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Negotiating the Maternal and Sexual Breast *Narratives of Breastfeeding Mothers*

The experience of motherhood is stereotypically characterized as a time of increased emphasis on femininity and nurturance, and a decreased emphasis on women as sexual beings. This shift in the female stereotype for mothers occurs within a larger cultural context in which motherhood is experienced both as an expression of biological potential and as an oppressive institution.

—Adrienne Rich, *Of Woman Born*

The present study investigates the way in which breastfeeding mothers conceptualize the seemingly competing representations of the breast as both sexual and maternal. Breastfeeding experiences allow a unique context in which to consider how mothers negotiate issues of sexuality. For women who choose to breastfeed, the breast is central to the motherhood experience both biologically and symbolically (Dettwyler, 1995: 177). Breastfeeding, however, is experienced within a larger culture where the breast is considered a public indicator of sexuality (Latteier, 1998: 75; Spadola, 1998: 4). Consideration of the breastfeeding woman's relationship to the breast, then, allows for an understanding of how sexuality and motherhood are negotiated in a physically tangible way in relation to a central and specific body part.

That the sexual and maternal aspects of the breast are in conflict, is understood in light of descriptive data on breastfeeding behavior in the United States. Although the benefits of breastfeeding for both the mother (McTiernan and Thomas, 1986: 358; Newcomb, *et al.*, 1994: 87) and infant/child (Bick, 1999: 319) have been reliably established in the medical and psychological literature, the breastfeeding rates in the U.S. are astonishingly low, especially in comparison with other cultures (Coates, 1998: 3). In 1995, 59.7 percent of

U.S. mothers chose to initiate breastfeeding. Among those that initiated breastfeeding, only 21.6 percent continued beyond six months (Ryan, 1997: 20) despite the American Pediatric Association's recommendation to breastfeed at least a year (1997: 1039). The primacy of the breast as sexual in U.S. culture strongly impacts women's breastfeeding decisions. Concern over the appearance of the breast and modesty are among the reasons given as to why women choose not to begin breastfeeding at all or decide to wean prior to the recommended one-year period (Forrester, Wheelock and Warren, 1997: 35).

The present research allows a discussion of breastfeeding experiences by women who have had extended breastfeeding experiences of at least a year. Women who choose to breastfeed are faced with the challenge of balancing the physical demands of breastfeeding with the multiplicity of roles of motherhood and/or personhood. The tension between sexuality and motherhood is uniquely understood when framed by the breastfeeding narratives and lived experiences of women. From the perspective of breastfeeding women, we offer in this paper an analysis of the relationship between sexuality and motherhood as it is played out on the territory of women's bodies, most specifically the breast.

Method

Women were recruited from posted flyers in public areas, and recruitment statements in local newsletters and newspapers. The recruitment strategy was to sample the diverse experiences of women as announcements appeared in child rearing publications, campus publications, and publications for women's organizations.

Individual interviews were conducted with 30 women with breastfeeding experience. All women included in the study had breastfed for at least one year with the breastfeeding experience occurring within two years of the time of interview. Women ranged in age from 20 to 43 years with a mean age of 34.8 and had between one and four children. Most (but not all) of our participants were married. The majority of our participants were white, with over one third identifying as racial (African American, n=3; Native American, n=1) or ethnic/religious (Jewish, n=7) minorities. Participating women represented a range of educational experiences: ten had completed high school, eight had undergraduate degrees, and 12 had graduate degrees. Quotations from some of the individual women are provided in the following analysis. Individual quotations are denoted with a pseudonym chosen by the participant.

Our research employed a semi-structured interview method. Interviews were conducted by student associates in the participants' home setting. Feedback from participants indicated that this was important to their level of comfort and investment in the project and affected their high level of disclosure. Interviews were tape recorded and the content was later transcribed for off line analysis. Interviews were scheduled during an open-ended session and ranged from 35 minutes to two hours.

