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For
Rachel and Sam,
who taught me how

Dirt had entered. There was now an abscess. He might have to operate. In any case the child in the future would have to seek its nourishment in tins.

"What?" exclaimed Herr Dremmel.

"Tins," said the doctor.

"Tins? For my son? When there are cows in the world? Cows, which at least more closely resemble mothers than tins?"

"Tins," repeated the doctor firmly. "Herr Pastor, cows have moods just as frequently as women. They are fed unwisely, and behold immediately have a mood. Not having the gift of tongues they cannot convey their mood by speech, and baffled at one end they fall back upon the other, and express their malignancies in milk."

—Elizabeth von Arnim, *The Pastor's Wife*

She was doing "the most natural thing in the world," suckling her young, and for some peculiar reason it was completely unnatural, strained, and false, like a posed photograph. Everyone in the hospital knew this, her mother knew it, her visitors knew it; that was why they were all talking about her nursing and pretending that it was exciting, when it was not, except as a thing to talk about. In reality, what she had been doing was horrid, and right now, in the nursery, a baby's voice was rising to tell her so—the voice, in fact, that she had been refusing to listen to, though she had heard it for at least a week. It was making a natural request, in this day and age; it was asking for a bottle.

—Mary McCarthy, *The Group*

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Preface and Acknowledgments

Mother's Milk: Breastfeeding Controversies in American Culture is a book for physicians and other medical professionals, feminist health activists, breastfeeding advocates, feminist body theorists, and cultural studies scholars in general. It is also, I hope, a book for mothers who seek to understand the cultural influences on their maternal practices. But it is not only a book for those interested in maternity, or even, oddly, breastfeeding. Just as in my first book, I argue here that feminist and cultural studies scholars must interrogate biomedical discourses about embodied sex. There, I wrote that "in a critical return to 'sex' we may find a way to destabilize 'gender' as a normalizing narrative in the twentieth century" (200). The scientific case for breastfeeding is nothing if not a biomedical discourse about embodied sex, and I argue here that we must confront this discourse for its perpetuation of discriminatory views of women, as well as use it to challenge current social practices that work to subordinate mothers' choices and actions. Breastfeeding as an act is no panacea for the subordination of women, but an examination of breastfeeding uncovers central feminist tensions around the meaning of women's bodies, the authority of science, and the social value of maternity in contemporary culture.

I write this book as a mother, breastfeeding advocate, and feminist theorist. Often, those identity positions conflict; writing this book has been an attempt to make them cohere, or at least to become clearer about the contradictions that arise in articulating all three in close relation. *Mother's Milk* is a book that emerges from certain experiences I have had as a breastfeeding mother, but it is not a book that depends on personal reflection. I have tried to link some aspect of each chapter to my own practices or thoughts as a mother, but only in order to ground what I consider a theoretical consideration of embodied maternity in the more mundane experiences of contemporary American middle-class motherhood. Indeed, much of the reflecting that I do about my own experiences in this book has as its purpose the grounding of those thoughts in the specificity of my own position as a middle-class white woman and professional worker. In this way I hope to be better able to identify differences in other women's experiences of breastfeeding, breastfeeding advocacy, and the medical institution.

I want *Mother's Milk* to reach beyond scholarly audiences to convince nonacademic readers about the significance of cultural inquiry and the importance of sustained attention to the way that medicine influences our

experience of our bodies and of our social relationships. In the United States, we are bombarded daily with new information about health and the preferred practices with which we can improve our bodies and those of our children. At the same time, we are subject to an avalanche of stories about emerging health risks. For example, during the fall of 2002, as I am preparing this manuscript for publication, West Nile virus has been found in breast milk. This information follows on the discovery that West Nile virus can be passed on through donated blood and organs, and echoes current debates over HIV infection via breastfeeding. The question of whether an infant can contract the virus through its mother's milk has not been answered, but the headline "West Nile Virus Found in Breast Milk" heralds a new risk in the increasingly common perception that toxins make their way from mother to baby through intra- and extra-uterine means.

Breast milk has apparently been a conduit for human viruses for millennia—breastfeeding is not a new mechanism for viral transfer. But the risk, at least in the United States, appears more salient, given recent and fervent public health campaigns to increase rates of maternal nursing and given the apparent relative safety of infant formula as a substitute for breast milk (in the developed world). Yet these kinds of stories about breaking medical news raise a host of questions. How are mothers to make informed decisions about breast- or bottle feeding when the risks of both practices are difficult to identify and assess? How do laypeople interpret medical information, especially since so much of it is conveyed through media sources or advice literature? What are the cultural meanings attached to both breast- and bottle feeding that affect mothers' choices? How do economic circumstances influence feeding practices and maternal embodiment, as well as the familial decisions about infant care that seem to affect them?

