New research on the social and psychological pressures facing new mothers around infant feeding

Conceptualising breastfeeding: responsibility and shame. Sarah Childs reports on the ESRC Breastfeeding Seminars

‘Perhaps sit in a corner,’ suggested UKIP leader Nigel Farage in response to how a mother might go about breastfeeding her baby at the hotel Claridges. His contentious remark caused a media stir that emphasised the intensity of the emotions aroused by the act of breastfeeding in both mothers and the wider public, according to Queen’s University Belfast sociologist Lisa Smyth, who explored the sources of these emotions at the first of a six-part ESRC Breastfeeding Seminar Series.1 As Jo Swinson MP was reported to have said, the fact that the breastfeeding mother at the centre of the story felt compelled to drape a napkin over her baby’s head suggested that something illicit and shameful was going on. Yet everywhere a mother looks there are exhortations to breastfeed. The NHS website proclaims that breastfeeding is natural and good for the mother; it will give her a sense of pride and achievement and will help her bond with her baby. These values seem to equate breastfeeding with a morally superior model of mothering: if you are a
good mother, breastfeeding will provide an opportunity to develop a bond of love with your baby and promote his or her healthy development. Conversely, an inability to breastfeed is construed as the opposite: morally problematic and a signal of reproductive failure.

Any reassurance that women who do not breastfeed should not be made to feel guilty seems to be empty rhetoric. It is this moral emphasis on breastfeeding which generates such strong emotions on both sides, says Smyth.

As mothers and as social entities, we routinely seek positive feedback from one another to know we are doing a good job. The feedback tells us what the social norms are — and when there’s normative conflict, there’s emotional conflict. Smyth argues that the conflicted feelings that mothers struggle with stem from their inability to resolve the conflict between the norms around being a good mother and around being modest in public. This conflict is related to the dominant social norm that breasts are primarily sexual. Trying not to cause offence all the time requires an intense effort from mothers. This also requires the concealment of much of the work of early motherhood.

When we deviate from these social norms, we typically experience the shame response, which, as Smyth explains, is the most social of emotions — indeed it is a most overwhelming and painful emotion when we experience it. We might say to ourselves, ‘I’m a bad person,’ ‘I’m stupid,’ or ‘I’m not good enough,’ and this can feel intensely unpleasant, encouraging us to conform to social norms. Smyth divides response to shame into two categories. When we feel compelled to change our behaviour to fit in with others, this can be seen as situational shame. For example, we might take our baby into the ladies’ toilets to feed so as to avoid conflicting with the social norm that one doesn’t openly breastfeed in public. When we feel overwhelmed by feelings of unworthiness, this can be seen as narcissistic shame. We may tell ourselves we are inferior mothers if we give up breastfeeding before we are ready.

Formula milk producers are well aware of these competing norms and devise advertising accordingly. Smyth illustrated this by showing a TV advert for follow-on milk which portrayed the mother who chose follow-on formula as being nurturing and morally intact.

The pervasiveness of the shame response in humans is well-illustrated by the huge popularity of shame researcher Brené Brown’s TED talk on shame (over five million views to date). Shame has enormous power to make us feel disconnected from our friends and family, and yet most of the time we are unaware of its influence on our decisions. The difficult feelings engendered by the inability to simultaneously meet two conflicting social norms of motherhood (of being physically ‘modest’ whilst simultaneously providing optimal nourishment for one’s baby) reflect both my own conflicting feelings and those of mothers that I meet as a breastfeeding counsellor. I frequently hear statements such as, ‘I’m afraid that I didn’t really manage to breastfeed,’ spoken in an apologetic and self-effacing tone; it is clear that mothers can experience narcissistic shame for not having breastfed, decades after the birth. Smyth’s presentation made me wonder how different things could be if more pregnant women were able to explore their conflicting values around feeding and motherhood, and resolve those conflicts consciously before the arrival of their baby. Perhaps, as practitioners, we have a role to play in being
attentive to mothers’ expressed and unexpressed feelings of shame around their feeding decisions, and supporting them in making those decisions consciously.

Reference


The ESRC Breastfeeding Seminars, running until November 2016, aim to 'consider how to further understanding of women’s embodied, affective and day-to-day practices of trying to breastfeed and to talk about how more UK women might be helped to breastfeed for longer.'

**Nain and Mam and Me: Historical artefacts, social history and opening the conversation about infant feeding in Wales**

Heather Trickey, Laurence Totelin and Julia Sanders report on a cross-disciplinary research project, led by Cardiff University and funded by the Wellcome Trust, which aims to use historical artefacts to stimulate discussion about infant feeding decisions

Achieving improved breastfeeding rates is part of the public health improvement agenda in Wales.¹ Welsh breastfeeding rates are internationally very low, and a majority of Welsh mothers stop breastfeeding before they intend to do so.² As elsewhere in the UK, lower income parents are less likely to breastfeed their children. In many less well off Welsh communities breastfeeding beyond the early days is unusual, and more than a decade of public health policy to promote breastfeeding has had little impact on decisions.

Infant feeding decisions are influenced from many directions - from what happens during and after the birth, to broader societal factors such as the influence of formula milk advertising, employment conditions and norms about feeding in public places.³ The beliefs, attitudes and experiences of mothers’ immediate social networks are particularly influential;⁴ where generations live in the same community, grandparents have a key role in providing practical help and support to new mothers, and grandparents’ own feeding experience will affect the support and advice they feel comfortable to give. The health service cannot work in isolation from these influences. Simple public health messages about feeding and weaning may come into conflict with family social norms, and cause grandparents themselves to feel criticised for their own decisions. This may have the effect of closing down conversations within families about how norms have changed, or might be different in the future.

There is a growing interest in the use of historical artefacts as an entry into conversation about sensitive public health topics. Historical artefacts used to discuss how sexual practices and conventions have changed can prompt young people to discuss their own views, ideas and concerns.⁵ This cross-disciplinary project uses glass feeding bottles, tins of formula milk, breast-pumps, shawls, old advertisements and advice manuals, as well as images of Welsh mothers feeding during different historical periods, to provide a non-directive opening for reflection and conversation about the ways that babies have been fed at different times.
In August 2015 we held a four-day pilot event at the Welsh National Eisteddfod. We had well over 100 visitors to the stand. Formal feedback indicates that participants responded positively to the exhibition, whether their own children were breastfed or bottle-fed. Participants provided new information about artefacts and pointed to gaps in our collection. Some congratulated us on raising breastfeeding awareness; others told us it was refreshing to see all infant feeding practices covered in the same exhibition. Everyone was fascinated by the infamous ‘murder bottles’, a Victorian feeding bottle with a tube that was almost impossible to clean, making it an ideal breeding ground for bacteria. We are in the process of analysing observational and narrative interview data and it is premature to draw conclusions. However, given the context for the event, we were struck by the words of a grandfather who compared loss of the art of breastfeeding to the loss of the Welsh language - wiped out in one generation.

Over the next 18 months, we will be holding events in Welsh communities with low breastfeeding rates. We seek particularly to understand how grandparents reflect on, accommodate and make sense of changes in feeding behaviours up and down the generations. Findings will inform the development of family and community-based public health interventions, and to enhance our understanding of the potential for historical artefacts to contribute to public health intervention.

For further information about the project, please contact Heather Trickey at DECIPHer, Cardiff University - on TrickeyHJ@Cardiff.ac.uk

References