“I SAW A WRONG AND I WANTED TO STAND UP FOR WHAT I THOUGHT WAS RIGHT:” A NARRATIVE STUDY ON BECOMING A BREASTFEEDING ACTIVIST

A Dissertation in

Adult Education

by

Jennifer L. Pemberton

© 2016 Jennifer L. Pemberton

Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Education

May 2016
The dissertation of Jennifer L. Pemberton was reviewed and approved* by the following:

Elizabeth J. Tisdell  
Professor of Adult Education  
Dissertation Adviser  
Chair of Committee  
Doctoral Program Coordinator

Robin Redmon Wright  
Assistant Professor of Adult Education

Ann Swartz  
Senior Lecturer, RN-BS Program

Janet Fogg  
Assistant Professor of Nursing  
Hershey Coordinator

*Signatures are on file in the Graduate School.
ABSTRACT

The purpose of this narrative study was two-fold: (a) to examine how breastfeeding mothers learn they are members of a marginalized group; and (b) to investigate how some of these mothers move from marginalization to activism. This study was grounded in two interconnected theoretical frameworks: critical feminism (also with attention to embodied learning) and women’s emancipatory learning in relation to breastfeeding and activism.

There were 11 participants in the study, chosen according to purposeful criteria related to the study’s purpose; they represent diversity in age, race/ethnicity, sexual orientation, religion, and educational background. Data collection included narrative semi-structured interviews, which were co-constructed between the researcher and the participants, and researcher-generated artifacts. Both narrative and constant-comparative analysis were used to analyze the data.

There were three sets of findings that emerged from the data. First, those related to the marginalization of breastfeeding mothers indicate that their marginalization is manifested in: negative views of breastfeeding in public; lack of breastfeeding support of some health professionals; the commercial formula industry; and returning to employment. Second, the findings regarding how they learned to be activists indicate they did so: by becoming conscious of marginalization; through mentoring, networking, and collaboration; through sometimes leveraging men’s power and support; and through social media and technology. Third, the findings regarding what they learned from being activists center on: seeing activism as a continuum; perspective-taking; learning leadership skills; and claiming their own empowerment.

The findings from this study have implications for both theory and practice. Related to adult learning theory, this study offers new insight into the role of embodied learning as part of women’s activist learning. The public health field can glean from this study how to better educate women not only on breastfeeding, but also on public health issues in general by fostering
collaboration and connection, and adopting insights from feminist pedagogy. Further, integrating activism and emancipatory learning into the curriculum for health care professionals can help them not only in their efforts at patient education, but in their own activist efforts for healthcare. The study ends with discussion of suggestions for further research.
# TABLE OF CONTENTS

LIST OF FIGURES ........................................................................................................... ix

ACKNOWLEDGEMENTS .................................................................................................... x

PART I .................................................................................................................................. 1

CHAPTER ONE: INTRODUCTION ..................................................................................... 1

  Background ....................................................................................................................... 2

  Breastfeeding in Historical Context ................................................................................ 3

  Breastfeeding Mothers as a Marginalized Group ......................................................... 7

Purpose and Research Questions ..................................................................................... 18

Theoretical Framework ..................................................................................................... 19

  Women’s Learning and Feminist Pedagogy ................................................................. 19

  Emancipatory Learning ................................................................................................. 20

Methodological Overview ................................................................................................. 21

Significance ........................................................................................................................ 24

Assumptions, Limitations, and Strengths ......................................................................... 26

  Assumptions ................................................................................................................... 26

  Limitations .................................................................................................................... 27

  Strengths ....................................................................................................................... 28

Organization of the Study ................................................................................................. 28

Definition of Terms ........................................................................................................... 29

CHAPTER TWO: LITERATURE REVIEW ......................................................................... 32

Theoretical Framework: .................................................................................................. 32

Critical Feminism and Women’s Emancipatory Learning ............................................. 32

  Contextualizing the Theoretical Framework: Is Breastfeeding a Feminist Issue? ....... 33

  Women’s Learning from a Feminist Perspective .......................................................... 34

  Emancipatory Learning Theory .................................................................................... 46

Breastfeeding ..................................................................................................................... 60
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of Breastfeeding</td>
<td>62</td>
</tr>
<tr>
<td>Relevant Infant Feeding History</td>
<td>64</td>
</tr>
<tr>
<td>Breastfeeding Mothers as a Marginalized Group</td>
<td>75</td>
</tr>
<tr>
<td>Critique and Implications</td>
<td>118</td>
</tr>
<tr>
<td>Intersecting Bodies of Literature</td>
<td>118</td>
</tr>
<tr>
<td>Why Breastfeeding Is a Feminist Issue</td>
<td>120</td>
</tr>
<tr>
<td>Implications of the Current Study</td>
<td>123</td>
</tr>
<tr>
<td>Summary</td>
<td>124</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODOLOGY</td>
<td>126</td>
</tr>
<tr>
<td>A Qualitative Research Paradigm</td>
<td>126</td>
</tr>
<tr>
<td>Overview of Qualitative Research</td>
<td>127</td>
</tr>
<tr>
<td>Narrative Inquiry</td>
<td>129</td>
</tr>
<tr>
<td>Background of the Researcher</td>
<td>132</td>
</tr>
<tr>
<td>Participant Selection Procedures</td>
<td>134</td>
</tr>
<tr>
<td>Ethics and Informed Consent</td>
<td>136</td>
</tr>
<tr>
<td>Data Collection Procedures and Methods</td>
<td>137</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>143</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>149</td>
</tr>
<tr>
<td>Credibility</td>
<td>150</td>
</tr>
<tr>
<td>Transferability</td>
<td>151</td>
</tr>
<tr>
<td>Dependability and Confirmability</td>
<td>152</td>
</tr>
<tr>
<td>Summary</td>
<td>155</td>
</tr>
<tr>
<td>PART TWO: THE FINDINGS PRESENTED AS THE STORIES</td>
<td>156</td>
</tr>
<tr>
<td>CHAPTER FOUR: FEATURED STORIES</td>
<td>160</td>
</tr>
<tr>
<td>Kate: It’s Just about Women and Babies</td>
<td>160</td>
</tr>
<tr>
<td>Brigitte: This is Normal and Natural</td>
<td>176</td>
</tr>
<tr>
<td>Stephanie: It’s about Caring and Showing Up</td>
<td>192</td>
</tr>
</tbody>
</table>
Sarah: A Shift from Getting to Giving Support ................................................................. 204

Chapter Summary ........................................................................................................... 214

CHAPTER FIVE: THE NARRATIVE SUMMARIES ............................................................. 215

There is a Place for Kindness in Activism ...................................................................... 215

Katy ................................................................................................................................. 215
Marie ............................................................................................................................... 219
Jessica ............................................................................................................................. 223
Learning from Katy, Marie, and Jessica’s Stories ............................................................ 226

Activist Learning from Leadership Positions ................................................................ 227

Julia ................................................................................................................................. 227
Katie ............................................................................................................................... 231
Learning from Julia and Katie’s Stories ......................................................................... 235

Emotion Leads to Action .............................................................................................. 236

Amanda .......................................................................................................................... 236
Juliea ............................................................................................................................... 240
Learning from Amanda and Juliea’s Stories .................................................................. 245

Chapter Summary ........................................................................................................... 245

CHAPTER SIX: COMMON THREADS: A COLLECTIVE ANALYSIS .................................. 246

Marginalization of Breastfeeding Mothers Comes in Various Forms ............................... 247

Negative Views of Breastfeeding in Public .................................................................... 247
Lack of Support from Some Health Professionals ........................................................... 250
The Formula Industry ..................................................................................................... 253
Returning to Employment .............................................................................................. 254

Learning to Be an Activist ............................................................................................. 256

Learning Consciousness of Marginalization .................................................................. 256
Informal Mentoring, Collaboration, and Networking ......................................................... 260
Leveraging Men’s Power and Support ............................................................................. 263
Social Media and Technology ......................................................................................... 266
Learning from Activist Work  ................................................................. 268
Seeing Activism as a Continuum ............................................................. 268
Perspective Taking ................................................................................ 273
Learning Leadership Skills .................................................................. 276
Claiming Their Empowerment ............................................................. 277
Chapter Summary ................................................................................ 279

PART III ..................................................................................................... 280
CHAPTER SEVEN: DISCUSSION, CONCLUSIONS, AND IMPLICATIONS .... 280
The Findings in Light of the Literature: The Significance of Patriarchy and Social Class .... 280
Marginalization of Breastfeeding Mothers ............................................. 282
Learning to Be an Activist ................................................................. 286
Learning from Activism ...................................................................... 294
Implications for Theory and Practice ................................................... 302
Adult Education and Adult Learning Theory ...................................... 302
Public Health ...................................................................................... 307
Healthcare ............................................................................................... 308
Limitations and Suggestions for Future Research ................................. 310
Lack of Attention to Socioeconomic Diversity ..................................... 310
Underrepresentation of the Most Marginalized ...................................... 311
Reflections on the Study ...................................................................... 311

Appendix A: International Code of Marketing of Breastmilk Substitutes ............ 315
Appendix B: Interview Questions ............................................................. 316
References ............................................................................................... 318
**LIST OF FIGURES**

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Midwife Smear Campaign of the 1920s</td>
<td>85</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Graphic used on the Front Cover of <em>The Baby Killer</em></td>
<td>94</td>
</tr>
<tr>
<td>Figure 3</td>
<td>National Breastfeeding Awareness Campaign</td>
<td>109</td>
</tr>
<tr>
<td>Figure 4</td>
<td>National Breastfeeding Awareness Campaign</td>
<td>109</td>
</tr>
<tr>
<td>Figure 5</td>
<td>National Breastfeeding Awareness Campaign</td>
<td>110</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Participant Demographics</td>
<td>136</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Themes that Emerged from the Narratives</td>
<td>247</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

This study has been a labor of love, and I would not have completed it without such a phenomenal support system. First, I must thank my committee members who have spent countless hours reading and advising. Libby Tisdell has shown me in both word and deed what it means to be a devoted researcher. Robin Redmon Wright has helped me turn on the critical part of my brain, allowing me to notice when injustice is occurring and how I can be an agent of change. Ann Swartz has helped me develop a lens to see the interconnections in the world. Janet Fogg has demonstrated devotion and commitment through challenge. All four of you have shown me the importance of this work and have been an inspiration to the continuation of my own activism.

My cohort at Penn State has become family to me. You have provided me so much love and support. Perdeta, Janelle, Greg, Kris, Rhonda, Jessica, and Peter, and Nicole – there are no words to describe the bond we all have. A special thanks to Perdeta, Greg, and Janelle for sharing their office space when I needed to pump.

I must thank my colleagues at the Community College of Baltimore County who have been my cheerleaders through this entire process. A special thank you to Tim Davis who saw my potential and encouraged me to pursue my doctorate.

My friends have been an invaluable source of support and encouragement. For lending an ear to let me vent my frustrations or helping me recognize my own strength, thank you. Through this process, Ted McCadden and Ray Sheets have been my two dearest friends and confidantes and the ones who “get it” on so many levels. Thank you for walking this journey with me.

Finally, I must thank my family, especially my husband. Doug, you have provided support in so many ways. From taking over household responsibilities so I could research and
write, wiping away my tears and reassuring me when I felt like I had nothing left to give, and pouring me a glass of wine when I was reaching the end of my rope – thank you for being a true partner. I love you and am so excited to start this next (post-dissertation) chapter of our lives.

I dedicate this dissertation to my babies, Kate and Ryan, who made me a mother. I love you!
PART I

CHAPTER ONE

INTRODUCTION

“You can’t have that baby here. You need to go home.” I was confused by the dean’s words as he stood in the doorway to the office I had occupied as a professor for the past six years. He must have perceived my confusion from my facial expression because he repeated himself. My confusion had two sources. First, my institution had no policy that prohibited children from being on campus. Second, months earlier I had made arrangements with the dean to bring my newborn to campus while I held office hours. In fact, I had brought my four-week old son to campus a half dozen times before this incident. What was different about this time? Then it dawned on me: several moments before confronting me, the dean had walked by my office and had seen me breastfeeding my son. Despite maintaining modesty by using a breastfeeding cover, the dean was clearly uncomfortable with my nourishing my newborn as nature intended.

Then I packed up my baby and went home. Looking back, I am disappointed with myself for leaving, as I wish I had stood up for myself and my baby. Although I yielded to the patriarchal cultural demands that day, this incident was the catalyst for my own emancipation as a woman and breastfeeding mother. In fact, I never breastfed again with a cover: choosing to feed my baby with my body would not be the source of my oppression, and it became my mission to use my feeding choices to educate others and normalize breastfeeding in my community, with the hope that a sort of ripple effect will lead to broader normalization of breastfeeding.

***
The purpose of this chapter is to provide the basis for a qualitative narrative research study that examines how breastfeeding mothers learn they are members of a marginalized group, and how some of these mothers move from marginalization to emancipation and activism. This chapter begins with background on the issue, a purpose statement, research questions, and theoretical frameworks that guide this research. In addition, this chapter will provide an overview of the qualitative narrative methodology, consider the significance of this research, discuss the limitations, strengths, and assumptions, and finally offer definitions for terms used in the current study.

**Background**

Breastfeeding is nature’s way of ensuring that mothers can nurture their babies. Breastfeeding is associated with a number of benefits for both the mother and baby. For example, breastfed babies tend to have an increased immunity to a wide range of infections and illnesses, such as bacterial meningitis, diarrhea, respiratory tract infections, and ear infections (Work Group on Breastfeeding, 1997; Kolinsky, 2010). When the baby does acquire these infections, they tend to be less serious, and the breastfed baby recovers more quickly and with fewer complications. Furthermore, breastfeeding results in lower rates of sudden infant death syndrome (SIDS) during the first year of life (Kolinsky, 2010). The benefits of breastfeeding go beyond infancy, according to Kolinsky (2010), including a lesser likelihood of developing Type I and II diabetes, high cholesterol, allergies, and asthma. Children who were breastfed have lower incidences of obesity and obesity-related illnesses and conditions. Finally, studies have shown that breastfed infants score higher on intelligence tests as compared to formula-fed babies (Kolinsky, 2010), which may be due in part to the mother-baby attachment, which facilitates brain development (Wall, 2001).
In addition to benefits for the breastfed baby, breastfeeding mothers experience numerous health benefits. The hormones related to breastfeeding help to reduce postpartum bleeding and aids in the uterus’ shrinking back to its pre-pregnancy size. Additionally, breastfeeding mothers experience a lower incidence of hip fractures in the postmenopausal period. Breastfeeding mothers benefit from a reduced risk of certain cancers, most notably ovarian and premenopausal breast cancers (Work Group on Breastfeeding, 1997; Kolinsky, 2010). Considering the multiple benefits, why do only 19% of U.S. mothers breastfeed exclusively for six months, as recommended by the World Health Organization (Breastfeeding Report Card, 2014)? In the next section I will situate breastfeeding within a historical context.

Breastfeeding in Historical Context

Given the various benefits breastfeeding offers both mother and child, it is interesting to consider the historical context of breastfeeding. Breastfeeding in the continent of America by Western European settlers has a long history, dating back to the 1600s. During the last four centuries, breastfeeding rates have ebbed and flowed, and the fluctuations in breastfeeding practices have been influenced by a number of factors. Breastfeeding rates were highest in the 1600s and hit an historical low in 1970, when initiation rates were 28%, and only 8% of infants were still breastfeeding at three months (Thulier, 2009). More recently, in 2009, although breastfeeding was initiated in 76.9% of births, the rate of breastfeeding at one year was 25.5% (Breastfeeding Report Card, 2012). A number of factors are involved in a woman’s decision to initiate and continue breastfeeding, among which are societal and cultural views and dynamics. While breastfeeding is readily accepted as a women’s issue, it is seldom considered a feminist one (Van Esterik, 1994). In fact, although feminist theorists and writers have given attention to other issues of motherhood (women’s health and menopause, for example), breastfeeding has
been mostly ignored, seemingly because studying it would be problematic for feminists (Blum, 1993; McCarter-Spaulding, 2008; Van Esterik, 1994). Sociologist Blum (1993) explains:

Breastfeeding provides a wonderful lens magnifying the cracks and fractures in our construction of the late-twentieth-century mother. As an experience of intense interdependence between mother and infant, breastfeeding is easily romanticized; yet, at the same time, the present social context makes breastfeeding extremely difficult for many women. Along with pregnancy and birth, breastfeeding represents both the cultural and “natural” mother; that is, the socially constructed and the biological are inextricably intertwined. However, surprisingly little attention has been given to breastfeeding by feminist analysts, even in the recent work focusing on the social construction of women’s embodied experiences. The experiences of pregnancy and birth attract our attention precisely because they pose such theory obstacles to the equal treatment objectives that have dominated American feminism. (p. 291)

Van Esterik (1994), an anthropologist who specializes in breastfeeding, contends that by attending to breastfeeding, feminists would be privileging mothers over other women, which is contradictory to feminist principles. Moreover, breastfeeding is sex-specific and thus challenges the feminist tenet of gender-neutral childrearing (McCarter-Spaulding, 2008). One could argue, however, that those feminists who ignore the experience of breastfeeding women are contributing to the oppression or marginalization experienced by many mothers who choose to breastfeed, whether their breastfeeding experience is successful or unsuccessful.

Here, it makes sense to consider what is meant by marginalization and oppression in the current study. Young (1990) states that “oppression refers to the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning
people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life” (p. 41). Sheared (1994) defines marginalization as something that “occurs when one person’s views are valued and voiced at the sociopolitical and historical expense of others” (p. 27). Young (1990) sees marginalization as the most dangerous kind of oppression. To her, marginalization leads to some group’s labor (in this study, breastfeeding as mother-work) being considered useless: a “whole category of people are expelled from useful participation in social life and thus potentially subjected to severe material deprivation” (p. 53). Thus, in contrast to the dominant group, a marginalized group has decreased power and access to resources, such as information and assets, and the ability to influence the policies that affect them (Sheared, 2006).

In the current study, the terms marginalization and oppression will be used interchangeably. The following sections will establish how breastfeeding women are a marginalized group, both historically and in contemporary times.

Van Esterik (1994) recognizes the marginalization mothers experience as they attempt to breastfeed: “Women who wish to breastfeed their babies but cannot [or experience difficulty] – because of inadequate support from family or health workers, constraints in the workplace, or misinformation from the infant food industry – are oppressed and exploited” (p. 41). Furthermore, she argues that “breastfeeding is an important women’s, human rights, and feminist issue, since breastfeeding empowers women and contributes to gender equality” (Van Esterik, 1994, p. 41). The oppression of breastfeeding mothers is apparent throughout history. While mothers were once considered to be the authorities on infant-feeding, oppressive forces disempowered mothers over time. For example, Colonial Americans held the belief that sexual activity during lactation was inappropriate. Because men wanted to resume sexual activity with
their wives, upper-class husbands hired wet nurses to breastfeed their children, thereby forcing
their wives to cease breastfeeding (Thulier, 2009). To be clear, wet nurses were mothers
themselves who, in order to make a living, had to commodify their bodies and milk to provide
for the nutritional needs of infants from wealthy families. In the 1920s, breastfeeding mothers
were faced with another source of disempowerment when it came to infant-feeding: doctors.
Mothers were told that their intuition regarding infant-feeding was insufficient, and thus they
must rely on the expertise of doctors, many of whom pushed formula-feeding as the best method
of infant nourishment. Furthermore, Nestle, a key manufacturer of infant formula, produced a
mothering guide that advised mothers to rely on science, not their own intuition, and formula-
feed. This trend continued into the 1950s when pediatricians began writing popular books
encouraging formula use over breastfeeding. It was not uncommon for doctors to receive
payments from the formula companies for endorsing their products. Following this trend,
breastfeeding rates reached an all-time low in the early 1970s (Thulier, 2009). Whereas mothers
were once regarded as the experts on their babies, over time their husbands, medical
professionals, and capitalism led to the disempowerment of mothers.

Despite a number of initiatives intended to improve breastfeeding initiation and duration,
the United States is far below the CDC’s national goal of at least half of babies continuing to
breastfeed at six months (Thulier, 2009). Kedrowski and Lipscomb (2008) suggest that the
United States is not reaching breastfeeding goals because the federal courts do a poor job of
protecting women’s breastfeeding rights, and individual states vary in their policies supporting
breastfeeding mothers. Much of the legislation to promote breastfeeding is aspirational rather
than mandatory. A recent example is the “Baby-Friendly” initiative; to earn a designation as
“Baby-Friendly,” hospitals or other birthing centers must meet specific criteria to support
breastfeeding from birth, such as helping mothers breastfeed their baby within one hour of giving birth and not introducing formula to an infant unless absolutely medically necessary (Designated Facilities by State, 2015). In 2014, fewer than eight percent of live births took place in baby-friendly birth settings (Breastfeeding Report Card, 2014). Thus, despite several decades of initiatives and policy to support breastfeeding, mothers still often lack the support and protections necessary to meet their personal and the nation’s breastfeeding goals, as set based on CDC and WHO best practices. Without laws to protect them, breastfeeding mothers continue to be a marginalized group.

**Breastfeeding Mothers as a Marginalized Group**

An assumption of the current study is that breastfeeding mothers are part of a marginalized group, under the influences of patriarchy, which “is a system of domination that privileges and promotes male supremacy and heterosexuality” (Gouin, 2009, p. 173). Thus, under patriarchy, women are a marginalized group; this study focuses on a subset of that larger group, breastfeeding mothers. Breastfeeding mothers experience marginalization in a number of ways, although not all breastfeeding mothers experience marginalization to the same degree or in the same ways. Patriarchy has influenced attitudes and behavior within society, which can lead to the marginalization of breastfeeding women, particularly if they choose to breastfeed in any public setting, under almost any circumstance. Marginalization can be experienced through disempowerment and the sexualization of the female body, commodification of infant-feeding, expectations of mothers in regard to work outside of the home, and societal messages women receive about motherhood and infant-feeding. Each of these, which can be sources of marginalization, is influenced by patriarchy, which benefits men and marginalized women, though as bell hooks (2010) states, “Patriarchy has no gender” (p. 170). Historically, the
mechanisms of patriarchy have tended to sexualize the female body, particularly women’s breasts (Carter, 1995), and it is still patriarchy that influences policy at national, local, and community levels. Moreover, under patriarchy, men often have prominent roles in the media, such as owners of media corporations, and influence the messages the masses receive regarding gender roles and positions.

It is worth noting that both men and women can hold patriarchal views that lead to patriarchal actions, and thus both men and women can contribute to the marginalization of breastfeeding women. This is because patriarchy is a system that works and perpetuates its views in the socialization of men and women in the cultures through processes that are largely unconscious; hence both genders can unconsciously subscribe to many of its assumptions that allow for its maintenance (St. Pierre, 2000). As hooks (2000) explains:

…females were as socialized to believe sexist thinking and values as males, the difference being simply that males benefited from sexism more than females and were as a consequence less likely to want to surrender to patriarchal privilege. (p. 7)

She also argues that both males and females learn “to accept the legitimacy of patriarchy” and how “to enact this system of control” through experiences within the nuclear family (hooks, 1989, p. 175). Therefore, it is important to be aware that people do not actively decide to take on patriarchal views or engage in related actions; rather, patriarchy is a complex ideological system that is learned by both sexes through common and basic experiences within society, such as family dynamics and education. An ideology such as patriarchy persists in part because aspects of it resonate with people’s experiences, making it easy to accept, justify, and reproduce the system (Brookfield, 2005).
This study acknowledges that all women are subject to marginalization under patriarchy but centers on that experience for breastfeeding women. In this study, both the men and women who consciously or unconsciously accept, justify, and reproduce patriarchy (Brookfield, 2005) are the identified oppressors; although they may not intentionally act in ways that oppress breastfeeding mothers, their ideology and associated attitudes and actions can work to marginalize breastfeeding women nonetheless. This section provides an overview of the role of patriarchy in the marginalization of breastfeeding women; Chapter Two will cover these topics in greater depth.

**Breastfeeding, the body, and sexuality.** The sexualized views of women’s body common in the Western world marginalizes breastfeeding mothers. In Western societies such as the United States, we overwhelmingly choose to ignore the mind-body connection involved with breastfeeding (Shaw, 2004; Bartlett, 2002; Hausman, 2007). We often view breastfeeding as something biological that the body does, while ignoring the mother as a person, the role of the baby, and culture: “This story of hormone production, mechanical suckling, and neurological impulses for milk secretion is physiologically incomplete without a woman’s subjectivity. Her historical, cultural and environmental social relations impact on breastfeeding operations in quite unpredictable biological ways via hormonal activity” (Bartlett, 2002, p. 375). Being attuned to the biological and physiological aspects of breastfeeding while ignoring the social, cultural, and emotional factors makes breastfeeding seem like a predictable, prescriptive practice that is the same for all female bodies. Such a view allows for doctors and other health professionals to stipulate that the mother breastfeed her baby at specified intervals for a prescribed amount of time at the breast (for example, feed every two hours, 20 minutes at each breast). These prescribed breastfeeding practices fail to account for the complex, symbiotic relationship
between mother, child, and culture, thus “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” (Bartlett, 2002, p. 376).

Bartlett further argues:

This transfer of breastfeeding knowledge from its practitioners to the domain of the medical professional, from being embodied to requiring learning, involves a privileging of headwork that not only reinstalls the mind-body dichotomy of the Cartesian subject, but disempowers women as mothers at a time when their corporeality is most active and symbolically significant. (Bartlett, 2002, p. 376)

Instead of encouraging a mother to trust her body and her baby’s signs of hunger and satiation, medical professionals too often prescribe feeding schedules that are inflexible in terms of frequency and time spent at each breast. This sort of recommendation disempowers the mother and can lead to unsuccessful breastfeeding due to a diminished milk supply and a physically and emotionally exhausted mother (Dykes, 2011). Even when breastfeeding is acknowledged as an embodied practice, the embodied perspective is used to blame the mother when breastfeeding is unsuccessful or challenging. Previous instructional texts about breastfeeding cite a mother’s anxiety, depression, stress, pain, or embarrassment as reasons for failure of the milk let-down reflex (Davies, 1982; Gaskin, 2009; Huggins, 2010; Wiessinger, West, & Pitman, 2010). Therefore, “it can be no coincidence that it is a woman’s emotions, her psychological state, that are seen as interfering with biological activity…The management of women’s emotions is paramount to the success of breastfeeding according to this narrative” (Bartlett, 2002, p. 377).

Assuming the mind-body connection, the failure to produce enough milk, for example, is blamed
on the mother who must be doing something wrong “in her head” (Bartlett, 2002). This narrative marginalizes breastfeeding women by blaming their minds for apparent failures in their bodies.

In a society where breasts are seen first for sex and second (if at all) for nourishment, mothers struggle with the conflicting roles of breasts for mothering and breasts for sex (Mahon-Daly & Andrews, 2002). Fredrickson and Roberts’ (1997) objectification theory offers a backdrop to help explain how the views of the female body have been constructed. Objectification theory suggests that “in a culture that objectifies a sexually mature woman’s body, women are socialized to view and evaluate their bodies from the perspective of an outside observer” (Johnston-Robledo, Wares, Fridker, & Pasek, 2007, p. 431). Women internalize the objectification of their bodies, leading them to emphasize physical traits associated with appearance (such as sex appeal) over ones associated with health or natural function (such as breastfeeding). After giving birth, a mother’s body does not possess qualities that match the socially-constructed norm of how a beautiful female body should look (Johnston-Robledo, Wares, Fricker, & Pasek, 2007). A soft belly and breasts that leak milk may feel unsexy. For some women, the thought of their breasts being unattractive or unsexy is enough to lead them to choose not to breastfeed at all or to wean early (Johnston-Robledo, Wares, Fricker, & Pasek, 2007). Furthermore, breastfeeding mothers may struggle with the return to sexual activity with their partner. In a culture that prioritizes sex, placing the needs of a baby before those of a male sexual partner can lead to a lack of support for the breastfeeding mother from a male partner, which may prove troubling for a mother trying to understand her multiple roles as mother and partner (Sterk & Knoppers, 2009). Indeed, the relationships between a woman’s mind, body, sexuality, baby, and partner are quite complex. A mother’s interpretation of these intricacies can lead to an experience of empowerment or marginalization.
The economics of milk: Breastfeeding as a commodity. The medicalization of infant-feeding “has destabilized maternal authority and replaced it with the figure of the doctor” (Hausman, 2003, p. 22). Doctors and insurance companies benefit financially every time a mother and baby see a doctor for feeding issues. With increasing frequency, doctors – not mothers – are viewed as the authority on infant feeding. Beginning in the late 1800s physicians, not mothers, came to be recognized as the experts on infant-feeding, particularly for upper-class mothers (Thulier, 2009). By the late 1920s to early 1930s, 25% or more of the case loads of general practitioners consisted of infant-feeding. Thulier (2009) highlights the power physicians held over mothers:

A woman educated enough to be aware of the important advances in science and medicine was more open to her physician’s directed. Physicians wanted mothers to understand that they needed to visit doctors and to follow their instructions but not to possess so much information that they could ignore or interfere with their physician’s advice. (p. 88)

Some doctors “had more economic and political motivations in mind” and perhaps were not always concerned with what was truly best for the infant and mother (Thulier, 2009, p. 88). Palmer (2009) brings attention to formula companies as big business:

It is in their interests that women find it difficult to breastfeed. Classical economic theory tells us that the invisible hand of the market leads only to the manufacture of products that people need. If this is so, then why do these companies invest millions in promotion to persuade us to use more of their products? These methods are necessary because to sell substantial quantities they must impede the production of the rival product. (p. 6)
The infant formula companies use misleading advertising, often ignoring the shortcomings of formula and giving doctors and hospitals monetary incentives for endorsing their products (Dykes, 2011). Working together, health professionals and formula companies convince mothers that their breast milk is inadequate, leading to the cessation of breastfeeding and the adoption of breast milk substitutes (Blum, 1993). Instead of honoring and supporting women’s desire to breastfeed, some health professionals and formula companies demoralize breastfeeding mothers who may struggle with establishing breastfeeding, thus reinforcing the marginalization of breastfeeding mothers.

Too often, support for breastfeeding is not about support for mothers and babies; rather, legislative and systemic breastfeeding support is based on fiscal benefits, such as lower healthcare or employer-related costs (Work Group on Breastfeeding, 1997; Ball & Bennett, 2001; Kolinsky, 2010). Employers, healthcare providers, insurers, and legislators further marginalize the breastfeeding mother by increasing their support of her especially when her feeding choices offer an economic advantage.