Mother's Milk addresses these questions through close readings of public representations of breastfeeding in contemporary American culture. Identifying a set of controversies that emerge in these representations—controversies about insufficient milk syndrome, maternal sexuality, and feeding schedules, to name a few—I demonstrate their complexity and their relation to other, broader controversies about motherhood and gender in the modern world. Public debates about breastfeeding mediate social anxieties concerning motherhood and women's rights; because of this, breastfeeding advocacy needs to become more political, more feminist, in its approach to maternal feeding practices. But feminism, currently articulating a critique of breastfeeding and its advocacy, needs to face head-on the biomedical discourses that support maternal nursing as a health-enhancing practice for both mothers and children. Those discourses do perpetuate stereotypes about maternal sacrifice, but they also provide language to press for women's rights as mothers, especially in a social and political climate in which medical

arguments carry significant weight. As a feminist, a breastfeeding advocate, and a mother, I hope that *Mother's Milk* contributes to greater understanding between feminist theorists and maternal activists. Toward that goal, I nudge all sides to be more responsible for the problematic rhetorics that they engender.

I began to think about this project in the year after the birth of my daughter, Rachel, and really got working on it in the years after Samuel's birth. I have been writing this book all of their lives; it is, indeed, a book that could not have been written without them. For this reason, as well as for their infinite patience with their scholar-mother, I dedicate this book to them.

In the early stages of research, I was aided by two able graduate assistants, Siobhan Starr and Terry Pettinger. A Virginia Tech College of Arts and Sciences Pilot Research Grant and a Millennium Grant funded initial research and trips to breastfeeding conferences, as well as the purchase of computer hardware. A Humanities Summer Stipend sent me to my first La Leche League Seminar on Breastfeeding for Physicians, as well as the LLL's international parenting conference in July 1999. The Department of English at Virginia Tech funded seven years of conference travel, most of which was to present research from this book. I particularly want to thank Johann Norstedt, chair of the department during much of that time, for steering stray travel money my way when I needed it most. Judy Grady helped organize that travel, as did Hilary Smith-Ferguson before her. The Provost's Office at Virginia Tech funded a semester's Research Assignment so that I could finish up the manuscript during fall 2001. The reference and interlibrary loan librarians at the Carol Newman Library at Virginia Tech have been consistently helpful in my search for obscure materials. Chris Barber at the La Leche League Center for Breastfeeding Information sent me a copy of the Ross Mothers Survey when I couldn't find it anywhere else. Evelyn Raines, Carol Womble, Tammy Shepherd, Judy Grady, Denise Royal, Dee Hezel, and Terri Whaling made copies for me, answered questions, sent faxes, and otherwise facilitated putting this manuscript together.

La Leche League leaders and members in Blacksburg were, and continue to be, extremely important to this book. They helped me breastfeed my children, conveyed authentic interest in my project, sent me articles and other pertinent materials, and asked me to speak to them about my research. Evalin Trice, Laura Tze, and Jenny Shuster are still leaders in this group. Evalin, Laura, and Marjorie Young were the lactation consultants at the local hospital when Sam was born and we needed a lot of nursing help. I don't think words can describe how important they were to us when he was sick and I was engorged, in pain, and very frightened. Other leaders include Freija

Bergthorsen, who has moved away, and Suzanne Glasson, who walks her dog by my house most days. Morning meetings at Kay Robinson-Beers's house are among some of my best memories of my first years in Blacksburg. I still talk about nursing and mothering with Susan Day and Margaret Radcliffe. Barbara Haney-Cocca, Maureen Campbell Lopina, and Jenny Shuster shared more than just a room at the La Leche League convention in Chicago, 2001; I learned from them to think more fully about the lives of league leaders.

Lawrence Gartner and Katherine Dettwyler provided key assistance with facts and information at important points in my research; I thank them for their generosity. Fiona Giles helped me with titles, suggesting all sorts of outlandish possibilities. Bill Germano had faith in this book while it was still a jumble of ideas. Years ago Linda Kerber suggested that I look at the work of Joan Williams; fortunately, I remembered that suggestion and discovered some of the most interesting contemporary work on gender and domesticity. Carolyn DiPalma and Beth Dolan reminded me of Donna Haraway's "Situated Knowledges."

The David and Rose Hausman clipping service became a reliable source for articles on breastfeeding and infant health, primarily from the *New York Times* and *JAMA*, but more recently from online sources. This service extended even to my mother's friend, Elaine Freeman, who also sent me choice articles and information. Special thanks and recognition go to Sydney and Dawn James, who noticed that a desk in the basement is not particularly conducive to serious scholarly research and subsequently built me an office by enclosing our carport. That they also put in a playroom is all the more reason to thank them, since Rachel and Sam have more space to hang out in while I read and write.

My writing group has included, over the years, Sally Sevcik, Moira Baker, Rita Kranidas, Rebecca Scheckler, Muriel Lederman, Kathleen Jones, Marian Mollin, and Martha McCaughey. Kathy, in particular, keeps me honest as only a historian can. Gretchen Michlitsch read through a number of chapters and offered significant comments before I sent the manuscript in, and Adrienne Berney sent me an e-mail letting me know about her fascinating dissertation, "Reforming the Maternal Breast," which proved enormously useful. Attentive audiences at the University of Pittsburgh, Indiana University, Virginia Tech, a Modern Language Association convention, and numerous Society for Literature and Science conference panels offered feedback on various portions of the book. During July 2002, the participants at the NEH Summer Institute in Medicine, Literature, and Culture at the Penn State Medical College celebrated my publishing contract with champagne, good company, and fine dancing.

Nancy Cervetti reads everything I send her, and talks to me at length about it all, usually late at night and with a lot of humor. I don't know what I'd do without her as a colleague and friend.

