized in public, they may walk around feeling constantly concerned about being scolded in public. That fear can sink in, shape their behavior, and limit nursing in public, or limit their outings. All of which can lead to what Yvonne referred to as lack of social learning opportunities.

For me, breastfeeding in public was not easy as both relatives and strangers made very offensive comments to me. In some situations I felt embarrassed and wanted to disappear to the extent of trying physically to take less room, trying to hide, or just stopping nursing despite my children's protests. So negative were these times that they pushed me to conduct a doctoral study to see if it is just me. Rigorously addressing my questions through a phenomenological methodology while using an inclusive framework considering both external ecological systems and internal relationality helped me make sense of my own living and lived experiences and shed light on the ways what I went through was shared by others.

Yvonne did not feel comfortable breastfeeding in public, and that feeling persisted even after she moved to a more accepting place (Canada). She got used to breastfeeding in public not being a socially and culturally accepted practice, and it was hard for her to unlearn her old social cues. In other words, breastfeeding in public was experienced negatively by her, even after her macrosystem changed. Yvonne used her embodied ways of knowing based on her old practices to try and decipher the new social and cultural situation. Assuming breastfeeding is an embodied, interembodied, and relational practice means accepting Merleau-Ponty's take on the way we use our bodies to interpret the external circumstances around us (e.g. our macrosystem). Perhaps the misalignment between the new situation and her past experience resulted from being anxious about nursing in public, just as Snowber (2012) suggested the body can be used as a navigation system. She perhaps knew in, or through, her body that it's unacceptable, even when it was not anymore. Although she did not mention it explicitly, perhaps Yvonne's need to search for that nursing apron wherever she went was a response to feeling anxious about nursing in public and as such the anxiety can be felt physically as a response to certain environmental cues.

Stearns (1999) conducted a phenomenological study looking into the experience of breastfeeding in public. One of the implications of breastfeeding in public is being excluded from the public sphere. If breastfeeding is the recommended form of baby feeding for at least the first six months of life, and a baby has to feed on average every two hours, is it reasonable to expect anyone to stay home in order to be able to nurse on demand but only in private (Stearns, 1999, p. 311)? All the women in Stearn's study were aware of the many issues breastfeeding in public may entail, ranging from negative feedback to being asked to leave or have the threat of legal action against them.

Since Stearns's (1999) study was published over 20 years ago it is possible that things are different now. But as some of the women in the current sample demonstrate, things are not perfect yet. This is particularly significant considering that I interviewed the women in my study 15-16 years after Stearns's study was published. Dani felt the law was on her side, but she still had to encounter frowning stares. Rylee limited her social circle to include only people who were approving of her practices. Teresa wondered how socially acceptable breastfeeding an older child in public will be as her child gets older, and Yvonne was still figuring out a new set of social norms regarding breastfeeding in public. Lloyd's (2018) analysis of a legal case that happened in 2008, almost a decade

after Stearns's (1999) study, also demonstrates that there is still a very long way to go when it comes to the full inclusion of breastfeeding women in the public sphere. The discussion of the experiences of breastfeeding in public, as shared by the research participants, sheds light on research question seven, showing that breastfeeding in public can be challenging because of the influences of social norms and expectations. This discussion further suggests that some of the challenges and limitations of breastfeeding (Q6) are reflected in the double standard of the push to breastfeed on the one hand, combined with the negative public reaction on the other hand.

One hopeful prospect for including breastfeeding in the public sphere comes from education and breastfeeding advocacy. With more holistic public health promotion and education, practicing breastfeeding could potentially include less marginalization and exclusion. Particularly as the WHO introduced standards for "baby-friendly" hospitals, emphasizing breastfeeding and skin-to-skin contact right after delivery. Yet, as the current work suggests, the challenges nursing moms encounter are varied, complex, and continuous. In the next section, I will demonstrate that sometimes breastfeeding education and advocacy are a part of the problem and not the solution. The next section will touch on the ways policies and regulations contribute to the darker sides of breastfeeding.

6.5.3. Breastfeeding related policies

In prior chapters, I have shown that policy can have a very significant positive influence on the experience of breastfeeding and, to an extent, even on the mere possibility of breastfeeding. When an insurance company pays in full for a meeting with a lactation consultant, for example, it could help alleviate financial issues that could have otherwise terminate breastfeeding. Then again, the participants in this study reveal that sometimes policies hinder breastfeeding. Since I only interviewed women who were still breastfeeding at the time of the interviews, I did not hear from women who indeed suffered to such an extent from medical policies or practitioners that they could not start let alone continue nursing. Nevertheless, the women making the current sample still attested to some extent the degree to which they were negatively influenced by medical practitioners, institutions and policies.

Yvonne, shared the first few minutes of her older daughter's life. After the delivery, her baby started to nurse but was quickly taken from the skin-to-skin contact to test her blood sugar for medical/liability considerations. Given Yvonne's vulnerable state, having just giving birth, there was only so much she could have done. Perhaps some more clarification is required to really understand the medical rationale for that action of taking the child away, but from Yvonne's perspective, this was not a pleasant experience. It is also important to mention that a blood sugar check only takes a few seconds and could have been done while the baby was still nursing.

One of the experiences I remember, and not a good one with my oldest, is that right after she was born they put her on me and she nursed and then they took her from me. It was after giving birth because there was a concern for diabetes because she was large. In retrospect, she didn't have diabetes. And they took her from me. HOW did I let her be taken from me. If she has diabetes the best thing for her is to nurse. It will keep her in range. But NO. They took her from me. And today I'm saying "Oh God! What fools! And how did I let this happen" that just after giving birth the staff come and "No. We have to take her." Yes. Unbelievable Unbelievable. Unbelievable. They have to take her quickly if there's diabetes. And what do they do if there is diabetes? Give glucose! It's just absurd. So what's the problem if she's breastfeeding glucose? It's an insurance procedure.

Molly also shared her frustration with medical practitioners who were misinformed and who therefore misinformed her regarding breastfeeding. According to her, had she followed the advice she got from her pediatrician, her breastfeeding would have been ruined.

When I think about the first three weeks, the first month is difficult. It's difficult. It is really a very difficult time. And it's for real, that's why I also know that for so many girls breastfeeding didn't work out at first. I don't like to judge because it's so hard to begin with. It's so hard and the smallest thing doesn't work out or the doctor doesn't give the right recommendation. Doctors misinform you anyway and it's hard. You really need to be determined to succeed I think. You go to a pediatrician. Your pediatrician is lovely. Knowledgeable, giving the wrong advice. They are no experts. They don't try to mess up breastfeeding. It's clear to me that had I not breastfed on demand, my breastfeeding would have been ruined. It's clear to me. That was the right thing to do for both of us. But it's also clear to me that the pediatrician who told me to "breastfeed 20-20" [i.e. 20 minutes from each side] gave me the best advice she could give. It's hard. A friend of mine who tried really hard to breastfeed had a child with severe reflux and they didn't give her the right advice on how to breastfeed with reflux, how to cope with it or what to do. You know, it wasn't there. Her doctors. It was a collection of bad advice. Or a sore throat they gave her antibiotics which you can't breastfeed with. So she pumped for a week and threw it away she was

already in a state of mind of pumping and throwing and she already partially gave formula and it was already so easy to stop. I met someone who told me she doesn't have enough milk and she has to combine formula because the baby is not growing fast enough. It's a baby that was born very little. To me, it's BS that they told her she's not growing fast enough. Turns out this girl is living on mint. Drinking mint tea, eating mint salad all day long. No one had told her at any point that mint dries out milk. Not just a bit of mint. A LOT OF MINT. All the kettles are always with minty water. Salads - with mint. It's just that there's no knowledge. If you take a lactation consultant, and you pay for a private service, then she can say – eat this, don't eat that. But not everyone can listen to their body like that. Not every woman knows how to say "this was good for me and this wasn't good for me". It's confusing to some. So it's hard. I think really that the place of organizations like La Leche is just extending knowledge so that women will have that information at least to choose what to do. I keep running into people with goodwill and no tools.

Molly's story, along with the stories of her friends and acquaintances, reveals a gap in the way medical practitioners are educated about breastfeeding. Molly also talked about the significance of listening to your own body. She acknowledged that not everyone knows how to listen to these cues and be attuned to their embodied ways of knowing. As Snowber (2012) suggested, “to become in touch with all of who we are: cognitive or intuitive, kinesthetic or visual, intellectual or spiritual bears on how much we can access the integration of the totality of being human” (p. 121). As Molly said, this connection is often missing, lacking or unreachable by many mothers who too often rely on misinformed medical practitioners and are in asynchrony with what their bodies are trying to tell them.

From Molly's account and other women's stories, it seems that the relevant practitioner for breastfeeding issues is a lactation consultant and not a pediatrician. Lactation consultants are, however, not always available and even if they are available they are not always affordable. The women I interviewed all had access to a lactation consultant either through their insurance companies or paid out of their own pockets. What comes to mind is consideration of what happens to a woman who does not know about the existence of a lactation consultant or what happens to a woman who knows they exist, but cannot afford to see them.