**Breastfeeding, work, and the “good mother.”** A mother’s return to work outside of the home often has a negative effect on breastfeeding initiation, duration, and exclusivity (breastfeeding only, without supplementation of formula) (Lucas & McCarter-Spaulding, 2012; Payne & Nichols, 2009; Roe, Whittington, Beck Fein, & Teisl, 1999). In fact, 76.5% of mothers report that returning to work was the most major barrier for exclusive breastfeeding for a duration of at least six months (Hogan & English, 2013). Women who are financially unable to take an extended leave of absence from employment tend to make decisions about employment first and then consider infant-feeding decisions around work limitations, such as whether they can breastfeed at work or will need to use a breast pump to express milk (Roe, Whittington, Beck
Fein, & Teisl, 1999). A lack of systemic legal support for breastfeeding mothers makes achieving successful breastfeeding extremely difficult, if not impossible. Of course, this difficulty is exaggerated for women of color and those of lower socioeconomic backgrounds. Supporting breastfeeding employees proves to be a contentious issue for some employers. While some are reluctant, others convey that they would be willing to take measures to support breastfeeding employees, if the company could receive financial incentives (Ball & Bennett, 2001). When workplaces do offer accommodations for breastfeeding mothers, it most commonly involves time and space to pump. Blum (1999) argues that this sort of policy is a poor substitute for proper maternity leave. A mother is encouraged to put the baby to breast at home, but should collect milk to feed her baby while she is working, and pump during working hours to maintain her milk supply; promoting pumping as a viable alternative to appropriate maternity leave works to disembodied and disempower mothers.

Breastfeeding represents empowerment, femaleness, attachment, selflessness, and responsibility, all qualities of a good mother. To the contrary, many cultures characterize a good worker as obedient and industrious and who prioritizes work over his or her personal life and domestic issues. Thus, workers who choose to breastfeed will probably deviate from these norms. The workplace demands that the position of the good worker be placed above that of the good mother; yet the desire to be the good mother leads women to persist with breastfeeding (Payne & Nicholls, 2010). Mothers experience stress and guilt as they attempt to navigate their multiple roles. The lack of practical accommodations for mothers of infants requires many women to return to work before they wish to do so. After returning to work, mother-workers struggle to fit into a culture of work that favors the unencumbered male employee (Blum, 1999).
Indeed, many women who wish to breastfeed experience the work milieu as a place of oppression.

**Societal messages about breastfeeding.** From a young age, women receive messages about their bodies, motherhood, and breastfeeding. Television shows seldom show women breastfeeding, indicating that bottle-feeding is the norm. When mothers on television shows are shown breastfeeding, such as *A Baby Story*, the breasts are always hidden by clothing or a blanket; breastfeeding is portrayed as difficult, painful, and isolating. If breastfeeding gets to be too overwhelming, it is normal to switch to formula (Foss, 2012).

Even campaigns to encourage breastfeeding send subliminal marginalizing messages about this natural feeding practice. Breasts are not shown in pamphlets or posters. When images depict a mother breastfeeding, she is always covered by the baby, blanket, or some other nursing cover (Artis, 2009). Pressure from formula companies has influenced those who organize breastfeeding campaigns to “water down” text and images so that they do not make formula look bad (Kedrowski & Lipscomb, 2008). Indeed, formula companies have a fiscal advantage over public health departments and can thus manipulate societal messages about infant feeding.

After becoming a mother, often the first messages about breastfeeding come from medical professionals at the hospital. Many new mothers are given little breastfeeding support, which sends the message that breastfeeding is not important enough to demand the attention of post-partum nurses, doctors, or lactation consultants. This message may be reinforced if the medical professional is quick to push formula-feeding when the mother encounters difficulty breastfeeding (McInnes & Chambers, 2008). Thus, some women who go into the hospital to give birth intending to breastfeed may feel marginalized by doctors and nurses who appear disinterested and not invested in their breastfeeding success.
It is reasonable to deduce that all of these negative societal messages about breastfeeding result in unfavorable attitudes about breastfeeding in public. More than half of Americans believe that women should not be permitted to breastfeed in public (Hausman, 2007). Earle (2002) found that “the majority of both formula and breastfeeding women…perceived breastfeeding to be embarrassing, disgusting and inconvenient, whilst at the same time acknowledging that ‘breast is best’” (p. 212). This data signifies a narrative that implies societal disapproval of breastfeeding in public. However, women receive conflicting messages: breastfeeding is the best choice according to public health campaigns and health professionals, but this breastfeeding should never occur in public (Artis, 2009; Hausman, 2007). Presumably, public breastfeeding presents such a problem for many because it challenges the commonly-held and socially-desirable notion that breasts are sexual. Breastfeeding in public serves as a reminder that a body is unavailable as a sex object to men, which challenges patriarchal values. Thus, breastfeeding should be relegated to only private places so others do not need to be unpleasantly reminded of the correlation of the maternal and sexual bodies (Blum, 1999).

Breastfeeding women are quite aware of the societal attitude toward public breastfeeding. Accordingly, mothers confine themselves to their homes instead of risk negative encounters breastfeeding in public (Wall, 2001). Hausman (2007) affirms that the acceptance of public breastfeeding is confirmation of the independence of mothers and further suggests that part of the taboo against public breastfeeding is a declaration against women having independence in the public sphere. Using a woman’s feeding decisions to inhibit her role in public life is certainly marginalizing.

Breastfeeding women experience marginalization in a number of ways: through the way society views women and their bodies; by viewing infant-feeding as a commodity rather than an
important and meaningful set of choices a mother makes; by maintaining a social structure that requires mothers to work but offers little support to assist women in their dual roles of mother and worker; and by giving precedence to the comfort of the general population over the emotional and physical needs of mothers and babies.

Both personal anecdotes and breastfeeding literature demonstrate that some breastfeeding mothers experience oppression. While some suggest that structural factors create this oppression (Blum, 1999; Hausman, Smith, & Labbok, 2012; Van Esterik, 1994), others argue that breastfeeding itself is inherently oppressive (Firestone, 2003; O’Brien, 1981; Rosin, 2009). In contrast, breastfeeding can be liberating for women. Breastfeeding can serve as an opportunity for women to “embrace and enhance gender differences by fighting to remove the constraints placed on them by patriarchy and capitalism” (Thulier, 2009, p. 90). Breastfeeding can serve as a type of emancipation for women by allowing them to take control of their bodies, challenge medical power, and oppose the sexualization of breasts. Women’s bodily emancipation via breastfeeding may occur at a private, individual level, or it could be more widespread in the form of activism activities. For example, breastfeeding activism may involve working to remove obstacles to breastfeeding, such as economic barriers and lack of support from health care professionals, family members, or employers. Indeed, “breastfeeding cannot be promoted without it also being supported socially, economically, and politically” (McCarter-Spaulding, 2008, p. 210). Thus, women who find that breastfeeding is a catalyst for emancipatory learning can become activists for this vital women’s issue.

There are many studies and conceptual articles within the lactation and nursing literature that address factors related to breastfeeding. These articles address breastfeeding-related topics such as breastfeeding initiation and duration (Bolton, Chow, Benton, & Olson, 2008; Cernadas,
Noceda, Barrera, Martinez, & Garsd, 2003; DiGirolamo, Thompson, Martorell, Fein, & Grummer-Strawn; 2005) and breastfeeding promotion and support (Backstrom, Wahn, & Ekstrom, 2010; Dykes, Hall Moran, Burt, & Edwards, 2003; Hall Moran, Dykes, Burt, & Shuck, 2006; Redshaw & Henderson, 2012; McInnes & Chambers, 2008; Mickens, Modeste, Montgomery, & Taylor, 2009). Another area of research considers breastfeeding education as it relates to childbirth education (Pugin, Valdes, Labbok, Perez, & Aravena, 1996), but these articles are also situated only in the nursing and lactation literature. One article (Fisher-Brillinger, 1990) considers how to apply adult learning principles when teaching women how to breastfeed; this article is published in a lactation journal and focuses solely on learning to breastfeed. These publications are overwhelmingly conceptual pieces, and there are no studies that specifically explore the process of breastfeeding women moving from a place of marginalization to emancipation and activism. It is precisely this gap in the literature that the current study aims to fill.

**Purpose and Research Questions**

To be sure, there is a lack of research on the process by which breastfeeding women come to recognize their oppression and move to activism. Thus, the purpose of this research is twofold: a) to examine how breastfeeding mothers learn they are members of a marginalized group, and b) to investigate how some of these mothers move from marginalization to emancipation and activism. The research questions that guide the study are:

1. In what ways do breastfeeding women see themselves as marginalized, and how do they come to recognize this marginalization?
2. For women who become breastfeeding activists, what is the process of moving from marginalization to activism, and what role does emancipatory learning play in this process?

**Theoretical Framework**

The theoretical framework of this study is grounded in critical feminism and women’s emancipatory learning. While these are discussed further in Chapter Two, here I will discuss them briefly.

**Women’s Learning and Feminist Pedagogy**

Many traditional education systems emphasize “self-direction, autonomy, and competition, which perpetuate hegemony and privilege male domination” (Boucouvlas & Lipson Lawrence, 2010, p. 43). Feminist scholars, however, acknowledge that many women learn differently from men. Hayes and Flannery (2000) identify, for example, several themes that characterize women’s learning: affect and intuition, the importance of context, connection between the personal and social, and learning with others. Connected to intuitive knowing is embodied learning (Freiler, 2008). Hayes (1989) proposes that two assumptions underlie feminist pedagogy: 1) traditional educational models have not addressed the educational needs of most women, and 2) models that emphasize individual development and social change better address these needs. The work of Maher and Tetreault (1994) has influenced the themes that typify feminist pedagogy: how knowledge is constructed, voice, authority, identity as shifting, and positionality. More recently, English and Irving (2015) identify four goals of critical feminist pedagogy: fostering social analysis, supporting women’s leadership, building organizations, and creating social change. Women’s learning and feminist pedagogy, which are
discussed in greater detail in Chapter 2, are important in considering emancipatory learning theory as it applies to breastfeeding mothers.

**Emancipatory Learning**

A logical assumption is that to become emancipated, one must first be marginalized or oppressed. Sheared (1994) defines marginalization as something that “occurs when one person’s views are valued and voiced at the sociopolitical and historical expense of others” (p. 27). To assume the existence of oppression, we must also assume an imbalance of power. Thus, a marginalized group can be contrasted with the dominant group, which has increased power and access to resources, such as information and assets, and the ability to influence the policies that affect them (Sheared, 2006). Wilson and Nesbit (2005) contend that “because power is constructed in and through social interactions, it is always alterable and disruptable, hence the importance of understanding and using power in adult education” (p. 454). Freire (1993) asserts that the key to making meaning out of their struggle, those who are oppressed must work to regain their humanity; rather than becoming oppressors themselves, they must seek to restore the humanity of the both the oppressors and oppressed. He further argues that “this…is the great humanistic and historical task of the oppressed: to liberate themselves and their oppressors as well” (Freire, 1993, p. 26).

The major question the current study attempts to answer is how do breastfeeding mothers move from a place of marginalization to one of emancipation and activism? While this marginalization arguably comes from societal norms, women “are often very proactive, choosing change” (Flannery, 2002, p. 68). Even with a proclivity for taking action, “before women [can] change patriarchy we [have] to change ourselves; we [have] to raise our consciousness” (hooks, 2000, p. 7). Thus, consciousness is necessary for empowerment. Inglis (1997) states that
“empowerment involves people developing capacities to act successfully within the existing structures of power, while emancipation concerns critically analyzing, resisting and challenging structures of power” (p. 4). For emancipation to occur, we must move from theory to action. As hooks (1994) explains, “Theory is not inherently healing, liberatory, or revolutionary. It fulfills this function only when we ask that it do so and direct our theorizing towards this end” (p. 61). Thus, we need specific tasks to frame the process of emancipatory learning. Brookfield (2005) proposes seven “learning tasks” that are embedded in critical learning. The first task is challenging ideology, which helps to reveal inequality and oppression. Next, one must contest hegemony, which Brookfield defines as the idea that “people learn to accept as natural and in their own best interest an unjust social order” (p. 43). Unmasking power is the third task, which involves recognizing how power and used and abused. The next task is overcoming alienation, which is necessary to allow for the possibility of freedom. Adults must learn to liberate themselves, the fifth of the seven learning tasks. Sixth, one must reclaim reason – the ability “to assess evidence, make predictions, judge arguments, recognize causality, and decide on actions where no clear choice is evident” (p. 55). Finally, the seventh task is practicing democracy to ensure equity. These learning tasks can help to frame the process by which breastfeeding women move from oppression and marginalization to emancipation and activism.

Methodological Overview

The current study, designed to examine how breastfeeding mothers learn they are members of a marginalized group and investigate how some of these mothers move from marginalization to emancipation and activism, calls for a qualitative design. There are a number of reasons why a qualitative design is appropriate for investigating the process by which some breastfeeding women move from marginalization to activism, two of which I will explain here.
First, when current theory does not adequately explain a phenomenon, a qualitative design is warranted because it is exploratory in nature (Merriam, 2009; Creswell, 2009). While there is some conceptual writing on the marginalization of breastfeeding women, there are no empirical studies that consider the process of moving from marginalization to activism, and the learning that takes place during that process. Therefore, a qualitative design can help to explain the phenomenon that is the topic of this study. A second reason the current study calls for a qualitative design is because it uses the researcher as the primary instrument for data collection and analysis. Allowing the researcher to be the primary instrument encourages rich description. In other words, a human instrument can clarify and further explore surprising responses to acquire richly descriptive data. The resulting data is full of meaning and can often explain a phenomenon better than numerical data (Merriam, 2009).

The qualities of the topic of study inspired the choice of a specific qualitative research design: narrative inquiry. I have noticed that when mothers get together, it is common for them to share stories about their birth and postpartum experiences, including breastfeeding. Many mothers seem to attach a great deal of meaning to the process through which they become mothers and care for their babies. Therefore, it is fitting to employ a research methodology that involves stories. In narrative research, the researcher asks participants to share stories about an event or set of events that have occurred in their lives. The researcher then retells or restories these accounts into a chronological or thematic narrative. Combining the participants’ stories with her own beliefs and experiences, the researcher creates a collaborative narrative (Clandinin & Connelly, 2000).

For this study, I gathered data through open-ended, semi-structured narrative interviews. The interview sessions lasted between approximately a half hour and two hours and occurred in
settings that the participants found comfortable, such as their homes or a library. The circumstances under which an interview occurs influences the interview and how the participant responds (Clandinin & Connelly, 2000), and it is important to record both the interview and the context. I used audio recordings, field notes, and a personal journal to help me create a more complete picture of the interview. In addition, I asked each participant to bring with her to the interview an artifact, such as a photograph, that she finds meaningful as it relates to her experiences of breastfeeding and activism. These artifacts “can be triggers to our memories” and may be helpful in telling the participant’s story (Clandinin & Connelly, 2000, p. 114).

Several criteria guided the purposeful selection of participants. Through this selection process, I identified 11 women to interview after soliciting participation through breastfeeding groups on social media sites such as Facebook and by asking people in the breastfeeding community to share my call for participants. Additionally, I reached out to women who have been in the media for their role in breastfeeding activism. Participants must have breastfed for a duration of at least six weeks (meaning the baby was put to breast and did not solely consume expressed milk from a bottle). While I did not establish a criterion regarding how long ago the mother gave birth, I did require that she self-identify as a breastfeeding activist and have engaged in activism activities within the past five years. I successfully recruited participants of diverse backgrounds, varying in race, ethnicity, sexual orientation, age, and religion. All of the interviews were transcribed; I initiated member-checks to confirm accuracy. Triangulation, audit trails, and rich descriptions were used to encourage trustworthiness. I re-storied each of the narratives, taking into consideration voice, signature, and audience, so that each narrative reads as a story that reflects the participant and helps to answer the research questions (Clandinin & Connelly, 2000). I analyzed the re-storied narratives in light of the theoretical framework for
this study – women’s emancipatory learning – identifying emerging themes that served to answer the research questions.

**Significance**

There is a good deal of literature related to breastfeeding in the nursing and lactation fields; however, much of it is conceptual and focuses on topics such as breastfeeding initiation and duration. In the same bodies of literature, although there is writing on both the marginalization of breastfeeding women and a bit on breastfeeding activism, there is no connection made between the two, namely the process of how the former leads to the latter. Psychology literature tends to focus on attitudes toward breastfeeding and the developmental outcomes of breastfeeding (for example, how breastfeeding impacts cognitive development). Sociology literature on breastfeeding primarily considers social norms related to gender. Neither psychology nor sociology literature looks at how women become breastfeeding activists. Similarly, public health literature considers health benefits of breastfeeding as well as public health campaigns designed to increase breastfeeding rates but gives little attention to breastfeeding activism other than organized events such as “nurse-ins” (Boyer, 2011). Bringing together health and education, the field of health education contains little research on breastfeeding activism, although I found one article on using blogs to promote breastfeeding (West, Hall, Hanson, Thackeray, Barnes, Neiger, & McIntyre, 2011). The Adult Education literature lacks both conceptual and research articles on breastfeeding. In fact, a search of the journal *Adult Education Quarterly* returned no articles related to breastfeeding. Adult Education does pay attention to women’s learning through motherhood (Barg, 2004; Gouthro, 2007) but ignores breastfeeding as a salient aspect of motherhood for many women. In general, the Adult Education literature considers emancipatory learning for women as well as the body as a site of
learning and activism; none of these articles, however, addresses breastfeeding. Given the lack of literature across several fields, naturally it makes sense to consider how breastfeeding women come to recognize their oppression and how they move to become breastfeeding activists. With a major tenet of Adult Education being promotion of social justice, the current study has apparent significance in the field (Kasworm, Rose, & Ross-Gordon, 2010).

An assumption of the current study is that breastfeeding women are part of a marginalized group. Gender is a social construct that influences the distribution of power and privilege in society (Johnson-Bailey, Baumgartner, & Bowles, 2010). Feminist theorists have written about the role of gender in Adult Education, considering how “our traditional educational systems emphasize self-direction, autonomy, and competition, which perpetuate hegemony and privilege male domination” (Boucouvalas & Lipson Lawrence, 2010, p. 43). While it is important to understand how such dynamics work to maintain hegemony,

…the adult education field must move its discussion of gender past how gender functions in classrooms and our praxis to recognizing the enormity of global gender oppression. Such an expanded focus seems compulsory, given that the expressed mission of the field of adult education is the democratization of the citizenry, and women are more than 50% of the world population. (Johnson-Bailey, Baumgartner, & Bowles, 2010, p. 343)

Thus, the present study is consistent with this call to action and aims to take it even further: the Adult Education field needs to consider women’s emancipatory potential outside of the classroom.

Freire (2000) argued that emancipatory education at some level includes political action. He also acknowledged that every person is both a teacher and a learner, and thus learning to be an activist requires a reciprocal dialogue to help all parties move toward critical consciousness.
This critical consciousness comes from conscientization, a process of becoming extremely aware of the oppressive powers that have molded one’s reality and can be used within one’s learning process to overcome oppression. While Freire’s work occurred in a different setting, his principles can inform the present study. By developing an understanding of the process by which breastfeeding mothers become aware of their own oppression and move to activism, we can better appreciate how mothers play the role of both teacher and learner in informal settings and how dialogue plays a part in this emancipatory learning.

This study will add to a body of literature in Adult Education, informing us of the process and potentials of informal emancipatory learning. More explicitly, the current study will be significant in understanding how women – and in particular, breastfeeding women – become conscious of their oppression and learn to become activists around breastfeeding. Understanding this process can empower adult educators to foster emancipatory learning and activism around other causes that are important for empowering women.

**Assumptions, Limitations, and Strengths**

There are several assumptions rooted within this study, as well as limitations and strengths. I will explain them in this section.

**Assumptions**

As with any research study, the current study is influenced by several assumptions. They guide and inform this study. The assumptions are:

1. Breastfeeding women are an oppressed or marginalized group with decreased power and access to resources, such as information and assets, and a diminished ability to influence the policies that affect them (Shaw, 2004; VanEsterik, 1994).
2. Most women have the physical capacity to breastfeed and may be more likely to do so if barriers to breastfeeding were removed and appropriate support offered (Carter, 1995).

3. Activism can occur in many forms.

4. Emancipation and activism can be learned (Inglis, 1997; Brookfield, 2004).

5. While marginalization of breastfeeding women may occur in other countries, this study focuses on the experiences of U.S. women.

Limitations

One could argue that there is no such thing as a “perfect” research design. Every design has strengths and weaknesses, and a narrative study that investigates the breastfeeding mother’s journey from marginalization to activism is no exception. This study has several limitations:

1. One limitation of this design is its reliance on participants’ retrospective self-report through interviews. Some people’s perceptions may be inaccurate or they may have difficulty articulating their perceptions.

2. In full disclosure, I am a mother who has breastfed two children. While I will do my best to not create bias in the study, my position as and experiences of being a breastfeeding mother could influence the participants. Furthermore, my interpretation may be influenced by my experiences as a breastfeeding mother; my “perspective on the world will lead to the nature of the research being defined in specific ways” (Merriam, 1991, p. 60).

3. The findings of this study will not be generalizable outside of this particular study, nor is this the purpose.
Strengths

Despite these limitations, this study has some great strengths. Most prominently, the use of interviews to collect data allows for the collection of rich description, which may capture a phenomenon better than quantitative means (Merriam, 2009). With the absence of breastfeeding activism studies in the Adult Education, Psychology, Sociology, and Public Health literature, the current study gives voice to a small group of an under-heard population. More specifically, there is a lack of research that considers how breastfeeding women become activists through emancipatory learning. Thus, this study will help to fill that gap. Also, this study includes participants who are diverse in race, ethnicity, sexual orientation, age, and religion, as well as by representing engagement in different types of activism related to breastfeeding, which may offer insight into understanding various forms of activism. Finally, the current study is timely: several recent events have brought attention to the marginalization of breastfeeding women and their attempts at activism, such as Ames versus Nationwide Insurance, where a breastfeeding mother confronted her employer for discriminating against her as a breastfeeding employee (SCOTUSblog, 2015). The current study will provide an empirical look at a contemporary issue, which will help people understand the role of emancipatory learning and activism to effect social change.

Organization of the Study

This dissertation is made up of three parts. Part I consists of the first three chapters. In this first chapter I briefly outlined the background of my study and the purpose and significance of the research. Furthermore, I discussed the theoretical frameworks that guide this study, and provided a succinct description of the research design, my background as the researcher, and the assumptions, strengths, and limitations of this study. Chapter Two offers a comprehensive
literature review of the major areas of study, including gendered social structures; emancipatory learning; history of breastfeeding; political and sociocultural influences of breastfeeding; and feminist and breastfeeding activism. Chapter Three presents a full description of and rationale for the methodology and design of this study. Part II consists of three chapters of findings. Chapter Four provides detailed narrative accounts of only four of the participants, so that the reader can understand how the narratives unfolded in detail, and because presenting detailed narrative accounts of all 11 participants would make the length of this dissertation unwieldy. Hence, Chapter Five presents summaries of the remaining seven participants’ narratives. Chapter Six provides a thematic analysis of all the participants’ narratives. Finally, Part III of this dissertation consists of Chapter Seven, the concluding chapter, which offers an analysis of these narratives in light of the literature and theoretical framework of the study, and offers conclusions as well as implications for future research.

**Definition of Terms**

The following terms are used throughout this study. These definitions will be useful in understanding the study.

- **Activism:** “The scope of activism is shaped by the broad theories of community development that take into account practices such as policy development, community campaigning, community building, neighborhood development, popular education, and active involvement in social movements” (Ollis, 2012, p. 3).

- **Breastfeeding:** The definition of breastfeeding is inconsistent throughout the literature. Breastfeeding can range from the infant receiving any breast milk directly from the mother (Hall Moran, Dykes, Burt, & Shuck, 2006) to exclusive breastfeeding (no supplementation with water, formula, or other liquids other than medication) (Chapman,
Morel, Kojo Anderson, Damio, & Perez-Escamilla, 2010). For the purpose of this study, the definition of breastfeeding will exclude mothers who exclusively pumped to express breast milk and never put their baby to breast.

- Lactation consultant: A lactation consultant is a “health care professional who specializes in the clinical management of breastfeeding [and] works in a wide variety of health care settings, including hospitals, pediatric offices, public health clinics, and private practice” (International Lactation Consultant Association, 2013). Some lactations consultants are licensed by the International Board of Lactation Consultant Examiners, with the license title of Internationally Certified Breastfeeding and Lactation Consultant (ICBLC).

- Lactivist: Breastfeeding activist. These activists may, for example, “put their bodies in public spaces in order to challenge politically the cultural norms supporting individuals who deny breastfeeding women their rights. They are biocultural activists, insisting on public accommodation for nursing as an ordinary practice of the postnatal maternal body” (Hausman, 2007, p. 495).

- Marginalization: Sheared (1994) defines marginalization as something that “occurs when one person’s views are valued and voiced at the sociopolitical and historical expense of others” (p. 27). Thus, a marginalized group can be contrasted with the dominant group, which has increased power and access to resources, such as information and assets, and the ability to influence the policies that affect them (Sheared, 2006).

- Oppression: According to Young (1990), “oppression refers to the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes,
and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life” (p. 41).

- Patriarchy: According to Gouin (2009), patriarchy “is a system of domination that privileges and promotes male supremacy and heterosexuality” (p. 173).

- Pump/pumping: Breast milk production occurs within a cycle of “supply and demand.” When milk is expressed (via breastfeeding, manually, or breast pump), the body receives a message to make more milk. Thus, when the mother is away from her baby, she must express breast milk in order to maintain a milk supply. For this purpose, many women use a breast pump, a mechanical device that removes milk from the breasts of a lactating woman. Breast pumps can be manual (operated by hand movements) or powered by battery or electricity. Pumped milk can be fed to babies by bottle, particularly when the baby must eat while the mother must be away from the baby (Bonyata, 2011).

- Tongue-tie: “Condition where the lingual frenulum, the band of tissue that attaches the tongue to the floor of the mouth, restricts tongue movement. In tongue-tied infants, the frenulum is usually attached close to the tongue tip, leaving little or no “free tongue,” but it can also be placed further back and be unusually short or tight” (Genna, 2002, p. 27).

- Weaning: teaching the breastfeeding child to feed otherwise than from the breast; weaning involves both the cessation of breastfeeding and the addition of new foods (Highton, 2000)
CHAPTER TWO

LITERATURE REVIEW

The purpose of this research is twofold: a) to examine how breastfeeding mothers learn they are members of a marginalized group, and b) to investigate how some of these mothers move from marginalization to emancipation and activism.

This chapter examines the bodies of literature relevant to this research. First, I will begin with a discussion of the theoretical framework – women’s emancipatory learning – that guides this study. Next, I will review the breastfeeding literature, from a historical context and policy perspective. In the third section, I will draw on the literature to explain how and why breastfeeding women are a marginalized group. Finally, the chapter will close by demonstrating why the marginalization of breastfeeding women is an important feminist issue and how these bodies of literature – women’s emancipatory learning, activism, and breastfeeding – are interwoven, and create a foundation for the current adult education study.

Theoretical Framework:

Critical Feminism and Women’s Emancipatory Learning

According to Anfara and Mertz (2006), a theoretical framework can be applied to help with the understanding of phenomena. The theoretical framework for this study is based in critical feminism and women’s emancipatory learning theory, informed by breastfeeding literature. Before explaining this framework, it is important to first contextualize the purpose of the study. Then, this section will examine women’s learning from a feminist perspective emancipatory learning. Before discussing the theoretical framework, I will briefly explain my consideration of some feminist models before selecting the current framework. The last section will examine how critical feminism, women’s learning, and emancipatory learning can inform
our understanding of how some breastfeeding women move from a place of marginalization to one of emancipation and activism, namely circumstantial activism.

**Contextualizing the Theoretical Framework: Is Breastfeeding a Feminist Issue?**

Van Esterik (1994) attests that “breastfeeding is an important women’s, human rights, and feminist issue, since breastfeeding empowers women and contributes to gender equality” (p. 41). Nonetheless, “the value of breastfeeding and the factors that contribute to women’s inability to successfully breastfeed have languished as virtual nonissues for feminists” (Wolf, 2006, p. 397). With that, it makes sense that a study about breastfeeding could be framed within a feminist model, especially since the current study, which considers the movement from disempowerment to activism, would help to fill an apparent gap in the feminist literature. After reviewing several key feminist models, however, at first it seemed that there were none that obviously fit the present study.

One branch of feminism involves individually focused theories, including liberal feminism (Tisdell, 1995). Liberal feminism is concerned with helping women access the institutions to which men have historically had access, such as education and career opportunities. Furthermore, liberal feminism focuses on giving women rights equal to men’s. The basis of the achievement of these opportunities and rights is individual; that is, liberal feminists focus more on how women can fit into an existing system rather than challenging how the system excludes them (Tisdell, 1995). Structural feminist theories emphasize challenging structural power relations, oftentimes patriarchy (such as in radical feminism) and capitalism (as in Marxist feminism) (Tisdell, 1998; Tisdell, 1995). For these models, the units of analysis are societal structures. Some forms of socialist feminism and black feminism are examples of post-structural feminist theories (Tisdell, 1995). Post-structural models recognize the roles of
oppression and privilege and the intersectionality between various factors influencing oppression and privilege, such as race, class, gender, and sexual orientation (Hayes & Flannery, 2002; Tisdell, 1995). Post-structural feminist theories tend to argue that individuals hold some power and control over their lives, regardless of experiencing some forms of structural oppression. Accordingly, “individuals do have some capacity to resist maintaining the system and thus are actors or agents of change in producing their own unique individual meaning and systems of meaning or in working for social change” (Tisdell, 1995, p. 61). Critical feminism frames the current study, which examines how individual women relate to and try to change societal structures to eliminate the marginalization of breastfeeding women.

**Women’s Learning from a Feminist Perspective**

Many traditional education systems emphasize “self-direction, autonomy, and competition, which perpetuate hegemony and privilege male domination” (Boucouvlas & Lipson Lawrence, 2010, p. 43). Women, however, tend to learn through relationships and in community (Belenky, Clinchy, Goldberger, & Tarule, 1997). With many women feeling silenced in the environments in which they learn, women’s learning from a feminist perspective focuses on creating safe and open environments to support women on their lifelong learning journey and move them toward social transformation (English & Irving, 2015). This section considers how women’s learning differs from men’s and an overview of feminist pedagogy, as well as an exploration of two specific contexts where feminist learning principles are applied. Appreciating how women learn provides a basis for understanding the learning that occurs as women become breastfeeding activists.

**An overview of learning and development.** Women seemingly learn in different ways than men. For example, Hayes and Flannery (2000) identified several themes that characterize
women’s learning: affect and intuition, the importance of context, connection between the personal and social, and learning with others. When rational thought is privileged in a patriarchal society, women’s intuitive knowing can be overlooked or minimized. Tarule (1988) describes intuition as “a way of knowing based on intuition and/or feeling states rather than on thought and articulated ideas that are defended with evidence” (p. 34). For example, Ruth-Sahd and Tisdell (2007) found that nurses use their intuition as they make decisions while caring for patients. Women may recognize learning because something “feels right” or they know it “in their gut” (Flannery, 2002).