And a final thank-you to Clair, partner in love and life, who perseveres through my obsessive commitment to what I call "my work."

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Portions of the introduction appeared in "Between Science and Nature: Interpreting Lactation Failure in Elizabeth von Arnim's *The Pastor's Wife*," *Journal of Medical Humanities* 20 (1999): 101–15, and are published here by permission of Human Sciences Press.

I follow La Leche League practice in the spelling of *breastfeeding* and *bottle feeding*. Quotations from other sources replicate the original spelling.

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Introduction

Beginnings

When I was thinking about applying to graduate school in women's studies—as opposed to applying to medical school—I considered how my future career as a university professor might fit with my imagined future as a mother. Humanities professors, I thought, have flexible schedules, and while I knew little about motherhood, I did think that flexibility in one's work life might facilitate having a family. At the time, I wasn't thinking about nursing routines, or mother-infant attachment, or even sleep. I was just thinking about hours spent in an office versus hours spent at home. I thought that since a professor can often work at home (and a doctor usually can't), it seemed reasonable to assume that caring for a family would be somewhat easier on an academic schedule. Babies, I fantasized, slept a lot, and otherwise they were happy and played in their cribs.

As far as motherhood was concerned, I was clueless. After finishing graduate school in 1992, I landed a three-year position as well as a book contract. It seemed like the perfect time to have a baby: I wasn't (yet) on the tenure track, I had a year to revise my manuscript, and I had no professional responsibilities beyond teaching two sections of humanities to first-year students at the University of Chicago. By the time I would have to look for another job, I'd have a baby and published book; no one, I thought, would be able to say that having a baby had slowed my career.[1]

I was at a campus where pregnant women were few and far between; the one mother I knew well was the wife of a colleague, and she was not employed. I got an inkling of what I was in for when, during the final childbirth

education class, the instructor encouraged new mothers to breastfeed and then said. "Don't be afraid if your baby seems to want to breastfeed all the time. That's a normal pattern for the first few weeks of life. Breastfed babies don't really have schedules." My teacher was a lawyer who had ample maternity leave after the birth of each child. I had the luxury of a two-month maternity "leave," but only because my baby was due during the summer when I wasn't teaching. By the time I realized that breastfeeding a baby might mean more than a ten-minute interruption every three or four hours, there was no going back. I was seven months pregnant, finishing up my book, and waiting for life as I knew it to end.

Most of my images of life with baby had been produced by formula companies, although I wasn't aware of it at the time. What I was told about breastfeeding—for example, that I should feed on demand rather than on a schedule—did not coincide with the images in my head, those sweet, plump babies that lolled in cribs while mom washed dishes or traded stocks, so I imagined that babies probably didn't demand to feed all that often. Like many other young career-oriented women in our radically age-segregated society, I hadn't spent a lot of time around babies. I hadn't paid attention to those few friends who had babies in graduate school, either; I am one of those people who was not very interested in babies until I had one myself. I hadn't thought about breastfeeding as anything but a superior kind of infant nutrition; indeed, I thought of it as a substitute for bottle feeding.

I was surprised to find myself, a feminist theorist, so little prepared for the experience of breastfeeding. Little that I had read as a graduate student made me aware of the physical burden of being my infant's sole source of nutrition for many months, of the sensual pleasures of nursing, of the exhaustion, or of the odd physiological connection to a dependent other. I had, however, thought about childbirth. As Pam Carter writes, a feminist practice has developed around childbirth, but no such practice has emerged around infant feeding (19). Judith Galtry has made similar observations ("Suckling and Silence" 2; " 'Sameness' and Suckling" 66). While clearly not all feminist mothers follow the same birth practices, women who seek information about how to have a more woman-centered birth experience, or who wish to avoid hospital routines geared toward convenience for the obstetrical staff rather than the mother's wishes, have an ample scholarly and lay literature to sample.[2]

In *Motherhood Reconceived: Feminism and the Legacies of the Sixties,* Lauri Umansky discusses early second-wave feminist perspectives on childbirth that included breastfeeding as a feminist practice. In feminist works that I was reading in the early 1990s, however, I found comments that indicated bottle feeding held the promise of women's liberation, or at least that breastfeeding was not necessary, or even preferred. For example, Nancy

Chodorow writes, "The earliest psychoanalytic theory stressed the importance of the biological feeding relationship in personality formation. Much recent theory, by contrast, suggests that infants require the whole parenting relationship of warmth, contact, and reliable care, and not the specific feeding relationship itself. This theory has been used to keep mothers in the home, *now that biological imperatives are less persuasive*" (217; emphasis added). Sandra Bem writes positively of the potential of "technological innovations such as antibiotics, refrigeration, birth control, and baby formula" to "liberate the human organism from what had once seemed its intrinsic biological limitations" (188). In my last example from what is clearly not an exhaustive list, Carolyn Heilbrun, in an argument against sociobiology, writes, "The history of civilization describes the process by which humans have distanced themselves from nature by inventing and perfecting culture. Traditionalists ignore technological changes, which have made it possible to bottle-feed infants safely and to raise them to adulthood with caretakers other than their own mothers" (20).