Interview questions touched on many aspects of the breastfeeding experi-

ence including breastfeeding history, breastfeeding decision making, models for breastfeeding, technical aspects of breastfeeding, social support, breastfeeding and social roles, perception of adequacy of the breast for feeding, breastfeeding and intimacy, and social/personal empowerment through breastfeeding. Following the interview, participants were sent a follow-up questionnaire. This questionnaire allowed participants to provide additional information regarding their breastfeeding experience and provide feedback about the interview process. There was a 100 percent return rate for the follow-up questionnaire. We present here, an analysis of interview content specific to the dichotomous representation of the breast as sexual and maternal.

Results and discussion

Our analysis focuses on issues related to the sexual/maternal breast. Although our interview questions were designed to stimulate an understanding of a range of breastfeeding topics, it is important to note that issues of the sexual/maternal breast were often discussed throughout the interview and were not only raised by our participants in the context of specific questions on the topic of the sexual breast. For example, even when an interview question focused on a technical nature of breastfeeding (such as latching on or weaning), participants often recast their answers into a discussion that acknowledged a sexual context of the breast (for example, public breast exposure). In addition, there was a general sensitivity in discussing breastfeeding as an experience because of the sexualized nature of the breast. Mothers were forthcoming during the interview, excited to talk about breastfeeding as it is a topic that structures much of their lives, but is often considered taboo in general polite conversation. For our participants the discussion of breastfeeding (as well as the experience of breastfeeding) could not be separated from the dominant social context of the breast as sexual.

The breastfeeding narratives offered by our participants spoke to several issues related to the sexual/maternal breast and were expressed in three broad and sometimes overlapping themes: 1) Breastfeeding Decisions: Implications of the Sexual Breast; 2) Utility of the Breast: Milk Tools and Sex Toys; and 3) Relating to the Maternal Breast: Pathway towards Self-acceptance. A discussion of each theme follows.

Breastfeeding decisions: Implications of the sexual breast

Past research has documented that women who chose not to breastfeed often cite reasons related to the dominant image of the breast as sexual (Forester, 1997: 35). A decision to breastfeed, then, can be seen as a decision to override the competing image of the breast as sexual. Having breastfed for over a year, the women included in our study all demonstrated a strong breastfeeding commitment. Their breastfeeding narratives, however, indicate that they continued to negotiate the boundaries of the sexual/maternal breast on a daily basis. Two issues related to breastfeeding decisions and the sexual

breast were consistently raised by our participants.

In the context of breastfeeding decisions, mothers most commonly spoke of their decision regarding whether or not to breastfeed in the presence of others. It was clear to the breastfeeding women that the simple act of nursing could be interpreted by others as inappropriate due to the sexualized nature of the breast. Some women clearly altered their behavior for the purpose of not offending others, making other people (and themselves) feel more comfortable, to avoid a stressful situation, embarrassment, and/or confrontation. Some chose to breastfeed in secrecy or privacy finding space in bathroom stalls, parked cars, under cover of blankets or a hovering partner. Some chose, simply, to stay home.

Six months is when everybody is disapproving of it. I have had problems being in public. I try not to do things in public ... once I hid in the corner of the restaurant. (Isabelle, age 20)

I felt that this was a natural thing. Of course, I wouldn't go out in public without a blanket. (Sara, age 38)

I had to work at being comfortable nursing in public. (Sylvia, age 37)

Not all of the women were uncomfortable with public nursing. Those who breastfed in public, however, were keenly aware that the act of nursing could be interpreted in a sexual context—one that could elicit both uneasiness or contempt on the part of others. They often described their decision to breastfeed publically as an act of defiance.

I felt like. "This is my child. I'm nursing her here. If you have a problem, you leave the room." And that's the way I handled all my situations with nursing. "This is a child that needs to be fed, if I had a bottle in my hand you wouldn't leave the room. I'm not sitting here with my breast hanging out for you." (Lauren, age 33)

Other participants, like Lisa below, saw public breastfeeding as a way to educate others. Again, the act of breastfeeding took on a larger political meaning.