The women I interviewed told of experiencing non-baby friendly hospital policies (Yvonne) or encountering health-care practitioners who misinformed them regarding breastfeeding (Molly, Dani). Given that the interface between a breastfeeding mother and the health-care system is a health-care practitioner, the current research shows that

sometimes breastfeeding works despite, and not thanks to, the system and its agents. In other words, the women were resourceful enough to find help for themselves and did not settle for what they received from the system. This is consistent with work showing not all breastfeeding support is equally supportive (e.g., Schmied et al., 2011; Balogun et al., 2016; Beonit et al., 2016).

6.6. The dark side: Summary

The Dark Side chapter highlights the negative sides of breastfeeding as were shared with me by the women comprising the current sample. Issues relating to embodiment, pain, and sleep deprivation (Q1), breastfeeding-related attitude shifts (Q2), logistics and work-life balance (Q4), social and relational interfaces (Q3, Q5 and Q6), as well as the influence of broader social policies (Q7) were all shown to contribute to the possibility of experiencing breastfeeding negatively.

Furthermore, it is well worth considering at this juncture just how “dark” the darkness can get. Do the women in my study indicate something of this potential “darkness”? Do they, in spite of demographic privilege, more than hint at what women in more dire circumstances experience? The women comprising the current sample were all cisgender women, living with a partner, in a first-world country with legal status (either citizens or legal immigrants), White, with an education ranging from high-school to holding a Ph.D., working for pay or financially able to stay at home with their children. They all had medical insurance, could advocate for themselves, and had the resources to seek and find help when it was necessary. These details are important when considering how “dark” the experiences of other women can get. Being of different ethnicity, color, or socio-economic status has vast implications for the opportunities women in general and mothers in particular have afforded to them (e.g. Levingston, 2020). And as Yate (2020) indicated, mothers from more challenging and less privileged backgrounds can find themselves slipping through the cracks when their external circumstances are not benevolent.

As mentioned in Chapter 3, my motivation to conduct the current work was deeply grounded in my own engagement with breastfeeding and hence I searched for women close to me demographically to answer my questions. This choice is, naturally, limiting my ability to discuss the breastfeeding experiences of women of different backgrounds. Further, the use of Bronfenbrenner’s systems theory has shown how

much power external factors have. As breastfeeding is an embodied and relational practice, it is important to remember that different bodies are situated differently in the world and are responsive and sensitive to their context (e.g., Kaufman et al., 2010; O'Sullivan et al., 2015). Thus, knowing that we live in a world that is not perfect, where the color, shape and size of one's body complexion one's experience in this world, and knowing that people of different socio-economic statuses have different opportunities means knowing women of disadvantaged backgrounds may certainly experience breastfeeding in much darker ways.

There is no doubt that more work focusing on the experiences of women from other demographics will tell us much about the darkness of breastfeeding. The works by Powell et al. (2018) and Andrews et al (2021), for example, demonstrate how women who suffer from disabilities have particular and specific barriers to breastfeeding. Similarly, O'Sullivan et al. (2015) showed how obese mothers can also experience particular challenges in breastfeeding. Additionally, Kaufman, Deenadayalan, and Karpati, (2010) demonstrated how African American and Puerto Rican women had their experiences of breastfeeding colored by the ambivalence they felt toward it. Kaufman et al. also emphasize the need for more research involving various cultural and demographic groups, stating that "further studies are necessary to represent the realities of women in their multiple contexts, across geographies and social groups, to gain a deeper understanding of the ambivalence that may circulate in women's worlds" (p. 703). The current work is limited as it also focuses on a small, specific, and homogenous group, but it can be seen as an important step toward revealing the ambivalence women experience in breastfeeding that reflect the dark times and circumstances they face.

In the next chapter I discuss what I found in interviewing women like me that answers my question "Is it just me?" This discussion chapter highlights the interpretive frameworks I have used: accenting phenomenologically the relational flow to breastfeeding (Smith, 2006, 2007, 2020; Smith & Lloyd, 2019) while situating the bodily and interembodied sensibilities of breastfeeding within Bronfenbrenner's ecological systems theory (1977, 1994).

Chapter 7.

Discussion

The current work shows that breastfeeding is a complexly embodied and interembodied, relational practice. The way women experience breastfeeding may depend greatly on their circumstances, support systems, and even geographic locations and can be both positive and negative with many shadings in between. Similarly to Tiedje et al. (2002), the current work found Bronfenbrenner's ecological model to be a useful data interpretation model in that it enables mapping of these breastfeeding circumstances and situating women on that map. The current work also adds to that of Tiedje et al. (2002) by providing a phenomenological focus on the living, embodied, and interembodied experiences of breastfeeding. Through the exploration of stories, impressions, anecdotes, thoughts, and attitudes of a group of breastfeeding women, I bring to light how breastfeeding is lived directly as a bodily practice in relation to others.

In this work, I have tried to provide a fuller, more rounded understanding of what it means to breastfeed for some women of a certain demographic by showing breastfeeding to be multilayered (even for the same woman at the same time), how it is influenced by familial, social and societal factors, yet is still felt relationally within the practice itself. Through the exploration of seven research questions, I demonstrated that breastfeeding can be experienced bodily as positive, negative, or anything in between (Q1), and that women hold different and even contrasting attitudes and expectations toward this practice (Q2). Additionally, I have shown that breastfeeding can impact women's social contexts and opportunities, painting them brightly or limiting them (Q3). The practice of breastfeeding also includes many logistical considerations, for better or worse (Q4). Breastfeeding women shared stories of feeling supported and included (Q5) but also of being limited, and excluded (Q6). Finally, the practice of breastfeeding was shown to be significantly influenced by external policies, social norms and cultural forces, again for better and worse (Q7).

The women comprising the current sample all belong to a very specific population – cisgender, White, Jewish Israeli women, living with a partner and most of them living in North America. The specific choice of sampling naturally raises questions as to what

extent their breastfeeding stories in chapters four through six are representative of the meanings breastfeeding introduces into women's lives. These concerns about generalizability have good grounds.

These concerns are particularly important when considering how the lived experience of breastfeeding, and of maternal ambivalence, can be influenced by many factors. As suggested by Merleau-Ponty's work and the work of feminist scholars I have cited, lived experiences are not detached from context.

Experience is not outside social, political, historical, and cultural forces and in this sense cannot provide an outside vantage point from which to judge them. Merleau-Ponty's understanding of the constructed, synthetic nature of experience, its simultaneously active and passive functioning, its role in both the inscription and subversion of sociopolitical values, provides a crucial confirmation of many feminists' unspoken assumptions regarding women's experiences. (Grosz, 1994, p. 95)

The current work emphasized breastfeeding as an inter-embodied practice lived through a body that has specific characteristics such as size, shape, and color. Consistent with Grosz's take on Merleau-Ponty's work, the use of Bronfenbrenner's ecological systems theory demonstrated how our subjectively lived experience is heavily governed by external social, cultural, and political forces. Through such an analysis it is clear that each breastfeeding body is positioned differently. Considering the specific demographics of the sample comprising the current work, there is a limited degree of possibilities to refer to matters such as race and economic class. Nevertheless, in the next section, I offer some elaboration on matters to do with the subjectively lived experiences of women not represented in the present study.

7.1. Limitations to generalizability

Race plays a role in women's breastfed experience, as breastfeeding can be a part of motherhood and the experience of motherhood is different between women of difference races. Irving (2018) quotes the Centers for Disease Control (CDC) stating that "Black women are less likely to begin and continue breastfeeding their children than any other group of mothers" (location 2932). These differences are grounded in a variety of

reasons. Hill Collins (1990), in her influential work *Black Feminist Thought*, discusses how African-American women in the United States live with three-dimensional oppression that is: (i) economic as in the exploitation of their labor (as seen by the “ghettoization in service occupations”, p. 4); (ii) political by forbidding African-American women from voting; and (iii) ideologically, as reflected by “certain assumed qualities that are attached to African American women [and] are used to justify oppression” (p. 5). Explaining the historical background, she states that:

Taken together, the supposedly seamless web of economy, polity, and ideology function as a highly effective system of social control designed to keep African-American women in an assigned, subordinate place. This larger system of oppression works to suppress the ideas of Black women intellectuals and to protect elite White male interests and worldviews. (Hill Collins, 1990, p. 5)

One example of the way ideology factors into the breastfed experience of African American women is provided by Irving (2018) who describes herself as a young African American woman going against the racially biased expectations of her. Irving (2018) relates how, despite her father’s expectations, she did not get pregnant at sixteen and how, because of her father’s expectations of her as a young African American woman, she engaged continuously in mental calculations of her own achievements compared to what the statistics as an African American woman predicted for her.