Related to intuitive knowing is embodied learning, which implies that the body is a site of learning, often in connection with other domains of knowing, such as spiritual, emotional, cultural, and logical (Freiler, 2008). Michelson (1998) notes that the body does the learning through interaction with experience; cognition is simply the mind “catching up” to what the body has already learned (p. 225). Dirkx (2008) focuses on how emotion serves as a representation of the experience of body states. Both Michelson and Dirkx acknowledge a larger idea: embodied experiential learning occurs within the systems of history, culture, social relations, and nature (Fenwick, 2003). Making meaning through the body is a complex process that involves the “fluidity between actions, bodies, identities, objects and environments” (Fenwick, 2003, p. 129). Swartz (2011) describes the profound wisdom of the body, noting that her body was seemingly aware of her breast cancer before medical tests had diagnosed it; she then goes on to discuss the role that neuroscience might have in the mind-body connection. Swartz (2012) also proposes a model that offers an embodied approach to learning for health – that she calls “Clinical Action Pedagogy: An Embodied Approach to Learning for Health” (p. 21) – which extends to the current study. Her model has two sides: the left side is one’s subjective view of reality and
meaning-making; the right side is the outside view of science and biomedicine. While both sides integrate for embodied learning, the left side of this model is most applicable to understanding the role of the body in breastfeeding activist learning. Meaning-making occurs through integration of the “I” and “We.” “I” involves the body style of “being in the world,” one’s awareness of her interior states, and mindfulness. “We” involves the body’s interaction with external energies – our compassionate connection with others such as the family, and embodied cultural expression. The “We” is also concerned with how we make meaning of our communities, the earth, and the divine, all through sensory experiences and intuition. Swartz acknowledges the influence of our life history and ancestral past in the way we make meaning through our bodies. The connection between the “I” and “We” is the essence of relationships. Conceivably, the potential for wisdom comes from the integration of the “I” and “We,” as the individual makes meaning of her body in relation to her own history and how that learning ties to the body in larger social and cultural contexts. Many aspects of Swartz’s model overlap with facets of women’s learning, such as meaning-making through relationships and intuition. The model also recognizes that context matters, and the way the person makes meaning within context may also involve the body. As Swartz and many other women are well aware, intuitive knowing and embodied learning are ways in which women learn.

As Dirks (2008), Fenwick (2003), and Freiler (2008) suggest, context, be it in relation to spirituality, emotion, culture, or society, is salient to embodied learning. Likewise, context is an important consideration for women’s learning. Formal education tends to hold more value than other learning contexts where women may experience much development. For example, community groups, the home, and leisure activities are contexts in which women may learn, although these settings are often disregarded as places of learning (English & Irving, 2015;
Hayes, 2002a). Connection between the personal and social is another important facet of women’s learning and development. Whereas patriarchal notions of learning often focus on individual learning and knowledge production, women understand themselves with regard to connections with others (Flannery, 2002). Not only do women learn through connection with others, they also prefer to learn with others and favor learning relationships characterized by mutual support and caring (Flannery, 2002).

One of the best known studies on women’s learning and development is Belenky, Clinchy, Goldberger, and Tarule’s work *Women’s Ways of Knowing* (1997). After becoming aware that “for many women, the ‘real’ and valued lessons learned did not necessarily grow out of their academic work but in relationships with friends and teachers, life crises, and community involvements” and that many women “often feel alienated in academic settings and experience ‘formal’ education as either peripheral of irrelevant to their central interest and development,” the authors were interested in studying the experiences and problems of women as learners (p. 4). Beginning their work in the late 1970s, the researchers interviewed 135 women. From the data collected through the interviews, the researchers identified five “epistemological perspectives from which women know and view the world” (p. 15). Although the researchers acknowledge that men’s thinking can be characterized similarly, their findings seem to represent what women commonly experience as learners.

From their data, Belenky et al. (1997) established five epistemological perspectives that women employ to make meaning of the world. The first of these categories is *silence*. While only three women fit into this category, they shared experiences of feeling disconnected from knowledge. The researchers use the metaphor of “deaf and dumb” to describe this group: “they felt ‘deaf’ because they assumed they could not learn from the words of others, ‘dumb’ because
they felt so voiceless” (p. 24). Received knowledge, the second category, is characteristic of women who believe they can receive and reproduce knowledge from external authorities but are incapable of creating their own knowledge. A number of women described the experience of becoming a mother and turning to perceived experts for advice about how to care for their babies; while they felt confident in receiving knowledge and sharing it with others, they were not comfortable with creating their own knowledge. Subjective knowledge is the third category, which involves viewing the self as an authority and privileging subjective knowledge over other forms of knowledge. For women in this category, the “infallible gut” holds more clout than external authority (p. 53). Procedural knowledge, the fourth category Belenky et al. (1997) identified, involves recognizing that multiple sources of knowledge exist, requiring the applications of objective methods for gaining and communicating knowledge. Finally, constructed knowledge – the fifth category – is the view that “all knowledge is constructed, and the knower is an intimate part of the known” (p. 137). Belenky et al. (1997) acknowledge that the five ways of knowing they identified are not necessarily set, all-inclusive, or comprehensive. Moreover, organizing women’s thoughts and experiences into categories does not completely describe how complex and unique each woman is. Notwithstanding, their research offers some insight as to how women come to know and why traditional academic settings may leave them feeling excluded.

Recent research supports the notion of context and relationships as factors in women’s learning. A common theme is that mother- and care-work should be regarded as legitimate learning contexts (Barg, 2004; Gouthro, 2007). The failure to recognize home-work and mothering as sites of learning works to devalue women; valuing these contexts will support the movement to a more democratic society (English & Irving, 2015; Gouthro, 2007). In a study of
eight female activists, Gouthro (2009) found that things that are often barriers for women – such as transportation challenges, childcare dilemmas, and financial security – can be not only contexts for learning, but also catalysts for activist work. Likewise, Gouin (2009) recognizes that people learn through life experiences as they engage in social structure. “Learning,” she says, “is not simply the accumulation of knowledge; nor is it a constant improvement; it is a potential that needs to be exposed so that its full value can be realized” (p. 161). In addition to the importance of context in women’s learning, connections and relationships play key roles. English and Peters (2012) found that relationships with role models, mentors, and critical friends appear to be significant factors in fostering transformative learning for female learners. Learning through relationships with other women can lead to consciousness-raising. Moreover, these relationships can promote consciousness-raising. In her study of feminist-program-planning issues, Bracken (2011) found that apprentice-style relationships between established and new members in an organization allowed for women’s learning. With this learning, some of the women went on to become active participants and leaders in the community. With a basic understanding of how women learn, we can consider how women’s learning informs feminist pedagogy.

**Feminist pedagogy.** Extending from what is known about the ways women learn, we can understand considerations for feminist pedagogy. To be sure, feminist pedagogy is about teaching women in the ways that they learn best and thus relies on the basic assumptions of women’s learning. While there are multiple versions of feminist pedagogy, all of them tend to have some things in common: “increasing women’s choices and status in society, and…the importance of connection, relationship, and the role of affectivity in learning” (Tisdell, 2002, p. 156). Hayes (1989) proposes that two assumptions underlie feminist pedagogy: 1) traditional
educational models have not addressed the educational needs of women, and 2) models that emphasize individual development and social change better address these needs. To provide another framework, the work of Maher and Tetreault (1994) has influenced the themes that typify feminist pedagogy: how knowledge is constructed, voice, authority, identity as shifting, and positionality; indeed, these themes are interconnected, which makes it difficult to consider them separately (Tisdell, 2002). For example, a professor from Maher and Tetreault’s (1994) study explained her style of feminist pedagogy as “helping students to ‘see with a third eye,’ which makes the interconnection of the construction of knowledge with positionality particularly salient” (Tisdell, 2002, p. 176). Similarly, Tisdell (1996; 2002) recalls the apparentness of the interconnecting themes of positionality, shifting identity, knowledge construction, and coming to voice, and the connection between the individual and social context when she remembers a female Taiwanese student struggling to speak in class, which was part of her struggle with finding out who she was and how that fit with what her culture wanted her to be. This student literally was trying to find her voice. Feminist pedagogy recognizes the importance of giving voice to learners because

… voice implies communication and connections with other people, an orientation to relatedness that has frequently been associated women in dominant United States culture.

Voice also is active, implying the ability to express thoughts and feelings so that they can be heard and understood by others. (Hayes, 2002b, pp. 79-80)

In feminist pedagogy, various dynamics - the construction of knowledge, voice, authority, identity as shifting, and positionality – interact to enhance women’s roles in society. More recently, English and Irving (2015) identify four goals of critical feminist pedagogy: 1) fostering social analysis, which moves beyond usual considerations of supporting women’s voice and
creating safe spaces to facilitating “critically engaged pedagogy that routinely practices social analysis and critique” (p.104); 2) supporting women’s leadership, which involves cultivating “leadership that is by women, for women” (p. 104); 3) building and transforming the organizations in which women work to be more engaged and collaborative; and 4) creating social change, which involves using learning to work toward societal change. While English and Irving (2015) recognize the value in common conceptualizations of feminist pedagogy, they urge that we must support women in going beyond their own personal development and connecting to larger social issues.

It is noteworthy that feminist pedagogy is not limited to classroom settings; rather, feminist pedagogy also has a place in the community and through informal, nonformal, and formal processes (English & Irving, 2015). For example, principles of feminist pedagogy have been observed through grassroots education, which are “planned and participated in by people in their immediate environment as a way of enacting change;” grassroots education requires questioning and inclusive teaching styles, characteristic of feminist pedagogy (English & Irving, 2015, p. 106). Critical feminist pedagogy also considers the role of the body in learning and knowing. English and Irving (2015) note that “the body is a source of knowledge and of support” (p. 108). For our bodies to play a role in learning requires listening and intuition: “our bodies speak to us and we can hear what they say, if only we listen” (Clark, 2001, p. 87). Coupling the role of the body with English and Irving’s (2015) call for feminist pedagogy to be about working toward social transformation, we must recognize that the body can be used as a form of resistance to work for social change. Resisting choreography (Parviainen, 2010) is “not a dance but rather a performance of resistance that uses the body as a political tool to enable and facilitate relationships between actors and with those who witness” (English & Irving, 2015, p.
Breastfeeding activists, for example, may choose to breastfeed in public as a form of resisting choreography.

Recent Adult Education literature highlights principles of feminist pedagogy. Gouthro (2009) studied women who have made noteworthy contributions locally, nationally, and internationally. Learning through collaboration with other women, the participants report gaining more confidence, which gave them a voice as active citizens. Barg (2004) found that mothers who may not have had much voice before becoming mothers found their voice when they needed to advocate for their children. While women may not be considered authorities in a patriarchal society, the learning that occurred in the context of motherhood and in concert with other mothers gave them authority. Identity also plays a role in learning in a context of motherhood. Barg (2004) notes that her identity as a woman holds the belief that women should not challenge social structures, but her identity as a mother gives her the authority and position to challenge. When women learn through their relationships with other women in an organizational setting, issues related to identity emerge as some of the most prominent aspects of learning. For example, some women may examine their core values and, as a result, their beliefs and associated behavior may evolve (English & Peters, 2012). Working within a feminist organization, one’s identity as a feminist may change or be reinforced (Bracken, 2011; English & Peters, 2012). For example, Bracken (2011) found that staff members working in a feminist organization “made a sharp boundary line or distinction between the organizational feminist identity and their own personal identity” (p. 127). Feminist identity is seemingly a fluid construct that may change as a woman navigates various experiences and contexts.

Feminist pedagogy in its various forms strives to increase women’s choices and status in society, which requires recognition of the importance of connection, relationships, and the role of
emotion in learning. To foster women’s learning, educators should “creat[e] a space where people can genuinely participate, listen and learn from one another” (Gouthro, 2007, p. 150). But feminist pedagogy cannot stop there: “staying with the personal will not do” (English & Irving, 2015, p. 111). Feminist pedagogy can and should happen across learning settings and should be tasked with connecting learners to greater social issues. “Critical feminist pedagogy [must stretch] beyond personal development and inclusion, as worthwhile as these are, and [move] toward social transformation (English & Irving, 2015, p. 104). By establishing a learning environment consistent with the qualities of critical feminist pedagogy, as well as help learners connect to larger social issues, adult educators can support women’s learning and be a part of positive social change. Indeed, studying how women learn to be breastfeeding activists allows us to see women’s learning and feminist pedagogy in context, with an emphasis on the movement from individual development to social transformation.

**Women’s learning in context.** Aspects of women’s learning and feminist pedagogy play out in many specific contexts. Here, I will discuss two of these contexts: leadership in organizations and information and communication technology. Each of these contexts is relevant to women’s learning to be breastfeeding activists.

**Women’s leadership in organizations.** Social movements seem to be the most effective factor impelling change (Htun & Weldon, 2012). Having an established feminist organization, can be the most visible sign of a social movement (English & Irving, 2015). Many of these social movements, including the movement to normalize and support breastfeeding, involve feminist organizations. These organizations – which serve as sites for formal, nonformal, and informal learning (English & Irving, 2015) – often have one or more of the following organizational tasks: delivering services, identifying and addressing social needs, maintaining
and changing societal values, mediating between individuals and the government, and providing a setting for individual growth (Donnelly-Cox, Donoghue, & Hayes, 2001). While some women may have some formal learning prior to joining a feminist organization, there is much to be learned through involvement in these groups. For example, women may learn about organization management, political organizing, community development, governance, and communication. Much of this learning occurs informally and through interactions, such as being a board member, attending meetings, paying attention to women’s issues in the media, and networking both in-person and through social media. Learning processes tend to be experiential and not highly visible (English & Irving, 2015).

Feminist organizations provide a forum for learning about community engagement and activism. This sort of learning is often informal, occurring through relationships and emotion. For instance, resistance and tension between group members or with government bodies can result in an emotional experience out of which learning can occur. Working through such instances of tension and emotion not only result in learning and personal growth but may also prepare members for leadership roles within the organization. Issues of leadership become more apparent as feminist groups grow in size, requiring a leadership structure and delegating members to lobby, organize, and collaborate. Establishing an organizational structure may bring up feminist concerns such as giving members voice and creating egalitarian structures of governance. Moving through various experiences into a leadership role can be transformative for women leaders (English & Irving, 2015). Some breastfeeding activists are members of feminist organizations and have learned about themselves and how to be an activist through their involvement in these groups.
Information and communication technology. Technology is ubiquitous in today’s society. Information and communication technology (ICT) is an important facet of modern-day social movements. Email, social media, and websites, all examples of ICT, can play a role in bringing people together for a common cause. ICT can assist with raising awareness, mobilizing activists, and documenting social movements in action. ICT can help people network to find others who are working for the same cause. Moreover, activists can use ICT to learn more about being an activist, whether learning about a particular cause or how to organize an activist event, such as a protest or a day of lobbying. ICT can help to include women with disabilities who may not otherwise be able to participate in discussions or attend events. However, ICT can also be exclusive, leaving out those who are unable to access technology due to location, literacy, or socioeconomic factors. With technology constantly changing and playing an increasing role in organizing efforts, it remains to be seen if online spaces for organizing can exist in the same way as more traditional forms of social movements (English & Irving, 2015). The movement to normalize and support breastfeeding has certainly used various forms of ICT. For example, many breastfeeding coalitions have websites and Twitter feeds, Facebook hosts a number of breastfeeding-related groups, and a number of sites have discussion boards where women can discuss issues related to breastfeeding. These media share all sorts of breastfeeding-related information – encouragement for new mothers establishing breastfeeding, petitions to lobby legislators for breastfeeding rights, and invitations to activism events. While technology is often noted as having both pros and cons, it has been helpful for feminist groups to network and organize.
**Emancipatory Learning Theory**

Emancipatory learning theory is a critical perspective concerned with power relations, most often the roles of race, class, and gender in the allocation of power (Boucouvalas & Lipson Lawrence, 2010). Although race, class, and gender certainly intersect, the current study focuses on gender, particularly how breastfeeding women are subject to systems of oppression. Emancipatory learning in the formal sense calls for pedagogy that allows learners to develop critical consciousness, “becoming acutely aware of the oppressive forces that shaped their reality and could therefore be agents in their own learning process, overcoming oppression and transforming their lives” (Boucouvlas & Lipson Lawrence, 2010, p. 43). In this section, I provide some background on feminist and critical perspectives before detailing Brookfield’s (2005) learning tasks of critical theory.

**Feminist and critical perspectives.** Emancipatory learning falls under the umbrella of critical theory. Poster (1989) remarks that “critical theory springs from an assumption that we live amidst a world of pain, that much can be done to alleviate that pain, and that theory has a crucial role to play in that process” (p. 3). Marginalized breastfeeding women can be freed from their pain, and we can understand their process of moving from marginalization to emancipation through critical theory and critical thinking. Critical thinking is essentially “the ability of individuals to disengage themselves from the tacit assumptions of discursive practices and power relations in order to exert more conscious control over their everyday lives” (Kincheloe, 2000, p. 24). Indeed, breastfeeding women who experience marginalization do so because of structural and systemic practices within society. As Manicom and Walters (2012) explain, “Feminist struggles for autonomy are…understood as deeply embedded in place, where gender intersects with, and is mutually and contingently constituted by, other axes of power” (p. 2). To be
emancipated, they must learn the knowledge that will enable their freedom from oppression. Once freed, they have the power to enact social change (Brookfield, 2005). Critical theory offers a framework to explain how marginalized breastfeeding women can become aware of the power and structures that marginalize them, and with that awareness, be moved to work for positive social progress.

Much of the Adult Education literature on emancipatory learning is situated within the context of formal learning. This literature focuses on how teachers can create conditions for learners’ emancipation. For example, Shor and Freire (1987) write on how teachers can become liberating educators, including how to structure the learning environment and what methods to use in the classroom. Similarly, Newman (2006) presents cases and strategies for activist educators to employ with their students. hooks (1994) writes about her experience as a teacher and how she teaches students to transgress against racism, sexism, and classism. For breastfeeding mothers who move from marginalization to activism, however, the emancipatory learning is not happening in a classroom. To understand the emancipation of breastfeeding women, we “need to understand better, in a more nuanced way, the processes of learning that are inherent to expanding autonomy and claiming agency, to mobilizing and organizing” (Manicom & Walters, 2012, p. 2). Thus, to frame this learning process, we need a model that can be applied at an individual level and to women. Brookfield (2005) identifies seven learning tasks that are rooted in critical theory: challenging ideology, contesting hegemony, unmasking power, overcoming alienation, learning liberation, reclaiming reason, and practicing democracy. These tasks provide a framework for understanding a breastfeeding woman’s movement from marginalization to emancipation and activism.
Brookfield delineates the learning tasks of critical theory. The first of Brookfield’s (2005) learning tasks is challenging ideology. To consider how to challenge ideology, we must first understand what is meant by ideology.

When a belief seems natural and obvious and when it serves to reproduce existing systems, structures, and behaviors, it is ideological. Ideology is the system of idea and values that reflects and supports the established order and that manifests itself in our everyday actions, decisions, and practices, usually without our being aware of its presence. (Brookfield, 2005, pp. 67-68)

Ideology is what allows for the reproduction of the power of the dominant group. Considering the current study, dominant ideology contributes to the marginalization of breastfeeding women. For example, the sexualized view of breasts is an ideology that can make breastfeeding challenging for some mothers. Challenging this ideology (and others that work to marginalize breastfeeding mothers) is the first step in moving towards emancipation. Adults have an emerging aptitude for critiquing ideology. In adulthood, the dualistic thinking of childhood and adolescence is replaced with relativistic thinking and the ability to think critically about contradictory evidence and beliefs. In fact,

…it is in adulthood that the pile of empirical inconsistencies that all ideology into question mounts higher and higher until, like a tower of books that has one too many volumes placed on top of it, the whole stack of commonsense realities topples over.

(Brookfield, 2005, p. 81)

Accordingly, breastfeeding women may find that they are in the prime time of their lives to challenge ideology that has contributed to their marginalization so they can move towards emancipation.
The second learning task is to contest hegemony. Hegemony, most commonly associated with Gramsci, “is the process by which we learn to embrace enthusiastically a system of beliefs and practices that end up harming us and working to support the interests of others who have power over us” (Brookfield, 2005, p. 93). Brookfield (2005) points out that hegemony works by consent. People are not coerced to assimilate to the dominant ideology; rather, they learn to assimilate by their own will. Hegemony is related to ideology in that “ideology becomes hegemony when the dominant ideas are learned and lived in everyday decisions and judgements and when these ideas reinforced by mass media images and messages) pervade the whole of existence” (Brookfield, 2005, p. 94). To return to the previous example, the sexualization of breasts is pervasive in American culture, whereas images of breasts being used to feed babies are limited and criticized. The dominant ideology of breasts as sexual (over breasts for feeding) works to marginalize women who may choose not to breastfeed or restrict themselves to their homes while breastfeeding because they struggle with the liminality of the dualistic roles of their breasts. To be sure, this hegemonic belief is not forced upon women; rather, they learn to believe in this ideology and behave in ways to support it, even if it is hurtful to them and their babies. For breastfeeding women to contest hegemony, they must learn to think critically by confronting their perceptions of the world (which are established to reflect the beliefs of the dominant group), learn to think independently, and learn “to blend revolutionary theory and practice” (Brookfield, 2005, p. 105).

Unmasking power is the third learning task. Power is related to hegemony insomuch as through hegemony, people within society maintain norms that keep the dominant group in power. The dominant group does not set out to establish methods that will allow them to maintain their position of power; rather, they rely on others to subscribe to hegemonic ideology
so they may remain in power. And it is this power that allows for emancipation: “it would not be possible for power relations to exist without points of subordination which, by definition, are means of escape” (Foucault, 1982, p. 225). By unmasking power, breastfeeding women who are marginalized reveal the possibilities for resistance and, eventually, emancipation.

Following unmasking power, the fourth learning task is overcoming alienation. Fromm (1956) advocated for overcoming alienation as the primary learning task of adult education. Fromm looked to Marx’s work on the objectification of labor. Marx (1961) wrote:

The object produced by labor, its product, now stands opposed to it as an alien being, as a power independent of the producer. The product of labor is labor which has been embodied in an object and turned into a physical thing; this product is an objectification of labor. The performance of work is at the same time its objectification. (p. 95)

For breastfeeding women, too often the emphasis is placed on the product (the milk) rather than the producer (the mother), the consumer (the baby), or the process (breastfeeding). Evidence of this line of thinking is visible in the emphasis on providing space for mothers to express milk with a breast pump in lieu of maternity leave that would allow the mother to be with her baby to breastfeed. This approach can alienate breastfeeding mothers, minimalizing the importance of the symbiotic relationship between mother, baby, body, and milk. When mothers experience breastfeeding as alienating, they lose the ability “to engage wholly and authentically” in this important facet of motherhood (Brookfield, 2005, p. 163). To move towards emancipation, breastfeeding mothers must overcome alienation, which will likely involve democratic participation, where women can learn from one another (Brookfield, 2005).

The next learning task is learning liberation, which involves liberating oneself from dominant ideology (Brookfield, 2005). Marcuse (1964) recognizes that individual liberation is a
worthwhile consideration. Isolation, distance, separation, and privacy are necessary for a person to prepare themselves for collective social and political organization. When working collectively, people tend to work toward improving existing systems instead of challenging the ethical basis of those systems. Marcuse emphasizes creative forces — theater, poetry, art, music, and literature — to aid people in experiencing a brief separation from their everyday world. This separation is disturbing in such a way that it opens adults to the notion that they can change their lives to live better and morally. This new awareness is termed *rebellious subjectivity*.

Developing rebellious subjectivity involves

…the separation of adults from dominant values, commonsense opinions, and all the pressures that guide our thoughts and aesthetic responses into predetermined channels. This often requires adults to separate themselves temporarily from their peers. Isolation, detachment, and privacy are individual states that Marcuse stresses as potentially revolutionary. (Brookfield, 2005, p. 54)

Breastfeeding mothers who are experiencing marginalization might benefit from some introspection to aid in learning liberation before moving on to later learning tasks.

Brookfield’s (2005) second to last learning task, reclaiming reason, is based on the work of Habermas. Reclaiming reason involves overcoming the fading of opportunities to engage with others regarding matters, both small and large, of shared concern. This is problematic because “democracy cannot exist without a public sphere that allows people to talk about their feelings and opinions and gather their political energies behind a particular movement for change” (Brookfield, 2005, p. 231). As these opportunities disappear, the lifeworld influences our reality (Brookfield, 2005). Schutz and Luckmann (1973) define the lifeworld as “the unquestioned ground of everything given in my experience, and the unquestionable frame in
which all the problems I have to deal with are located” (p. 4). The lifeworld influences our ideology and assumptions that frame our actions and reasoning. To reclaim reason, then, people must examine how the lifeworld pervades and affects their identities. As people scrutinize these situations, they notice that lifeworld knowledge and assumptions may not be the accurate, reliable realities they thought them to be (Brookfield, 2005). Marginalized breastfeeding women may collectively consider the knowledge and assumptions that maintain their marginalization, which empowers them to reclaim reason and work for social change.

The final learning task is learning democracy. To learn democracy, we must learn reflexively; reflexive learning “is learning tinged with criticality” (Brookfield, 2005, p. 249). Reflexive learning leads us to question and challenge the status quo; it is fundamentally communicative. Brookfield (2005), drawing from Habermas, states:

When we act communicatively, we try to step out of our normal frames of reference to see the world as someone else sees it. We make this effort because we live in a world full of different cultures, agendas, and ideologies. In a sense, living with others continually forces perspective-taking upon us. Life keeps presenting situations to us in which we need to reach common agreement with other people. (p. 253)

Communicating with others, then, is an act of reflexive learning, requiring us to consider the experiences and perspectives of others. “When we learn to talk to each other in ways that are comprehensible, truthful, appropriate, and authentic, we are learning an analog of democratic process” (Brookfield, 2005, p. 264). When breastfeeding women come together, communicate with one another, and learn reflexively, they are learning democracy; this learning leads to their emancipation and prepares them for activism. Brookfield’s (2005) seven learning tasks create a framework to understand how some breastfeeding women come to recognize their
marginalization by uncovering ideology and move through a process leading to democracy, emancipation, and activism.

Brookfield is a prominent educator who has authored numerous books, book chapters, and journal articles as well as been cited by many other writers. His prolificacy presented a challenge in finding literature specific to his critical learning tasks. I began my search using LionSearch’s advanced option, filling the author (Brookfield) and title (The Power of Critical Theory) fields. I limited the search to publications between 2005 and 2015. This search yielded 306 results, 303 of which were in English. I limited the search to the following fields: education, psychology, public health, sociology, and women’s studies, which produced 170 articles. I then skimmed through those results looking for articles that actually used Brookfield’s learning tasks, not merely cited his 2005 book; that was fruitless. After soliciting help from a research librarian at Penn State Harrisburg, I tried a different approach using Google Scholar. I searched for the book title The Power of Critical Theory and limited it to articles published between 2010 and 2015, which yielded 511 articles. Within that list, I looked for articles that included the exact phrase “learning tasks;” this returned 32 articles. I wanted articles that used Brookfield’s learning tasks as a framework, applying them to their own research rather than citing just some of the tasks without appropriate application. In sum, I was left with two conceptual articles, which I will briefly review here.

The two articles using Brookfield’s (2005) learning tasks are written by adult educators. In the first, Brookfield (2011) himself uses the learning tasks to frame his autoethnography on depression. The first is overcoming shame, which parallels the critical learning task of challenging ideology. To overcome shame, he had to challenge the paradigmatic assumption regarding the etiology of depression. Whereas his initial belief was that people became
depressed because bad things happened to them, he later learned that depression has a rational cause and could therefore be treated by applying reason. The next task that Brookfield identifies is ideological detoxification, which corresponds with the critical learning task of contesting hegemony. Patriarchal beliefs that men are “superior reasoning beings, ruled by logic in decision making (as against women, who are held to be victims of irrationality, ruled only by emotion)” suggested that Brookfield, as a man, should be able to manage his feelings and remain under control (Brookfield, 2011, p. 38). To overcome the shame of being a man with depression, Brookfield had to go through a process of ideological detoxification. He had to challenge the hegemonic ideology of patriarchy. Next, he had to normalize despair. To do this, he realized he had to engage with and seek support from others, similar to the critical learning task of learning liberation. Finally, Brookfield had to calibrate treatment. By working with a psychiatrist and communicating with his wife about what was not going well in treatment, he was able to reclaim reason, questioning his own values and how they had been shaped by a patriarchal society. Finding the right medication and therapy regimen emancipated him from several years of “debilitating psychological torture” (Brookfield, 2011, p. 40). What is especially helpful about this article is the application of learning tasks on an informal, personal level. Whereas much of the literature on emancipatory learning focuses on formal education in a group (classroom) setting, it is useful to see a personal application. In the current study, the participants did not participate in formal classroom learning to become breastfeeding activists, thus requiring a consideration of emancipatory learning in different settings.

In the second article, English (2014) uses Brookfield’s (2005) learning tasks to challenge the major suppositions of financial literacy programs. For example, many of these programs are predicated on the ideology of the “quick fix” (English, 2014, p. 51). These programs espouse
that people should look for the quickest way to fix their own financial situation (by going back
to school, perhaps) and fail to critically approach the greater structures that create and maintain
financial difficulty. Financial literacy programs recreate hegemony is by playing on the fears of
the lower working class. Once again, instead of confronting systemic factors that work to
maintain power differences between classes, these programs tend to place onus on poor people to
pull themselves out of poverty by making sound decisions. Another issue with financial literacy
programs is that they tend to teach about power in ways that maintain power structures. For
example, program participants are taught how to conform to the policies of the banks and
government rather than challenge the power they hold. These programs fail to consider how
institutions create and enforce policies that “prevent access, limit opportunity, and keep poor
people poor” (English, 2014, p. 53). English calls on adult educators to help our students
become more critically aware so they can find their own sense of financial agency by
challenging hegemonic ideologies that are reinforced in financial literacy programs.

With my literature search returning only two articles that specifically draw on
Brookfield’s (2005) learning tasks, I want to discuss some other literature related to
emancipatory learning that will help to situate the current study. I will begin with some literature
on emancipatory learning followed by works that discuss activism, and more specifically,
breastfeeding activism.

According to Imel (1999), “the goal of emancipatory learning is to free learners from the
forces that limit their options and control over their lives and to move them to take action to
bring about social and political change” (p. 3). A common question among adult educators who
teach from a critical lens is whether or not emancipatory interest can be taught (Caspersz &
Olaru, 2014). Several studies offer support for the possibility of teaching learners to be
advocates or activists for social change. In a study of students at an Australian university enrolled in a co-curricular educational program aiming to create social change, nearly half of the students felt that the program was gave them the knowledge to work for social change. Overall, the study indicated that “we can develop students interested in creating positive social change through learning and education in a university setting” (Caspersz & Olaru, 2014, p. 235).