If feminists initially saw breastfeeding as part of a feminist practice of motherhood (Umansky, *Motherhood Reconceived,* 52–76), feminist scholars somehow forgot to pay attention to breastfeeding through the 1980s and early 1990s, or, as in the examples above, produced arguments in favor of artificial infant feeding. *Mother's Milk: Breastfeeding Controversies in American Culture* represents my attempt to produce a feminist interpretation of the meanings of breastfeeding in contemporary cultural contexts. It is, significantly, a book about representations, and in it I explore how analyzing representations of infant feeding can lead us to important conclusions about women's place in American society and about some current difficulties of maternal practice. In the United States, breastfeeding represents the complex, often conflicting, set of ideas and ideals about mothers that permeates American culture. There are no answers to most of the questions I explore here. Instead, investigating representations of breastfeeding shows us how deeply conflicted we are as a culture about mothers' practices, authority, and responsibility toward their offspring. What breastfeeding *means* is the result of a complex cultural mediation of many different factors; in this book, I trace some of these factors and their relation to each other. In the end, I suggest that in contemporary culture, a supportive social context for breastfeeding may be an important barometer of women's rights and possibilities.

Central to contemporary ideologies of maternity is the idea of *scientific motherhood,* which, as described by Rima Apple, designates the general cultural agreement that in order to be good mothers women must be guided by scientific advice and subjugate their own perspectives to those of authoritative experts. Apple's careful and convincing study, *Mothers and Medicine: A Social History of Infant Feeding, 1890–1950,* helps us to understand how

bottle feeding became the default option for infant feeding in America, but its tight focus on social history tends to read formula advertisements as a reflection of historical developments. Thus, her analysis does not fully address the complexity of meanings produced by the images and discourses about infant feeding that American mothers face today.[3] One scholar who addresses this cultural field, anthropologist Katherine Dettwyler, has demonstrated the ways in which formula companies' advertising negatively portrays nursing mothers and represents breastfeeding as inferior to infant formulas (Dettwyler, "Tricks" and "Promoting"). Yet Dettwyler's analysis, like that of Baumslag and Michels, primarily criticizes the inaccurate and misleading discourses produced by infant formula manufacturers and supported by American social norms; this is only a first step in examining the representational context of infant feeding in the United States today. These powerful indictments of formula advertising and its misrepresentations leave open the possibility of a study that analyzes breastfeeding advocacy and formula promotion *together*, in order to draw a more comprehensive picture of the social and representational contexts of infant feeding and the cultural construction of motherhood in the contemporary United States. *Mother's Milk* thus emphasizes the richness of breastfeeding discourses and their significance as cultural documents.

This introduction briefly touches on many of the themes that I explore in subsequent chapters: the medicalization of infant feeding and the significance of mothering under the expert gaze of the physician; the loss of women's traditional transmission of knowledge about the body, maternity, and infant care; the tensions evident in a culture that reveres scientific medicine and yet wants mothering to be natural. Most significantly, however, I argue that thinking about breastfeeding in terms of representations is an interesting and fruitful approach, because it moves beyond simplifying arguments that currently dominate the field. What is often termed the "breast-bottle controversy" is not just about the rapaciousness of formula companies (a general premise of Gabrielle Palmer's *The Politics of Breastfeeding*), nor the lack of support for breastfeeding from medical personnel (a common lament among breastfeeding advocates), although both of those issues figure prominently in my analysis. Examining a variety of documents that exist in the public domain demonstrates that controversies over infant feeding are embedded in larger social conflicts concerning women as mothers and cannot be understood without detailed, close *readings*.

This cultural analysis partakes of a variety of methodologies. Primarily, I use rhetorical and semiotic readings—close readings of visual and discursive texts, readings that pay attention to the form of arguments and the function of signs—of documents likely to be read by mothers or their health care practitioners. But I also look at the way that other, more socially obscure,

accounts of breastfeeding—those in literary texts and medical research, for example—represent the meaning of the practice, especially when such accounts illuminate the meanings evident in more popular sources. In the end, these readings demonstrate that breastfeeding has a signifying function in culture, and that this function must be understood in order to address the overall decline in maternal nursing in the United States that occurred during the first two-thirds of the twentieth century.[4] Current public health initiatives and volunteer efforts have helped to reverse this decline, particularly during the 1990s. To continue this trend, and to extend it to the Third World, which has been experiencing a decline in maternal nursing more recently, it is not enough to educate mothers and prospective mothers about the health benefits of breastfeeding; we must also, as a culture, attend to the meanings of lactation in the modern world.