Connecting these points to the meanings breastfeeding may bring to women of various racial and ethnic identities, Kaufman, Deenadayalan, and Karpati (2010) conducted a qualitative ethnographic research study looking into breastfeeding-related conceptions and practices of low-income African American and Puerto Rican women. They found that although breastfeeding was (unsurprisingly) perceived as “best,” the women felt ambivalent toward breastfeeding as they were concerned about the transmission of other substances in breastmilk (e.g. from smoking, drinking or disease) and viewed formula as a safer option for their babies. Kaufman et al. (2010) referred to this ambivalence as one that “challenges breastfeeding promotion strategies” (p. 696) and results in lower breastfeeding rates.

Kaufman et al.'s research is important as it sheds light on the considerations and meanings breastfeeding holds for low-income African American and Puerto Rican women. Consistent with their work, official statistics pointing to lower breastfeeding rates as a function of race are available and easily interpretable (e.g., Boundy et al., 2017; Beauregard et al., 2019; Paynter & Goldberg, 2018). In addition, works by other scholars are dedicated to maternal ambivalence in the context of race or intersectionality (e.g., Merritt, 2018; Vervliet, De Mol, Broekaert & Derluyn, 2014). Alas, reports concerning the synthesis of the lived experience of breastfeeding, the ambivalence it may trigger, and the way breastfeeding is situated within a framework of intersectionality in terms of race, sexual orientation, age, religion or differently-abled bodies are not as readily available. I am unfortunately unable to address this gap as the current work focuses on a specific demographic, positioned within a specific, privileged intersection. Future work would be useful in shedding more light on the complexities women of various demographic characteristics face and that are revealed in their lived experiences of breastfeeding.

Demographics can also factor into breastfeeding when considering how women suffering from a disability such as a type 1 diabetes diagnosis cope with breastfeeding. Comparing, for example, women with type 1 diabetes in the United States and in Canada can shed light on the way forces such as policies and politics directly register in, on and through the body, since these two countries have different policies concerning the regulation of insulin prices. A breastfeeding woman in the US who needs to buy insulin will probably have to return to work very soon after giving birth to keep her health insurance. If she chooses to continue breastfeeding, this may mean she will have to frequently pump, leave work early, or stay up late to pump. As the first year of a baby's life is exhausting for the mother anyway, considering the additional strain it is likely that she will have a harder time maintaining her sugar in the necessary range, thereby creating more damage to her body as a result of poor glycemic control. A similar woman living in Canada where both maternity leave and insulin prices are regulated and supported by the government will be able to keep her income, health insurance, and medications, and likely not have to face financial strain, thus affording her better health outcomes in the long run. When further considering how the experiences of women in such circumstances are different from that of healthy breastfeeding women, it becomes clear how demographic characteristics such as nationality and health status (and the way these characteristics intersect) can register on and through the flesh.

In this work, I was most interested in learning about the experiences of women similar to me, who are White, Jewish, legal immigrants (i.e., most of them living in a different continent than the one in which they were born), as I was at the time, all of them with at least a high-school diploma, and most of them in paid employment. This is no doubt a very specific demographic which cannot speak to the lived or living experiences of other populations – women of different skin color, different religious affiliation, different nationality, different social economic status, different sexual orientation and thus, by definition, the current work is limited by this participant selection. By the same token, I have interwoven the stories told to me and by me with the words of other scholars. This polyphonic rendering of the practice of breastfeeding is somewhat telling of common elements. Yet clearly matters of race, age, religion, and socio-economic status play a significant part in determining the subjectivity of breastfeeding in particular and of that of maternal ambivalence in general.

I acknowledge that my characterization of breastfeeding is quite subject-specific and thus it is hard to summarize the current work with statements that will be true for all breastfeeding women. In fact, generalizable statements were never the intention of the current work. The specific choice of phenomenology, as suggested by Smith (1986), is somewhat of an indication of the “rigor of my intentions.” These intentions were to gain an in-depth perspective on the ways breastfeeding reveals itself to other nursing mothers. The stories and examples in chapters four through six could be said to be universal, as they are stories of human pain, conflict, feelings of competency, and reassurance. Yet we must not forget that breastfeeding is “socially constructed and culturally situated” (Lloyd, 2018, location 3601) and these cultural and social considerations impact the degree to which the present study’s findings can be generalized.

With these limitations in mind, I suggest that it is nonetheless possible to take some transitive understandings from the current work about the meanings breastfeeding holds for women who nurse, even if not for all women in all places and all life phases. Clearly, not all women will be able to relate to the instances of ambivalence I have addressed and they may, in fact, have quite different conflicts in their lives. Further considering that one of the main goals of the current work is to bring to light the ways breastfeeding can cause ambivalence to begin with, such comprehension leaves room to acknowledge each woman’s own type of ambivalence. Thus, despite the varying

details of each woman's life circumstances, her social ecology, the current work lets women know that ambivalence is an integral and inherent part of breastfeeding which is otherwise flattened to being "best." Despite this sample's limitations, the stories nonetheless hold great value in bringing parts of the darkness and grayness of breastfeeding to light. The sensations, attitudes, emotions, thoughts, and interactions that were discussed in chapters four through six are revealing of the meanings breastfeeding holds, but these do not exhaust the fuller range of breastfeeding experiences. Knowing, however, that other women can feel conflicting sensations toward the practice of breastfeeding is not something to be taken for granted. Had I known, when I just started nursing, that it is perfectly normal to want to do something and resent it in the same time, I would have probably felt much more comfortable with my baby-feeding choices. My work offers this knowledge to other women. In addition to this acknowledgement, future work, targeting different and more varied populations would be helpful in shedding light on the specific challenges breastfeeding holds for women of other demographics.

7.2. Positioning the current work within the phenomenological landscape

With these qualifications and considerations in mind, in this section I wish to position the current work, comprised of my and my participants' stories, examples, anecdotes and narratives, within the phenomenological landscape. As a mother of two, a graduate student, and a researcher interested in the meanings breastfeeding brings to women's lives, writing this dissertation has been extremely meaningful. Consistent with van Manen's (2016) take on the motivation to conduct a phenomenological study, my motivation for the present research was my very persistent wondering about what breastfeeding brings to my life as well as other women's lives. I knew that my own life events and circumstances (e.g. my support system, social circle, and family history) influenced greatly the way I lived through breastfeeding. I had, and still have, a strong sense of how breastfeeding can be painted darkly or brightly depending on social and cultural issues (Lloyd, 2018). I know how these external circumstance register for me because I have nursed two very different children over the last seven years in different geographic locations and cultures. I am made aware of these external circumstances because I live, and have lived, my life through my embodied self and in a way that is

relational to others in my life (Smith, 2006, 2007, 2020, Smith & Lloyd, 2019; Irigaray, 1985, 1993).

My breastfeeding experiences, as with those of my study participants, were and still are lived through, in, and on my flesh, leaving marks and at times conflicting sensations, and producing a unique imprint (or should I say stretch marks) on me. These affects and effects are not confined to my own flesh but are imprinted by and on others. My son, who is nine now, remembers how he used to nurse even though he stopped when he was three and a half years old. He misses that closeness and we now replace it with big long hugs. It feels like sometimes he needs me to wrap him all around just so that he will remember where I finish and where he starts. My younger daughter wakes up at night, calls me to feed her in her own unique baby language, while our bodies connect through breastfeeding, even when we are both half asleep. The boundary between bodies, as Simms (2001) suggested, and as my participants told me, is breached, flexible and perhaps because of that can be conceptualized more clearly than it can, in fact, be felt. My children and I are not separated. We are continuously connected. Or are we? LaChance Adams (2011) maintained that “[a]lthough our bodies overlap and interpenetrate, we still remain within our own skin” (p. 250). Grosz (1994), following Merleau-Ponty (1968), suggested further that

The skin and the various sensations which are located at the surface of the body are the most primitive, essential, and constitutive of all sources of sensory stimulation. The information provided by the surface of the skin is both endogenous and exogenous, active and passive, receptive and expressive, the only sense able to provide the “double sensation” [...] The double sensation creates a kind of interface of the inside and the outside, the pivotal point at which the inside will become separate from the outside and active will convert into passive. (pp. 35-36)

So perhaps it is possible to suggest that in addition to how breastfeeding involves the touch and this interembodied relation between bodies, milk is the liquid form in the synergies and exchanges of breastfeeding. This is consistent with Simms’s (2001) take on breastmilk.

Milk reveals to us that the body, even in its organic dimension, is not enclosed in itself, but engaged in a meaningful web of relations: the infant other is part of the structure that determines what milk is. Perhaps more than any other substance, milk is the visible sign of the invisible, the in-between body, the chiasm, mother-infant flesh. (p. 26)

Through this research process I have learned that, like other mothers, my body can be considered an epistemological authority and its ways of knowing are as relevant as the WHO's recommendations. This epistemological authoritativeness of breastfeeding women was demonstrated empirically when, for example, the participants told me that they knew when to get help in establishing breastfeeding (e.g. Molly, Emily, Dani, and Yvonne), or that they felt disappointed when medical practitioners misinformed them about breastfeeding (e.g. Molly, Yvonne, and Dani). Additionally, I have learned that while my own breastfeeding sensations, perceptions, stories and events are private to me, I did not invent the wheel and parts of my story resonate with what other women go through as well as with the feminist literature on the "good maternal body" (Stearns, 1999) and "what good mothers would do" (LaChance Adams, 2011).