Jaruszewicz (2006) argues that to teach for emancipatory learning, “teacher educators…need to both model and facilitate critical reflection grounded in theory” (p. 357). Too often, educators assign learning activities that they identify as methods to promote critical reflection – for example, journaling. But when educators ask students to merely reflect in their journals without asking them to relate their reflections to a theoretical orientation, students will engage thoughtfully, but “without a metacognitive framework from which to analyze their thinking or resulting notions that will impact their future…actions” (Jaruszewicz, 2006, p. 371). For Jaruszewicz, it is not just about what students are thinking but examining how they came to think that way. Facilitating this sort of insight among learners is the key to emancipatory learning.

Many studies, such as these two, focus on emancipatory learning is a formal classroom setting. While there is often an emphasis on the necessity of collectivity to facilitate social action, this does not mean that emancipatory learning cannot take place as an individual activity (Imel, 1999). For example, in a study of 24 adult women change agents, Loughlin (1994) found that women learned emancipation outside of a formal educational setting. Their emancipatory learning was characterized by three factors: a transformation from alienation to knowing, becoming more authentic in their knowledge, and focusing on critical reflection to motivate action for social change. These findings mimic Brookfield’s (2005) learning tasks, particularly
overcoming alienation, learning liberation, and reclaiming reason. One participant summarizes her personal transformation:

I suppose the major change is the recognition that there were certain kinds of issues, questions, and problems that come up over and over again for lots of women, not just myself, in terms of conflict between devotion to your children, your intimate life, as well as one’s desire to be a public person in whatever way you defined that. That these conflicts were shared, that they were deep and they weren’t easily solved. There were real issues – there were structural questions in terms of how the world was organized that impose these questions. (Loughlin, 1994, p. 356).

Although the majority of the literature on the process of emancipatory learning and how to stimulate it is situated in formal learning environments, Loughlin’s (1994) work demonstrates that emancipatory learning can occur on a personal level. Another empirical example of informal, individual emancipatory learning exists in Redmon-Wright’s (2009) study, which showed that women can develop a critical consciousness through watching television, which contributes to the development of a feminist identity and moves them to activism. The current study aims to provide another example of the potential for informal, individual emancipatory learning.

Activist Learning. There is a small body of literature on how activists learn to be activists. Jesson and Newman (2004) identify three domains of activists’ learning. First, instrumental learning “will provide the skills and information to deal with practical matters, to use existing structures and systems such as government and legal processes, but the purpose is always to bring about change” (p. 261). Second, interpretive learning “has a focus on communication or understanding the human condition; the focus is on people, what they are and
how they relate” (p. 261). Third, critical learning is concerned with how activists learn problem-solving skills; through reflection, budding activists being to “understand the psychological and cultural assumptions that constrain the way we see the world” (p. 261).

Through her research, Ollis (2008) has discovered three themes that characterize the learning process for activist adults. Much of activists’ learning occurs informally and “on the job,” through practice and communication with others (p. 322). “Neighbourhoods and communities are often the sites of education where we learn to acculturate hegemony and resists hegemonic practices in society” (Ollis, 2011, p. 254). Also, activists reason and reflect: “not only do they learn to think critically about systems and structures in society, activists are reflective practitioners, and they renew and re-make their practice through critical reflection” (pp. 322-323). Third, activists’ learning is embodied and holistic: “they use intelligence, the physical body as well as the emotions to learn. The emotions play a crucial role in their social agency and their desire to act” (p. 323). Ollis (2012) classifies activists as either circumstantial or lifelong. Circumstantial activists come to be activists after experiencing certain life circumstances that push them to act. They tend to have less formal training in activism and may not necessarily self-identify as activists. Circumstantial activists are rapid learners – they must develop knowledge and skills quickly in order to be successful in their activism (Ollis, 2011). In contrast, lifelong activists often have a history of activism, being socialized by their parents’ political action, by being involved in politics as a student, or by involvement in social movements. They expand their knowledge and skills cumulatively and over time through their activism experiences. Both circumstantial and lifelong activists continue to learn through socialization in the “workplace of activism,” and both groups tend to learn through mind, body,
and emotions (Ollis, 2008, 2011). Breastfeeding activists may fit within the same categories and learn to be activists in similar ways.

Finally, there is little literature on breastfeeding activism, coined *lactivism*. According to Boyer (2011):

This new wave of activism…is characterized by grass-roots efforts to gather numbers of breastfeeding women together in one place to conduct mass ‘nurse-ins’, often targeting spaces in the city, which nursing women have been asked to leave. Lactivism can be seen as emerging out of the magnitude of research highlighting the unique benefits of breast milk, as well as within a broader rise of attention to food politics in which identity becomes linked to food choices, and like other types of early 21st century social activist, by the ability to use the internet to organize. (p. 431)

Lactivist events have been held in service-retail spaces including restaurants, airports, movie theaters, and government buildings. They also occur online. For example, in 2008, over 80,000 women held a “virtual” nurse-in on Facebook, posting photos of themselves breastfeeding to protest the company’s censorship of breastfeeding images on the basis that they were lewd. The overall goal of lactivists isto “claim public space – be it physical or virtual – for breastfeeding, while illustrating the extent to which breastfeeding outside the home is still considered transgressive” (Boyer, 2011, p. 432). Hildebrand-Matherne (2008) identifies these acts as “deliberate and courageous…meant to bring about great change in society” (p. 139). Making breastfeeding visible is powerful but is often characterized as indecent because it “challenge[s] entrenched constructions about female bodily comportment in which women’s bodies (and breasts in particular) are sexualized” (Boyer, 2011, p. 432). Hildebrand-Matherne (2008) argues
that breastfeeding should be considered a form of symbolic speech protected by the First Amendment:

The frequent stories of mothers being harassed and evicted from quasi-public places, increased numbers of nurse-ins to protest such treatment, and the increase in legislative acknowledgement of such harassment, all create the cultural context necessary to elevate public breastfeeding to symbolic speech. (p. 139)

Breastfeeding activism, or lactivism, is about bringing awareness to one form of women’s labor, which should receive similar protections under the law and public respect as do other forms of labor that is not mother-work (Boyer, 2011).

**Breastfeeding**

In 2009, despite 76.9% of mothers in the United States initiating breastfeeding after giving birth, the rate of breastfeeding at one year was 25.5% (Breastfeeding Report Card, 2012). (Although the World Health Organization (2014) recommends exclusive breastfeeding for six months and a combination of breastfeeding and solid foods from six months to a year, the Centers for Disease Control collect breastfeeding data only through the first year of life.) A number of factors are involved in a woman’s decision to initiate and continue breastfeeding, including societal and cultural views and dynamics, which are embedded in an historical context. These frameworks not only influence the decision to begin and sustain breastfeeding, but they also shape how a mother feels about herself, her baby, and her role as a breastfeeding mother. This section will set a foundation and provide context for the current study. The mantra “breast is best” makes it seem that breastfeeding is not only the preferred method of infant-feeding but that it is also universally supported, which is often not the case. This section illustrates the
various ways the practice of breastfeeding and breastfeeding mothers are not supported, providing a context to help us understand how breastfeeding women may feel marginalized.

To gather literature on breastfeeding, I used LionSearch, Penn State library’s comprehensive search engine. I also used ERIC and ProQuest databases using keywords such as breastfeeding and feminism, breastfeeding and emancipatory, breastfeeding and activism, and lactivism. By structuring search terms according to the librarian’s recommendation, I was able to ensure my searches accounted for variations in the spelling of breastfeeding: some authors hyphenate the word (breast-feeding), and others use two words (breast feeding). Additionally, using an asterisk (*) at the end of search terms allowed for the return of documents that contained variations of breastfeed (such as breastfeed or breastfeeding and activism or activist). These databases allowed me to include or exclude certain topics in the results. Breastfeeding is often ignored in the feminist literature; while there is a paucity of literature published in journals, there are a number of books written on the overlap of breastfeeding, feminism, and activism. Accordingly, I included both books and articles in my search.

In addition to my library searches, I was fortunate to receive article recommendations from colleagues. For example, a colleague sent me a dissertation about breastfeeding among low-income, working mothers. I perused the references from the dissertation and found other articles and books that appeared relevant. Likewise, when I found an article through one of my searches that was particularly relevant, I reviewed the reference list to see if other pertinent sources were listed.

This process yielded more than 50 articles and nearly two dozen books. After reviewing those articles and books, I decided to narrow the focus of this review to include works that considered contexts related to breastfeeding that might explain how it can be oppressive for
women; how feminism has ignored breastfeeding; and the role of activism in emancipation. I excluded sources that centered on breastfeeding education programs, solely on pumping, and working and breastfeeding. Towards the end of the review of books and articles, I started to reach saturation; that is, I was not finding new information, as articles and books I had found and chosen to include in my literature review were cited in the article I was currently reading.

**Benefits of Breastfeeding**

The literature documents a number of benefits of breastfeeding. These lists of benefits include those for the mother, baby, and society. Here, I will briefly discuss the health benefits for mother and baby; I will discuss economic and societal benefits in a later section of this chapter.

Because the composition of breast milk changes daily to meet the needs of the baby, breastfeeding increases a baby’s immunity to a broad range of infections. More specifically, “breastmilk contains literally thousands of different components that support the immune system in some way. Some of these components are very specific, defending against a particular pathogen (bacteria, virus, parasite), while others have a broader function, protecting the baby in many different ways. Often these various components act together, providing even more protection than each would alone” (Ochert, 2009, p. 28). The immunity potential of breast milk may likely prevent diseases and infections such as bacterial meningitis, diarrhea, respiratory tract infections, and ear infections (Work Group on Breastfeeding, 1997; Kolinsky, 2010). When the baby does develop these infections, they tend to be less severe, and the breastfed baby recovers more quickly and with fewer complications. Furthermore, breastfeeding results in lower rates of sudden infant death syndrome (SIDS) during the first year of life (Kolinsky, 2010). In fact, a meta-analysis of 18 previous studies indicated that breastfeeding a baby for any length of time
reduced SIDS risk by 45%. Furthermore, the risk was 73% lower for babies who were exclusively breastfed (Bernstein, 2011). Even beyond infancy, breastfeeding has health benefits for the baby. These include a lesser likelihood of developing Type I and II diabetes, high cholesterol, allergies, and asthma. Children who were breastfed have lower incidences of obesity and obesity-related illnesses and conditions. Finally, studies have shown that breastfed infants score higher on intelligence tests as compared to formula-fed babies (Kolinsky, 2010). For instance, one longitudinal study with nearly 14,000 participants found that at the age of six years, children who were breastfed scored an average of 7.5 points higher on tests measuring verbal intelligence, 2.9 points higher on tests measuring non-verbal intelligence, and 5.9 points higher on tests measuring overall intelligence. Moreover, teachers rated the breastfed children higher academically in reading and writing, as compared with the children in the control group (Irish Medical Times). Some researchers posit that these documented higher levels of intelligence are a result of the mother-baby attachments that occur via the breastfeeding relationship, as children’s primary attachments impact the way their brains work and develop (Wall, 2001).

In addition to benefits for the breastfed baby, breastfeeding mothers experience numerous health benefits. The release of oxytocin, the hormone responsible for milk ejection during breastfeeding, reduces postpartum bleeding and speeds up the uterus’ shrinking back to its pre-pregnancy size. Additionally, breastfeeding mothers experience improved bone remineralization postpartum and a lower incidence of hip fractures in the postmenopausal period. Breastfeeding mothers benefit from a lower risk of certain cancers, most notably ovarian and premenopausal breast cancers (Work Group on Breastfeeding, 1997; Kolinsky, 2010).
Relevant Infant Feeding History

While it is now generally accepted that breastfeeding is the superior way to feed infants, it was not always this way. Religion, medicine, feminism, and economics have influenced the history of feeding infants in the United States in two chief ways. First, these contexts impact beliefs about the value of breastfeeding and motherhood. Second, these contexts influenced the development of policy related to breastfeeding. It is worth noting that much of the literature that relays the history of infant feeding focuses on the middle and upper classes, ignoring – as historical accounts often do – the experience of the lower class.

**Breastfeeding history.** Infant feeding in colonial America dates back to the 1600s, at which time breastfeeding rates were at their highest. Breastfeeding rates have ebbed and flowed in the 400 centuries following the Western European colonization of America. In the 17th and 18th centuries, the Puritans viewed the beasts as mechanisms to provide milk for infants, not as sexual organs. Interestingly, they believed that breast milk was menstrual blood that changed from red and brown to white in the womb and then flowed into the breasts after birth in order to feed the newborn (Thulier, 2009). Until the mid-1800s, breastfeeding was highly accepted and supported, and it was common knowledge that babies had an increased chance of survival if they breastfed (Thulier, 2009). Mothers were encouraged by religious authorities, midwives, and physicians to breastfeed through infants’ “second summer” to avoid consuming unrefrigerated food and milk that could be laden with bacteria (Artis, 2009; Wolf, 2006).

As more immigrants came from England, the notion of using wet nurses became more popular in America, particularly among the upper class. Wet nurses are lactating women who breastfeed other women’s babies. These relationships were sometimes formal – that is, a paid arrangement from the family of the infant to a professional wet nurse – or informal, when friends
and neighbors who were also breastfeeding would nurse each other’s babies (Thulier, 2009; Blum, 1999). Informal wet nursing was often done to support another mother who was a friend or family member. In contrast, formal wet nursing has historically been carried out as a showing of social status (Palmer, 2009). To be clear, wet nurses are mothers themselves. As poor women who needed to make a living, they had to commodify their bodies and milk to provide for the nutritional needs of infants from wealthy families. Among the American colonists, there was a dearth of women, so wet nurses were not always available. To that end, infants were breastfed by their mothers (Kedrowski & Lipscomb, 2008). A challenge, however, was the belief that colostrum, the first milk produced by the breast after birth, was toxic. Many mothers either tried to find a mother with older babies to nurse her newborn until her milk came in or find other food sources. A second attraction of using a wet nurse was the ability to return to sexual activity. The social norms of colonial America prohibited men from engaging in sexual relations with breastfeeding women; thus, a wet nurse could ameliorate this concern. Moreover, by using a wet nurse and not breastfeeding her own baby, a mother more quickly resumed menstruation and could become pregnant with another child; this practice was consistent with an historical priority of expanding the family. As such, men who could afford to do so would make it a priority to hire a wet nurse so they could resume sexual activity with their wife, hopefully leading to another pregnancy (Thulier, 2009). Indeed, “motherly obligations…have been constructed around…male rights” (Blum, 1999, p. 20). The belief that a wet nurse’s personality and morality was transferred to the baby she nursed via her breast milk, however, was a concern for many families. For example, African-American slaves in the South were unfavorable to serve as wet nurses because they were viewed as “primitively oversexed and thereby polluted” (Blum, 1999, p. 21).
Because of a general shortage of women, historians conclude that dry nursing was more common than wet nursing in the American colonies. Dry nursing involves the feeding of any prepared foods used as a substitute for breastfeeding. Various foods were used for dry feeding, but combinations of flour, breadcrumbs, water, and milk were most common (Artis, 2009; Thulier, 2009). The foods commonly used for dry feeding became less nutritious between the 1500s and 1800s, resulting in increasing infant mortality. During the 1800s, women sought physician opinions regarding infant feeding, and physicians began to hold more authority.

Artificial formula made its debut in 1856. At the same time, cultural views of mothers and motherhood began to change. Mothers were viewed as being responsible for their children’s health and character, so many mothers were more likely to keep their infants with them instead of sending them to the home of a wet nurse for feeding (Thulier, 2009).

During the latter part of the 19th century, science devoted some attention to infant feeding. The chief motivation behind the development of scientific feeding methods was managing infants who were institutionalized. Pasteur’s work allowed for the sterilization of infant formula and bottles, which was an important step in making it safe to feed infants artificial formula (Thulier, 2009). Recall that families were concerned with the moral fitness of wet nurses. Oftentimes, wet nurses were poor immigrant mothers. In the south, they tended to be African American. Tensions between races and classes made wet nursing unfavorable, so Pasteur’s achievements made it easier for parents to denounce both breastfeeding and utilizing a wet nurse since bottle-feeding with formula was now safe (Artis, 2009).

However, in the early 1900s, attention was given to the United States’ high infant mortality rate. The leading identifiable cause of infant death was diarrhea, and it was well known that artificially fed infants had a much higher death rate from gastrointestinal diseases as
compared to their breastfed counterparts. At the same time, the field of pediatrics emerged as people believed that there was a need for expertise in infant feeding. By the late 1920s and early 1930s, approximately a quarter of the case loads of general practitioners consisted of managing infant feeding routines. Artificial feeding was now of substantial economic concern to physicians, and mothers who were educated about scientific and medical advances wanted to follow doctors’ instructions regarding infant feeding (Thulier, 2009).

The United States Children’s Bureau was founded in 1912 with the charge of overseeing the welfare of mothers and children. Its first focus was to research infant mortality, and the bureau soon found a prominent correlation between infant mortality and poverty. Most notably, gastrointestinal disease was the primary cause of infant mortality, which resulted from poor nutrition and feeding. The bureau believed this could be easily remedied by increasing maternal breastfeeding and education. The apex of the Children’s Bureau’s work was the design and implementation of the Sheppard-Towner maternity and Infancy Protection Act of 1921, which was the first federally funded social welfare measure employed in the United States. It offered matching grants to states for public health nurses and clinics. Based on the data collected, the Sheppard-Towner Act decreased infant mortality by 11% and deaths due to gastrointestinal illness by 47% (Thulier, 2009). The American Medical Association opposed the legislation, despite its apparent success, because it believed that this sort of care would lead to the development of state-run medicine. When funding for the Sheppard-Towner Act ran out in 1929, medicine became privatized. Accordingly, high-quality, appropriate medical care was available only to those who could afford it. Consistent with a trend toward increased physician guidance, women chose to deliver their babies in hospitals, where they had limited access to their new babies during the first week after birth. This separation greatly interfered with the
establishment of successful breastfeeding, and by the 1950s, physicians pushed formula and bottle-feeding as the ideal method of infant feeding (Thulier, 2009).

A number of social and political influences were a detriment to breastfeeding. Beginning in the 1920s, bottle-feeding became recognized as a means for women to become liberated: they no longer had to be tied down by their babies’ feeding needs. The breasts began to be viewed as sex symbols rather than the foundation of nourishment and comfort for infants. As women began working outside of the home, commercial formula became increasingly socially acceptable. Child care manuals became increasingly popular. Holt’s *The Care and Feeding of Children* (first published in 1894 and revised 12 times until the 1940s) offered advice that was counterproductive to maintaining breastfeeding. For instance, Holt advised mothers not to feed babies during the first few days after birth, suggesting that nature had a reason for milk production not beginning until a few days after birth. Additionally, Holt touted the importance of hygiene to prevent infection; he dissuaded women from holding their babies unless it was absolutely necessary, and bottle-feeding with formula made it easier to achieve this ideal. Nestle (a key producer of commercial formula) published *The Motherbook* in 1928, which undermined mothers’ belief that they knew how to care for their babies: “women should not depend on instincts alone; they needed training and knowledge of the latest scientific and medical developments” (Thulier, 2009, p. 89).

The trend of misinformation from perceived (often male) experts dictating American feeding practices continued into the 1940s with the release of pediatrician Dr. Spock’s publication *The Common Sense Book of Baby and Child Care*. Spock’s book endorsed the idea of breastfeeding being advantageous, but his advice undermined practices that enhanced the success of breastfeeding. For example, he recommended that mothers with sore nipples decrease
feeding times, which resulted in inappropriate nourishment of babies and potentially a dwindling milk supply. In such cases, Dr. Spock encouraged mothers to cease breastfeeding and switch to commercial formula. In the following decades, breastfeeding rates declined, reaching an historical low in 1970: 28% of mothers initiated breastfeeding, and only eight percent of infants continued to breastfeed at three months of age (Thulier, 2009).

Breastfeeding rates continued to decline as a second wave of feminism entered American culture in the 1960s. Now, feminism was about women being able to control their own bodies. To that end, some women rejected breastfeeding, believing that it placed constraints on them and furthered patriarchal constrictions of women’s roles; others embraced breastfeeding as a uniquely feminine experience. Indeed, breastfeeding posed a challenge to feminism: choosing to breastfeed allowed women to celebrate their womanhood, but rejecting breastfeeding allowed women to be liberated from traditional gender roles that expected them to provide all care for their babies (Carter, 1995). In the late 1960s, however, feminism ideals began to shift, emphasizing women’s development of knowledge. Women were urged to challenge medical power and take control of their lives and mothering, although many women continued to defer to the advice of medical professionals (Thulier, 2009).

After many years of misinformation guiding infant feeding practices, serious attention was devoted to breastfeeding research beginning in the 1970s. Finally, scientific studies identified short-term and long-term benefits – physiological, psychological, immunologic, nutritional, and neurocognitive – of breastfeeding. This research trend has continued into the 21st century, and the literature repeatedly demonstrates the benefits of breast milk over infant formulas (Thulier, 2009).
Indeed, a number of factors have influenced the history of breastfeeding practices in America. Among these are politics, religion, gender differences, science, and medicine. Mothers of future generations will likely make their infant feeding decisions based on the influencing factors of their time.

**Breastfeeding initiatives and policy.** The various factors discussed above have shaped women’s choices about breastfeeding. These same factors have also played a role in breastfeeding initiatives and policy. Here, I will discuss chronologically some of the key breastfeeding initiatives and policies from the last several decades.

Breastfeeding rates hit an historical low in the 1970s (Thulier, 2009; Blum, 1999; Wright, 2001), quite possibly due to the undermining of breastfeeding “by a combination of pseudo-science medical dogma and marketing of breast milk substitutes” (Dykes, 2011, p. 8). In 1981, the first remarkable breastfeeding initiative, the *International Code of Marketing of Breast Milk Substitutes* (Appendix A), was likely in response to the dip in breastfeeding rates. This code, introduced by the World Health Organization (WHO), attempted to control dishonest and often inaccurate marketing techniques from infant formula companies. Endorsed by 118 countries, success in implementation varied based on interpretation, government priorities, and public awareness (Dykes, 2011). Following the enactment of this code, policy was “quiet” until 1989 when WHO and UNICEF published a joint statement *Protecting, Promoting, and Supporting Breastfeeding*. This statement included the Ten Steps to Successful Breast Feeding, a set of best practice standards to be implemented in maternity units of hospitals (Dykes, 2011; Palmer, 2009).

As the next decade began, WHO and UNICEF put forth the *Innocenti Declaration* on the Protection, Promotion and Support of Breastfeeding in 1990. This declaration aimed to address
culture changes that had led to the decrease in breastfeeding initiation and duration rates (Dykes, 2011; Kolinsky, 2010; Palmer, 2009). Co-sponsored by the United States and Sweden and signed by at least 30 governments, the declaration included four key operational goals. First, by 1995, every participating nation would assign a national breastfeeding coordinator and establish a cross-discipline breastfeeding committee. Second, every facility providing maternity care services would practice the Ten Steps to Successful Breastfeeding. The third target would achieve implementations of the standards of the Articles of the International Code of Marketing of Breast-Milk Substitutes. Finally, every participating country would ratify laws to protect the breastfeeding rights of working women (Thulier, 2009; Palmer, 2009). Undeniably, many of the countries (the United States included) that signed this document continue to work towards meeting the goals.

Legislative and policy work for breastfeeding continued through the 1990s, beginning with the 1990 Convention on the Rights of the Child (CRC), which put forth the standard that every child has a right to his or her parents having knowledge of breastfeeding in order to support the child’s “highest attainable standard of health” (Palmer, 2009, p. 310). Every country in the world has ratified the CRC with the exception of the United States and Somalia (Palmer, 2009). Two major initiatives were enacted in 1991. The first, the World Alliance for Breastfeeding Action, initiated World Breastfeeding Week. Second, UNICEF introduced The Baby Friendly Hospital Initiative to motivate maternity facilities to implement the Ten Steps (Palmer, 2009; Thulier, 2009). The Ten Steps included best practices that would alleviate many of the hospital based limitations that disadvantaged breastfeeding mothers. Among the Ten Steps was the banishment of breast milk substitutes in maternity hospitals and encouraging babies to room-in with their mothers instead of placing them in hospital nurseries. The
implementation of the Baby Friendly Hospital Initiative has proved successful in increasing breastfeeding rates (Dykes, 2011).

Although not directly a breastfeeding initiative, the Family Medical Leave Act (FMLA) passed by Congress in 1993 had implications for breastfeeding. The main point of the FMLA was to provide a woman with twelve weeks of unpaid leave from her job to care for her newborn baby and guaranteed job reinstatement after that period (Wright, 2001; Kolinsky, 2010). Although the act does not apply to all employers and does not always guarantee twelve weeks of postpartum leave if the mother must leave her job due to medical reasons before giving birth, the law was the “first real legal protection to women who wanted to establish breastfeeding before returning to work” and established the need for employers to recognize “employees’ needs to balance family and job responsibilities” (Kolinsky, 2010, p. 343). While supporters of FMLA argue that the policy supports breastfeeding women, others suggest that the law leaves many mothers unprotected. Even mothers who qualify for leave under FMLA may be unable to afford the unpaid leave and return to work soon after giving birth. When a quick return is necessitated by financial constraints, the likelihood of successful breastfeeding is greatly diminished.

Regarding FMLA, Wright (2001) contends that “while it is known that breastfeeding is better, our society is not structured to facilitate that choice” (p. 10).

The last decade of the 20th century concluded with Representative Carolyn Maloney’s (D-NY) addition to the Treasury and General Government’s Appropriations Act. The 1999 addendum to the act reads: notwithstanding any other provision of law, a woman may breastfeed her child at any location in a Federal building or on Federal property, if the woman and her child are otherwise authorized to be present at the location” (Kedrowski & Lipscomb, 2008, p. 66).
The law applies to both federal employees and visitors. Thus, this act implies that federal employees may bring their infants to work to breastfeed (Kedrowski & Lipsomb, 2008).

In 2003, the World Health Organization (WHO) introduced the *Global Strategy for Infant and Young Child Feeding*. Relying on a two-year global consultation process and based on epidemiological and scientific evidence, it recognized the complex political, social, and cultural influences on infant feeding practices. The WHO hoped that this study would be the catalyst for the renewal of international attention towards infant feeding practices and their impact on the health and well-being of infants and children. The Global Strategy tasks governments with developing, implementing, and evaluating comprehensive national policy on infant and young child feeding (Dykes, 2011).

Most recently in 2005, the 1997 policy *Breastfeeding and the Use of Human Milk* addresses several issues that were not considered in the original document. New initiatives include a push for both maternal and paternal education about breastfeeding; a provision of expressed maternal breast milk for infants when direct breastfeeding is not possible; a stipulation that caregivers (that is nurses and other maternity personnel) place infants in skin-to-skin contact with their mothers immediately following birth until the first breastfeeding is accomplished; dissolution of timed feedings, instead promoting each breastfeeding session to last as long as the infant stays at the breast; and a mandate that while the infant is hospitalized after birth, a formal evaluation of breastfeeding should be done daily (Thulier, 2009).

Unfortunately, despite increased attention to breastfeeding through policy and initiatives, data from the Centers for Disease Control show that although breastfeeding initiation rates are increasing, the United States is far below the national goal of at least half of babies continuing to breastfeed at six months (Thulier, 2009). Kedrowski and Lipscomb (2008) offer explanations as
to why the United States is not reaching breastfeeding goals. First, the federal courts do a poor
job of protecting women’s breastfeeding rights: “Women have sought court protection of their
efforts to breastfeed at work by using laws that arguably were not intended to include
breastfeeding” (p. 79). Because breastfeeding is not a medical condition protected by the
Pregnancy Discrimination Act, nor a disability protected under the Americans with Disabilities
Act, there seems to be no clear legislation that protects women’s civil right to breastfeed
(Kedrowski & Lipscomb, 2008). Furthermore, individual states vary in their policies supporting
breastfeeding mothers. For example, only 37 states guarantee a clear law for women to
breastfeed in any public location. Merely 18 states include a provision in state laws to exempt
breastfeeding from definitions of indecency, obscenity, sexual conduct, and/or public nudity
(Kedrowski & Lipsomb, 2008). Thus, despite several decades of initiatives and policy to support
breastfeeding, mothers still often lack the support and protections necessary to meet their
personal and the nation’s breastfeeding goals.

Most recently, the Affordable Care Act (ACA), signed into law in 2010, includes some
provisions in regard to breastfeeding. Health insurance plans offered directly through ACA
(known as Marketplace plans) must provide breastfeeding support, counseling, and equipment
for the duration of breastfeeding. These services may be provided before and after birth.
Healthcare plans that were already in place prior to ACA becoming law are covered under a
grandfather clause that makes them exempt from these provisions; thus, many private insurers
are not required by law to cover these services that help women successfully breastfeed. The
ACA does require that all insurance plans cover the cost of a rented or purchased breast pump.
Finally, the ACA encourages insurance companies to follow doctor’s recommendations
regarding breastfeeding, but insurers are not required by law to cover costs associated with
practitioners’ recommendations in relation to breastfeeding (Health Benefits and Coverage, n.d.). While the ACA has paid some attention to the need for breastfeeding related to expenses to be covered by health insurance, further policy is needed to ensure that all insurance plans provide comprehensive coverage to support breastfeeding success.

**Breastfeeding Mothers as a Marginalized Group**

An assumption of this study is that breastfeeding mothers are part of a marginalized group. Thus, it is important to provide a definition of marginalization as it applies to this study. After considering how marginalization is defined, I will address a concern that may arise when we consider breastfeeding women as marginalized. Then, I will examine the literature pertaining to the marginalization of breastfeeding mothers.

Sheared (1994) defines marginalization as something that “occurs when one person’s views are valued and voiced at the sociopolitical and historical expense of others” (p. 27). Thus, a marginalized group can be contrasted with the dominant group, which has increased power and access to resources, such as information and assets, and the ability to influence the policies that affect them (Sheared, 2006). Freire (1993) purports that those who are marginalized are also dehumanized. To make meaning of their struggle, they must work to regain their humanity; rather than becoming oppressors themselves, they must seek to restore the humanity of the both the oppressors and oppressed. He further argues that “this…is the great humanistic and historical task of the oppressed: to liberate themselves and their oppressors as well” (Freire, 1993, p. 26). In this section, I will lay the foundation of the assumption that breastfeeding women are part of a marginalized group, exploring in the following sections some specific examples of the marginalization of breastfeeding mothers. However, before discussing the
marginalization of breastfeeding mothers, I must address an issue that may surface as we consider breastfeeding women as marginalized.

With the progress women have made over the last several decades, it may be hard to believe that breastfeeding women are marginalized. For example, we see many women successfully working outside of the home, seemingly balancing work and family life. We hear the mantra that we can “have it all,” referring to both a successful career and an enriching family life. What is more, there are women who manage a fulfilling career while rearing and even breastfeeding children. With examples like these, it may be hard to imagine that breastfeeding women are subject to marginalization. When considering how breastfeeding women may be marginalized, it is helpful to consider the role of hegemony in maintaining oppression.