Feminist attention to breastfeeding has picked up in the 1990s, perhaps in response to enhanced public health campaigns to support nursing, and it has focused on the political meanings of motherhood. British sociologist Pam Carter writes that "breast-feeding in fact represents one of the central dilemmas of feminism: should women attempt to minimize gender differences as the path to liberation or should they embrace and enhance gender difference by fighting to remove the constraints placed on them by patriarchy and capitalism, thus becoming more 'truly' women?" (14). *Mother's Milk* shows why this dualist approach to breastfeeding is nonproductive: by downplaying the biomedical significance of breastfeeding, conflicts about nursing are examined only in the context of strategic arguments concerning the meaning of gender. In contrast, I argue that breastfeeding must be addressed in current conflicts about women's roles and the relation of waged labor to family life because it is a biological caretaking practice that cannot be performed by men: breastfeeding represents, more than pregnancy, women's heavier reproductive burden.[5] When we consider the health advantages to breastfeeding (which I do later in this introduction), even in a First World context of safe water supplies and adequate medical care for many mothers and children, our answer to this reproductive burden cannot be to advocate for formula or suggest that infant feeding method makes no difference except in an ideological sense. Instead, we must make breastfeeding a real choice for women, rather than a practice that two-thirds of women "try" after birth and most often abandon within six months. If the particularity of mammalian sexual difference confers on women a greater biological burden in reproduction, we can choose to ensure that maternity does not hurt women's participation in civil society and the waged labor market; in other words, we can work to ensure that support for breastfeeding does not suggest the need to cloister women among themselves in the home.

Promoting breastfeeding does *not* have to mean promoting an outmoded traditionalist notion of domesticity for women, as some feminist critics suggest (see chapter 6 for this discussion). But such promotion must not shirk domesticity either: whether they do or do not work in the waged labor market, all mothers share some interest in increasing the social value of their work as family caretakers. All mothers would benefit from social recognition of the physical costs (and benefits) of biosocial maternal practices. Whether or not feminists have looked down on women who stay at home to care for their children, the common perception from such women is that feminists do not take their interests to heart. As Joan Williams so persuasively argues, no one (but men?) benefits from such a fracturing of women as an interest group. The social and economic marginalization of mothers is not a problem that can be fixed through technological innovation: we must do *political* work to pursue equality for all women, especially when women's biosocial practices are distinct from men's and involve the capacity to contribute substantially to enhanced health outcomes for both women and children.

As should be clear from the preceding discussion, I approach this study as a breastfeeding advocate. As anthropologist Penny Van Esterik has written, advocacy in the context of scholarly research can be a difficult balancing act (*Beyond* 20–27). I have found through working on this book for almost seven years that my support for breastfeeding—indeed, my enthusiasm and delight in the practice—is both echoed and repudiated as a basis for theoretical speculation by feminists. To be sure, working on this project has taught me to be more circumspect about those aspects of my own maternal practices that are clearly linked to being white, middle class, highly educated, and employed as a professional. Breastfeeding, as I argue later in the book, is an activity facilitated by flexible work, social and financial resources, and supportive professional and kin networks. At the same time, I have become frustrated with feminist collusion with the idea that in order not to induce guilt in mothers who don't or can't breastfeed, we shouldn't argue for its benefits, or even acknowledge that breastfeeding has a biological benefit at all. Surely there is a way to respect mothers' experiences without denying biomedical information about the body, and surely not every practice of white middle-class motherhood is suspect because it is made possible by class and race privilege. Pointing out such privileges, and the specific practices they facilitate, should help us to see why it is important to extend certain beneficial practices to all mothers and children, rather than to condemn those currently made practicable only for a few.[6]

Breastfeeding advocacy, this book will show, is not unproblematic. Its long legacy of collusion with forces seeking to regulate and constrain women's social practices and identities demands an examination. I turn now to a short history of breastfeeding advocacy in Europe and the United States,

including in this discussion a consideration of specific historical periods when and regions where maternal nursing fell out of fashion.

Historical Perspectives on Breastfeeding and Breastfeeding Advocacy

Most mothers, throughout history, have nursed their own infants. Mothers who relied on wet nurses, or those who dry nursed their own offspring, have been in the minority, although in certain places at specific times they typified infant feeding practices.[7] France is often cited as an example of widespread wet nursing, as "during the eighteenth and nineteenth centuries the predominant pattern of infant care associated with larger, older cities like Paris and Lyon was rural wet-nursing" (Sussman 2). Indeed, as the tradition of wet nursing began to die out elsewhere in Europe in the eighteenth century, especially among the aristocratic class that had depended upon it almost exclusively in the seventeenth century, France continued with the practice of rural wet nursing (Sussman 6–7). Medical and moral breastfeeding advocacy, until the nineteenth and twentieth centuries, concerned maternal nursing versus wet nursing; as Janet Golden points out, the distinction concerned which woman should nurse one's baby. It is only in very recent history that some women (those in developed countries or the elite in developing countries) could choose against breastfeeding by any woman and expect their infants to survive.

Certain groups have practiced dry nursing exclusively, although, as Valerie Fildes notes, "All the nonbreastfeeding regions so far identified were in Northern Europe, had a cold dry climate, and many were in mountainous terrain"; the cold climate facilitated dry nursing because milk and other foods fed to infants were less likely to spoil ("Culture and Biology" 104). Some cultures abandoned breastfeeding even though the alternatives often resulted in infant death. In seventeenth- and eighteenth-century Iceland, for example, a period during which the infant mortality rate was exceptionally high, infants were breastfed, if at all, very briefly (a week or two), and then fed dairy milk, cream, or fish mixed with cream or butter. This feeding pattern, according to a visiting physician in the eighteenth century, "virtually killed the infants" (Hastrup 96). According to Kirsten Hastrup, the diet was linked to cultural conceptions of women's worth ("farm produce seems to have become a symbol of women's values" [101]), as well as to ideas about national culture in reaction to Danish rule ("Icelandicness had been defined by the domestication of nature. Farming remained the essence of Icelandicness, and in the course of history the stress upon this particular characteristic had more or less fatal consequences" [103]). Yet for *most* populations throughout history, the linkage between breastfeeding and

infant survival meant that most infants were fed at the breast. Wet nursing was understood to provide less than optimal nourishment for infants and was undertaken when economic or social circumstances demanded it (the mother needed to work or was obligated by her husband to fulfill specific social duties).[8] The babies of the wet nurses themselves were either nursed along with their charges, put out to nurse with women further down the socioeconomic ladder, or dry nursed, practices that clearly affected mortality rates for poor infants.