To explore, through stories, examples, and anecdotes, other women's breastfeeding sensations, emotions, attitudes and thoughts I also had to acknowledge my own biases and dispositions. I cannot ignore my perspectival and perceptual point of view, but I can, should, and have bracketed it (Jacobs, 2013) in a way that enabled me to explore other breastfeeding mothers' ways of knowing breastfeeding. Following Merleau-Ponty (1945/2012), my embodied and interembodied ways of knowing breastfeeding can become my perspectival point of view on what it means to be a breastfeeding mother. As with other mothers, and other female phenomenologists, I know the embodied sensations of lactation (Silbergleid, 2020; Young, 1980, 1992), the longing to nurse my child when I was not around him or her (Ma, 2020; Silbergleid, 2020), the pain (Ma, 2020; Wilson & Simonds, 2020), and the admiration and humbling feeling of watching my children grow thanks to a substance my body manufactures (Simms, 2001). Thus I am in a position to ascertain the meanings of others' experiences and connect them to mine, while keeping in mind that these embodied ways of knowing, as Snowber (2012) suggested of dance, are like having an internal navigation system.

Connecting to bodily knowledge could be likened to having a free GPS system within us, always available to guide, and dance breaks open the boundaries for listening with all our being (Snowber, 2011). In other words, we need our full bodies for deeper understanding of what it means to be human in this world. (p. 55)

I have used my own embodied knowledge as the means of orienting to the stories and anecdotes shared by my participants. I sometimes felt what they were talking about physically through my own body as I was talking with them. When Emily told me she's not sleeping more than two hours straight for almost a year now, I could almost feel the tiredness of the muscles. I flinched when Rylee was bitten as we were talking. All too often my son had locked his jaws on my poor nipple as he drifted into sleep. My own pain, frustration, anxiety, and tiredness, but also feeling proud of my body for its ability to support my children like that, are sensations with which I am very familiar. These sensations enabled me (not always, but sometimes) to hear, see and feel my participants' stories through my own eyes and skin. Such a "second-person subjectivity" is in keeping with Churchill's (2016) articulation of an empathetic stance toward one's research participants.

This "empathizing moment" within second-person perspective is something that happens to us all the time, but we do not think about it because we do not always put this moment of perception into words. It often remains ineffable, because we are concentrating on the words that are spoken by the patient (or the research participant, or the person addressing us on the street)...In our encounters with patients and research participants, we are often gathering preverbal (and therefore easy to overlook) "data." If we are taught as both researchers and practitioners to be both observant and reflective, then we should start paying closer attention to such moments in which others are revealing themselves to us. (pp. 100-101)

Taking account of the embodied knowledge of breastfeeding and self-nominating myself as an epistemological authority in this area is also in line with Bartlett's (2002) criticism of how the embodied knowledge of breastfeeding has been devalued. She wrote:

knowledge of breastfeeding practices has been increasingly distanced from mothers, who are now largely positioned as novitiates in need of tuition on how to breastfeed. Breastfeeding is now learned through reading or instruction by a newly professionalized sector of experts including midwives, lactation consultants, and community health nurses [...] This cultural shift in authority can also be linked to the masculinization and institutionalization of midwifery (Oakley, 1993; Palmer, 1988), which maintains control by devaluing whatever embodied knowledge women may have of breastfeeding, instead placing expert status in the hands of educators who may not have experienced breastfeeding themselves, either as babies or as mothers. (p. 3)

I know how it feels like to be supported in the workplace like Yvonne. I know how it feels to live under the weight of a reproductive burden like Emily and Molly. I know what it is like to have breastfeeding as the arena of spousal conflicts, again like Emily and Molly. My whole body, and breasts in particular, know how it is to have moments of pain as did Rylee or of deep, wordless, distant communication like Yvonne. I, like Teresa, have pondered the meanings breastfeeding brings into my life and, as Dani did, I constantly negotiate my way through the public sphere.

Following these parallels, with the focus on the seven research questions of the current work, I review how these ways of knowing breastfeeding may well be lived through privately and personally, but also connect to a broader academic, philosophic, and empirical discourse of embodiment, interembodiment, and relationality. Hausman (2004) suggested that because breastfeeding is an embodied practice we must consider the body that breastfeeds in its other embodied characteristics and the ways these position it in society and culture:

[breastfeeding] involves an implicit feminist politics, given the way it positions women's bodies in relation to infants and partners, the issues it raises for women in public spaces, and how it forces a reconceptualisation of the idea of the autonomous individual that is the basis for Western conceptions of the civic polity and, thus, citizenship. Breastfeeding makes us think about women's bodies and thus the other aspects of those bodies—race, age, health status, class position, sexuality—that define

women's experiences and circumscribe their mothering practices in the context of male-dominated societies. Finally, breastfeeding forces us to reconsider equality frameworks that limit the biological aspects of reproduction to childbearing—nursing is about recognising women as cultural mammals whose choices, decisions, and experiences as mothers are circumscribed both biologically and socially. (p. 275)

In other words, breastfeeding positions women throughout all the spheres comprising Bronfenbrenner's ecological theory, and that has vast implications for their lives including the way their bodies feel (Q1), the attitudes they hold (Q2), their social contexts (Q3, Q5, Q6), their financial and professional opportunities (Q4), and the way they feel and conduct themselves when in public (Q7). Additionally, a phenomenological methodology that considers the way breastfeeding is compellingly felt allows a rigorous consideration of the stories told by the research participants that includes my own point of view. By using both frames of reference, the ecological and the relational, I trust I have provided a view that honors the subjective, embodied and relational aspects to this practice while acknowledging the external factors influencing it. Together, using both interpretative frameworks, the current work has addressed the seven research questions concerned with various aspects of the experience of breastfeeding and thereby provides an holistic consideration of the meanings breastfeeding holds for women who nurse.

7.3. Breastfeeding within an ecology of systems

In Bronfenbrenner's ecological systems theory (1994, 1977), the first nested structure, the Microsystem, was defined as “[a] complex of relations between the developing person and environment in an immediate setting containing that person (e.g. home, school, workplace, etc.)” (Bronfenbrenner, 1977, p. 514). The microsystem includes the developing person (i.e. the breastfeeding woman) as well as her immediate setting. In the current study, the breastfeeding women's microsystem consisted of the mothers themselves: their self-awareness, embodied-selves, self-evaluations and appraisals, and their expectations and attitudes regarding breastfeeding. All six participants shared stories of breastfeeding in their microsystem within the three chapters on the bright, the gray and the dark sides of breastfeeding. Their stories addressed research question one, concerned with their embodied experience, and research question two concerned with their attitudes and expectations. The women's

stories showed that the embodiment of breastfeeding can be lived through as a positive, pleasant, sensual experience that can also bring pain, hurt, exhaustion and anxiety (Q1). The women also shared their attitudes and expectations toward breastfeeding – viewing it in a positive, appreciative light, but in a way that sometimes conflicted with their prior takes on this practice (Q2).

Since the microsystem included the interactions the mothers have with others in their immediate environments, the microsystem includes the nursing child and other children, their partners, and other family members. An example of an interaction in the microsystem can be how the breastfeeding woman's spousal connection facilitates or creates barriers to breastfeeding. Another example is how family history frames the meanings entailed in practicing breastfeeding. For example, is breastfeeding considered part of "good mothering" (Hays, 1996; Stearns, 2013; Lloyd, 2018), "natural" (e.g. Fitzwater Gonzales, 2018) or perhaps considered unnecessary and hence discouraged (e.g. Scott and Mostyn, 2003)?

The stories comprising the women's microsystem touched on research question three concerned with their social lives, research question four concerned with breastfeeding logistics, research question five concerned with feeling supported, and research question six concerned with limitations and challenges. The women in the current sample said that breastfeeding can influence a woman's social life in a variety of ways – extending her social circle, limiting it, or changing her social context completely (Q3). The stories also illustrated the many logistical considerations breastfeeding introduces – from the family's sleeping arrangement, to the way breastfeeding facilitates outings and encourages spontaneity, the need to delegate the care of pumped milk, and the way different women navigate their employment status (Q4). These social and logistical considerations in turn contributed to the way women felt supported in their breastfeeding practices (Q5) or alternatively how they felt breastfeeding challenges and limits them (Q6).

The Mesosystems, the next circle in the ecology, "comprises the interrelations among major settings containing the developing person at a particular point in his or her life" (Bronfenbrenner, 1977, p. 515). The mesosystem maps the external influences onto the developing person (i.e. the breastfeeding woman) in terms of the settings that include her directly such as her workplace, community, and neighborhood (as in Tiedje,

et al., 2002). Consistent with this conceptualization, the participants told of how the different factors in their mesosystems influenced their experiences. They spoke, for example, of how the support (or lack thereof) from their workplaces or their social circle related to their breastfeeding experiences, thus further addressing research questions five and six concerned with support, challenges and limitations. Some showed that breastfeeding can be successfully integrated in the work place, while others showed that breastfeeding added significantly to an already very loaded work schedule.