Hegemony “is the process by which we learn to embrace enthusiastically a system of beliefs and practices that end up harming us and working to support the interests of others who have power over us” (Brookfield, 2005, p. 93). We must remember that people are not coerced to assimilate to the dominant ideology; rather they assimilate by their own will when the overarching ideologies of society, ubiquitously entrenched in the media, lead to the acceptance of beliefs that maintain positions of power and relative powerlessness (Brookfield, 2005). Thus, societal structures that work to marginalize breastfeeding women may work covertly, as the majority of people subscribe to hegemonic beliefs. Accordingly, some marginalized breastfeeding women may not recognize how they are being marginalized, which is why one segment of this study involves understanding how breastfeeding women come to recognize their marginalization. This realization is in line with what Freire (1993) terms conscientization, a process of becoming extremely aware of the oppressive powers that have molded one’s reality and can be used within one’s learning process to overcome oppression. Thus, part of this study focuses on the process
of conscientization for those breastfeeding women who identify as marginalized. This point brings me to another important consideration: we cannot assume that all breastfeeding women have the same experiences. Even breastfeeding women who have become aware of their marginalization are not all the same. Although I may use language that comes across as absolutist, I am fully aware that not all women, breastfeeding women, or marginalized breastfeeding women have the same beliefs and experiences. Alternatively, I recognize that each woman “has the right to be a ‘whole’ person, not boxed within a singular social identity” (Plantenga, 2012, p. 27). So while the current study attempts to identify the themes that emerge from women’s stories about their experiences regarding the marginalization of breastfeeding mothers and ensuing emancipation and activism, I expressly do not want to assume that their experiences are universal. With this understanding, I will now discuss the various ways in which breastfeeding women are marginalized.

**Breastfeeding, the body, and sexuality.** The current study assumes that breastfeeding mothers are a marginalized group. One way we can recognize this marginalization is by reviewing literature that considers breastfeeding, the body, and sexuality. While many people appreciate breastfeeding as an embodied experience, others ignore this mind-body connection, which works to undermine breastfeeding mothers and further their marginalization. Moreover, societal messages about the female body, breasts, and women’s sexual roles also advance the marginalization of breastfeeding women.

**Breastfeeding as embodied.** The question of dualism – whether the mind and body are connected or separate entities – has been studied for centuries. Whereas Eastern philosophy tends to accept the integration of mind and body, Western philosophy, in contrast, tends to be troubled by this interconnection (Lakoff & Johnson, 1999). The dualistic view that is commonly
accepted by those who subscribe to Western philosophies reinforces the marginalization of breastfeeding mothers by not acknowledging a woman’s breasts as integral to her physical, emotional, cultural, and spiritual identities.

Learning to breastfeed, arguably, is an embodied experience. Learning through the body, or embodied learning, implies that the body is a site of learning that is connected with other domains of knowing, such as spiritual, emotional, cultural, and logical (Freiler, 2008). Once a mother and baby have established a successful breastfeeding relationship, the embodied nature of breastfeeding does not cease. Rather, the breastfeeding act itself involves a “lifelong and ambiguous intercorporeal relation to others…” that involves the “euphoric rush of the ‘let down,’ and the gentle rhythmic intertwining of one body to another. Yet it is simultaneously coupled with horror and potential harm brought on by the inability to produce milk, painful engorgement, mastitis, the aggressive and bleeding ‘latch on,’ the infant who feeds and feeds and will not settle, and the potential of an all-consuming relation” (Biddle, 2006, p. 26). Indeed, it is an amalgamation of the mind and body that allows for the pleasure, pain, joy, and despair of breastfeeding. When we choose to discount the mind-body connection involved with breastfeeding, we deny the mother the full experience of breastfeeding and thereby perpetuate her marginalization.

In fact, it is this systematic, dualistic assumption that gives the medical field and society permission to manage and control women’s bodies. Rather than encouraging a mother to trust her body and her baby’s signs of hunger and satiation, medical professionals prescribe feeding schedules that are inflexible in terms of frequency and time spent at each breast. Such a recommendation tends to lead to the infant being deprived of the fat-rich hind milk, causing the baby to be left hungry, the mother’s milk supply to be diminished, and the mother to be
physically and emotionally exhausted (Dykes, 2011). Some members of the medical field have worked to devalue whatever embodied knowledge mothers may have regarding breastfeeding, telling mothers that they must learn how to breastfeed from a doctor, nurse, or other educator who may not have any breastfeeding experience as mothers or babies (Bartlett, 2002). If instead of telling mothers that they cannot trust their babies and their bodies we encouraged them to recognize the expertise of their body and mind combined, perhaps “breasts [could] be thought of as a site of embodied knowledge” used to empower mothers (Springgay & Freedman, 2010, p. 351).

Unfortunately, even when breastfeeding is viewed as an embodied practice, it is viewed as ethically, theoretically, and politically unimportant (Shaw, 2004). Furthermore, the acknowledgement of the mind-body connection as it relates to breastfeeding has been used to blame the mother when breastfeeding is unsuccessful or challenging, thus further marginalizing her. Women’s bodies “know” how to produce milk; they know how neurons and hormones must interact for this milk production to occur. So when breastfeeding fails, is it because the mother is doing something wrong in her head? For example, breastfeeding health professionals, educators, and books have all conveyed that a failure to let down is psychological: anxiety, stress, discomfort, embarrassment, and fear can all interfere with the let-down reflex (Bartlett, 2002). So when mothers have difficulty letting down milk, either in frequency or quantity, one could argue it is because the mother is not managing her emotions appropriately. In other words, while there may be acknowledgement of the mind-body interaction, mothers can be blamed for not allowing the interaction to occur correctly so that successful breastfeeding can take place. This is a dangerous narrative that works to further marginalize breastfeeding women:
Characterizing breastfeeding as an activity that can be controlled by the mind, as ‘all in the head,’ would seem a particularly debilitating narrative from those women who struggle to breastfeed, who persevere for weeks and months through excruciatingly painful conditions. For those women, having access to a set of knowledges and techniques that can be learned would seem empowering – but only if they work…If breastfeeding can be learned as a bodily activity, in the same way that we learn to walk or to raise one eyebrow, then why can every mother not breastfeed successfully? (Bartlett, 2002, p. 377)

Women have the ability to think with both their bodies and their minds, and we must embrace and celebrate this competence in order to support breastfeeding mothers (Rich, 1979). When considering the role of both the mind and body in breastfeeding, we must both acknowledge breastfeeding as an embodied activity and use that narrative to empower, not marginalize, breastfeeding mothers.

**The sexualization of the female body.** The female body is remarkable in that is possesses the uniquely maternal ability to provide nourishment to its offspring. Unfortunately, what could be a simple act of a mother using her body to nourish her child is complicated by the complex ways the female body has been constructed and viewed. Fredrickson and Roberts’ (1997) objectification theory offers a backdrop to help explain how the views of the female body have been constructed. Objectification theory suggests that “in a culture that objectifies a sexually mature woman’s body, women are socialized to view and evaluate their bodies from the perspective of an outside observer” (Johnston-Robledo, Wares, Fridker, & Pasek, 2007, p. 431). Women internalize the objectification of their bodies, leading them to emphasize physical traits associated with appearance (such as sex appeal) over ones associated with health or natural
function (such as breastfeeding). Accordingly, women become more concerned with managing their appearance than accepting and valuing their body’s abilities (Fredrickson & Roberts, 1997). When a woman’s perceives her body as not looking how she would like it to look, she may begin to shame her body.

Objectification theory can apply to women’s attitudes toward their reproductive roles. For example, women may feel that reproductive-related processes such as menstruation and breastfeeding reduce their attractiveness. Pregnancy and the post-partum stage are times in a woman’s life that her body does not follow standards of beauty. After giving birth, her belly is soft and wrinkly; she experiences weeks of vaginal bleeding known as lochia, and her breasts leak milk. None of these qualities matches the view that the female body should be sexual and clean, drawing attention to a woman’s shame of her nonconforming body (Johnston-Robledo, Wares, Fridker, & Pasek, 2007). Interestingly, and perhaps sadly, some women cite a major reason for deciding to breastfeed is the opportunity for a quicker return to pre-pregnancy weight due to the calories that are burned to produce breast milk (Dworkin & Wachs, 2009; Wall, 2001). Thus, breastfeeding’s ability to help a mother’s body reach a state where it is more consistent with society’s standard of beauty may override her concerns about breastfeeding being an unclean, desexualizing behavior.

Because breastfeeding contradicts the desired societal view of women, the practice of breastfeeding and breastfeeding mothers are sometimes considered gross or disgusting (Hurst, 2012). Breastfeeding mothers, especially in the early weeks, feel out of control of their bodies; when their breasts leak milk, they feel ashamed and that they must hide the leaked milk to avoid being viewed as dirty (Mahon-Daly & Andrews, 2002). For example, a mother who was interviewed in Mahon-Daly and Andrews’ (2002) study reported, “I felt really dirty if I had
leaked, I feel that everyone is looking at it (the stain) and thinking that I’m unclean or not coping” (p. 69). Indeed, breastfeeding forces mothers to grapple with a complicated paradox: how can breasts be both a source of nourishment for an infant, sometimes being perceived as dirty and gross, as well as a part of the body that is viewed as a sexual object? Young (2003) explains:

The border between motherhood and sexuality is lived out in the way women experience their breasts and in cultural marking of breasts. To be understood as sexual, the feeding function of the breasts must be suppressed, and when the breasts are nursing they are desexualized. (p.159)

This apparent inconsistency – that breasts cannot be both a source of food and a sexual object – leads some to view breastfeeding women as disgusting. “The breast’s role as an icon of sexuality potentially conflicts with its mothering and nurturing roles” (Mahon-Daly & Andrews, 2002, p. 62). Some women choose not to breastfeed simply because they cannot bear the thought of being viewed in this way or fear that their breasts after weaning will become saggy and unattractive (Johnston-Robledo, Wares, Fridker, & Pasek, 2007). Therefore, a sexualized view of breasts and an associated view of breastfeeding as gross works to marginalize mothers in two ways: 1) mothers may choose not to breastfeed to avoid scrutiny of their bodies and being perceived as disgusting and dirty, and 2) mothers may choose to breastfeed but feel ashamed of their bodies as a result.

The sexualization of breasts presents a problem for mothers who wish to breastfeed. Because the breasts are viewed as erogenous zones, using them to nourish babies may pose an issue for the mother’s partner who desires a prompt return to sexual relations after giving birth. To be sure, breastfeeding mothers must wake up to feed their baby throughout the night; many
mothers elect to have the baby co-sleep, either by sleeping in a bassinet or crib in the parents’ bedroom or sleeping in the parents’ bed. While co-sleeping can make breastfeeding easier for a mother who must awake to feed her baby multiple times during the night, it can impede sexual relations between a woman and her partner (generally assumed to be male) (Carter, 1975). American culture has associated “bed” with sex; a baby in the bed contradicts the American sexualized meaning of the couple’s bed, as the bed will be used for sleeping and feeding rather than sex (Sterk & Knoppers, 2009). Of course, media images reinforce this Americanized view of the bed as a sexual place, contributing to “the assumption that a husband’s prerogative to easy, regular, sexual activity with his wife should outweigh the temporary needs of a baby for its mothers’ nursing and parental closeness and touch” (Sterk & Knoppers, 2009, p. 48). The practicalities of breastfeeding a baby can impede the return to frequent and regular sexual activity, which may lead to a lack of support for the breastfeeding mother from a male partner.

In another view, breastfeeding may be welcome when it supports the return to sex with the father. Formative sex researchers Masters and Johnson (1966) supported breastfeeding, as they believed that breastfeeding women returned to intercourse more quickly than those who did not breastfeed, which was ideal for fathers who were feeling left out after the birth of a baby. Thus, Masters and Johnson assumed a heterosexual relationship and backed breastfeeding not because it was best for the baby or the mother’s desired feeding choice, but rather because breastfeeding, as they saw it, made it easier to return to a “normal” heterosexual, patriarchal sexual relationship (Carter, 1995). The patriarchal view that women are expected to be sexual partners to their husbands before mothers to their babies is another example of the oppression of breastfeeding women.
The economics of milk: Breastfeeding as a commodity. Too often, infant feeding becomes tangled with economics. The medical field and formula industry have capitalized on infant feeding. Doctors – especially pediatricians, obstetricians, and family doctors – and insurance companies make money every time a mother and baby see a doctor for feeding issues. The infant formula companies grow richer with each decision not to breastfeed and every failed breastfeeding attempt. Government-sponsored workgroups support breastfeeding initiatives because of their potential cost-savings, often choosing to ignore the myriad meaningful benefits breastfeeding has for mother and child. The commodification of breastfeeding serves to oppress women who are devalued as mothers and viewed as opportunities to make or save money.

Throughout history and worldwide, midwives attended the majority of births. In the Middle Ages, midwives were condemned as witches, and their knowledge of childbirth and breastfeeding was devalued (Kedrowski & Lipscomb, 2008). In 1900, half of American births occurred at home, attended by midwives. At the same time, obstetrics was a fairly new and relatively unprofitable medical specialization in Western medicine because most women elected to birth at home with midwives. As obstetricians realized that midwives blocked their ability to make their practice legitimate and profitable, they began a physician-led smear campaign against midwives, which was highly successful. By 1960, 97% of American births took place in hospitals, attended by physicians (Ehrenreich & English, 2010).
Figure 1. Midwife smear campaign of the 1920s. This figure shows an example of an advertisement used in the physician-led smear campaign against midwives.

In the 21st century, with the United States as an exception, midwives are the most common birth attendee. The World Health Organization defines a midwife as a health provider assigned to normal pregnancy, labor, and delivery care and who has been trained by an educational program that is recognized by the government that licenses her. This definition does not include traditional midwives worldwide who have learned childbirth and newborn care from their own mothers and grandmothers or through their own birth and childcare experiences (Kroeger, 2004). Lesley Cragen, a Certified Nurse Midwife in the United States explains the mission of midwifery: “It really is the heart of midwifery to support a woman to do what a woman knows she can do” (The Business of Being Born). The Midwives Model of Care, written in 1996, emphasizes that birth is normal and that women need individualized care. Thus, each woman (and her body) determines the pacing of birth, not the midwife. Midwives attend births to ensure that birth continues to go normally and that each woman is supported to do what she knows she is able to do (Block, 2007; Kroeger, 2004). Many midwives are also skilled at assisting with breastfeeding. The World Health Organization recommends immediate initiation of breastfeeding, before the mother enters recovery (Kroeger, 2004). Because midwife-attended
births usually correlate with normal delivery, immediate breastfeeding is possible and common. Conversely, births attended by physicians and in a hospital setting are more likely to include interventions that lead to caesarean (Block, 2007; Gaskin, 1987). With caesarean births, the mother is seldom permitted to breastfeed immediately, and there tends to be a delay in the coming in of breast milk (Block, 2007). Caesarean birth has a higher correlation with formula-feeding, whereas natural birth correlates with breastfeeding (Gaskin, 1987). In the United States, midwifery in its traditional practice is becoming more medicalized, perhaps impacting breastfeeding rates. Kroeger (2004) explains:

In the United States, more and more nurse-midwives are trained to assist at cesarean delivery, to perform vacuum extraction, and to assist in provision of epidural anesthetic, but lack practice in birth centers and/or homebirth, where childbirth is allowed to progress without medical interventions and where breastfeeding rates are high. (p. 236)

Whereas midwives have historically served as guardians of safety and normalcy in birthing, they are increasingly finding their practice medicalized, seemingly to bolster the profits of hospitals and physicians. With medicalized birth comes a decrease in breastfeeding. Conceivably, restoring the midwife’s role as a sort of godparent of normal birth could help to reestablish breastfeeding as a common, normal practice.

Before the early 1900s, mothers were considered to be the experts on infant feeding. In the early decades of the 20th century, doctors were increasingly viewed as the authority on infant feeding, and mothers became disempowered regarding feeding decisions for their infants (Thulier, 2009). At the same time in history, women began to give birth in hospitals rather than at home. Once again, the assumption was that women’s knowledge was inferior to that of medical professionals. Once doctors began managing births, women were relatively uninvolved
in labor and delivery and had lost the power to make decisions about the birthing process. Women in labor were given a combination of two drugs, scopolamine and morphine, which left mothers lacking awareness and power over their birth experience. After giving birth under these conditions, mothers were not alert enough to hold their babies or attempt immediate breastfeeding; accordingly, breastfeeding rates dropped (Wright, 2001). Beginning in the 1960s, the natural-childbirth movement took hold. Unmedicated delivery followed by immediate breastfeeding became more popular, and breastfeeding rates rose. However, the damage was already done: women had learned that they were not the experts on birth and infant feeding. Doctors were the experts, and “good mothers” followed the doctors’ recommendations regarding breastfeeding (Wright, 2001).

While most hospitals and doctors say they support breastfeeding, studies indicate that health professionals are equally likely to simultaneously reassure mothers that formula is nearly as good as human milk (Wolf, 2006). In response to an American Academy of pediatrics survey, most pediatricians either agreed with or had a neutral opinion about the statement “breastfeeding and formula-feeding are equally beneficial infant feeding methods” (Schanler, O’Connor, & Lawrence, 1999). A lack of training may indicate why health providers’ practices and attitudes do not reflect best practices and recommendations. In their study of health professionals, Smale, Renfrew, Marshall, and Spiby (2006) found that doctors report receiving little training on breastfeeding. Much of that training focuses on anatomy, physiology, and benefits of breastfeeding with little to no preparation for supporting mothers who encounter problems such as mastitis or poor weight gain. As a result many health providers report feeling unprepared to advise and support breastfeeding mothers (Smale, Renfrew, Marshall, & Spiby, 2006). For instance, Amale et al. (2006) note that one pediatrician reported, “The more you do the more you
realize you do not know. I feel it is outrageous and scary that pediatricians do not get specific training in breastfeeding” (p. 108). When their lack of training leaves them feeling ill-equipped to support breastfeeding mothers, some health professionals – because they do not know the proper information to relay – provide misinformation to mothers. In their study of providers’ breastfeeding knowledge, attitudes, and practices, Szucs, Miracle, and Rosenman (2009) found that when pediatric nurses did not know how to manage a perceived breastfeeding challenge, they told mothers to give the baby formula. For example, when a mother’s milk had not come in yet, a nurse reported, “I would tell her to feed them formula” (Szucs, Miracle, & Rosenman, 2009, p. 34). Health professionals state that they do not receive adequate training in breastfeeding, yet some continue to advise women on breastfeeding issues, sometimes providing misinformation that derails their breastfeeding success.

Even with lip service paid to breastfeeding, a sense of medical superiority over motherly intuition regarding infant feeding still exists. New mothers tend to distrust their own knowledge and instincts and rely on health professionals to teach them how to breastfeed, but pediatricians seem to be lacking education regarding breastfeeding. For instance, a study by the American Academy of Pediatrics (2005) found that 65% of pediatricians recommend exclusive breastfeeding for only one month, and only 37% recommend breastfeeding for a full year. Moreover, medical professionals are inclined to follow prescribed methods concerning how often the mother should feed, how long she should keep the baby on each breast, and how much weight the baby should be gaining in a given timeframe. Unfortunately, prescribing a breastfeeding schedule instead of putting the baby to breast whenever she shows signs of hunger leads to a mother’s body not producing enough milk. After milk supply begins to drop, supplementation with formula and early weaning tend to follow (Wolf, 2006). When a mother-
baby dyad’s experience does not match the doctor’s prescription, the mother may feel as though she is failing her baby and disappointing her doctor, whom she believes knows best. While hospital personnel such as doctors, nurses, and lactation consultants may be knowledgeable about breastfeeding, when breastfeeding is treated as a medical and physical issue, social and emotional factors associated with breastfeeding are all but ignored (Schmied, Sheehan, & Barclay, 2000). Thus, breastfeeding becomes more of a “prescription” from a doctor than a choice a mother makes about her relationship with her baby. Hausman (2007) explains, “Breastfeeding under the surveillance of medicine enforces a separation between scientific expert knowledge and anecdotal lay knowledge, traditionally the province of women…Historically, scientific arguments have tended to diminish women’s rights rather than enhance them” (p. 493). Thus, the status and privilege held by medical professionals, who favor science over mothers’ embodied knowledge, work to reinforce the oppression of breastfeeding mothers.

Whereas doctors began to play a major role in infant feeding in the early 20th century, the role of the lactation consultant emerged in the mid-1980s. The lactation consultant seeks to close the gap in care provided by obstetrician-gynecologists, pediatricians, nurses, and even midwives, focusing on the breastfeeding mother and her infant (Eden, 2012). In the late 1970s, La Leche League leaders called for a need for training to become qualified to advise mothers on breastfeeding and established the first professional lactation training program and founded the Lactation institute and Breastfeeding Clinic. By 1982, the La Leche League board of directors acknowledged that a number of league leaders wished to professionalize their breastfeeding skills. Accordingly, two league leaders organized a panel of expert health professionals to develop competency standards for lactation consultant practice. These standards are assessed
with a certification exam administered by the Internal Board of Lactation Consultant Examiners, which provides the only internationally recognized standard for lactation consultant proficiency (Eden, 2012). Lactation consultants, unlike other health professionals (in general), are experts in lactation and breastfeeding. However, similar to other health professionals, lactation consultants take on an authoritative role and in some cases have become part of the medicalization of breastfeeding. Eden (2012) explains the complex role of the lactation consultant:

The lactation consultant’s authority to label conditions (though not to diagnose) has both positive and negative implications. On the positive side, conceptualizing breastfeeding challenges as medically defined problems allows blame to be diverted from the mother. However, the lactation consultant’s expert role changes the understanding and experience of breastfeeding. When a breastfeeding mother interacts with a lactation consultant, she assumes a patient role – her identity is no longer just “breastfeeding mother,” but also “medically monitored patient. (p 103)

It is worth noting that many lactation consultants denounce the medical culture, instead relying on a holistic, humanistic, and mother-centered approach (Eden, 2012).

Another important consideration is the role of socioeconomics in the provision of lactation services. Lactation consultants in private practice charge fees to see women often in their homes, and not all women can afford these fees. Women who are least likely to breastfeed are more likely to be from a minority racial group, low-income, young, and less-educated. These women who are perhaps have the most to gain from working with a lactation consultant cannot afford to see one. Even with the specifications made by the Affordable Care Act, lactation consultants are seldom covered by insurance, and many women in the groups at the highest risk of breastfeeding failure are un- or underinsured (Eden, 2012). Lactation consultants fill a gap in
women’s healthcare. Their role can at the same time be empowering for women who can access their services and further the medicalization of breastfeeding.

In the early 20th century, doctors became overly involved in infant feeding, and mothers were told that they could not trust their instinct when breastfeeding their babies. Instead of breastfeeding according to the infant’s hunger cues, doctors told mothers that the frequency of feeds and time at each breast must be strictly regulated. This regime led to the infant being deprived from the hind milk, the fat-rich, satiating milk produced in the latter part of a breastfeeding session. As a result, babies were left hungry, and mothers believed they were incapable of providing enough milk for their babies. The interference of medical professionals with breastfeeding methods created a niche for the formula industry (Dykes, 2011; Carter, 1995; Blum, 1999). Formula companies used aggressive marketing campaigns, promoting their artificial milk substitutes to doctors and hospitals. In fact, using the term “formula” instead of “breast milk substitute” or “artificial breast milk” allowed these companies to advertise under the guise that their product was just as good as what mothers could produce naturally. Moreover, using formula removes the need for and role of the mother; a bottle of formula can be given with or without the mother’s presence (Blum, 1993). Formula companies were known to use dishonest advertising, often ignoring the shortcomings of formula and giving doctors and hospitals monetary incentives for endorsing their products (Dykes, 2011). Formula companies contracted with hospitals to ensure that their brand would be the preferred one in the mother-and-baby-unit. Mothers received free formula, diaper bags emblazoned with the company logo, and coupons; the formula companies wanted to guarantee that mothers would have an allegiance to their brand before being discharged from the hospital after giving birth. Even mothers who expressed the desire to breastfeed were given these formula gift bags. When mothers protested,
saying they were breastfeeding, hospital personnel often undermined their breastfeeding efforts, suggesting that the mothers take the formula “just in case” breastfeeding failed. Most mothers who do not breastfeed or stop breastfeeding early during their baby’s infancy do not intentionally decide against breastfeeding. Rather, health professionals and formula companies convince mothers that their breast milk is inadequate, leading to the cessation of breastfeeding and the adoption of breast milk substitutes (Blum, 1993). Instead of honoring and supporting women’s desire to breastfeed, some health professionals and formula companies demoralize breastfeeding mothers who may struggle with establishing breastfeeding, thus reinforcing the oppression of breastfeeding mothers.

Nestle is perhaps the most well-known manufacturer of infant milk substitutes worldwide. Nestle began in 1866 when it opened the first condensed milk factory in Europe. Nestle and other formula companies capitalized on women’s interest in being “relieved of the burdens of nature through the wonders of science” (Palmer, 2009, p. 216). The late 1800s brought the rise of the middle and ruling classes. Poor women did not have enough money to purchase goods; therefore, wealthy women became the consumers who were responsible for economic growth. Rich women who had historically assigned infant-feeding to a wet nurse now began to rely on artificial milks to feed their babies. Beginning in the late 1800s, doctors decided that “the focus on the ‘problems’ of the rich was more profitable and less distressing than trying to tackle the insurmountable troubles of the poor” (Palmer, 2009, p. 217). At this point in the history of infant-feeding, doctors would develop individual formulas for each baby; mothers needed to return to the doctor every few weeks to have the formula tweaked to ensure it was the right for her baby. Of course, only rich women had access to this customized service. In the 1890s, advertisements for commercial infant formula began to appear in newspapers and
magazines. It was touted as being easier to prepare than pediatricians’ formulas because commercial formulas could be prepared simply by mixing the powder with warm water. Moreover, mothers would no longer need to go to the doctor to have the formula checked every few weeks. Doctors were upset about the loss of income these commercial formulas created. In 1893, one doctor described the loss of business to commercial foods as “humiliating” and said it “should no longer be tolerated” (Palmer, 2009, p. 218). Accordingly, commercial formula companies, particularly Nestle, began negotiations with doctors, inviting doctors to work with them to formulate and endorse artificial milk substitutes. Nestle agreed to put no directions on the formula packages, thus requiring mothers to see a doctor to learn how to prepare and use the formula. Obviously, poor mothers could not afford both the cost of infant formula and the doctor’s fee, leaving poor mothers to discern feeding practices on their own (Palmer, 2009).

In the 1930s, Nestle began pushing sweetened condensed milk as the ideal breast milk substitute for infants. Despite the discovery of vitamin A as a vital nutrient for babies – which is present in breast milk at the levels ideal for infants – Nestle continued to market sweetened condensed milk for babies. Babies developed health problems due to the high concentration of sugars and lack of nutrients, leading some babies to blindness. Nestle continued to market sweetened condensed milk as a breast milk substitute until 1977 when they were mandated to remove infant feeding instructions from the labels (Palmer, 2009; Wolf, 2001).

As birth rates increased following World War II, Nestle saw an opportunity to expand their marketing. In the 1970s, they extended marketing to developing countries, which regularly lacked access to clean water. Moreover, mothers tended to be illiterate. Capitalizing on mothers’ illiteracy and lack of education, Nestle sent “milk nurses” – saleswomen dressed as nurses – to sell milk to mothers in development countries. Women used Nestle milk substitutes
because they believed it was endorsed by healthcare outlets. These deceitful tactics led Nestle to become the world leader in artificial milk sales (Palmer, 2009).

As mothers in developing countries increasingly fed their babies Nestle milk substitutes, babies began getting sick and dying. Nestle formula preparation required mixing their product with water, but clean water was unavailable. In 1974, two pediatricians wrote a publication called *The Baby Killer*, which exposed Nestle’s practices in developing countries (Palmer, 2009).

![Figure 2. Graphic used on the front cover of The Baby Killer. This figure depicts a malnourished baby inside of a baby bottle, suggesting that bottle-feeding with milk substitute leads to malnourishment.](image)

The publication was translated into German by a Swiss Group AgDW with the translated title reading Nestle Kills Babies. Nestle sued for libel but won the lawsuit because the prosecution was unable to demonstrate a direct cause connection between Nestle milk substitutes and baby deaths. However, the judge encouraged Nestle to change their advertising practices; Nestle did not. Then, the film Bottle Babies was released in 1975. This film showed how Nestle marketed their milk substitutes to poor, illiterate mothers in developing countries with limited access to clean water. After seeing the film, people began to boycott Nestle. Additionally, in 1977 the Infant Formula Action Coalition (INFACT) organized and launched a large-scale boycott,
demanding that Nestle cease promotion of artificial milk – pull milk nurses, stop the distribution of free samples, and terminate direct advertising to mothers. Nestle refused to change their marketing strategies.


…is the only tool there is for establishing a basis for consistent, international, ethical marketing practice to protect all babies, whether breastfed or artificially fed. It also protects parents, carers and health workers from commercial pressures which undermine the impartiality essential for making decisions about infant and young child feeding. (Palmer, 2009, p. 260).

While the Code was initially met with resistance from the United States, they ultimately adopted it, along with 198 other countries. However, as of 2013, only 37 of those countries have enacted legislation reflecting its recommendations. The United States is one of those 37 countries (Breastfeeding: Only 1 in 5 countries fully implement WHO’s infant formula Code, 2013).

Following the adoption of the Code, the legislative support for breastfeeding increased. For example, in 1991, WHO/UNICEF introduced the Baby Friendly Hospital Initiative, which worked to eliminate or reduce many of the hospital-based limitations that created complications for new mothers trying to establish breastfeeding (Dykes, 2011). Unfortunately, however, many of these breastfeeding initiatives are promoted not to support women, but rather because they offer fiscal benefits. Studies have shown repeatedly that breastfeeding is associated with lower healthcare costs and thereby reduced employee absenteeism for mothers who would miss work to care for ill children (Work Group on Breastfeeding, 1997). Employers that support
breastfeeding promotion at the work site enjoy increased employee productivity and decreased employer costs due to absenteeism and employee turnover (Ball & Bennett, 2001). On a broader level, insurance companies pay a minimum of $3.6 billion to treat illnesses and conditions that can be prevented or moderated by breastfeeding (Kolinsky, 2010). While the economic benefits of breastfeeding are noteworthy, it is disappointing that a key factor in systemic and legislative support for breastfeeding is due to fiscal motivation rather than support for mothers and babies (Ball & Bennett, 2001). Indeed, the emphasis on the cost-benefit analysis of breastfeeding takes precedence over a mother’s desire and right to breastfeed. Thus, when society decides to offer support for breastfeeding, it is because it is cost-effective, not because it honors a woman’s choice to nourish her baby through her own body. In this situation, employers, healthcare providers, insurers, and legislators further marginalize the breastfeeding mother by supporting her only when her feeding choices have a fiscal advantage.