Historical approaches to breastfeeding and breastfeeding advocacy pay special attention to periods in which the social meanings of breastfeeding seem to change. Most Western historians see the eighteenth century as a turning point in the transformation of both the practices of maternal nursing and the meanings placed on such practices. For example, in her wide-ranging study, *A History of the Breast,* Marilyn Yalom wraps up her chapter on the "political breast" with the following comment:

> Breasts ... began to take on political significance in the eighteenth century. Since then, women have been asked to offer up their breasts in the service of national and international interests. At certain historical moments, they have been mandated to breast-feed in order to increase the national birthrate, to reduce infant mortality, and to regenerate society. At other times, they have been directed toward bottle-feeding and milk substitutes. In times of war and revolution, they have been encouraged to pad their breasts "for the soldier boys" or to uncover them as symbols of freedom. Breast politics have emanated from a wide spectrum of governmental, economic, religious, and health-care sources—all traditionally male-dominated institutions not known for putting women's interests at the top of their priorities. Not until the late twentieth century would women themselves begin to have a significant say in the sexual politics controlling their breasts. (144–45)

This perspective on the political significance of breasts in the West seems generally accepted in the feminist historical literature. Londa Schiebinger discusses the politics of breastfeeding advocacy in the eighteenth century, arguing that Carl Linnaeus was influenced by the conflict over maternal nursing to name mammals with the Latin word for breasts: "Linnaeus's term *Mammalia* helped to legitimize the restructuring of European society by emphasizing how natural it was for females—both human and nonhuman—to suckle and rear their own children" (74; emphasis in original). Ruth Perry argues that medical breastfeeding advocacy was a "novel phenomenon" in the eighteenth century: "Nothing like it existed earlier," when women were assumed to obtain information about nursing from other

women, and physicians were not the repositories of expertise on maternal practices (216).

For Yalom, Schiebinger, and Perry, the politics surrounding the breast are evinced in public discourses concerning its use and purpose. The question of whether breasts are primarily erotic or primarily nurturant is at the heart of these politics; for Perry, this question obscures a more significant social phenomenon:

> The movement to promote breast-feeding in the latter part of the eighteenth century has always been understood as the sane light of reason penetrating the dark corners of superstitious compulsion. Randolph Trumbach has argued that breast-feeding and maternal care lowered the aristocratic death rate in the second half of the eighteenth century and that it was "one of the finest fruits of the Enlightenment." What I have been trying to suggest is that this movement involved an unprecedented cultural use of women and the appropriation of their bodies for procreation. A discourse including sentimental fiction and medical treatises functioned as a new way to colonize the female body and to designate within women's experience a new arena of male expertise, control, and instruction. (231)

For Perry, the ideological ramifications of the eighteenth-century return to maternal nursing in the upper classes, based as it was on a moralistic and misogynistic advocacy campaign, trump the biological consequences of such practice.[9]

As I will discuss in chapter 6, this position typifies the feminist critique of contemporary breastfeeding advocacy. I bring it up here to demonstrate how some historical considerations of breastfeeding in Europe and America similarly advance a perspective on nursing that highlights ideology and downplays the significance of biology.[10] In other words, feminist scholars, and feminist historians in particular, understand the *meaning* of breastfeeding to be about politics; they neglect the biological significance of nursing, which may have contributed to decreased mortality rates among aristocratic infants and mothers in the eighteenth century. Other histories of breastfeeding emphasize the biological at the expense of the political; for example, Valerie Fildes's "The Culture and Biology of Breastfeeding: An Historical Review of Western Europe" offers the following conclusion:

> [I]t does appear that the beneficial effects of breastfeeding for mother and child have been known since time immemorial. Breastfeeding was known to affect the nutrition, the physical and psychological health of the child, and the health and fertility of the mother. As this chapter has shown, the decision to breastfeed or not and the timing

> and type of supplemental and weaning foods have had profound effects on maternal and infant health throughout history. (121)

These competing views represent a significant divergence in historical approaches to breastfeeding and breastfeeding advocacy and, clearly, affect what I can present here as a history of this topic: any history of breastfeeding negotiates a contested terrain with its own sources. Indeed, the conflict between these views pervades almost all approaches to breastfeeding, as contemporary critics are apt to highlight the "exhortation" to breastfeed (emphasizing breastfeeding advocacy as ideological support for maternal regulation; Blum, *At the Breast,* 50), while advocates decry the bottle feeding culture (emphasizing cultural practices that inhibit biologically natural infant feeding). Janet Golden's *A Social History of Wet Nursing in America: From Breast to Bottle* is one source that successfully integrates biological views of breastfeeding with an analysis of its cultural meanings, demonstrating that attending to the political meanings need not entail neglect of biological discourses.[11]