The next layer is the Exosystem, which is an “extension of the mesosystem embracing other specific social structures, both formal and informal, that do not themselves contain the developing person” (Bronfenbrenner, 1977, p. 515). The breastfeeding women’s stories in the current work demonstrated how various external factors influenced their personal experiences, such as their partner’s workplace or the interaction between their partner and their family members. If, for example, the partner’s prior exposure to breastfeeding through other family members or friends, influenced their degree of support of the practice of breastfeeding. Since the current work focuses on the phenomenon of breastfeeding, and not on a developing child, the mesosystem in the current work includes the women’s communities, neighborhoods or workplaces insofar as these are integral to these women’s daily lives. For Bronfenbrenner, however, the workplace or community were regarded as parts of the developing child’s exosystem, since the developing child does not engage directly with them (Bronfenbrenner, 1977, p. 515). Therefore, in the current work, most of the stories fitted better with the description of the mesosystem and not the exosystem.

Finally, in the Macrosystem, the stories told by the participants reveal how their breastfeeding experiences were influenced by social norms, policies, regulations, and even the law, thereby addressing research question seven. Women spoke of the different ways policies and norms colored their subjective experience for better or for worse, further demonstrating the impact external factors have on the ways breastfeeding is felt, negotiated, and lived through (Lloyd, 2018; Lee, 2018; Young, 1980, 1992; Hays, 1996, Stearns, 2013).

7.4. A relational-ecological view

The current research uses phenomenology as a methodology to tap into the living experiences of breastfeeding (e.g., Creswell, 2013; van Manen, 1997, 2016), in addition to Bronfenbrenner's ecology which provides the structure or scaffolding for the holistic exploration of the breastfeeding experience. According to Merleau-Ponty (1945/2012), our body is our way of knowing and understanding the world, that is to say, we live an embodied life. Abram (1988), in an interpretation of Merleau-Ponty's work, further explained that through the exploration of bodily experience we become aware of how we are not separated from the world or the phenomena which we study; we are involved and immersed within our subjectivity of our exploration.

Our civilized distrust of the senses and of the body engenders a metaphysical detachment from the sensible world, fosters the illusion that we ourselves are not a part of the world that we study, that we can objectively stand apart from that world, as spectators, and can thus determine its workings from outside. A renewed attentiveness to bodily experience, however, enables us to recognize and affirm our inevitable involvement in that which we observe, our corporeal immersion in the depths of a body much larger than our own.
(pp. 104-105)

Irigaray (1985, 1993) also argued that it is not only that we live an embodied life but that our life and experiences are in fact relational to other bodies as well as to the world around us with which we interact in a deeply relational way. It is possible to suggest that breastfeeding, as a particular case of embodied living, is the foundation of interembodied and relational living.

Such a view of breastfeeding is consistent with the work of Lee (2018) and Ryan et al. (2011). Lee (2018) stated that many women feel breastfeeding to be a form of an interembodied relational connection, and the empirical work of Ryan et al. (2011) demonstrates how this interembodied connection is manifested in the ways women experience breastfeeding. Studying breastfeeding using phenomenological methodology while acknowledging the ecology in which it exists further aligns the current work with what was suggested by Young (1980).

[E]very human existence is defined by its situation; the particular existence of the female person is no less defined by the historical, cultural, social, and economic limits of her situation....the status and orientation of the woman's body as relating to its surroundings in living action....brings intelligibility and significance to certain observable and rather ordinary ways in which women in our society typically comport themselves and move differently from the ways that men do. [This is i]n accordance with the existentialist concern with the situatedness of human experience. (pp. 138-139)

In other words, breastfeeding is a specific case of an embodied and interembodied practice and as such it is positioned within a broader array of considerations and forces. These forces and considerations are not only out there, external to the mother-child dyad, but leak into the way breastfeeding is experienced subjectively. As Hausman's (2004) and Young's work suggests, there is no escape from these forces since we live life through a body that has specific characteristics that position it and us within society and culture.

7.5. Maternal ambivalence

In this work, through rich descriptions of the engagement with breastfeeding, I have shown how the embodied and interembodied practice of feeding your baby from your breast can be experienced positively, negatively and anything in-between on a spectrum of responses for a specific group of women with specific demographic characteristics. The stories here also demonstrate that the different layers of the ecological systems making up the breastfeeding woman's lifeworld are felt subjectively through the body. Feeling ecological systems through the body includes (but is not limited to) embodied sensations and changes in the ways the breastfeeding body responds to the nursing child's body. In the current work, such embodied relationality was felt, for example, in the way the body changed as a result of schedule changes. Being held up in a meeting and not being able to pump on the regular schedule, for example, caused congestion (Emily). Breastfeeding was said to influence attitudes concerning parenting in general and breastfeeding in particular (Dani, Molly and Teresa), thus addressing research question two. Breastfeeding was further shown to change the ways spousal and familial connections are experienced (Teresa) addressing research questions three (social life) and research questions five and six (support and challenge).

Practicing breastfeeding influenced the social circle of the breastfeeding mother, limiting (Rylee), broadening (Molly), or changing (Dani) it. Employment and educational opportunities also changed (Teresa and Yvonne), thereby addressing research questions four concerned with logistics. Furthermore, the way breastfeeding women conducted themselves in public was also transformed (Teresa and Yvonne), thus referring to research question seven. These transformations were experienced subjectively as either positive, negative, or a mix of both sometimes for the same woman at the same time. The demonstration of such multiplicity of subjective experiences allows the current work to contribute to previous scholarship discussing breastfeeding in particular and motherhood in general as something that is complex and ambivalent.

According to LaChance Adams (2011, 2014), maternal ambivalence is difficult to navigate. LaChance Adams explored motherhood through an existential-phenomenological care ethics, focusing on the phenomenon of women killing their own children. LaChance Adams (2011) argued that this phenomenon cannot be reduced to the categorization of these women as being either “mad mothers” (i.e. legally insane) or “bad mothers” (mothers not devoted to their children). In fact, she argues that these mothers were reported to be loving, caring, and involved mothers who probably thought killing their offspring was an act of love and compassion, each for her own particular reasons.

The women in the current sample demonstrated that practicing breastfeeding can be riddled with ambivalence and conflicts. LaChance Adams’s framing of maternal ambivalence can thus be very useful for the discussion of the holistic breastfeeding experience. LaChance Adams (2011) discusses maternal ambivalence from a care ethics point of view which sees the mother as engaged in a complex negotiation between the needs of the other for whom she cares and her own needs, saying that the two sets of need often contradict.

From this point of view of existential-phenomenological ethics, we find that intersubjective existence is a living contradiction. Our connections to others are profound and visceral; we share intimate space, intersect in embodiment, and co-establish the world’s meaning, dimensions, and veracity. Our freedom and our life’s unique meaning are dependent on our responsiveness to others. We need each other’s generosity and

collaboration; we are their facticity and they are ours. Nevertheless, we suffer the abyss of our divergent bodies and perspectives. Although our bodies overlap and interpenetrate, we still remain within our own skin. Even though the other is integral to who I am, she also exceeds my comprehension. We can be drawn into the outlook of another, but we are never in her place. Her alterity is insurmountable. Even the child born of one's own body is estranged flesh. (p. 250)

In the current work, the women attested that breastfeeding, and the care for their children through breastfeeding, was central to their being. It touched every aspect of their lives. They were connected to their nursing children in ways that transcended time and space, were felt from within and negotiated with outside forces, but they were still themselves, living in their own flesh. They were happy for nursing and the giving and the closeness, and resented what it brought into their lives at the same time, as can be demonstrated by all the women contributing stories in each of the sections – light, dark, and gray. As LaChance Adams suggests: “[a]lthough our bodies overlap and interpenetrate, we still remain within our own skin” (p. 250). The implications of this distinction are that “[s]ince I am entangled with others before I have the opportunity to will or deny it, I am drawn to care for them before I can consider whether or not it is in my own interests” (LaChance Adams, 2011, p. 250). LaChance Adams adds that this conflict, or ambivalence is particularly important when considering motherhood, because of its inherent dependency.

I claim that clashes between mother and child act as a rupture within the woman herself, between her competing desires to nurture and to be independent. Maternal experience challenges the assumption that subjectivity is simply singular, and reveals that the ethical draw of another can disrupt one's sense of self-coherence. Such conflicts are not unique to motherhood, but are especially intense because of the child's dependence and vulnerability, societal expectations of women (such as their being primarily responsible for children), the shared embodiment between mother and child, and our society's systematic neglect of caregivers and their dependents. (LaChance Adams, 2011, p. 7)

The discussion of negotiating motherhood, balancing giving and receiving, resonates with Luce Irigaray's writings. When she discusses, for example, the role the placenta has in the mother-child relationship, Irigaray (1993) emphasizes how the maternal body is tolerant of the growth of another human being inside of it (location 520). In her written discussion with H el ene Rouch they explain that, unlike common beliefs, the placenta is an organ that belongs to the unborn baby and its role is to regulate the communication and exchanges between the mother and her fetus. That is, the mechanisms of the placenta are a negotiation between the maternal body and the fetus/embryo. It is not that the placenta hides the presence of "the other" – i.e. the baby, from the mother's body so as not to activate an immune response. But rather, the placenta acknowledges its presence, recognizes it as other, and "the difference between the self and the other is, so to speak, continuously negotiated" (location 463).