I became almost like an advocate for breastfeeding. I took on any opportunity I had, no matter what the situation. I was breastfeeding so that most people would do a double take because I just figured that was the way to sensitize people to breastfeeding. (Lisa, age 32)

A second issue regarding breastfeeding decisions emerged in the narratives. Mothers indicated they felt criticized in their decision to breastfeed

beyond infancy, reporting that public disapproval of breastfeeding increased with the age of the infant. They attributed this disapproval to the idea that nursing beyond a certain developmental juncture was sexually questionable based on the idea that either 1) the infant/child was a sexual being; or 2) the mother was deriving sexual pleasure from breastfeeding.

This increasing public disapproval put participants in the role of defending their decision to breastfeed. One participant recalled an instance in which her partner questioned her decision to continue breastfeeding for the benefit of the child. Her response was:

I'm going to continue nursing. There's nothing you can do. I'm not going to stop until I feel like I'm ready to stop. (Sylvia, age 37)

Our participants had initiated breastfeeding (despite the odds) and in doing so had addressed the sexual/maternal breast issue directly. However, negotiating the dual conceptualizations of breast as sexual/maternal did not end at making the decision to breastfeed or even at initiating the breastfeeding experience. This negotiation was played out on a daily basis in tangible and practical ways that structured the lives of our breastfeeding participants. The decision to breastfeed was made not once, instead it was made potentially many times. Each time a participant decided to breastfeed in the presence of others or to continue breastfeeding past each feeding, she subtly expressed a renewed commitment to breastfeeding and a renewed shift to the conceptualization of the breast as maternal.

Utility of the breast: Milk tools and sex toys

Our participants most commonly discussed their breasts in relation to a specific function that they perform. Breasts were either vehicles for milk delivery (food source) or vehicles for delivering sexual pleasure. While our participants acknowledged both possible functions of the breast, these experiences were temporally discrete. That is, at any given moment in time, the breast was primarily seen as either sexual or maternal, but not both.

[Breastfeeding] affects how I look at my breasts. I still relate to my breasts as tools of milk. Milk tools. And not as sexual things. (Liora, age 42)

There comes a time where you are emotionally ready, you feel like you are ready for your breasts to be treated like they usually were treated. They are fun toys, instead of the babies' nourishment. (Bette, age 43)

At one time they're food and another time, they're toys for someone. I didn't have a problem with that. (Karen, age 29)

Central to the discussion of the utility of the breast is the notion that the

breast functions for a purpose outside of the woman herself. That is, breasts are objects that are manipulated by others, made available to others, and are ultimately defined by others. Whether breasts were viewed as “milk tools” or “sex toys” was dependent upon who was acting upon the breast at a given time, either the infant/child or the sexual partner respectively. For our breastfeeding mothers, the breast fulfilled a purpose outside of the individual woman’s body. Even in the context of sexual behavior, breasts were primarily discussed by our participants as a body part acted upon by the partner, delivering pleasure to the partner, or attracting sexual interest. Rarely did our participants discuss deriving their own sexual pleasure in relation to stimulation of (or display of) the breast. This is consistent with cultural norms which establish women as sexual objects, but not necessarily as sexual beings.

Although the breastfeeding narratives indicated that women saw their breasts primarily as functioning outside of themselves, they did not express concern over this. They discussed their breasts in these contexts in a matter-of-fact manner, without much complaint. The sexual/maternal roles of the breast seem to be conceptualized as a logical extension of the accepted roles in their lives—as partner/woman and as mother.

The sexual/maternal dichotomy of the breast was heightened for our participants by the breastfeeding experience. Many indicated that prior to breastfeeding they related to their breasts in the usual, sexual way. The sexual breast was seen as the default. Breastfeeding behavior, however, forced an alternative interpretation of the breast as maternal. Women responded to this conceptual switch by making specific behavioral and cognitive changes. As a corollary to the breastfeeding experience (which includes a shift to the understanding of the breast as maternal) our participants reported a general decline of sexual desire, irritability in having their breasts touched sexually, and difficulty in viewing themselves as sexual. As long as their breasts served the maternal and biological function of feeding, the sexual nature of the breast was diminished for our participants. In response to a question regarding whether breastfeeding affected her sense of sexual self, Elizabeth says:

It was difficult to be physical with my husband when I was nursing. I didn't see myself, or feel sexual. You can't go to bed with these (breasts) you know. ... You wait nine months to wear something sexy, but you gotta watch it because you know your breast might leak over the little nightgown or something. Your breasts don't let you forget that you're a mother. (Elizabeth, age 34)

Other women interviewed expressed a similar view:

I really did not want my husband anywhere near my breasts.... When I was nursing, they are totally not a sexual thing anymore. It's just what you feed the baby with. (Stacey, age 30)

It changes the way that you feel about your breasts in a sexual way. They feel differently in the time that you're nursing. (Robin, age 40)

I mean, I relate to my breasts so much as these breastfeeding tools so that it is like they are there and I am using them for this purpose, which feels much less intimate than the way that my body used to feel. I do feel like this is part of my body that belongs to my children more than it belongs to me. (Liora, age 42)

Although these changes in sexual behavior occurred in concert with a shift away from a sexual representation of the breast, our participants acknowledged that this shift was a temporary one and a concession that they were willing to make in order to realize the benefits of breastfeeding:

I feel that it (breastfeeding) is something we can work around. You know, there are different times when the baby is asleep. And you know it's not forever. (Isabelle, age 20)

There are other things you can do to be sexually intimate (besides breast stimulation). You do other things. And you realize that this too shall pass. I mean, life is long. (Bette, age 43)

Participants also noted that although they experienced a change in the way they related to their breasts as sexual, their relationship quality did not suffer as a result. Most indicated that their partners understood the shift in their sexual relationship and were supportive of their breastfeeding in general.

Relating to the maternal breast: Pathway towards self-acceptance

During breastfeeding, mothers showed a clear shift in the way they related to their breasts—away from the culturally dominant image of the sexual breast toward a maternal breast fulfilling the biological function of feeding. This conceptual shift stimulated self-reflection for our breastfeeding mothers. Many women reported that with the breastfeeding experience they came to a new understanding of themselves in the form of increased self-acceptance and self-esteem. Sometimes this came as a result of the physical changes and appearance of their breasts. Theresa's comments below mirror several of our participants' in welcoming the increased size of their breasts associated with breastfeeding.

I felt better about my breasts while I was breastfeeding. I was happy to actually have boobs. It was kind of disappointing when I stopped. (Theresa, age 38)

Many women whose breast size did not previously match the culturally

idealized (large) sexualized breast expressed that their larger breasts during breastfeeding made them feel more “womanly.” In other cases, the shift towards a maternal breast allowed women to focus less on the sexualized aspects of their breasts and feel happy about their breasts as fulfilling an important function.

I've always had really large breasts and I've always been a little bit self-conscious about them. But the breastfeeding experience made me feel like they're there for a purpose. And I feel better about them. (Linda, age 40)

Breastfeeding redeemed having breasts to begin with. (Sara, age 38)

This shift from sexual to maternal breast seemed to reflect a larger shift in thinking about women's identity in general. Our participants' comments reflected an overall shift in perspective from being sexually objectified as a woman, to serving a valued function as mother. Breastfeeding, in some ways, liberated these women from the sexualized way in which they are primarily regarded in larger culture. As a result, participants reported a perception of higher self-esteem, competency, and accomplishment.

The whole process of pregnancy, childbirth and breastfeeding opens up a whole new perception of yourself. I felt like it went so successfully, I feel like my self esteem went up. (Delia, age 35)

The whole process of pregnancy made me feel like there were things that my body did that I never realized I could do. It gave me such a sense of “Wow, the wonders of my body!” Then when I nursed, it was just a wonderful feeling to be able to provide nourishment for your child and it's like the next natural step from pregnancy and delivering this child. The next natural step is providing nourishment for them. (Sylvia, age 37)

You are doing such a great thing in doing this—you are feeding the child. It comes from your body. It's a cool thing. It's a liquid that comes out of your body that you don't mind passing ... “Hey, I can give milk out, and that's not such a bad thing” ... you feel like your child would not live without your breastmilk. That's kind of a cool thing ... and it empowered me in that sense. (Lauren, age 33)