The eighteenth century is considered a watershed in the practice of breastfeeding in the West and the significance of breastfeeding advocacy for several reasons. During this period, male medical practitioners became prominent in advice concerning nursing. Ruth Perry argues that in the seventeenth and early eighteenth centuries, "Women were expected to learn these things [breastfeeding] from other women in a tradition of oral advice and lore.... By the middle of the [eighteenth] century, however, motherhood became the focus of a new kind of cultural attention.... Both scientists and moralists suddenly had a great deal to say about how women ought to behave as mothers" (214). Enlightenment thinkers like Jean-Jacques Rousseau and Mary Wollstonecraft promoted maternal nursing as a practice of women's virtue. Sexuality and maternity began to be seen as separate functions of women's roles as wives and mothers, and Perry argues that "the desexualization of women was accomplished, in part, by redefining them as maternal rather than sexual beings.... the maternal succeeded, supplanted, and repressed the sexual definition of women, who began to be reimagined as nurturing rather than desiring, as supportive rather than appetitive" (213). This realignment contributed to the identification of women with a sentimentalized domesticity in the nineteenth century. American discourses followed the European model, although wet nursing was never as institutionalized in colonized North America as it was in France.

If medical authority over infant feeding helped ground the calls for maternal nursing in the eighteenth century, the nineteenth century saw an intensification of medical views, leading up to the ubiquity of scientific motherhood in twentieth-century representations and experience. Adrienne Berney, in

her dissertation *Reforming the Maternal Breast: Infant Feeding and American Culture, 1870–1940,* argues that the nineteenth-century focus on the maternal breast—nurturant center of family life and the home—diminished as the breast became increasingly sexualized (this would be the reverse of the transformation Ruth Perry analyzed in the eighteenth century). Indeed, Berney argues that a husband could "be involved in his wife's lactation" in the nineteenth century, for example, by sucking off excess milk from engorged breasts, but in the twentieth century, "the benefits of breast feeding for mother and child became potentially irrelevant in the face of threats to conjugal affection" (107). During the first half of the nineteenth century, mothers were still considered authorities concerning infant care. In the middle of the nineteenth century, as the social and cultural effects of the Industrial Revolution took hold, American physicians and reformers began to notice what seemed to them a significant decline in maternal nursing, yet the steps taken to reverse this decline had an ambivalent effect. Nineteenth-century concerns articulated skepticism about the "declining stamina of American women" and suspicion about the biological quality of specific women's breast milk (Berney 42). Janet Golden writes,

> A belief that middle- and upper-class women were weak vessels who could not fulfill their biological duties was a distinguishing characteristic of both the popular and the professional medical literature. Doctors had begun to suspect that some middle- and upper-class women lacked the physical stamina necessary to withstand the pain of childbirth and therefore required anesthesia. Similarly, they surmised that well-to-do women found breast-feeding more difficult than did lower-class women. (53)

Yet although developing medical perspectives assumed that poor and working-class women were physically able to breastfeed better than their more affluent sisters, milk depots were first set up in urban centers to lower infant mortality and morbidity among the lower classes, perhaps because these were mothers least likely to be able to pay a wet nurse when their employment or physical status precluded maternal nursing. The first infant health clinics were established in the 1860s, and dispensed "pure [dairy] milk" along with encouragement to breastfeed.[12] Thus the widespread skepticism about certain women's ability to lactate and the dispensing of dairy milk to supplement inadequate human milk production or to compensate for mothers' absence from the home helped to create a context in which practices that encouraged women to breastfeed occurred in tandem with actions that led to its disappearance. As historian Jacqueline Wolf writes, "although physicians continued to recommend human milk over cows' milk for babies throughout the milk campaigns, the unrelenting publicity generated

by the clean-milk crusades touted pasteurized, sealed, and bottled cows' milk as safe, palatable sustenance for babies. Soon it was the preferable sustenance as well" (46).

In the early twentieth century, evolutionary discourses encouraged white Americans to think of themselves as "evolv[ing] . . . beyond the class mammalia" (Berney 50) and promoted a racialized understanding of women's lactational capacity and practice. Advocates promoted rationalized breastfeeding that mandated scheduled feedings in the context of exclusive nursing for six to nine months; these same advocates criticized foreign, working-class, and nonwhite mothers for irrational breastfeeding that cohered with family or ethnic traditions and that allowed feeding on demand and supplementation with table scraps or other adult foods. Berney states that most breastfeeding women surveyed in the 1920s who did not nurse for the ideal nine months gave "insufficient milk" as their reason, even though they may have nursed into the sixth or seventh month. Clearly the idea of insufficient milk became accepted early in the twentieth century as a convenient and medically resonant rationale for early weaning. This is not to say that some women didn't suffer from milk insufficiency, but that it is unlikely that a woman who could provide milk through the first half of her infant's first year would suddenly be unable to produce enough in the seventh month, unless external circumstances changed her ability to eat enough food, drink enough liquids, and get enough rest. "Insufficient milk" thus became a label women could use to describe a decision to end breastfeeding, for a variety of reasons that we cannot presume to know now but that were embedded in cultural changes around breastfeeding and maternity in general. (I discuss current discourses concerning insufficient milk, which currently usually refers to a condition diagnosed in the early weeks of an infant's life, in chapter 1.)