The current work does not go into biological functions nor does it focus on pregnancy, yet the discussion of biological functions can nonetheless be used to create a metaphor for what LaChance Adams and others have referred to as maternal ambivalence. Irigaray's and Rouch's discussion (1993) shows that this mental and emotional negotiation LaChance Adams described resonates with the deepest levels of the interembodied connection between the mother and her children. It is not only that the mother, through breastfeeding, negotiates the way she cares for others and her selfcare after the baby is born. Even before birth, the mother's body has to recognize what LaChance Adams called the "estranged flesh," care for it and nurture it, while still caring for herself. It seems that since this is such a critical and challenging task to accomplish, there's a whole organ dedicated to this delicate negotiation.

Bastien (2017) shared another perspective about the role of the placenta in maternal ambivalence, telling how she teaches midwifery students to honour the placenta and women's embodied ways of knowing in the context of childbirth, and how this process of honouring the placenta is particularly important in cases where the mother feels ambivalent about her child or pregnancy.

If we believe that women are wise, powerful, and capable and that those women's bodies are designed to bear and birth their offspring safely, then why do we continue to fragment women's experience and our own womanly

knowledge into these [pregnancy and birth] specialists? Why do we tell ourselves we need them? (location 1690)

I feel more strongly than ever that this honouring and "processing" of the placenta is something to be done with and by the mother. It is a reclaiming and releasing of another one of her creations. It is particularly healing for women who had a painful experiences of felt ambivalence about their birth or baby. I teach midwives about the placenta not so they can take this as another professional skillset but as a way to give back to the mothers they served. (locations 1812-1843)

In other words, the placenta can play a role in the physical negotiation between the mother and her child, and can also be processed and honored postpartum for its role within that delicate negotiation (Bastien, 2017).

7.5.1. How dark can dark get?

The concept of maternal ambivalence has been addressed in recent years and yet relatively little work has been dedicated to gaining a rounded, empirical perspective on the ambivalence breastfeeding can trigger. To further address these *darker* aspects, I dive into other, maternal-related, research and literature. By looking into literature concerning ambivalence and childbirth, and the way ambivalence in the context of childbirth can register in and through the flesh, in addition to the empirical work presented above, I offer some initial insights to account for the darkness these aspects of ambivalence in breastfeeding can trigger for mothers who nurse.

We can learn about how ambivalence registers in the body when considering the way the maternal body responds to the circumstances of pregnancy. Denied pregnancies, for example, bear underweight children, even when the mother is not nutritiously deprived, and the mother seem to not suffer from pregnancy-related phenomena (LaChance Adams, 2014; Lundquist, 2008). In other words, despite the common perception of the pregnant body as one that allocates resources to the unborn child involuntarily, the mother's perception of her situation (have conscious awareness of her pregnancy) is registered both in her flesh as well as in her unborn child's flesh. This resonates with other feminine reproductive processes such as the work of the body

during childbirth. Martin (2001) analyzed medical textbooks about the process of childbirth and showed how they consider the laboring woman as a passive vessel in the first stage of childbirth, with the uterus working involuntarily. Conflicting with this framing, the laboring woman herself (and not her uterus) is the one being evaluated on the progress of birth (saying she is doing well or not progressing). These so-called “involuntary contractions” come to a halt when the laboring woman is under stress (Martin, 2001). In other words, the woman’s feelings and conflicts toward her position as a caregiver mediate the way her body responds and functions in these situations. Returning to the context of breastfeeding, it is possible to wonder if similar to pregnancy and childbirth, women who experience greater degrees of ambivalence toward their children or toward breastfeeding also experience more challenges lactating, produce less milk, and are less able to practice breastfeeding. As it is suggested that lactation starts involuntarily after birth, learning if this bodily function is also mediated by the woman’s ability to navigate her situation can be telling of the role maternal ambivalence plays in breastfeeding.

The discussion of childbirth and the ambivalence it can trigger also resonates with public perceptions of breastfeeding and breastfeeding advocacy. In the context of childbirth, women are often expected to endure through anything, as painful and dehumanizing as it may be, for the sake of the unborn child (Charles, 2011; Cohen Shabot & Korem, 2018). They are expected to do so if they want to preserve their status as a “good mother” (Charles, 2011; White & Queirós, 2018). Similarly, since a good mother is a breastfeeding mother (Lloyd, 2018), to maintain their status as good mothers, women are expected to breastfeed at all costs. After all, all mothers want what is best for their children, and if breast is best, they must breastfeed. They are expected to do so even when it is difficult and painful, even if they do not like it, and when they are unsupported. And as was demonstrated by LaChance Adams, these conflicting feelings tend to stack up and are difficult to negotiate without the support of others. Adding to the mix, other challenging life circumstances such as poverty, discrimination, or disability tilt the scale towards less adaptive coping strategies.

Simone de Beauvoir discussed the ambivalence, or ambiguity, in caring for others, yet still being an individual in her own right. Being interconnected yet separate, and exploring it through the flesh, Simone de Beauvoir touched specifically on the topic of breastfeeding, suggesting using ambiguity as representing the need to reconcile the

conflicts of an intrinsically free, embodied, subject living within a material world of social, cultural and historical meanings. Cohen Shabot (2018) further suggested that by using a lens of ambiguity we can look into breastfeeding and other female embodied practices not only as limiting but also as positive.

[t]he living-body is ambiguous, then, also because it is built as a synthesis between immanence and transcendence, that is, it is part of the fleshed world, of the world of materiality, of death and decomposition, and of cultural, social, and historical conditions, while in the same vein constitutes a site of freedom, a place from which the subjectivity as a project toward the future is developed (Cohen Shabot, 2007, p. 371).

Such a view is also supported by LaChance Adams's (2011) in contextualizing Simone de Beauvoir's work within a philosophical frame of care ethics.

Beauvoir argues that when freely chosen, motherhood is a vital commitment to care for another, and moreover, that person's ethical standing is indicated by how she negotiates the ambiguity between her independence and her responsibility to others. Motherhood heightens the possibilities for existential good or evil since it provides the opportunities to dominate a vulnerable person and/or to escape one's freedom in devotion to another. Nevertheless, whether or not the mother will be able to carry out her obligation depends on her situation. Beauvoir posits that individuals and society as a whole should embrace an active responsibility for children; mothers must have the opportunities to engage in other meaningful, enduring activities. The repetitive cycles of home and child care cannot gratify these needs. I assert that having reliable support will not eliminate maternal ambivalence, but will enable mother and child to negotiate mutual transcendence. (pp. 9-10)

Simone de Beauvoir's suggestions of sharing the responsibility of childcare, while making sure to let the mother have other meaningful engagements (similar to the suggestion that a woman has to have "a room of one's own"; Woolf, 1929), remains important. Adding proper external scaffolds to enable more successful navigation of maternal ambivalence around breastfeeding can be tricky, however, because of its

embodied and interembodied relational nature, as suggested by LaChance Adams, and as supported by the use of Bronfenbrenner's systems theory.

The participants in the current research demonstrated, and my own experience of breastfeeding confirmed, that this negotiation is not easy. It is important to emphasize that these experiences are embodied and relational because, as such, they are easily overlooked (Sheets-Johnstone, 2010; Sheets-Johnstone, 2020). If we rely on our internal embodied GPS (Snowber, 2012), based on nuanced cues and energy exchanges with our environment (Smith, 2020; Smith & Lloyd, 2019), it is easier to stop and say "I need help," or "this is not working for me." This is particularly important in breastfeeding because as a practice it is considered "best", "natural" (Fitzwater Gonzales, 2018) and central for "intense mothering" (Hays, 1996). They say 'it takes a village' but most of us do not have that village and we do the best we can with what we have.

7.6. Beyond "Breast is Best"

Breastfeeding was shown to be a practice that can be felt as positive, negative, and something in-between for the women respondents at different times and in different places in their lives. Breastfeeding was further shown to be influenced by the various systems around them – close and personal, but also distant and external. The current work demonstrated that these influencing factors are experienced subjectively, coloring meanings, influencing embodied and interembodied sensations, changing behaviors, and influencing decisions that can have long term implications for the quality of the breastfeeding woman's life.