**Breastfeeding, work, and the “good mother.”** Greater than one-third of mothers return to work before their baby’s first birthday (Payne & Nicholls, 2009; Roe, Whittington, Beck Fein, & Teisl, 1999). A mother’s return to employment outside of the home decreases breastfeeding initiation, duration, and exclusivity – breastfeeding only, without supplementation of formula (Lucas & McCarter-Spaulding, 2012; Payne & Nichols, 2009; Roe, Whittington, Beck Fein, & Teisl, 1999). In fact, 76.5% of mothers report that returning to work was the most major barrier for exclusive breastfeeding for a duration of at least six months (Hogan & English, 2013). Given this, it is not surprising that the dip in breastfeeding rates in the 1970s – when breastfeeding rates reached an all-time low in the United States – has been attributed to the correlating increase in maternal employment (Wright, 2001). What is more, mothers experience a greater negative effect of employment on breastfeeding with the more hours she works, particularly within the
first three months after birth (Lucas & McCarter-Spaulding, 2012). Roe, Whittington, Beck Fein, and Teisl (1999) found that each week of leave from work increases breastfeeding duration by nearly one-half of a week. A woman working an eight-hour day when her child is three months old gives her infant about 1.5 fewer breastfeeding sessions per day, as compared to a woman who is not working outside of the home. Although these findings may seem inconsequential, because the benefits of breastfeeding occur with each subsequent feeding session, such a reduction in breastfeeding is considerable.

Why are breastfeeding and working often viewed as incompatible at worst and challenging at best? To maintain their milk supply, mothers must breastfeed or express milk with regular frequency. To breastfeed at work, the mother must either bring her baby to work, have a caregiver bring the baby to her at work, or leave work to meet the baby. Otherwise, mothers must express breast milk using a breast pump, which requires a private place to pump and facilities to safely store the expressed milk. Mothers must either disrupt their work to pump or breastfeed, or they must use break or lunch time to complete the feeding task (Kedrowski & Lipscomb, 2008). Because many women are financially unable to take an extended leave of absence from employment, they tend to make decisions about employment first and then consider infant-feeding decisions around work limitations, such as whether they can breastfeed at work or will need to use a breast pump to express milk (Roe, Whittington, Beck Fein, & Teisl, 1999). Working-class women in particular are less likely to have maternity leave, paid or unpaid, and tend not to have jobs that allow time and private space to pump (Artis, 2009). While most mothers contend that combining out-of-the-home employment with successful breastfeeding is difficult, the challenges are even greater for lower-income, working-class mothers.
In 2002, 55 percent of all mothers of infants were working outside of the home, an increase from 31 percent in 1976 (Kedrowski & Lipscomb, 2008). Despite the changing landscape of the workforce, employers’ policies have not shifted much to accommodate the mother-worker. Equality feminism, popular in the 1970s, invited women into the public spheres “without questioning the implicit male-centered organization of public life” (Blum, 1993, p.293). Accordingly, women in the workplace were treated as men: “[the] preferred worker has a male body, unencumbered by women’s responsibilities for either biological reproduction or family care” (Blum, 1993, p. 293). Equality feminism translated to no “special privileges” for the female worker, which supported employers in their refusal to provide paid maternity leave, on-site nurseries, or breaks for breastfeeding or pumping. Without systemic employment benefits for mother-workers, achieving successful breastfeeding is extremely difficult, if not impossible.

Employers express varying attitudes about promoting breastfeeding in the workplace. While some are reluctant, others convey that they would be willing to take measures to support breastfeeding employees, such as providing a private place to pump, if the company could receive incentives. Employers that favor breastfeeding promotion in the workplace tend to have direct experience with breastfeeding, either themselves or wives who have breastfed. Unfortunately, little positive change is occurring in the workplace without government intervention (Lucas & McCarter-Spaulding, 2012). Ball and Bennett (2001) point out that not supporting breastfeeding employees really makes no business sense. Data indicate that support of breastfeeding promotion at the work site results in increased employee productivity and decreased employer costs through earlier return from maternity leave, greater retention of employees after childbirth, and reduced employee absences due to childhood illnesses. The
majority of employers with lactation programs report lower absenteeism and turnover rates and higher employee morale.

Palmer (2009) argues that it is not individual employers that present a problem for breastfeeding mothers. Instead, it is often those in high-ranking positions of corporations and governing bodies, who happen to be men. Even when women are in these senior positions, they are hesitant to push for issues linked to women’s rights for fear of being downgraded by dominant males. Palmer (2009) blames “distorted priorities” for the lack of employer support of breastfeeding promotion in the workplace (p.80). Thus, organizations with clout – both in reputation and economics - such as the American Academy of Pediatrics should lobby for employers to provide appropriate workplace accommodations for breastfeeding mothers (Work Group on Breastfeeding).

Working off-site, having no access to private rooms, spending a lot of time outside, frequent travel, or limited breaks are the workplace characteristics that make breastfeeding difficult for working mothers. These workplace characteristics tend to be more common among low-paying jobs, further marginalizing low-income breastfeeding mothers (Lucas & McCarter-Spaulding, 2012). Conversely, employer-sponsored child care, being able to work from home, and encouraging the mother to breastfeed at work all had a positive impact on a breastfeeding mother worker (Lubold & Roth, 2012).

When workplaces do offer accommodations for breastfeeding mothers, it most commonly involves time and space to pump. Blum (1999) argues that this sort of policy is a poor substitute for proper maternity leave. A mother is encouraged to put the baby to breast at home, but should collect milk to feed her baby while she is working, and pump during working hours to maintain her milk supply. The promotion of pumping disembodies the mother, argues Blum (1999):
“What had once seemed – and till does in the maternalist model – a deeply embodied and interdependent act, likened to the marital sex act, has fast become something that can occur without the mother being physically present, if she follows the new regulatory regime” (p. 53). Whereas breastfeeding is a symbiotic relationship between mother, baby, breast, and milk, pumping disembodies the mother “as if she is the milk; by providing this milk, she still qualifies as an exclusive mother, as if mother and baby are still monogamous and physically tied” (Blum, 1999, p. 55). Further support of this disembodiment is evident in breast pump advertisements; many such ads show neither the mother nor the baby, just the machine itself. Some breast pump advertisements specifically target working women, promoting how its carrying bag resembles that a woman would use for work (Blum, 1999; Palmer, 2009). Indeed, the breast pump has become a standardized part of women’s breastfeeding practice in the United States. Smith (2012) explains, “Our social solutions have emphasized the value of human milk as a product over the breastfeeding process, as well as the value of the dyadic relationship, and offered lactation rooms rather than maternity leave and child care at work” (p. 34).

With more than half of mothers of infants working outside of the home, women must negotiate how they will manage their dual roles of mother and worker, an undertaking made more difficult, in many cases, by lack of employer support (Kedrowski & Lipscomb, 2008). With extended paid maternity leave being a rare accommodation, upon returning to work breastfeeding mothers must either breastfeed their baby at work or use a breast pump to express milk throughout the work day (Blum, 1999; Smith, 2012). Part of Mahon-Daly and Andrews’ (2002) research involved mothers keeping journals. While considering the roles of mother and worker, one participant wrote, “I question whether motherhood and womanhood easily co-exist” (p. 71). Is it possible to be both a good mother and a good worker?
Breastfeeding represents empowerment, femaleness, attachment, selflessness, and responsibility, all qualities of a good mother (Payne & Nicholls, 2010). There seems to be an overlap between “good mothering” and “intensive mothering.” Intensive mothering involves the mother being the central caregiver because she is the only parent able to produce milk. The intensive mother chooses to exclusively breastfeed because it is what the experts say is the best option. Moreover, “the act of breastfeeding is a way to demonstrate that the child is priceless, and that whatever the cost, be it a loss of productivity at work or staying at home, children come first” (Artis, 2009, p. 30). In fact, La Leche League promotes intensive mothering as good mothering. The group has denounced mothers who work outside the home and leave their children with “strangers.” Even if these working mothers continue to breastfeed and provide pumped milk for their babies during their absence, they are looked at poorly for privileging work over intensive mothering (Blum, 1999). Thus, a mother who chooses to return to work, either due to her own desire or out of financial necessity, is not fulfilling the ideological role of the good mother. Indeed, La Leche League’s stance seems to have an air of classism to it. Poor mothers must work outside of the home and are unable to achieve the sort of intensive mothering La Leche League associates with being a good mother. So while La Leche League purports to support breastfeeding mothers, its support may be more limited to upper-class mothers who can measure up to the League’s standards of good mothers.

Once a mother returns to work, those who value intensive mothering will question whether she is a good mother, even viewing her as “deviant” (Kedrowski & Lipomb, 2008, p. 43). Although a working mother may not be ideal, some working mothers are viewed as better than others. If a mother returns to work and perseveres through breastfeeding challenges – such as pumping enough milk to sustain her baby during her absence and maintaining her milk supply
– she is viewed as a better mother than one who discontinues breastfeeding altogether (Schmied, Sheehan, & Barclay, 2001). While mothers persevere with a regimen of breastfeeding and pumping in an attempt to be good mothers, they are at risk of being viewed as a bad worker.

Mothers who return to work are viewed as deviant mothers, and workers who manage motherly duties at work are viewed as deviant workers (Lubold & Roth, 2010). Indeed, the female worker who must engage in reproductive-related activities during the work day is deviating from the ideal male worker, who has no responsibility for biological reproduction, infant feeding, or family care (Blum, 1993). A good worker is obedient and industrious and prioritizes work over his or her personal life and domestic issues. Thus, workers who choose to breastfeed will, in all likelihood, deviate from these norms (Payne & Nicholls, 2010). Interviews with working mothers indicate that women adopt two moral subjectivities: the good mother and the good worker. The workplace demands that the position of the good worker be placed above that of the good mother; yet, the desire to be the good mother leads women to persevere with breastfeeding (Payne & Nicholls, 2010).

When women persevere with breastfeeding while holding employment, they experience marked stress and negative feelings while trying to maintain the roles of good mother and good worker. This tension may begin before the mother returns to work. Payne and Nicholls (2010) cite a mother’s distressing experience preparing her baby to take a bottle before returning to work:

I started at the night time feed and I just gave her a bottle. It was hard. She cried and cried and cried, but for that first week I just had to keep saying, ‘This is where the milk is, you know, I’m sorry, you can’t have the breast, you’ve got to have the bottle’ and she cried and cried and cried. It was hard. (p. 1815).
Once they return to work, mothers encounter pressure to keep their role as the good worker in the foreground. Accordingly, they did their best to hide their pumping and any evidence of it. Some women report only pumping during unpaid work time, some going out to their car so they would not be “caught” pumping in the workplace. To keep their role as a breastfeeding mother in the background, women report keeping their breast pump hidden in their desk and expressed milk in a cooler in their workspace rather than in a communal refrigerator: “I stored my milk in a cooler bag. I decided I didn’t want to put it in the fridge at work because I don’t want the employer or employees or other people thinking, ‘Oh that’” (Payne & Nicholls, 2010, p. 1815). Even mothers with the flexibility to pump during paid work time report putting off pumping until all work-related responsibilities have been met:

The deadline came before I could relieve myself and in some cases I had to do that. Yes, it did cause me discomfort, but it was because the pressure was on. I had to get this, I had to get that. Had to make this phone call, and so on, so that the breast expressing had to wait, and that in effect did affect my supply. (Payne & Nicholls, 2010, p. 1814)

When they must take a break at work to pump, some mothers report feeling excluded and embarrassed (Lucas & McCarter-Spaulding, 2012), particularly when breastfeeding activities bled into work time (Payne & Nicholls, 2010).

Despite their best efforts, many women are unable to sustain breastfeeding once returning to work. These women may feel a sense of guilt and inadequacy: “I felt…useless, if I couldn’t nurse my baby, I was a flop as a mother” (Artis, 2009, p. 32). While many women attempt to be both a good mother and a good worker, not all feel that they can succeed in both roles. Regardless of whether or not they succeed, mothers experience stress and guilt as they attempt to navigate their multiple roles. The lack of viable accommodations for mothers of infants requires
many women to return to work before they wish to do so. Upon returning to work, viewed as deviants, they struggle to fit into a culture of work that favors the unencumbered male employee (Blum, 1999). Indeed, many women who wish to breastfeed experience the work milieu as a place of oppression.

**Societal messages about breastfeeding.** Indeed, many breastfeeding mothers feel marginalized. While some mothers have endured specific events that have led to their recognition of being marginalized, others notice this marginalization through societal messages about breastfeeding. The ways in which infant-feeding decisions are portrayed through the media reinforce the notion that breastfeeding is not an easily accepted maternal behavior in society. Moreover, societal views about public breastfeeding work to relegate breastfeeding mothers to isolation; many people feel that mothers should stay at home or go into a bathroom to breastfeed. Before becoming pregnant, the negative messages about breastfeeding are apparent to women, and they only become more evident after giving birth.

From early childhood, we are bombarded with words and images through the media. Media play a substantial role in most people’s health decisions by increasing knowledge, influencing behavior, and forming perceptions (Foss, 2012). Therefore, media portrayal of breastfeeding sends messages about this infant-feeding practice. Too often, news programs air stories about mothers being asked to leave a public place while nursing in public, showing a societal attitude of denouncement of breastfeeding (Artis, 2009; Foss, 2012) and bottle-feeding as the accepted norm (Work Group on Breastfeeding, 1997). News programs are not the only shows to offer messages about breastfeeding. Foss (2012) conducted an analysis of several popular reality shows – *A Baby Story, Bringing Home Baby*, and *Deliver Me: Home Edition* – to consider how these shows portray breastfeeding. Almost always, these programs show mothers
bottle-feeding. The images that are shown during the opening credits of *Bringing Home Baby* show bottle-feeding, suggesting that it is the norm. When breastfeeding is shown, it is always in the hospital or at home, never in public; such a portrayal of breastfeeding reinforces the marginalizing message that breastfeeding mothers ought not to go out in public but should be relegated to the privacy of their homes as not to make people uncomfortable. Even when mothers are shown breastfeeding in these reality shows, the breasts are always hidden by clothing or a blanket. Breastfeeding is portrayed as difficult and painful. For example, in one episode of *Bringing Home Baby*, the baby’s grandmother tells the camera, “Laura’s milk is coming down, but it’s very painful for her to breastfeed. I want to get in there and show her how, but I can’t. She has to learn that for herself the same way I learned it for myself, so now we’re doing the bottle and we’re trying to give her breasts a break” (p. 231). Later in the episode, Laura explains, “They’re feeling really sore. I mean, that’s why I have her on the bottle right now” (p. 231). These shows give the message that breastfeeding is painful and that a mother must “tough it out” and endure it alone. Even when successful breastfeeding is shown, mothers talk about how hard it was initially but never explicitly state what was hard about it. Likewise, mothers say that breastfeeding got easier, but they fail to explain how it becomes easier. Thus, the underlying message offered by these shows is that breastfeeding is difficult and painful and it is normal to simply switch to formula.

When breastfeeding is successful, what leads to success is a mystery; for some mother and baby dyads, it just works (Foss, 2012). Product placement is common in these shows. Mothers are shown feeding their babies brand-name formula, and the camera offers close-ups of the brands and their logos. What is more, commercial breaks include additional advertising of the same formula products (Foss 2012). Some episodes show pediatricians recommending that
mothers switch to formula, pushing a particular brand to try. Hausman (2003) condemns the medicalization of infant-feeding, which undermines a mother’s knowledge and the importance of community support for breastfeeding. When pediatricians encourage formula and go so far as to suggest a specific brand, the mother is left feeling inadequate: her body has failed her, and she has failed her baby. As a result, she feels that the only way to be a good mother is to give into the doctor’s authority and switch to the recommended formula. Pediatricians should be encouraging media to portray breastfeeding as positive and achievable (Work Group on Breastfeeding, 1997). Too often, media send messages to women about infant-feeding norms – what, where, and how to feed their babies in order to be good mothers. Mothers who do not comply with these views normalized by media are subject feelings and experiences of marginalization.

Post-partum, often the first negative messages women receive about breastfeeding are in the hospital. New mothers report receiving little breastfeeding support in postnatal wards. When support is offered, mothers are often managed rather than taught and supported in breastfeeding efforts (Dykes, 2010). While direct practical assistance from medical professionals is helpful in learning how to properly position the baby, some mothers report encountering medical personnel who were disrespectful and physically intrusive. These mothers reported feeling distressed and embarrassed by such an approach. They described the medical professionals’ efforts to get the baby to latch as “forceful” and “grabbing” (McInnes & Chambers, 2008, p. 421). For example, one mother recounted, “I had been breastfeeding my baby…she said he was not latched on and grabbed by breast and pushed it into his mouth. This was highly inappropriate and insensitive” (Redshaw & Henderson, 2012, p. 26). Thus, when new mothers are given little breastfeeding support, they receive the message that breastfeeding is not important enough to demand the
attention of post-partum nurses, doctors, or lactation consultants. When mothers receive support that is brief or abrupt and lacking compassion, they receive a message that their challenges to establish breastfeeding are atypical and that they are a nuisance to medical staff. This message – that breastfeeding is an annoyance and not the social norm – may be reinforced if the medical professional is quick to push formula-feeding when the mother encounters difficulty feeding (McInnes & Chambers, 2008). Some mothers who go into the hospital intending to breastfeed may experience marginalization during their birth and post-partum experience.

While breastfeeding makes appearances in news programs and reality shows, it is seldom the primary focus of the presentation. Alternatively, breastfeeding is the focal point in campaigns that use various forms of media to promote breastfeeding. Despite the manifest goal of these campaigns to encourage breastfeeding, the various forms of media associated with these campaigns may actually undermine breastfeeding and reinforce negative societal messages about this infant-feeding practice. Perhaps the most well-known breastfeeding campaign in the United States is the “Babies were born to be breastfed” movement, which ran from 2004-2006 and cost the U.S. Department of Health and Human Services $2 million (Artis, 2009). The principal format of publicity for this campaign was posters (see Figures 1, 2, and 3). Despite the ad campaign being about breastfeeding, none of the posters showed breasts, mothers, or babies. Instead, they showed everyday objects – otoscope, scoops of ice cream, and dandelions – that mimicked the roundness of breasts and related to the medical benefits of breastfeeding. More specifically, the otoscope poster advertised breastfeeding as a preventative measure against ear infections, the ice cream poster related to reduced obesity rates of breastfed babies, and the dandelions were linked to a decreased chance of developing allergies. Thus, the poster portion of this campaign centered only on the medical and biological aspects of breastfeeding while
ignoring the social, cultural, and maternal factors (Hausman, 2007; Artis, 2009). While the website associated with the campaign shows pictures of breasts, all of the images are drawings or cartoons; that is, there are no photographs of real breasts on the website. Photographs on the website of mothers actively breastfeeding their babies are careful to never show any part of the breast; breasts are always hidden by the baby, clothing, or a blanket. If the breasts are excluded from the depiction, then how do babies actually get breastfed? What are the mother and baby’s roles? By failing to show breasts in the images from a breastfeeding campaign, “breastfeeding is not presented as a meaningful embodied activity; its significance is displaced onto technological apparatuses and discourses of clinical breastfeeding support” (Hausman, 2007, p. 485). The “babies were born to be breastfed” campaign was strongly supported by doctors and health professionals (Artis, 2009). While it may seem that their support of this campaign and of breastfeeding is beneficial, the medicalization of the movement – and its influence on the images in the ads – leaves women disembodied and disempowered (Hausman, 2007). The campaign considers only the role of the baby’s health when choosing whether to breastfeed and ignores the social and cultural situations in which this decision is made. A woman’s relationship with her body, which is influenced by race, ethnicity, class, and education among other sociocultural factors, is all but absent in this medically-driven campaign. What is more, mothers’ intuitive knowledge about their bodies and their babies’ nutritional and comfort needs are undermined in favor of medical authority (Artis, 2009). Hausman (2007) explains: “Breastfeeding under the surveillance of medicine enforces a separation between scientific expert knowledge and anecdotal lay knowledge, traditionally the province of women” (p. 493). Despite the aim of this campaign to offer support for breastfeeding, its medical focus has the potential to disempower and demoralize mothers.
Figure 3. National Breastfeeding Awareness Campaign. This figure illustrates the medical nature of the campaign, as well as the omission of images of breasts, mothers, and babies.

Figure 4. National Breastfeeding Awareness Campaign. This figure illustrates the medical nature of the campaign, as well as the omission of images of breasts, mothers, and babies.
The absence of breasts in breastfeeding campaigns is not a phenomenon specific to the United States. Health Canada’s “Breastfeeding Anytime Anywhere” campaign featured a series of posters showing stress-free, calm mothers breastfeeding their babies in public places while talking with friends. Breasts are not visible in any of the posters; mothers are modestly covered by their baby, clothing, or a blanket (Wall, 2001). The health pamphlets associated with this campaign charge mothers to manage public situations by breastfeeding discreetly. An excerpt from the Alberta Health pamphlet offers specific tips to ensure the mother does not expose her breast while feeding in public:

A two-piece outfit with a loose top works well for breastfeeding. This top is lifted from the bottom and will keep your breasts covered. A small blanket or shawl over your shoulder can cover your breasts and your feeding baby. If you feel comfortable and confident nursing your baby, others will be at ease. (1996, p. 15)
The images and text associated with Canada’s breastfeeding campaign send mixed messages to mothers. The ads encourage breastfeeding in public and portray it as a relaxing and enjoyable experience, which may be consistent with or contradictory to women’s experiences. Regardless of her experience, a mother must maintain discretion for the comfort of others; the comfort of her and her baby are secondary to that of others.

To some, it seems nonsensical to exclude breasts from a breastfeeding campaign’s published materials. Why are breasts omitted from these advertisements? There are several common explanations. First, one could argue that the lack of breasts in public service announcements is owed to the success of feminist sexual harassment education and law. Some organizations refuse to show real breasts in breastfeeding advocacy, and others oppose even depictions of breasts, such as scoops of ice cream with cherry nipples. Regardless of legal victories within the feminist movement, many men and women continue to be uncomfortable with the possibility of an exposed breast while a mother feeds in public (Hausman, 2007).

Hausman (2007) scrutinizes this discomfort:

This discomfort is both cause and effect of the promotion of breastfeeding that does not represent breasts and demonstrates a cultural problem that clearly influenced the first breastfeeding promotion campaign sponsored by the U.S. government in almost 100 years. Because the campaign was developed as a result of extensive marketing-type research and the use of focus groups, it seems to represent a cultural consensus about breasts in public, contributing to the very hesitations concerning breastfeeding that the campaign itself attempts to combat. (p. 489)

Cultural discomfort with breasts used for their natural intention offers one explanation as to why they are all but ignored in breastfeeding campaigns. A second explanation looks to the economic
power and influence of the American Academy of Pediatrics and lobbyists for the formula and dairy industries. Earlier iterations of ads in this campaign focused on risky behavior, such as pregnant women riding on a mechanical bull in a bar, with the catchphrase, “You wouldn’t take risks before your baby’s born…Why start after?” The posters included statistics citing the increased risk of developing several illnesses for formula-fed babies. After much scrutiny and pressure, the slogan was changed to “Babies are born to be breastfed” (Kedrowski & Lipscomb, 2008). Presumably, some combination of feminist ideals and corporate interests swayed the U.S. Department of Health and Human Services to exclude breasts from all materials for a breastfeeding campaign.

The Department of Health and Human Services 2004-2006 breastfeeding campaign cost $2 million (Artis, 2009). Formula companies, however, have the fiscal advantage when it comes to campaigning for infant-feeding. Not only are they financially capable of advertising on television commercials and in magazines, they also promote formula though distributing hospital discharge packs, which include free formula and coupons for discounted formula. Formula companies negotiate contracts with hospitals, ensuring that only their brand of formula is given there (Work Group on Breastfeeding, 1997). Formula companies buy from vital records departments lists of mothers who have recently given birth and target them through the mail; new mothers receive free formula and coupons for bottles and formula (Hausman, 2003). Formula companies emphasize how their products can troubleshoot feeding problems. If a baby seemingly has a milk allergy, acid reflux, or colic, there is a formula to remedy it. Rather than be constrained by her own milk, mothers can choose from a number of options. Hausman (2003) argues that there is an allure to infant feeding being a consumer activity, which fits into the consumerist culture of contemporary America. Moreover, formula companies push the notion
that bottle-feeding is consistent with the American ideal of autonomy. What independent, feminist mother would not want the liberation formula-feeding offers? With the capital to do so, formula companies can sell not just an infant-feeding product, but also a motherhood lifestyle.

Overwhelmingly, women know that breastfeeding is the best option for their infant (Kedrowski & Lipscomb, 2008). Those women who want to breastfeed have a number of forces working against them. The media in its many forms influence people’s breastfeeding decisions (Foss, 2012). Formula is a big business and has the economic ability to manipulate the messages the public receives about breastfeeding. From directly marketing its products to compelling breastfeeding advocacy groups to alter their messages to be more “formula-friendly,” formula companies work to marginalize breastfeeding women.

Perhaps one of the most publicized narratives regarding societal views of breastfeeding is people’s perception of nursing in public. Indeed, societal attitudes towards breastfeeding in public are overwhelmingly unfavorable, further marginalizing breastfeeding mothers. More than half of people polled said that women should not have the right to breastfeed in public, and nearly three-quarters believe that it is unacceptable to show women breastfeeding on television (Hausman, 2007). Correspondingly, 82% of adults agree that bottle feeding is more acceptable than breastfeeding when feeding a baby in public (Johnston-Robledo, Wares, Fricker, & Pasek, 2007). Earle (2002) found that “the majority of both formula and breastfeeding women…perceived breastfeeding to be embarrassing, disgusting and inconvenient, whilst at the same time acknowledging that ‘breast is best’” (p. 212). This data represents a narrative that indicates societal disapproval of breastfeeding in public. However, women receive conflicting messages: breastfeeding is the best choice according to public health campaigns and health professionals, but this breastfeeding should never occur in public (Hausman, 2007; Artis, 2009).
Critics of public breastfeeding propose that mothers should pump breast milk to bottle feed in public, but this request is marginalizing for breastfeeding women. First, it assumes that the comfort of the general public supersedes the feeding needs of a baby and the feeding choices of a mother. Second, it requires more work for the mother to pump enough milk for an outing; she may need to pump or breastfeed during the outing to prevent her breasts from becoming engorged with milk. Third, asking a mother to pump and bottle feed assumes that the only reason to breastfeed is the milk. This is a disembodied attitude that fails to recognize what actually happens at the breast – bonding between mother and child and brain development for the baby (Hausman, 2007). Even La Leche League’s attitude towards nursing in public – urging discreet feeding practices – works to disempower mothers by “hold[ing] mothers accountable and mak[ing] managing the maternal body each woman’s individual responsibility” (Blum, 1999, p. 127).

Why does society want women to breastfeed but then send a clear but contradictory message that they should not do so in public? Johnston-Robledo et al. (2007) cite “the sexualization of women’s breasts [as underlying] the taboo against breastfeeding in public” (p. 431). Because breasts tend to be viewed as sexual, the idea of them possibly being exposed during a public nursing session is considered indecent (Artis, 2009). In their study, Mahon-Daly and Andrews (2002) concluded that breastfeeding is a liminal state; when done in public, it confuses the connotation of breasts as sexual and forces others, uncomfortably, to recognize breasts as a source of infant nourishment. Blum (1999) argues that public breastfeeding violates compulsory heterosexuality. Women’s bodies are deemed sexual, and they are expected to signify only sexual availability to men. “Above all, women must keep the heterosexual body strictly separate from the maternal body” (Blum, 1999, p. 129). Breastfeeding in public makes
the announcement that a sexual body is unavailable as a sex object to men, which is a challenge to commonly accepted patriarchal values. Thus, breastfeeding should be relegated to only private places so others do not need to be uncomfortably reminded of the collision of the maternal and sexual bodies (Blum, 1999).

These oppressive messages can make public breastfeeding an anxiety-provoking, ostracizing act of motherhood. Studies of new mothers consistently show that women feel exposed and vulnerable with breastfeeding in public (Wall, 2001; Blum 1999). Women report perceiving the environment for nursing in public a hostile one (Johnston-Robledo et al., 2007). Boyer (2012) found that 49% of her participants reported some kind of negative experience breastfeeding in public. These negative experiences ranged from gestures and odd looks to mothers having a sense that others were uncomfortable with their breastfeeding. To avoid negative experiences breastfeeding in public, some mothers spend time planning ahead before going out in public with their baby. These plans may involve assessing a location’s acceptance of breastfeeding (for example, a store that provides a mothers’ room for breastfeeding). Mothers report making decisions about where to go based on where and when they will be able to feed. When they anticipate a negative experience, some mothers report planning and even rehearsing what to say to people who confront their public breastfeeding. Planning ahead can be especially tricky because there are no clear rules: what is acceptable in one public place may be objectionable in another location. Mothers must learn to achieve modesty through “reading” situations (Carter, 1995). Admittedly, mothers tend to be more concerned about ensuring the comfort of people in public rather than the comfort of themselves and their baby (Boyer, 2012). Unfortunately, too many mothers are so distressed by societal attitudes against breastfeeding in public that they do not venture out in public while breastfeeding. For these mothers,
breastfeeding becomes “solitary confinement,” as they spend months of their baby’s infancy at home (Wall, 2001, p. 598). Hausman (2007) declares that the acceptance of public breastfeeding is an affirmation of the independence of mothers and further suggests that part of the taboo against public breastfeeding is a pronouncement against women having independence in the public sphere. Using a woman’s feeding decisions to restrict her role in public life is certainly marginalizing.

Until recently, legislation tended to match the negative societal view towards breastfeeding in public, as few states had laws to protect breastfeeding women. At the time of their study, Johnston-Robledo et al. (2007) reported that only 15 states had ratified legislation that makes breastfeeding exempt from public indecency laws; only 32 states allow women to breastfeed anywhere in public. Several years later, there is increasing legal support of breastfeeding in public: 46 states and the District of Columbia have laws that explicitly allow women to breastfeed anywhere in public; 29 states and the District of Columbia exempt public breastfeeding from indecency laws (Breastfeeding State Laws, 2015). Hausman (2007) explains:

Breastfeeding in public has become an activity that women must argue into the law, on a state-by-state basis, as not obscene, thereby demonstrating that forms of female embodiment naturally following pregnancy and childbirth must be articulated as legal activities in a concerted way to make them practicable in the public sphere. (p. 491)

Even as laws dictate the public sphere to be a safe space to breastfeed, public attitudes continue to oppose breastfeeding in public. As previously discussed, negative views about public breastfeeding leave many new mothers isolated at home. To tackle this issue of isolation, businesses are increasingly providing space for mothers to breastfeed. Boyer (2012) conducted a
study of women who had used lactation rooms or pods. Lactation pods, also termed portable lactation modules (PLM) are described as

…small, mostly opaque enclosures intended to create a private space in public for both breastfeeding and diaper-changing. The module includes a bench and changing table, lockable-door, eternal docking station for a stroller, ventilation system, and window made of one-way or frosted glass. (p. 557)

Respondents in Boyer’s (2012) study reported both positive and negative experiences with using lactation rooms and pods. One new mother reported that “early in feeding when we were both getting the hang of it, it was good to be able to go somewhere separate” (p. 557). Another mother noted that the lactation rooms were isolating: “I prefer to feed with my family rather than shut myself away” (p. 557). Designated lactation spaces send a message about breastfeeding in public.