Many women expressed that their breastfeeding was important to their experience as a parent. Breastfeeding, for them, was central to the way they identified as mothers and the way in which they distinguished motherhood from parenthood. This shift away from the sexualized breast allowed them to clearly define themselves as mothers—as female parents who were uniquely situated to provide for their children. The women we interviewed stressed that this was one area in their lives (in some cases they only area) in which they were

the experts. All of the women indicated their sole responsibility in deciding to breastfeed. While their situations varied in terms of the outside support that they received, they all made the decision to breastfeed on their own. Likewise, the decision to continue to breastfeed, sometimes after initial social support wavered, was theirs to make. The decision to continue to breastfeed seemed to reaffirm our participants' status as mother/woman on a daily basis and grant them control over an important aspect of their lives.

Summary and conclusions

Throughout our participants' breastfeeding narratives the sexual/maternal breast was clearly a point of negotiation—one which impacted decision making for both public breastfeeding and the continuation of breastfeeding past infancy. It was clear that breastfeeding mothers negotiated the sexual/maternal breast on a daily basis and the decision to breastfeed was made not once, but was made potentially many times. Each time a woman decided to breastfeed in the presence of others or to continue breastfeeding past each feeding, she subtly expressed a renewed commitment to breastfeeding and a renewed shift to the conceptualization of the breast as maternal.

Central to the negotiation between the sexual/maternal breast was the way in which women related to the breast based on its immediate function. The breast was conceptualized by our participants in terms of its utility outside of the woman's body rendering the breast as either a "milk tool" or a "sex toy." During breastfeeding, women related to their breasts primarily as the former allowing a shift away from the limitations of the sexualized breast. Women reported higher self-esteem and perceived self-competency when they related to their breasts outside of the culturally defined sexual breast. The stories offered here provide a unique model for understanding the larger issue of how women negotiate issues of sexuality and motherhood. Our breastfeeding narratives speak to the physically tangible way sexuality and motherhood is played out on the territory of women's bodies.

In interpreting the results of this study, it is important to note that the experiences of the women in our study represent a minority experience of U.S. mothers, many of whom do not choose to initiate breastfeeding, and a smaller proportion that actually continue to breastfeed for a duration of a year. Our results, however, point to an important potential benefit for women who choose to breastfeed. One theme consistently raised among our breastfeeding mothers was their attribution that the breastfeeding experience allowed an increase in self-acceptance and self-esteem. This was often an unexpected benefit that had a significant impact on the way in which they conceptualized their motherhood experiences. The importance of these findings can be understood when discussed in the context of Van Esterik's (1994: 41) notion of breastfeeding as a feminist issue—one which empowers women and challenges the view of the breast as primarily a sex object. Breastfeeding certainly functioned in this way for our participants. However, it is important to note that

while many women did express an experience of empowerment with breastfeeding—as a group they did not consistently conceptualize it in feminist terms. The tendency to conceptualize the breast in maternal terms, however, was an important shift away from the limitation of the sexualized breast (and by extension from the limited way in which women are regarded in largely sexual terms). Although individual women may not experience breastfeeding in a feminist context, the relationship between empowerment for individual women through breastfeeding and the status of women in general is clear (Van Esterik, 1995: 158).

Our breastfeeding narratives present a model for exploring larger issues of sexuality and motherhood. Lewin (1993:10) discusses motherhood as an effective strategy for women in dealing with their oppressed status in society. Motherhood presents as an accepted societal path in which women can experience a relative degree of privilege. In the breastfeeding narratives described here, this concept of a motherhood strategy seems fitting. Our participants experienced increased self-competency and gained recognition for a task in which they were the unqualified experts. Through their breastfeeding experiences they gained an aspect of control in their lives that is not readily available to women in U.S. society. This unique and specific mothering behavior required a re-conceptualization of the function of the breast, which in many ways represented a re-conceptualization of self to include an identity as mother.

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