The stories of the women in the current sample demonstrate how breastfeeding introduced the need for constant negotiation between the needs of the self and the needs of the other. Negotiating how many hours a breastfeeding woman sleeps at night, who is in the bed with her, who are her friends, what she does in public, if and when she goes back to work, and what happens when she comes back home, are examples of the little and big decisions revolving around breastfeeding. These decisions attest to breastfeeding being a form of ongoing negotiation of the very terms of maternal ambivalence. Choosing one thing over the other may represent the conflicts between the need to care for others and the need to care for one's self. Each woman has her own set

of dealt cards with respect to resources, support systems, obstacles, challenges, constraints, and affordances (consistent with Bronfenbrenner's systems theory). With this dealt hand she negotiates the conflicts comprising her own unique circumstances of maternal ambivalence. Sometimes, under more benevolent circumstances, she may land on the positive side of this practice. Other times she may experience a less positive outlook.

Acknowledging this complexity and the importance of the subjective, internal experience of breastfeeding in the negotiation of maternal ambivalence has several implications. One implication concerns the focus of breastfeeding advocacy and education. Current breastfeeding advocacy revolves around the mantra "breast is best" – that is, breast milk is the superior form of baby feeding and, because of that, every woman should give it to her child. This slogan is very catchy and easy to remember (and tell someone else), yet it narrows and flattens the embodied practice of breastfeeding to the physical function of one organ (the breast) while ignoring the fact that this organ belongs to a person who is a lot more than that specific organ. Just as someone with diabetes is more than their dysfunctional pancreas, a breastfeeding woman is more than her lactating breasts.

Focusing on the nursing woman as a subject opens a whole new world of meanings because now it is not just about the moral obligation to engage in breastfeeding (Kalil & Cavalcanti de Aguiar, 2020; Lee, 2018) because it is "natural" (Brigidi et al., 2020; Fitzwater Gonzales, 2018), because that's what a "good mother" should do (Ma, 2020; Stearns, 1999), or because it promotes general public health goals (Lee, 2018). To advocate breastfeeding is to tell women they should engage physically and emotionally in a continuous commitment that has serious implications for their lives, including their general health, education, and family planning. The worldwide low breastfeeding rates indicate that simply telling women they should nurse because that's what's "best" without considering what can enable them to engage in this demanding (Hausman, 2004), conflicting (LaChance Adams, 2011, 2014), embodied commitment (Simms, 2001; Stearns 2013), is simply not working (Bosi, et al., 2016).

Advocating breastfeeding without looking into what breastfeeding women need is an ineffective form of breastfeeding support, hence the low rates of breastfeeding are hardly surprising. Lee (2018) adds that "promotion efforts [are] failing to adequately

recognize the needs of women and treating them as mere means to the promotion of children's health and well-being" (p. 33). Such a strategy is not an effective way to support breastfeeding. Current advocacy and education cast breastfeeding as a means to an end (better general health of the general public) and not as an engagement of care that potentially introduces many conflicts to half of the world's population.

The current research contributes to the body of work in the field of breastfeeding in emphasizing that the focal point of any effort to promote breastfeeding should be the women who breastfeed. This means that the focus is not the milk, the breast that produces the milk, the baby who nurses, or general health-care goals set by governments. But changing breastfeeding advocacy and education from "breast is best" to enhancing the experience of breastfeeding women may not be an easy task. When considering educational efforts and breastfeeding advocacy, the message "breast is best" is a little more catchy than "breastfeeding is an interembodied negotiation between yourself and the ecological systems around you." Providing the necessary supports would mean that no shaming, blaming or threatening messages need be considered at all.

Empirical bio-medical and social-sciences research has already established that neither "breast is best" nor that the length of government-paid maternity leave alone contributes significantly enough in the efforts to promote breastfeeding rates and meet the WHO's recommendations (e.g., Bosi et al., 2016; Canada Health, 2009-2010³). Thus, tailoring educational and support protocols to give room to the complexity of breastfeeding while providing accurate and specific information (Schmied, et al., 2011) in a none-judgmental way (Thomson et al., 2015) should be the goal of future education and advocacy endeavors.

The findings of the current work also suggest that breastfeeding promotion efforts should focus on adjusting expectations of mothers-to-be by framing them more realistically (Williams, 1997). This framing should situate breastfeeding as an experience that is embodied and relational to others and as such may trigger ambivalent feelings. Breastfeeding education should further break the myth that "breastfeeding is natural"

³ <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs/duration-exclusive-breastfeeding-canada-key-statistics-graphics-2009-2010.html>

(Fitzwater Gonzales, 2018) and replace it with the message that experiencing breastfeeding as a complex phenomenon (i.e., good, bad and in-between) *is* what's truly natural.

7.7. Limitations

The current research, as with all research, is not free of limitations.

Focusing on embodiment and the way we experience the world and our relations through and by our body was suggested to be similar to having an internal navigation system (Snowber, 2012). If the lips can lie but the body cannot (Snowber, 2012, p. 54), when hearing about other women's experiences, via language, and then translating, transcribing, reducing, editing, framing and reframing their impressions, it is clear that some meanings get lost in the process. The goal is to explore through the flesh, but achieving such aim through talking, reading, and writing can be challenging. While Merleau-Ponty's work "[gave] us a conceptual and evocative language to describe human existence in its pre-verbal, syncretic, and non-dualistic manifestations" (Simms, 2001, p. 22), since I can only see things through my own flesh, it is hard to be connected to other's experiences via language. Trying to communicate embodied and interembodied relational meanings via written language is one of the issues resulting from how living an embodied relational life is different than writing about such life. Evocative descriptions, as rich as they may be, of applying our bodies to space or to an engagement in an activity are not the same as experiencing how it feels to be in that specific space, or engage in said activity. Description is only a proxy.

How we conceptualize the body intellectually is different from how we experience through dance the living, breathing, pulsing body from the inside out. (Cancienne & Snowber, 2003, p. 238)

Language can prompt mental images or sensations but there is a difference between reading about something and living through that something. Reading about a trip to a market in Morocco, for example, may help generate mental images, thoughts or emotions, but it's not the same as being pushed, hearing market chatter, smelling spices, sweating and feeling the shoulder and hands strain to carry heavy shopping bags. Not often do we stop to see ourselves seeing ourselves reading about a market in

Morocco, thinking about these sensations and smells and heat, while keeping in mind that we are still in our chair, holding a book or typing on a computer keyboard.

The difference between living an embodied life and writing about it is multiplied in the current work because this difference is applied not only to the author but much before that to the participants who themselves had to engage in a phenomenological reduction of sorts to coherently share, or express, their embodied impressions. This lived meaning was further reduced when I heard, transcribed, and translated their stories, leaving more room for meanings to get lost. I applied my own biases and predispositions to their expressed impressions. I had to process them, write them and rewrite them, trying to make-sense, tap into the “living” realities in an academically detached yet connected way, finding similarities and differences, wondering and being surprised. Even though I know breastfeeding extensively, I can only try to get as close as I can to my participants’ experiences. I can listen, guess and try to imagine, from my own perspective, through my own skin, what breastfeeding means to others in their respective lives and lifeworlds.

Writing about breastfeeding, and thinking about writing while I breastfeed, going back and forth between these activities and thoughts, thinking about how I’m thinking about writing of breastfeeding as I breastfeed, can be tricky. Generating this reflective space is one of the key challenges in conducting phenomenological research. According to Jacobs (2013), this reflective space is what enables us, through the phenomenological reduction, to distinguish between how things “appear” and how they “appear to me.” But these attentive switches are not perfect. This reflective space can easily get lost because it is not intuitive to try and leave the natural attitude in which we are so immersed. Staying in that reflective space, while we are immersed and functioning in embodied and relational existence, does not necessarily work so well. Perhaps the position of being a philosopher-at-his-desk is what enables these transitions from the natural attitude to the phenomenological reduction to happen more easily or more frequently. The challenge to reflect while on the go is multiplied many times over. And yet, embracing this immersed intersubjectivity and trying to remember the reflective zone that is available to us is key to this research process. Snowber (2018) further suggested that research, writing, and our experiences through the body are not as distinct to begin with. One can write from the body, and not only as when thinking about

my fingers here typing the letters on this document, but as being toward our writing through the body, in the way we breathe, move, and touch.

Words and sentences, syllables and grammar have a rhythm and tone and yearn to be an extension of the interior life, where the personal is political, the poetic has precision, and writing is a holistic act connecting to body, mind, and soul. Cognition and intuition become partners in this dance. (p. 236)

Attempting to get closer to the topic of interest, while leaving the natural attitude as well as the statistics and numbers and Likert scales behind, may at least tell us how it is to be in the inquiry space of a breastfeeding mother.

But why, to begin with, is it important to learn from the inside out how it is to be a breastfeeding woman? Breastfeeding, with its prerequisite of relationality (because to breastfeed there must be an other, i.e. a child who feeds), and the way this relationality is experienced through the flesh, making an invisible, yet breachable, boundary between two bodies, can perhaps be looked upon as an exemplar for other forms of embodied or interembodied connections or exchanges, such as the one entailed in motherhood in general, which may trigger ambivalence.