Lactation rooms both transmit messages about how breastfeeding should occur, as well as shaping how it can and does occur. In the description of the Portable Lactation Module we see a vision of breastfeeding in public in which lactation rooms offer protection from a hostile public that breastfeeding women themselves are de facto defined as being outside of. It suggests a world in which breastfeeding women seek isolation, not only from unknown others but even from friends and family. (p. 558)

Arguably, designated lactation spaces reinforce society’s negative views towards breastfeeding in public and confirm the notion that breastfeeding should be done privately. One mother challenged lactation rooms: “Do you know why it embarrasses children, and adults? Because we hide it away” (Boyer, 2012, p.558). Similarly, another mother remarked, “providing breastfeeding rooms re-enforces everyone’s perception that it should be done in private” (Boyer,
So while designated lactation spaces may bring into the public sphere mothers who would otherwise be isolated at home, these rooms simply move the isolation from home to public and emphasize that actively breastfeeding mothers are unwelcome in public.

Through a number of outlets, we receive messages about breastfeeding. The media – through advertisements, television programs, and health campaigns – communicate implications for breastfeeding, including when, where, and how it is appropriate. Studies consistently indicate that the general public is uncomfortable with breastfeeding, particularly in public. To avoid making others feel awkward, breastfeeding mothers alter their infant-feeding behaviors, sometimes isolating themselves to be safe from negative experiences. Although legislation is moving towards support of breastfeeding, societal messages continue to marginalize breastfeeding women.

Critique and Implications

It is always important to think critically about research. To that end, this section will offer some critique of the literature reviewed, starting with the literature included in this review and then the two frameworks used to frame this study. Finally, I will discuss implications of the literature for practice.

Intersecting Bodies of Literature

Critical feminism and emancipatory learning theory frame the current study. Now that I have reviewed the pertinent literature, I will offer critique and then briefly describe how the bodies of literature intersect.

Brookfield’s (2005) learning task model offers a practical implementation of emancipatory learning. Seldom in Adult Education do we see connections made between critical theory and practice, but Brookfield’s model does just that (Gaylie, 2005; Telemaque, 2011). By
connecting analysis, ideology, and practice, the learning task model depicts a practical process that can help adult educators understand how to “put critical thinking back into teaching and learning” (Brookfield, 2005, p. 4). This model is grounded in the work of major critical theorists such as Marx, Habermas, Gramsci, and Marcuse (Dilley, 2005). A final strength of this model is that it goes beyond many models that have a white, male-centric slant; Brookfield considers both race and feminist theories for the model (Gaylie, 2005; Dilley, 2005). There are two limitations that require attention. First, the theorists from whom Brookfield draws in creating this model are primarily men; women are given little voice in this model. The prominence of men being “the titleholders of the essential knowledge-production process” is a phenomenon noted by Tisdell and Johnson-Bailey (2015). Second, much of the application is situated in formal learning environments. The current study investigates women’s emancipatory learning as an informal phenomenon, requiring a different sort of application of Brookfield’s critical learning tasks. Nonetheless, one can perceive how the learning tasks could be applied to informal, personal emancipatory learning.

The current narrative study will allow women to tell their stories about their recognition of the marginalization of breastfeeding women and the role of emancipatory learning in moving to activism. The structural model of gender frames the marginalization of breastfeeding women, particularly how labor, power, and relationships contribute to their marginalization. Emancipatory learning theory, and more specifically women’s emancipatory learning theory, provides a framework for understanding how women come to acknowledge their marginalization as breastfeeding mothers and the process through which they become emancipated breastfeeding activists. These two frameworks – and the literature associated with each one – intersect to help us making meaning out of breastfeeding women’s stories of marginalization and emancipation.
Why Breastfeeding Is a Feminist Issue

Breastfeeding empowers women and promotes gender equality. Women who desire to breastfeed but are unable to do so due to a lack of support from family or healthcare workers, workplace constraints, or misinformation from the infant formula industry, are “oppressed and exploited” (Van Esterik, 1994, p. 41). Breastfeeding is without a doubt a women’s issue, and thus one would think that it would be a topic embraced by feminism. Instead, it is overlooked as a feminist issue, arguably because breastfeeding challenges the feminist tenet of gender-neutral childrearing (McCarter-Spaulding, 2008). Pregnancy is required for childbearing, and is therefore accepted as a feminist issue. Breastfeeding, however, is not widely considered to be vital for infant survival. Moreover, breastfeeding requires the mother to be the primary caregiver, which restricts her productivity at work and constrains her out-of-the-house activities (Artis, 2009). Throughout history, women have fought to have a place in public life and have certainly made progress. When women then choose to step back from the equality they have fought for by retreating from public life in order to breastfeed, feminism cannot be supportive. This dichotomy – that women cannot choose to breastfeed as well as maintain a place in public life for which they have fought – begs the question: are mothers persons (Hausman, 2007)? The view of breastfeeding as unessential coupled with its potential for limiting a woman’s autonomy, leads to the disregarding of breastfeeding as a legitimate feminist issue, evidenced by its being regularly viewed as morally, philosophically, and politically irrelevant (McCarter-Spaulding, 2008; Shaw, 2004).

Carter (1995) contends that breastfeeding exemplifies one of the principal quandaries of feminism: “should women attempt to minimize gender differences as the path to liberation or should they embrace and enhance gender difference through fighting to remove the constraints
placed on them by patriarchy and capitalism, thus becoming more ‘truly’ women” (p. 14)? To answer this question and embrace breastfeeding as a feminist issue would require “rethinking basic issues such as the sexual division of labor, the fit between women’s productive and reproductive lives, and the role of physiological processes in defining gender ideology” (Van Eesterik, 1994, p. 41).

Wolf (2006) argues that breastfeeding is absolutely a feminist issue. She contends that there is a symbiotic relationship between breastfeeding and feminism: feminists can do things for breastfeeding, and breastfeeding can do things for feminists. First, feminist promotion of breastfeeding could make women aware of the myriad studies “linking formula feeding with chronic illness because formula feeding is the cultural norm and thus goes unrecognized as a detriment to public health” (Wolf, 2006, p. 415). What is more, Wolf (2006) suggests, is that feminist disregard of breastfeeding has allowed formula companies to “intimidate and co-opt” the American Academy of Pediatrics and U.S. Department of Health and Human Services (p. 414. Feminists can appeal to government and health groups to publicize the cost of formula feeding to society and advocate for insurance coverage of breastfeeding-related expenses, such as breast pumps and supplies and lactation consultation. Feminists can lobby for legislation that would allow paid maternity leave, which would allow mothers to establish breastfeeding before returning to work. Feminists can push for legislation to support breastfeeding for working mothers – requiring businesses to provide breastfeeding mothers flexible schedules, regular breaks, and private rooms with refrigerators for pumping and storage of milk. Feminists can put pressure on the government and health organizations to treat breastfeeding as a public health issue. The literature demonstrates the structural and systemic marginalization of breastfeeding
mothers. Indeed, breastfeeding is a feminist issue, and feminists should take ownership of it as such. “If not feminists, who will” (Wolf, 2006, p. 417)?

Perhaps one of the most obvious considerations regarding the literature reviewed is the relative lack of empirical data regarding the marginalization of breastfeeding women and their journey to activism. Because breastfeeding is seldom viewed as morally, philosophically, and politically significant (Shaw, 2004), it is often ignored as a topic worthy of study (Van Esterik, 1994; Wolf, 2006). This reasoning – that breastfeeding research is minimal because it is regarded as unimportant – is in and of itself a dichotomous claim. Many of the conceptual pieces on the marginalization of breastfeeding mothers make strong, sometimes absolutist assertions regarding the factors that work to oppress breastfeeding mothers. Such a position may be off-putting to someone with little exposure to the marginalizing experiences of some breastfeeding women. When the literature is empirical, the participants tend to be homogenously white and middle-class (Johnston-Robledo, Wares, Fricker, & Pasek, 2007; Mahon-Daly & Andrews, 2002; Payne & Nichols, 2010), or the authors fail to disclose demographic information (Boyer, 2012). Many of the empirical articles are based outside of the United States, primarily in England and Australia (Mahon-Daly & Andrews, 2002; Schmied, Sheehan, & Barclay, 2000; Boyer, 2012). Of the ten empirical articles on breastfeeding, six were qualitative, two were quantitative, one used a mixed-methodology, and one was a literature review of a mix of qualitative and quantitative studies. Of all of the literature reviewed in this chapter, only two articles specifically addressed breastfeeding activism, and neither considered the learning process involved with becoming a breastfeeding activism. Accordingly, the current study should help to fill a gap in the literature and lend support to the argument that breastfeeding is a feminist issue.
Implications of the Current Study

After reviewing the relevant literature, it is evident that the current study has implications for the Adult Education field, health care providers working with women and babies, those in the fields of health and public policy. Generally, the Adult Education literature addresses emancipatory learning, but the majority of this work focuses on emancipatory learning occurring in a formal setting, facilitated by a teacher. Moreover, there is some attention paid to women as learners as well as the body as a site of learning and activism. None of this literature, however, addresses breastfeeding. Because this study looks at how women have become breastfeeding activists across various settings, it has implications for the branches of Adult Education concerned with informal and non-formal learning; more specifically, this study, unlike much of the Adult Education literature, will shed light on an individual and personal journey to activism that occurs outside of the bounds of a traditional classroom setting. While this study will bring breastfeeding into the Adult Education, it will most likely have further-reaching implications for understanding how adult learners learn to become activists without the direction or scaffolding of a formal learning setting. With a major tenet of Adult Education being promotion of social justice (Kasworm, Rose, & Ross-Gordon, 2010), it is important to understand how adult learners, through individual and personal forms of emancipatory learning, become activists; knowledge of what this journey entails can help adult educators strive towards the goal of achieving broader social justice.

This study also has implications for healthcare professionals, particularly pediatricians, obstetricians, midwives, lactation consultants, and others who work with mothers and babies. By understanding how some breastfeeding women come to feel marginalized and how they then move to breastfeeding activism, healthcare professionals can become more aware of their role in
patient advocacy related to breastfeeding. Societal norms may place health professionals in positions of power: the health professional is the expert, and the mother is the patient who should listen to her doctor, nurse, or lactation consultant. While most healthcare professionals do not intentionally exploit this power, from their relative position, they could be unknowingly and unwillingly working against mothers as they try to reach their breastfeeding goals. This study can help healthcare professionals know how to better support and empower mothers so they can be advocates – if not activists – for their babies and themselves when it comes to infant-feeding.

Finally, this study has implications for health and public policy. While some forms of activism may seem more significant than others, there is a long history of activism leading to positive social change for women as well as other marginalized groups. Often, to impact the most people, change needs to happen at a policy level. Thus, the current study can inform policy makers of the ways breastfeeding women experience marginalization and move to activism. Riessman (2008) contends that stories can persuade people to act on importation social issues. Because this study is about stories – stories of women, mothers, and babies – policy makers have an opportunity to establish a meaningful connection with these women’s stories and will hopefully be moved to enact policy that will empower breastfeeding mothers. Indeed, the current study fills a gap in the Adult Education literature and has implications for Adult Education, healthcare providers, and policy makers.

**Summary**

The purpose of this chapter was to review the bodies of literature relevant to this research. This chapter began with a discussion of critical feminism and women’s emancipatory learning, the framework that guides this study. Additionally, I addressed some of the literature related to activism in adult learning and lactivism. A review of the breastfeeding literature
included the historical contexts of breastfeeding and literature that demonstrates the marginalization of breastfeeding women. Finally, I closed the chapter by discussing how these bodies of literature – women’s emancipatory learning, activism, and breastfeeding – are interwoven and create a foundation for the current adult education study.
CHAPTER THREE

METHODOLOGY

The purpose of this qualitative research study is twofold: a) to examine how breastfeeding mothers learn they are members of a marginalized group, and b) to investigate how some of these mothers move from marginalization to emancipation and activism. The research questions that guide the study are:

1. In what ways do breastfeeding women see themselves as marginalized, and how do they come to recognize this marginalization?

2. For women who become breastfeeding activists, what is the process of moving from marginalization to activism, and what role does emancipatory learning play in this process?

This chapter will mainly describe the selection and implementation of the methodology proposed for the current study. First, it will begin by describing and offering a rationale for a qualitative design, followed by a detailed description of the methodology, including participant selection, data collection and analysis techniques. Finally, the chapter will close with a discussion addressing the trustworthiness of the study.

A Qualitative Research Paradigm

This is a qualitative research study. Each researcher has certain beliefs that inform her research methodology. This set of beliefs that helps someone decide what she regards as legitimate knowledge is known as epistemology (Crotty, 1998). When engaging in research, the researcher must “identify, explain and justify the epistemological stance [she has] adopted” (Crotty, 1998, p. 8). The inability to identify an epistemology can hinder decisions during the research process, thus producing research that “is random, uninformed, inconsistent, unjustified,
and/or poorly reported” (Koro-Ljunberg, Yendol-Hoppey, Smith, & Hayes, 2009, p. 688). To that end, I will explain why a qualitative research paradigm is appropriate for studying how some breastfeeding women come to recognize their marginalization and the process by which they learn to become breastfeeding activists. Then, I will detail a specific type of qualitative research known as narrative inquiry, which will be used in this study.

**Overview of Qualitative Research**

The ways in which one views the world are influenced by her experiences, and it is important for a researcher identify her philosophical position to help understand why she chooses a particular research methodology (Creswell, 2009). Positivist research attempts to generalize adults rather than focus on recognizing their individuality (Merriam, 1991). Indeed, “the world addressed by positivist science is not the everyday world we experience” (Crotty, 1998, p. 28). Reality is better portrayed through an interpretive worldview, which assumes that reality is socially constructed. For qualitative researchers, a single, objective reality does not exist; “rather, there are multiple realities, or interpretations, of a single event” (Merriam, 2009, p. 8). These multiple interpretations are a result of human beings making meaning as they engage with the world (Crotty, 1998). By engaging with qualitative research in an Adult Education graduate program, my worldview has shifted to understand the value of qualitative research, particularly when studying topics such as the one being addressed by the current study. A woman’s experience as a breastfeeding mother is framed and influenced by a number of individual and structural factors. Similarly, the decision to become a breastfeeding activist and the associated learning process varies from woman to woman. Accordingly, a qualitative approach is the appropriate research paradigm to study how some breastfeeding women come to recognize their marginalization and the process by which they learn to become breastfeeding activists.
There are a number of reasons why a qualitative design is appropriate for investigating how some breastfeeding women come to recognize their marginalization and the process by which they learn to become breastfeeding activists. First, when current theory does not adequately explain a phenomenon, a qualitative design is warranted because it is exploratory in nature (Creswell, 2009; Merriam, 2009). To be sure, there is a lack of research that looks at the process of learning to become a breastfeeding activist. Instead, the current research tends to focus more on breastfeeding initiation and duration rather than activism; when studies consider activism, they tend to consider the activist activities, not the women activists (for example, Boyer, 2011). Interpretive research focuses on process, not just outcomes (Merriam, 1991). Using a qualitative approach would allow me to study how some breastfeeding women come to recognize their marginalization and the process by which they learn to become breastfeeding activists. Moreover, there is a dearth of research on the process by which women learn to become breastfeeding activists in the Adult Education field; thus, because this is a new area of research in the field, it necessitates an exploratory approach.

A second reason why a qualitative approach is suitable for studying how some breastfeeding women come to recognize their marginalization and the process by which they learn to become breastfeeding activists is the philosophy that underpins this approach: “meanings are constructed by human beings as they engage with the world they are interpreting” (Crotty, 1998, p. 43). I am interested in how women who are breastfeeding activists interpret their experiences, construct their worlds, and the meaning they attach to their experiences. How does the gendered structure that exists within the society of which they are a part influence the learning process? According to Merriam (2009) “the primary goal of [qualitative research] is to
uncover and interpret these meanings” (p. 24). This goal of qualitative research is consistent with my goal as the researcher in the current study.

Third, in qualitative research, the researcher is the primary instrument of data collection (Merriam, 2009). This means that as the researcher, I collect data in the sense that I conduct the interviews and ask the questions in light of the purpose of the study. As the primary research instrument in qualitative research, the researcher conducts both data collection and analysis. Data collection methods in qualitative inquiry typically include in-depth interviews emphasizing open-ended questions, observation and written documents (Patton, 2002). Allowing the researcher to be the primary instrument encourages rich description. In other words, a human instrument can clarify and further explore surprising responses to acquire richly descriptive data. The resulting data is full of meaning and can often explain a phenomenon better than numerical data (Merriam, 2009). Data that is richly descriptive helps the researcher understand “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 5). Thus, because I am interested in understanding how some breastfeeding mothers come to recognize their marginalization and learn to become activists, it makes sense to use a qualitative design where I can serve as the instrument of data collection and analysis. Now that I have considered the appropriateness of a qualitative methodology for the current study, next I will discuss the specific type of qualitative research used for this study: narrative inquiry.

**Narrative Inquiry**

Creswell (2009) defines strategies of inquiry as “types of qualitative, quantitative, and mixed methods designs or models that provide specific direction for procedures in a research design” (p. 11). As previously discussed, the current study will employ a qualitative design.
Narrative inquiry is the specific strategy used to direct the methodology of this study. Narrative inquiry “is a strategy of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives” (Creswell, 2009, p. 13). Narrative inquiry is used in several disciplines, including anthropology, psychology, and education (Clandinin & Connelly, 2000).

Narrative inquiry is an ideal method for a study that investigates how some breastfeeding women come to recognize their marginalization and the process by which they learn to become breastfeeding activists. Clandinin and Connelly (2000) note that “life…is filled with narrative fragments, enacted in storied moments of time and space, and reflected upon and understood in terms of narrative unities and discontinuities” (p. 17). Because the current study is investigating women’s experiences of learning to become breastfeeding activists after coming to recognize marginalization, it makes sense that narrative inquiry will facilitate an understanding of a phenomenon through a collection of “narrative fragments” that comprise women’s stories. After all, “stories are how we make sense of our experiences, how we communicate with others, and through which we understand the world around us” (Merriam, 2009, p. 32). Riessman (2008) mentions different purposes for using a narrative approach. First, a narrative approach can use stories to mobilize others. The ostensibly political nature of breastfeeding activism makes narrative inquiry an ideal choice for the current study. “Personal narratives,” Riessman (2008) argues, “can also encourage others to act; speaking out invites political mobilization and change as evidenced by the ways stories invariably circulate in sites where social movements are forming” (p. 8). For a study that considers the process of recognizing marginalization to movement to activism, it is fitting to employ a strategy of inquiry that has ties to political work: “The social role of stories – how they are connected to the flow of power in the wider world – is
an important factor of narrative theory” (Riessman, 2008, p. 8). Participants in narrative studies often find that sharing their stories encourages meaningful reflection in such a way that empowers them to sustain social action as breastfeeding activists; furthermore, others may be influenced to act upon reading the participants’ stories. Second, storytelling can persuade an audience that might be skeptical (Riessman, 2008). Related to this study, for those who may question whether breastfeeding mothers are truly a marginalized group, hearing participants’ stories may persuade people to become more conscious of the oppressive forces affecting breastfeeding women that exist in a gendered society. Third, narratives allow the listener or reader to join in the perspective of the narrator, often allowing the listener or reader to engage emotionally and identify with the storyteller (Riessman, 2008). When stories engage us both cognitively and affectively, we respond with empathy, we expand the understanding of ourselves, accept others more deeply, and broaden our viewpoint on the world (Rossiter & Clark, 2007). Women whose marginalized experience moved them to breastfeeding activism may have stories filled with emotion; reading or hearing these stories allow the reader or listener to connect with the storyteller and her experience. Riessman (2008) notes that the functions of narrative research intersect; together, the functions have the capacity to encourage action toward social change for breastfeeding mothers.

Since the second wave of the women’s movement in the 1970s, narrative inquiry has been regarded as a significant research methodology (Chase, 2010). Historically, research generally relied on androcentric assumptions of social science: men’s activities and lives were the norm, and when women were studied, it was to see how they deviated from the norm (Chase, 2010). According to Chase (2010), feminist researchers began to challenge social science’s androcentric views of society, culture, and history and produced academic publications based on
personal narratives. These researchers “were interested in women as social actors in their own right and in the subjective meanings that women assigned to events and conditions in their lives” (p. 212). As feminist researchers began to consider women as research participants, they also began to reflect on their roles as researchers, particularly how power and privilege operate in research. These researchers became increasingly interested in voice, authenticity, authority, and representation; narrative research gave women a voice. The current study considers how members of a marginalized population – breastfeeding women – have become activists.

Consistent with the historical use of narrative methods in feminist research, narrative inquiry is an ideal fit for the current study because it gives voice to an under-heard group.

Narrative research is a type of qualitative research that is concerned with stories. Researchers facilitate the telling of stories through interviews. The interviews are transcribed to create data, which must be analyzed for themes that answer the research questions. There are challenges inherent to narrative research that entail that the researcher attempt to achieve a balance between making a contribution to her field and honoring the participant’s story. It is also important in narrative research to consider the researcher’s role and story in relation to the participants (Riessman, 2008). In an effort to be transparent, the next section provides my background as the researcher, which includes factors that I considered when conducting and presenting the findings of this narrative study.

**Background of the Researcher**

When the researcher serves as the primary instrument for data collection, she serves as a catalyst that enables participants’ to tell their stories using rich description. A human instrument can, much better than a survey, clarify and delve into unanticipated responses to acquire richly descriptive data. The resulting data is full of meaning and can often explain a phenomenon
better than numerical data (Merriam, 2009). Moreover, in qualitative research studies, the researcher is the primary research instrument, which as strengths and limitations that influence the study. The researcher’s “perspective on the world will lead to the nature of the research being defined in specific ways” (Merriam, 1991, p. 60). Thus, it is important that researchers be conscious of their presence, theoretical orientation, and biases and how they may influence data collection and interpretation (Merriam, 2009). Accordingly, in an effort to be as transparent as possible, I will briefly share my relationship to the topic of this study.

I am a mother who has opted to breastfeed both of my children. With my daughter, I did not reach my goal of breastfeeding for a year due to a number of challenges. Despite many issues, I surpassed my breastfeeding goals with my son, who breastfed for 32 months before self-weaning. I felt great guilt and shame at not being able to breastfeed my daughter for a full year, and I am overwhelmed with joy that I was able to successfully breastfeed my son into toddlerhood. When my son was barely two months old, I experienced an egregious act of discrimination when my dean sent me home from work after he saw me breastfeeding my son in my office. This incident occurred at the end of my first year in an Adult Education doctoral program in which I was taking courses that taught me about critical theory, privilege, power, and oppression; as a result of my coursework and participation in academic discourse, my worldview was changed. Consequently, the lens through which I viewed the experience of being sent home from work for breastfeeding led me to begin to recognize the structural factors that allow for the marginalization of breastfeeding women. This experience was the primary catalyst for my journey of becoming a breastfeeding activist. From my struggles with breastfeeding - babies with tongue-ties that made breastfeeding painful and challenging, babies labeled by pediatricians as “failure to thrive” because I apparently struggled to produce enough milk, and two painful
breastfeeding-related conditions, thrush and mastitis that required intravenous antibiotics – I was aware that my positionality as a white, educated, middle-class woman enabled me access to the services necessary to succeed at breastfeeding and the agency to advocate for myself and my babies as I navigated these systems.

I believe that this study is a form of breastfeeding activism. My own experiences related to breastfeeding and those I have witnessed through the stories of other mothers pushed me to want to conduct a study on how some breastfeeding women come to recognize their marginalization and then learn to become breastfeeding activists.

**Participant Selection Procedures**

Before beginning to gather data, a researcher must select a sample. Unlike quantitative research which often attempts to utilize a random, representative sample, qualitative research seeks participants who will be “information-rich;” that is, the cases will allow the researcher to learn a lot about the “purpose of the inquiry” (Patton, 2002, p. 230). This type of sampling is referred to as purposeful sampling. Purposeful sampling requires the researcher to designate criteria for inclusion in the study (Patton, 2002). I utilized purposeful sampling for the current study, and the following inclusion criteria guided the selection of participants. First, participants must have breastfed for a duration of at least six weeks (meaning the baby was put to breast and did not solely consume expressed milk from a bottle). I did not establish a criterion regarding how long ago the mother gave birth, as I think what is most important is that their activism activities were recent enough for them to recall in detail. Second, participants had some level of self-identification as a breastfeeding activist and had engaged in activism activities within the past five years. Finally, I did not set a minimum age requirement because I assumed that
motherhood presupposed adult responsibilities; all participants, though, were over the age of 18, ranging in age from 29 to 43.

I recruited participants through several methods. First, I solicited participation through breastfeeding and mothers groups on Facebook, a social media site. Additionally, I reached out to women who have been in the media for their role in breastfeeding activism. I also shared my call for participants with my lactation consultant and asked her to share it with her network. After finding the initial participants, some snowball sampling occurred; one participant referred me to her friend, who elected to participate in the study. Patton (2002) describes snowball sampling: “By asking a number of people who else to talk with, the snowball gets bigger and bigger as you accumulate new information-rich cases” (p. 237). Finally, I determined how many women to interview based on my desire to have a diverse sample. Once I felt my group of participants was diverse in relation to age, race, sexual orientation, religion, and activism experience, I ceased sampling. In all, I interviewed 11 women for this study: Kate, Brigitte, Stephanie, Sarah, Katy, Marie, Jessica, Julia, Katie, Amanda, and Juliea. All of the women chose to have their real names used in the report of the data. Eight of the women identify as white, one as black, one as mixed black and white, and one as white and Native American. Ten of the women identify as heterosexual, and one identifies as bisexual. Figure 6 summarizes their demographics. I will provide a full description of each participant in the following two chapters.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RACE</th>
<th>ETHNICITY</th>
<th>SEXUAL IDENTITY</th>
<th>MARITAL STATUS</th>
<th>EDUCATION</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate</td>
<td>43</td>
<td>White</td>
<td></td>
<td>Heterosexual</td>
<td>Married</td>
<td>MSW</td>
<td>LCSW</td>
</tr>
<tr>
<td>Brigitte</td>
<td>42</td>
<td>Black</td>
<td></td>
<td>Heterosexual</td>
<td>Married</td>
<td>Master’s</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Stephanie</td>
<td>36</td>
<td>White</td>
<td></td>
<td>Heterosexual</td>
<td>Married</td>
<td>MSW</td>
<td>Social worker</td>
</tr>
<tr>
<td>Sarah</td>
<td>35</td>
<td>White</td>
<td></td>
<td>Heterosexual</td>
<td>Married</td>
<td>GED</td>
<td>SAHM and writer</td>
</tr>
<tr>
<td>Katy</td>
<td>32</td>
<td>White</td>
<td>British-American</td>
<td>Heterosexual</td>
<td>Married</td>
<td>Master’s</td>
<td>Self-employed publishing; WAHM</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Race</td>
<td>Sexual Orientation</td>
<td>Marital Status</td>
<td>Degree</td>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>---------------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>----------------------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>Marie</td>
<td>33</td>
<td>White</td>
<td>Heterosexual</td>
<td>Married</td>
<td>Bachelor’s Financial services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jessica</td>
<td>30</td>
<td>Mixed race (black and white)</td>
<td>Heterosexual</td>
<td>Married</td>
<td>Doctorate of Physical Therapy</td>
<td>Physical therapist</td>
<td></td>
</tr>
<tr>
<td>Julia</td>
<td>37</td>
<td>White</td>
<td>Heterosexual</td>
<td>Married</td>
<td>MPH</td>
<td>Health policy</td>
<td></td>
</tr>
<tr>
<td>Katie</td>
<td>29</td>
<td>White, Russian-American</td>
<td>Heterosexual</td>
<td>Married</td>
<td>MPH RD</td>
<td>Public health nutritionist</td>
<td></td>
</tr>
<tr>
<td>Amanda</td>
<td>30</td>
<td>White</td>
<td>Heterosexual</td>
<td>Married</td>
<td>M.Ed.</td>
<td>Nanny</td>
<td></td>
</tr>
<tr>
<td>Juliea</td>
<td>35</td>
<td>White, Native American</td>
<td>Bisexual</td>
<td>Long-term relationship</td>
<td></td>
<td>Doula</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 6: Participant Demographics*

**Ethics and Informed Consent**

A chief concern when conducting research is ethical practices. Patton (2002) identifies three critical elements of ethical qualitative research: the credibility of the researcher, rigorous methods, and “a fundamental appreciation” of qualitative inquiry (p. 552). The federal government and individual institutions establish ethical guidelines for researchers to follow. Among these are protecting subjects from harm, maintaining privacy, acquiring informed consent, and how to handle deception in research. Of course, the researcher is responsible for adhering to ethical guidelines and engaging in honorable research practices (Merriam, 2009). In studies that are “highly collaborative, participatory, or political, ethical issues become prominent” (Merriam, 2009, p. 230). Lincoln (1995) draws attention to ethical issues associated with the researcher-participant relationship, particularly how validity may be affected. For example, attention must be paid to allowing all voices to be heard; this is certainly a consideration in narrative research as the researcher works to maintain the integrity of participants’ stories. Narrative interviews present their own set of issues: does the participant feel as though the researcher has invaded her privacy? Has she revealed things in the interview she never intended to share? What, if any, are the long-term consequences, if unintended, of
participating in an in-depth, narrative interview? An ethical qualitative researcher has knowledge of these potential ethical issues and knows how to access resources to manage them (Merriam, 2009).

Before I began collecting data, I sought pre-approval for my study from the Pennsylvania State University Institutional Review Board. Before meeting with each participant, I emailed her a description of the study and a consent form, which included a description of the study and how I intended to use the findings. The Institutional Review Board did not require me to obtain a signature from each person to acknowledge their participation but asked that I note on the consent form that their participation in the interview indicated their consent to be a part of the study. I provided a hard copy of the consent form to participants before the interview and reviewed it with them prior to beginning the interview, addressing any questions or concerns they had and reassured them that personal and identifying information would be kept confidential. I allowed participants to elect whether they would like to use a real name or pseudonym in the written research report, discussing the possible risks of non-confidentiality if they chose the former option. By offering this option, “the researcher allows the participants to retain ownership of their voices and exert their independence in making decisions” (Creswell, 2009, p. 90).

**Data Collection Procedures and Methods**

Qualitative researchers tend to use several means to collect data. Among these are interviews, observations, documents, and audio and visual materials (Creswell, 2009). The researcher should select a data collection strategy based on the question the study seeks to answer and by establishing which data sources will generate the best information to answer the
question (Merriam, 2002). Accordingly, the primary method of data collection for the current study is interviews; visuals will also be used as an ancillary form of data.