As part of rational breastfeeding practices, reformers attempted to regulate the age of weaning, arguing that breastfeeding beyond nine months was a health risk for the child. In Berney's analysis, it is not the breast or bottle issue that defined the shift toward bottle feeding in the twentieth century, but the opposition between rational and irrational feeding: rational feeding favored scheduling and other behavioral approaches to infant care (advice not to pick up crying infants, cuddle them, or sleep with them, for example). These rational practices favored by reformers and burgeoning pediatric experts worked against the rhythms of demand suckling that helped women establish and maintain their milk. Thus, even when ideas about infant care relaxed in the late 1930s, breastfeeding rates continued to fall because the notions of schedules and scientifically mediated maternal practices were too strongly entrenched to dislodge. The damage in terms of breastfeeding advocacy had already been done, with women's confidence over the process declining.

In addition, changing expectations about women's roles as wives and household managers conflicted with more traditional breastfeeding lifestyles.[13] This is an important point that cannot be stressed enough. Maternal nursing did not initially decline as a response to women's involvement in waged labor outside the home, although such involvement may have decreased the duration of nursing for many poor, working women in the nineteenth and early twentieth centuries. I agree with Adrienne Berney that much of the decline in nursing was the result of cultural forces that transformed heterosexual women's position in the family—their relationships to children and to their spouses—and mandated that modern women be efficient and scientific household managers. Even if modern mothers breastfed, they were likely to do so under the strictures of scientific motherhood and rational breastfeeding regimes, both of which undermined the physiological success of lactation.[14]

Thus, American women's decline in breastfeeding from the nineteenth century to today results from the following factors:

- their changing roles;
- the rise of pediatrics and the desire to control infant feeding in order to reduce infant mortality and morbidity;
- the popularity of rationalized breastfeeding practices among physicians trying to Americanize foreigners, regulate women, and bring up independent American children;
- changing perceptions of the family and women's relations with children (increasingly distant) and spouses (increasingly close);
- the availability of breast milk substitutes that are relatively safe when augmented by medical support and hygienic maternal practices and environments;
- the fact that breastfeeding advocacy no longer targeted wet nursing (and other women's milk) but formula as the inferior infant feeding practice;
- an emerging taboo on mothers nursing in public; and
- women's desires to operate in a civic world and waged labor force that mandate that they be like men to be accepted as equal.

Recently, laws have had to be established conferring upon women the *right* to nurse in public without being arrested for obscenity. Throughout all these changes, physicians as a group have supported the belief that breast milk is the best food for infants, but have not been able to support breastfeeding itself, either because of a lack of practical knowledge about the normal course of lactation, or because of lingering skepticism about the human female's generic capacity to produce milk.

Moral arguments about breastfeeding tend to dominate biological perspectives for a variety of reasons. Biological meanings of breastfeeding are obscured in the contemporary United States because the medical system and general standard of living tend to mask biological deficits of feeding with formula. As we have seen, medical breastfeeding advocacy has, since the eighteenth century, tended to couple its call for maternal nursing with claims to mothers' duty toward their children and thus a moralistic view of maternal responsibility, although, as Janet Golden remarks, "Nearly every European commentator knew that wet nursing increased infant mortality" (14). The linkage between biological benefit to the infant and mothers' moral duty continues to influence medical conferences featuring breastfeeding advocacy, such as the annual La Leche League Seminar on Breastfeeding for Physicians, although recently such moralistic emphasis has diminished in favor of a view highlighting the struggles women face to breastfeed their infants. Moral ideals of maternal duty continue in contemporary advocates' common assumption of a traditional heterosexual family structure, replete with economic support from the male spouse and an idealized financial dependence on the part of the mother. Breastfeeding advocacy also stakes its claim on the growing body of medical research documenting the health advantages of maternal nursing. Yet, as I show in chapter 6, feminist critics worry that contemporary breastfeeding advocacy is another version of the same story Perry tells, of the political colonization of women's bodies in the guise of improving health and families.

No contemporary feminist approach to breastfeeding and breastfeeding advocacy should simply dismiss, across the board, the information the scientific data offers. Skepticism of scientific claims to neutrality is an established aspect of feminist science studies research, and I am not arguing here for a wholesale refutation of that approach. Throughout *Mother's Milk* I approach biomedical discourses about breastfeeding from a critical perspective. What I want to suggest here is that an engagement with these discourses may provide feminists with a *political* strategy for pressing women's rights as mothers. Feminist critics of breastfeeding advocacy generally fear the essentialist linkage of biological perspectives with traditional ideologies of female domesticity, but the discourses of science are no more essentialist in nature than any other discourse. The key issue is how such discourses are framed politically. As Donna Haraway writes, the "problem is how to have *simultaneously* an account of radical historical contingency for all knowledge claims and knowing subjects, a critical practice for recognizing our own 'semiotic technologies' for making meanings, *and* a no-nonsense commitment to faithful accounts of a 'real' world" ("Situated Knowledges" 187; emphases in original).