According to LaChance Adams and Cassidy (2020), it is important to explore the ambivalence in the care for another, the care for our children, because “motherhood brings the paradoxes of being human into blinding light” (location 125). They argue that it is important to consider motherhood, in contrast to parenthood or fatherhood, because of the unique combination of what is expected of mothers, what they expect of themselves, and the resources and limitations they tend to have (location 125). Woolfrey (2020) adds that “although the experience of ambivalence will be relevant, predictable, and appropriate to anyone becoming a parent, some aspects are unique to people who identify as women or who are identified and, thus, categorized as such by society” (location 443).

I would like to add that breastfeeding is a particular maternal practice that triggers ambivalence, and it is important to acknowledge this ambivalence because of the vast implications breastfeeding has for women who nurse. The current study demonstrated that all women have positive, negative, and neutral breastfeeding stories.

It was also demonstrated that women tended to highlight the “bright” and qualified the “dark.” My own discovery of the dark sides of breastfeeding, the intense conflicts between the care for my children through breastfeeding and the need to cope with everything else at the same time, left me overwhelmed. Given that the conflicts in motherhood in general, and breastfeeding in particular, are “predictable and appropriate” (Woolfrey, 2020, location 433), it may sound surprising, as the interviewees in the current work revealed, that the discovery of the dark sides of breastfeeding catches many women unprepared. Therefore I maintain that it is important to acknowledge this ambivalence, because it is very common, yet often unspoken, leaving each woman to deal with her own situation in isolation. Knowing that the need to care for one’s self will often conflict with the need to care for another can normalize the harsh sensations and facilitate this careful negotiation. Therefore, I suggest that future work should focus on a more realistic framing of the lived experience of breastfeeding in the context of breastfeeding promotion. Furthermore, I suggest such research can facilitate better understanding of the ways medical and social policies intersect with the living experience of breastfeeding. Such understanding can help normalize ambivalent feelings women may struggle and which they may well think they are the only ones who feel them in caring for their loved ones.

7.8. Conclusions

The current phenomenological research aimed to provide insights into the brighter, darker and grayer sides to how women experience breastfeeding, however this does not necessarily mean that the findings of the current work exhaust the full possible spectrum of breastfeeding experiences. Additionally, since the current work is based on interviews with six women, all of very similar demographic characteristics, the question of generalizability of the current work is a valid consideration.

Keeping these generalization concerns in mind, the current work embraced a perspective that takes into account the way breastfeeding is experienced in an embodied and a relational way. It is important to keep in mind that its findings could also be said to be subjective, that is, viewed from the very specific prism offered by the specific participants who chose to participate, as well as the perspective of the researcher. This is, of course, true and provides clear limitations. And yet, despite these limitations to generalizability, the insights offered by this work can still be useful in

providing a detailed account of the ways breastfeeding is an embodied relational practice that is influenced by the ecological systems in which it takes place.

As such, breastfeeding can be considered a specific manifestation of how hard it is to live our lives separated from others (even during a pandemic) – our connection with others being a constant negotiation (e.g. LaChance Adams, 2011; Lee, 2018). We can use our body as a navigating system to show us the way (Snowber, 2012), learn about the external systems that surround us and influence our living experiences (i.e. ecology; Bronfenbrenner, 1977, 1994; Simms, 2009), but remember that outside influences tend to register subjectively as inner impressions within ourselves. The current work thus demonstrates that breastfeeding is a complicated, even ambivalent, experience composed of sensations, emotions, thoughts, interactions, and nuances that can be positive, negative and anything in-between. This complexity is inherent to the experience of breastfeeding, although often unrecognized and unspoken. I propose that recognizing and honoring this complexity can help normalize many women’s experiences, and through that enhance the way many women live through breastfeeding.

Afterword

This dissertation concludes a seven-year journey as a Ph.D. student and a breastfeeding mother. It was designed as a search for answers to seven research questions concerned with breastfeeding's embodiment (Q1), attitudes (Q2), logistics (Q4), support (Q5) limitations (Q6) and social (Q3) and cultural contexts (Q7). These questions are all rooted in one major, personal question I was struggling with in the context of breastfeeding, but also more broadly in the context of motherhood, which was – is it just me? Behind all the literature, philosophical wrap-up, and qualitative data, I was hiding. A young mom (now not so young) I was struggling with the blunt contrast between practicing something that is considered “best” while resenting parts of it and being criticized for all that “bestness.” For years I was sure that it is me. I was sure other breastfeeding mothers have it all figured out and I just did not get the memo. But how could that be? The dots were just not connecting for me. This is not what “best” should feel like. Or if this is what it is like, it most certainly should not be framed as “best.” But somehow, it is, and this was troubling to me.

Through this dissertation – the interviews, literature considerations, and phenomenological investigation – I have my answers. It is not me. Or at least, it is not just me. It is perfectly normal and natural to feel ambivalent toward breastfeeding. Yet the way breastfeeding is situated culturally and socially delegitimizes this ambivalence. This study, this phenomenology, was transformative in that it has changed the way I am approaching not only my breastfeeding practice but also my ambivalence about it. I am always in the in-between. I am in-between disciplines, not completely here but not completely there, in-between being a good-enough mom, and staying up late in a room of my own (without my kids). Writing in English but living in Hebrew, loving numbers but hating the endless outputs they produce. Loving the richness of a human conversation, but not seeing the end of it. I cannot choose just the one thing that I am. Dwelling in multiplicities is my lesson. I now believe that research is a life orientation and being a researcher can be an identity all on its own, regardless of content or method. And this dissertation has enabled me to find some consolation in this place of in-betweenness. It has allowed me to find some comfort in the messiness of the content I am studying, position myself within this liminally-lived space of inquiry, be ambivalent about both the methods I am using and the process I am going through, and accept that any closure on

what I understand or experience in my practice of breastfeeding or my study of it will be provisional at best. I also know now that when I am doing ‘things’ I am always doing them from my own perspective, which is embodied in particularly circumstantial ways, and because of that I can, if I so choose, render my own lived truths while seeking resonance with others.

These truths do not frame me within the singularity of my own life. The work of producing this dissertation has enabled me to learn to listen and be with these embodied sensations, and learn about the way I negotiate, keep and breach the boundaries between myself and others. I have learned that I am okay. The way I approach the care of my children is perfectly fine. The care for another through breastfeeding is admittedly difficult to negotiate. And I am sure many other women, in various and inevitably different circumstances, must ask themselves every day – is it just me? This work has enabled me to address this question systematically and be comfortable with what was conflicted and how I, and other women, remain conflicted.

As I read my participants’ transcripts, and then read them again and again, I see how, on the surface, people like to talk about all the bright and shiny and happy moments, but the darkness can be discerned between the cracks. Caring for another is framed as an altruistic, benevolent act, but we all have times of darkness. The care of another allows us to meet that darkness. This darkness can be amplified or buffered by external circumstances, such as our socioeconomic status, our ethnicity, nationality and skin color (as suggested by Bronfenbrenner) but trying to apply some kind of social standardization to it will not necessarily make the subjective experience of darker times any less dark. Others’ darkness may well be darker than my own, but knowing that my friend’s baby sleeps less than mine will not make me any less tired. Our perspective changes as we change our position. What seemed dark yesterday may seem bright as new darkness approaches. As Merleau-Ponty (1968) suggested, and as we know from perception studies in cognitive psychology, “a certain blue of the sea is so blue that only blood would be more red” (1968, p. 132). I thought I could not possibly be any more tired than how tired I am now. But after two more sleepless nights I discover that I can be more tired than I ever was before.

This type of learning is not confined to the practice of breastfeeding. It applies to other contexts as well. To learn about the relationships I have with others, my children,

my partner, means learning how I am responsive to them, from within, not only on the surface or externally, and also learning that we leave our marks on one another. I feel them on my skin, in my gut, through my breasts, in my head. I carry them with me and within me wherever I go. And I am also lucky I get to come back to them every night. But right here and now, I am writing about being ambivalent about caring for my others when I am not taking care of them. It is way past their bed time and, instead of being with them, reading to them, breastfeeding my daughter, and singing her a lullaby, I am here, writing about all of this. If this is not a manifestation of being an ambivalent mother, I am not sure what is.

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Appendix

Facebook ad for participant recruitment

Dear moms,

My name is Ilana Ram and as part of my PhD work at Simon Fraser University, Burnaby Canada, I am exploring the personal experience of breastfeeding mother.

In my research I hope to discover the personal experience of breastfeeding different women experience and the differences between the reality of breastfeeding and the expectations from before giving birth.

Your participations will help identify such gaps and will help inform and reassure new and expecting mothers of what they are about to experience. Wouldn't it be great if someone had told you about that before you started?..

As part of my research, I am looking for 5-10 women who are currently breastfeeding to interview and answer several questionnaires.

It doesn't matter how old your baby is or how long have you been breastfeeding, as long as you are currently breastfeeding.

The interview will take about one hour and the questionnaires will be sent via email once a day for one week⁴.

Your participations will be very much appreciated and I will be more than happy to share my findings with you once the study will be complete.

Please reply to this post if you are interested and I will contact you directly.

Thank you!

Ilana

⁴ The original research plan included these questionnaires. The plan, however, did not followed through.