**Interviewing.** Given that this is a narrative study, the primary means of data collection is narrative interviewing. In qualitative studies in general, the choice to use interviewing to gather data should be based on what kind of information is needed and if interviewing will allow the researcher to acquire it. Interviews are especially useful to gather information about behavior and feelings when we are unable to observe it ourselves or when we seek to learn about past events that cannot be easily replicated (Merriam, 2009). Interviews are conversational; perhaps different from other conversations, qualitative interviews are a “conversation with a purpose” (Dexter, 1970, p. 136).

Interviews can be categorized in several ways, one of which is by structure. Interviews range from highly structured to semi-structured to unstructured or informal. A highly structured interview is essentially an oral form of a written questionnaire or survey. Highly structured interviews tend not to work well in qualitative research because they are too rigid to allow the researcher to gather information on how the participant perceives things related to the research topic. The other extreme is an unstructured or informal interview, which is especially helpful if the researcher does not have enough knowledge about the research topic to ask appropriate questions. In between a highly structured and unstructured interview is the semi-structured interview. Questions tend to be more flexible with a mix of structured and less-structured questions. Such a format allows the researcher to explore topics with the participant as they emerge during the interview (Merriam, 2009).

The primary method of data collection for this study was in-person, semi-structured interviews. Semi-structured interviews are ideal for this study because they provide some
structure to ensure that the participants share stories that are germane to the research questions but allow enough flexibility to explore related topics as they arise. Semi-structured interviews are in line with the notion that my role as the researcher is “not [to] find narratives but instead [participate] in their creation” (Neander & Skott, 2006, p. 297). In the current study, I used semi-structured interviews and narrative interviewing to elicit stories from the participants about breastfeeding, their experiences or awareness of marginalization related to breastfeeding, and their breastfeeding activism (see Appendix B). I interviewed each participant once, and the interviewed ranged from a half hour to over two hours. Establishing a comfortable environment for the interview is important (Riessman, 2008). For that reason, I asked the participants to select a site that was comfortable for them to be interviewed. The interviews took place in the women’s homes, libraries, and a bookstore. I audio-recorded the interviews and had nine of the 11 recordings transcribed verbatim by a professional transcriptionist. Juliea’s recorded file was corrupt, and my cell phone that I was using as a back-up recording device ran out of memory several minutes into the interview. Thus, Juliea’s narrative is based off of her written responses to the interview questions, which she emailed me. I elected to transcribe Sarah’s interview myself. Sarah’s deafness results in her having a quiet voice, which was difficult to hear on the recording. I figured it would be easier for me to transcribe the interview because I had the memory of the interview to help me decipher the parts of the interview that were hard to hear.

Using a narrative inquiry approach involves several steps: gathering data from participants and then transcribing and interpreting that data. Riessman (2008) argues that “the narrative impulse is universal” (p. 21); given that, as researchers we must conduct interviews in a way that facilitates storytelling. From a recorded interview, we must convert the participant’s
spoken words into a narrative text that expresses the meaning of the story, as intended by the participant-storyteller.

The majority of narrative research projects in education and social sciences are based on interviews (Riessman, 2008). Using the interview to generate an oral narrative necessitates some techniques that differ from those associated with conventional social science interviewing practices: “the model of a ‘facilitating’ interviewer who asks questions, and a vessel-like ‘respondent’ who gives answers, is replaced by two active participants who jointly construct narrative and meaning” (Riessman, 2008, p. 23). The objective of narrative interviewing is to engender richly detailed stories instead of short, vague responses. To achieve this, the interviewer must establish an environment that makes the participant comfortable so she can tell her story (Riessman, 2008). Factors such as the place, time of day, and formality of the interview can influence the participant’s comfort (Clandinin & Connelly, 2000). Another aspect of facilitating rich stories is treating the interview like a conversation but recognizing that that generating narratives requires longer turns at talk than are expected in regular conversations. The questioner and narrator take turns in the conversation, and when topic shifts occur, it is helpful for the questioner to explore with the participant how she associates the connected stories and the meaning she makes from them (Riessman, 2008). Whereas there may be inequality within the interviewer-participant dyad (Clandinin & Connelly, 2000), it is important to “[follow] participants down their trails” (Riessman, 2008, p. 24). This means that as interviewers, we want to steer away from completely structured interviewers that may thwart the storytelling (Riessman, 2008; Merriam, 2009). Even in semi-structured interviews, questions should be designed to open up topics and allow the participant to construct her responses in meaningful ways. Finally, it is important to consider more than the spoken word during an
interview. What is not said may be as important as what is said. Silence and body language come together with spoken word to create a narrative (Riessman, 2008). By keeping field notes, the researcher can keep a log of observations that cannot be heard on an audio recording of the interview and can provide greater detail about the participant and her story (Merriam, 2009).

Another means of data collection in narrative research involves artifacts, such as photographs, items from memory boxes, journal entries, or objects the participant finds meaningful. People tend to collect photographs or items that remind us of important events in our lives. Holding or looking at one of these artifacts may take a participant back to the original event, prompting the recall of memories that elicit a richly detailed, meaningful story (Clandinin & Connelly, 2000). Having the participant bring an artifact to the interview may stimulate the participant to tell stories she may have excluded without the presence of the artifact.

After the researcher finishes data collection, she must transcribe the data. Transcription involves taking the audio recording of an interview and putting it into a written transcript to facilitate analysis (Merriam, 2009). There is no unanimous method of transcription that works for all research situations, and “translating dynamic talk into linear written language…is never easy or straightforward” (Riessman, 2008, p. 29). Nonetheless, transcription is a crucial part of narrative research, and it is influenced by the researcher’s theoretical orientation, specific methodology, and interest in the research topic. For example, some researchers may not consider pauses or silence important to include in the transcript, while others believe that such “non-language” is vital to analyzing the participant’s story (Riessman, 2008). Merriam (2009) recommends that the transcript should be structured in such a way as to enable analysis. She suggests listing identifying information – such as when, where, and with whom the interview took place – on the first page. Additionally, she urges that line-numbering and spacing can help
the researcher make notes and reference lines during analysis. Finally, taking time to consider factors that may have influenced the interview – the participant’s mood or health, for example – can offer insight that is useful for analysis. Similarly, the researcher should consider any field notes taken and how they may provide a greater understanding of the data (Merriam, 2009).

Once the transcript is prepared, the researcher must begin to analyze it. Merriam (2009) contends that “data analysis is the process of making sense out of the data. And making sense out of the data involves consolidating, reducing, and interpreting what people have aid and what the researcher has seen and read – it is the process of making meaning” (p. 176). In narrative research, the researcher uses the content from participants’ stories to answer research questions. Content analysis is a popular method in narrative research; while there are common practices when analyzing data, there is no prescription. Rather, analysis will differ based on how the researcher defines narrative, how data are constructed into text for analysis, the unit of analysis for the particular research project, and the researcher’s interest in particular contexts (Riessman, 2008). These factors along with the research questions will guide the process of data analysis. Ultimately, through analysis of the data, the researcher will find answers to her research questions in the form of themes (Merriam, 2009). Practically, as the researcher works through the transcripts, she looks for data that has the potential for answering the research questions and notes the relevance of the data to the purpose of the study. As the researcher continues with this process, themes will begin to emerge, and the researcher will start to see answers to the research questions. The researcher must sort the data and name the themes. When reporting the results of the thematic analysis, the researcher should relate the themes to the theoretical framework that guides the study (Merriam, 2009).
**Use of artifacts.** Merriam and Tisdell (2015) note that artifacts are generally “physical objects found within the study setting” (p. 167). These artifacts may occur naturally in the interview setting, but depending on where the interview takes place, relevant artifacts may not be readily available. In an effort to ensure the availability of relevant artifacts, I asked the participants to bring an artifact to the interviews, namely a photograph or object that they relate to breastfeeding activism, and asked them to tell a story about it. These researcher-generated artifacts provided an additional opportunity for participants to make meaning of their breastfeeding and activism experiences. Moreover, the artifacts the participants brought and the stories they told about them provided an additional source of data “and can provide another avenue of expression that can be captured in symbols as well as words” (Merriam & Tisdell, 2015, p. 172). I photographed the artifacts to aid my memory when analyzing the data.

**Data Analysis**

Once the interviews have been completed, the researcher finds herself with a collection of data, including recorded interviews, field notes, and memories of the data collection process. The first step to analyzing the data is transcribing it into a format that facilitates analysis. Thus, the audio recordings of the interviews were transcribed verbatim. I read through the transcripts multiple times, referencing my field notes and making notations on the transcripts that helped fill in the gaps that were created between the in vivo interview and its transcription. Including this information in the analysis can help present a clearer, richer story. Once I re-storied the participants’ stories, I performed member checks to invite the participants to substantiate the content of the narratives before moving to analysis. Only five of the women responded to my invitation to read the narrative and offer feedback. Three of the five were satisfied with the transcript as-is; two noted some transcription errors, which they corrected.
With the data now in a form that facilitates deeper analysis, I was able to analyze the collected data. Although there are somewhat standard practices of qualitative data analysis, different methods of inquiry may call for variations on basic qualitative analysis (Creswell, 2009). Because this study employs narrative inquiry, the analysis first involved re-storying the participants’ stories, which were collected through narrative interviews. I re-storied the stories to both provide readability and highlight the themes that began to emerge in the interviews. These stories are “selective and perspectival, reflecting the power of memory to remember, forget, neglect, and amplify moments in the stream of experience” (Riessman, 2008, p. 29). Practically speaking, the goal of analyzing data is to find answers to the research questions, which occurs as meaning is made out of the data (Merriam, 2009). Merriam (2009) explains:

Data analysis is the process of making sense out of the data. And making sense out of data involves consolidating, reducing, and interpreting what people have said and what the researcher has seen and read – it is the process of making meaning. (pp. 175-176)

In this section, I will detail the process by which I analyzed the data for the current study from the standpoint of narrative analysis. Clandinin and Connelly (2000) explain the importance of the initial analysis:

A narrative inquirer spends many hours reading and rereading field texts in order to construct a chronicled or summarized account of what is contained within different sets of field texts. Although the initial analysis deals with matters such as character, place, scene, plot, tension, end point, narrator, context, and tone, these matters become increasingly complex as an inquirer pursues this relentless rereading. (p. 131)

Multiple readings of the transcripts allow the researcher to begin to narratively code the data; the participants’ stories begin to emerge as the researcher uses narrative analysis to make sense of
story lines, gaps in the stories, and tensions the participant seems to reveal. With these factors in mind, I re-storied the participants’ stories, taking care to keep the stories in-tact as much as possible in order to preserve the participants’ voices (Clandinin & Connelly, 2000). Given the purpose of the study, I structured the narratives around the participants’ learning, noting connections to the literature on women’s learning and feminist pedagogy (English & Irving, 2015; Hayes, 2002; Tisdell, 2002). In addition to being a consideration in narrative research, voice is also a factor in women’s learning and feminist pedagogy (Hayes, 2002b; Maher & Tetreault, 1994; Tisdell, 2002). Having the opportunity to share their stories is, in a way, having their voices heard. Thus, I left the stories in the participants’ words, only removing false starts and “ums” to make the stories read better. In some cases, I moved parts of the story around to create an easier-to-follow story, whether based on chronology or themes. To aid in the re-storying process, I turned to Clandinin and Connelly’s (2000) model of three-dimensional inquiry space, paying attention to temporality, sociality, and place and considering how the role of each factored into the story that was being told, both by the participant and in my re-storying. The principle of temporality assumes that people are constantly in a state of transition, having a past, present, and future. As I re-storied the stories, I was mindful of where each participant’s story stood in time – historically, in her own life, and in her breastfeeding journey.

Sociality references the participants’ personal conditions and social issues (Clandinin & Connelly, 2000). I considered each participant’s relationships with the people and institutions in her life, as well as how I felt I related to the woman and her experiences. Lastly, place refers to both the physical and environmental space where the narrative research is conducted. I thought about how interviews that occurred in different spaces may have impacted what stories were told in the interviews, particularly the context each of these spaces provided for the participant. For
example, Katy’s daughter nursed off and on during the interview; actively breastfeeding during the interview may have brought up certain feelings or prompted her to recall particular memories. Acknowledging that narrative inquiry is “a form of living,” paying attention to temporality, sociality, and place can assist the researcher in experiencing the participants’ experiences (Clandinin & Connelly, 2000, p. 89). As needed, I consulted with the participants throughout this process to ensure that the portrayal allows the audience “to ‘know’ the person” (Riessman, 2008, p. 29).

After I re-storied the participants’ stories, I went back and forth between reading the literature I reviewed in Chapter 2 and rereading the stories, noting the connections I was making between my research questions, the literature, and the stories. With the research questions and relevant literature in mind, I reread the stories, looking for themes to emerge. Merriam (2009) notes that the emerging themes will answer the initial research questions that guide the study. As I went through this process, I found it helpful to have my research questions in front of me to help me stay on track. To identify themes, I identified portions of data that seemed to answer some part of my research questions. In other words, I looked for segments of data that helped me understand how the participants see themselves or other breastfeeding mothers as marginalized, how they came to recognize this marginalization, and how they moved from marginalization to activism. I underlined these data segments and made notes in the margins that reflected the meaning I was making as I went through this process. Lincoln and Guba (1985) offer some guidance in identifying meaningful units in the data. First, the unit must disclose information that is germane to the study. Second, the unit should be

…the smallest piece of information about something that can stand by itself – that is, it must be interpretable in the absence of any additional information other than a broad
understanding of the context in which the inquiry is carried out. (Lincoln & Guba, 1985, p. 345)

After identifying units of information, I employed the constant comparative method – that is, I compared one unit of information with the next while looking for recurrent consistencies in the data (Merriam, 2009). Through this method, themes emerged. As someone who relies on visual information to make sense of things, I used color-coding and concept-mapping to help identify themes and sub-themes. As I identified the themes that emerged, I began to find in the participants’ stories the answers to the research questions.

The use of artifacts as a form of data requires analysis. As I re-storied the participants’ narratives, I included the artifacts and related stories. When analyzing the artifacts within the stories, I assessed if and how the artifacts offered insights that aided in answering the research questions (Merriam & Tisdell, 2015). Just like with other data collected through the interviews, I used content analysis to analyze the artifacts and associated stories and identified any new themes that emerged or established how the data fit into themes I had already identified (Merriam & Tisdell, 2015).

When reporting analyzed data within a narrative methodology, Clandinin and Connelly (2000) raise three considerations for the researcher: voice, signature, and audience. Narrative research is about stories. As participants share their stories with the researcher, relationships develop. These relationships can make it challenging to not lose the participant’s voice when reporting the data. Clandinin and Connelly (2000) caution:

One of the researcher’s dilemmas in the composing of research texts is captured by the analogy of living on an edge, trying to maintain one’s balance, as one struggles to express one’s own voice in the midst of an inquiry designed to tell of the participants’ storied
experiences and to represent their voices, all the while attempting to create a research text that will speak to, and reflect upon, the audience’s voices. (p. 147)

As we try to answer our research question, we must take care not to silence parts of the participant’s voice; after all, giving voice is a key principle in feminist pedagogy (Hayes, 2002; Maher & Tetreault, 1994; Tisdell, 2002). We have to be careful to not allow our context to overshadow the participants’ stories (Clandinin & Connelly, 2000). To that end, I kept the participants’ stories in-tact and in their own words as much as possible. Because some of the stories were so long, I summarized some parts of the stories to make it easier for the reader to stay engaged while reading. In doing this, I paid attention to simply summarizing the participants’ words and not adding my own analysis.

Tied closely to voice is signature. As researchers, we may feel a sense of power in our own voice; we wish to leave our signature on both the text we are writing and in the field of which our research is a part. “The dilemma is the dilemma of how lively our signature should be: too vivid a signature runs the risk of obscuring the field and its participants; too subtle a signature runs the risk of the deception that the research text speaks from the point of view of the participant” (Clandinin & Connelly, 2000, p. 148). We must strive to find the balance between making a contribution to the field – leaving our signature – and maintaining the integrity of our participants’ stories, and most importantly, our participants as people. As I reported the data, I strived to maintain a balance between sharing the participants’ stories and my analysis in light of the literature and research questions.

Clandinin and Connelly’s (2000) final consideration regarding reporting narrative data involves audience. As researchers, we want our research to be meaningful for our audience. Having developed a relationship with participants who have confided in us, we “struggle to
respect working relationships and to make a place for participant voice and signature” in such a way that we feel we are fulfilling the expectations of our audience (p. 149). While this tension might exist in other types of research, it is underscored in narrative research as a relationship between researcher and participant evolves from the sharing of rich data. Considering the audience was perhaps the most challenging part of the data reporting in this research project. Interviews with 11 women produced extensive, rich data. To include the re-storied narratives of all 11 participants produced a document that was so long that few people would be willing to read it. This research would be impractical without an audience to read it. Thus, I made the difficult decision to feature just four of the narratives in depth (which appear in Chapter Four) when I reported the data, although all 11 participants’ data was included in the thematic analysis. These four narratives were selected because they highlighted a number of the themes that emerged from the data. I hope that this decision will attract a larger audience to read this important study, offering a balance of accessibility and scholarship. Through the analysis and reporting process, I have kept in mind voice, signature, and audience, doing my best to maintain a balance between maintaining the integrity of the participants’ stories and making a contribution to my field.

**Trustworthiness**

Indeed, qualitative research is undergirded by different epistemology than positivist, quantitative research. Some of the hallmarks of qualitative research – the researcher as the instrument for data collection and analysis, the preference for natural settings and contexts, and the value placed on emergent data – are what lead to critics viewing naturalistic inquiry as “undisciplined, inexact, and highly subjective” (Lincoln & Guba, 1982, p. 3). Of course, a goal of researchers is to produce knowledge that is valid and reliable so it can be applied in various
fields (Merriam, 2009). The four primary criteria for trustworthiness in quantitative research can be met in qualitative research, somewhat redefined to fit with the assumptions of a qualitative research paradigm. Internal validity is substituted with credibility, eternal validity with transferability, reliability with dependability, and objectivity with confirmability. There are certain techniques a qualitative researcher can use to ensure sound research (Lincoln & Guba, 1982). This section will discuss the four primary criteria for trustworthiness in qualitative research and the practices that assure trustworthiness in qualitative and in this particular study.

Credibility

Considering the criteria for validity and reliability in narrative research, Creswell (2007) presumes that a narrative study “tells a persuasive story told in a literary way” (p. 215). The criterion of credibility, the qualitative substitute for internal validity, can be applied to narrative research. Credibility asks if “the findings are accurate from the standpoint of the researcher, the participant, or the readers of an account” (Creswell, 2009. P. 191). Similarly, Lincoln and Guba (1985) ask if the findings are credible given the data presented. Riessman (2008) identifies two levels of validity that are important in narrative research: the story told by the participants, and the validity of the story told by the researcher (the analysis). Thus, in narrative research, credibility is concerned with the alignment between the thematic findings and the participants’ stories. The nature of qualitative inquiry lends itself to credibility:

Because human beings are the primary instrument of data collection and analysis in qualitative research, interpretations of reality are accessed directly through their observations and interviews. We are thus “closer” to reality than if a data collection instrument had been interjected between us and the participants. Most agree that when
rigor is viewed in this manner, internal validity is a definite strength of qualitative research. (Merriam, 2009, p. 214)

Even with qualitative research having inherent characteristics that lend itself to credibility, strategies exist to bolster the credibility of qualitative research. I have used three strategies in this study. First, I used thick, rich description to communicate the findings, which helps to validate the findings by bringing readers to the setting (Creswell, 2009). Second, by including a section on my background, I have made readers aware of how my positionality as a white, educated, breastfeeding mother may have influenced my interpretation of the findings. Being transparent about my background as the researcher and biases I may hold related to this study increases its credibility (Creswell, 2009). Third, I used member checks in this study. Member checks involve sharing emerging findings with participants and soliciting their feedback to ensure accuracy (Creswell, 2009; Merriam, 2009). Although the researcher’s interpretation factors in her own beliefs and experiences, “participants should be able to recognize their experience in [the researcher’s] interpretation or suggest some fine-tuning to better capture their perspectives” (Merriam, 2009, p. 217). By performing member checks, I increased the credibility of my research while adhering to the belief that the final research text should maintain the integrity of the participants’ voices (Clandinin & Connelly, 2000).

**Transferability**

A goal of quantitative research is that a study be robust enough to generalize the findings to the general population. Thus, emphasis is placed on the representativeness and size of the research sample. Qualitative research, in contrast, is not intended to generalize findings to people or settings other than those being studied (Creswell, 2009). To this end, the quantitative criterion of generalizability is replaced by the qualitative one of transferability. Lincoln & Guba
(1985) explain that with transferability, “the burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere. The original inquirer cannot know the sites to which transferability might be sought, but the appliers can and do” (p. 298).

This study employs two techniques to increase transferability. First, rich, thick description is important for the rigor of qualitative research because it facilitates transferability. More specifically, rich, thick description of the setting, participants, and findings aid transferability. A second strategy is maximum variation in the sample, which could include participants from various backgrounds or sites. For this study, I interviewed participants with diverse backgrounds related to race, age, sexual orientation, and religion, as well as engagement in a variety of activist activities.

**Dependability and Confirmability**

The key to reliability in quantitative research is that the study’s findings can be replicated. The principle behind replication is that if repeating a study produces the same results, then the findings can contribute to the understanding of causal relationships between variables and the creation of scientific laws. This notion of reliability is problematic when conducting research in the social sciences; human behavior is never constant, and its interpretation may vary from one observer to the next (Merriam, 2009). Thus, in qualitative research, the goal of researchers is “to describe and explain the world as those in the world experience it. Since there are many interpretations of what is happening there is no benchmark by which to take repeated measures and establish reliability in the traditional sense” (Merriam, 2009, p. 220). Instead of asking whether repeating the study will elicit the same results, the emphasis of reliability in
qualitative research, known as consistency or dependability, is whether the results are consistent with the data that has been collected (Lincoln & Guba, 1985).

A technique that strengthens the dependability of a qualitative study is known as an audit trail (Lincoln & Guba, 1985), which entails the researcher describing in detail how she collected data, identified themes, and made decisions throughout the research process. A researcher must keep a journal or take notes throughout the research project. These notes may include reflections, questions, and decisions regarding problems, concerns, or ideas that come up during data collection. During analysis, the researcher should make note of how she works with the data (Merriam, 2009). Dey (1993) remarks that while “we cannot expect others to replicate our account, the best we can do is explain how we arrived at our results” (p. 251). Following the same thread, Richards (2005) contends that

…good qualitative research gets much of its claim to validity from the researcher’s ability to show convincingly how they got there, and how they build confidence that this was the best account possible. This is why qualitative research has a special need for project history, in the form of a diary or log of processes. (p. 143)

Riessman (2008) encourages narrative researchers to keep an audit trail because is strengthens persuasiveness, which she identifies as a quality of good narrative research. An audit trail allows the researcher to demonstrate the authenticity of the data and the plausibility of the analytic interpretations. As the researcher draws conclusions from her research and attempts to tie those conclusions to theory, the persuasiveness of her research is bolstered when she “document[s] [her] claims for readers who weren’t’ present to witness the storytelling event, or alongside the investigator trying to make sense of it” (p. 191).
An audit trail is also a useful technique for managing confirmability, which aligns with the notion of objectivity in quantitative research (Lincoln & Guba, 1985). Confirmability refers to the notion that the findings should be as objective as possible, based on the data rather than the researcher’s biases (Gasson, 2004). Clandinin and Connelly (2000) address the tension narrative research creates related to objectivity:

Some worry that if inquirers do not become fully involved in the experience studied, they can never truly understand the lives explored. Others feel that by becoming fully involved, objectivity will be lost. To become fully involved implies that the researcher takes the same things for granted, adopts the same standpoints, and has the same practical intentions as participants. This would suggest that the researcher will simply play out the narrative threads at work – a conformist, conserving research agenda say some critics. (p. 81)

Clandinin and Connelly (2000) validate this tension and urge narrative researchers to find a balance between involvement with their participants and stepping back enough to see how their own stories may influence the bigger picture of which all are a part. This balance, they insist, is a co-construction by the researcher and participants. As described with dependability, keeping an audit trail can also serve to support confirmability. Clandinin and Connelly (2000) describe these notes as

…a mixture of you and me, the participant and researcher – notes on what you did, notes on what I did with you, notes on what was around us, notes on where we were, notes on feelings, notes on current events, notes on remembrances of past times. (p. 82)

The audit trail helps the narrative researcher maintain enough of a “cool observation” to produce a research text with a sense of confirmability (p. 83). Keeping an audit trail has helped me
produce a dependable, confirmable study, with results that correspond to the data collected and not overly influenced by my own biases.

Summary

This aim of this chapter was to describe how I selected and implemented the methodology for this study. After revisiting the purpose of the study and the research questions that guide it, I described the research model being used, offering justification for my methodological choices. Next, I provided a comprehensive description of the methodology, including participant selection, data collection and analysis techniques. Finally, this chapter addressed the trustworthiness of the study, including how it meets the qualitative research criteria of credibility, transferability, dependability, and confirmability.
PART TWO

THE FINDINGS PRESENTED AS THE STORIES

The purpose of this study is to examine how breastfeeding mothers learn they are members of a marginalized group and how some of these mothers move from marginalization to emancipation and activism. Part II of this dissertation illustrates the findings of this study, presented as stories or narratives of the participants. As one might imagine, interviewing 11 women about their experiences of motherhood, breastfeeding, and activism elicits an extensive amount of rich data, more than could be shared here. Thus, Chapter Four presents four featured narratives, selected for their diversity in participants, activist activities, and learning. Chapter Five includes summaries of the remaining seven stories. Part III of this dissertation includes two additional chapters – Chapter Six, which presents a broad analysis of the narratives in consideration of the themes that emerged, and Chapter Seven, which functions as a conclusion, offering a summary of the study, a discussion and implications of the research, and a consideration of potential areas for continued research.

Breastfeeding experiences vary from mother to mother and from one baby to the next. Therefore, it was important to me that the participants for this study not be a homogenous group. The women who shared their stories represent different ages, races, ethnicities, sexual orientations, and religions. Furthermore, the women are at different points in their mothering and breastfeeding journeys. Each woman’s narrative tells a personal and meaningful story, influenced by her beliefs and experiences. Their stories, both separately and collectively, offer powerful accounts of what it is like to come to recognize that the way they have chosen to nourish their baby – breastfeeding – places them within a community of women that too often experiences marginalization, even if they did not personally encounter major experiences of
marginalization. Their stories describe the feeling of being driven to become an activist for breastfeeding.

As noted in Chapter Three, each participant engaged in a semi-structured interview and was asked to bring an artifact to the interview. Eight of the women did so. Some waited until asked in the interview to share the artifact, while others brought it out during the interview to illustrate a particular point in their story. Just as their experiences varied, so did their styles of sharing their stories. After the initial question, some of the participants “ran with it” and needed very little prompting. Others seemed a bit more reliant on my list of questions. Regardless of her style, each woman told a deeply meaningful and personal story. Ultimately, I was there to “[follow] participants down their trails” (Riessman, 2008, p. 24).

In narrative research, the participants’ stories are the data. As I report the data in the next two chapters, I revisit a consideration, voice, raised by Clandinin and Connelly (2000). Not surprisingly, having the opportunity to have women tell me their personal stories results is some sort of relationship between each participant and me. Such relationships can make it challenging to not lose the participants’ voice when reporting the data. In an effort to maintain their voices as much as possible, I present the four featured narratives as they were shared with me – in their voice, using their words, and from their first-person perspective. As noted in Chapter Three, I elected to remove the “ums” and false starts from the narratives; these deletions resulted in fewer distractions and increased clarity, which allowed the narratives to truly read like a story. As I mentioned previously, the interviews elicited lengthy stories. Although I had hoped to share their stories in full, doing so would have been overwhelming to the reader. Therefore, I made the decision to summarize some parts of the narratives in my own words. Thus, for the four featured narratives, the stories go back-and-forth between the participants’ and my voice offering
summary. The remaining narrative summaries are in my voice, although I prepared the summaries with consideration to maintaining the integrity of the participants’ stories.

For the sake of organization, both chapters will begin with a brief introduction. For Chapter Four, each featured story will be preceded by a brief introduction to provide some background on the participant. In Chapter Five, the narrative summaries will be grouped thematically into pairs or triads. Each participant’s story helps to answer the questions that guide this research:

1. In what ways do women see breastfeeding women as marginalized, and how do they come to recognize this marginalization?

2. For women who become breastfeeding activists, what is the process of moving from marginalization to activism, and what role does emancipatory learning play in this process?

In narrative research, the stories are the data. Each story holds answers to the research questions. To facilitate a connection between the research questions and the findings that emerged from the data, each narrative will include sub-headings. These sub-headings provide a sense of organization through the narratives. Each narrative details the participant’s experience of becoming a breastfeeding mother, how the participant came to recognize the marginalization of breastfeeding mothers (whether she felt personally marginalized or noticed marginalization on a larger scale), and the learning process involved both with becoming an activist and learning from activism experiences. It is worth noting that some of the women had identifiable experiences of marginalization, while others did not personally have a negative experience that she would classify as marginalizing. Those who fit the latter description tended to recognize that although they had not personally experienced marginalization, many other breastfeeding mothers do
undergo marginalizing experiences. Some of the women were aware of the resources and support that they had, giving them a sense of agency that they knew many other mothers do not have. Following each featured narrative is a brief reflection highlighting the participant’s learning and my learning through that participant. Similarly, after each group of narrative summaries, I will offer a comparable reflection. Each participant was given the option of using her first name or a pseudonym in this presentation of data; all participants elected to be identified by their first name. In both Chapter Four and Five, the participants’ words will be italicized, and mine will be in regular type; ideally, this method will help to preserve each participant’s voice.
CHAPTER FOUR

FEATURED STORIES

The purpose of the study is to examine how breastfeeding mothers learn they are members of a marginalized group and how some of these mothers move from marginalization to emancipation and activism. This is the first of the two findings chapters. Chapter Four includes four featured stories, each of which encompasses a different facet of women’s learning related to breastfeeding activism. Each story includes a combination of the participant’s own words as well as summaries of some parts of the story in my words. Finally, each story is accompanied by a brief personal reflection, noting what stood out most to me about the participant’s journey of learning to be an activist.

Kate: It’s Just about Women and Babies

I first became aware of Kate while scrolling through Facebook, and an article came across my newsfeed about two women lobbying for breastfeeding protections in Virginia. Kate was one of these women. I “googled” Kate’s name and found her Facebook page. Through Facebook messages, I emailed her to tell her about my study and ask if she would be interested in participating. I was shopping in Kohl’s department store with a friend when an email from Kate popped up on my phone. “She said yes! I have my first participant,” I exclaimed to my friend. In addition to being the first woman to agree to participate in my study, Kate was my first interview. We arranged to meet in a library meeting room near her home in Virginia. While waiting for Kate to arrive, I was nervous. Kate walked into the lobby of the library and immediately hugged me. It was like we were old friends, and I instantly felt my nerves subside. Kate is a 43-year-old white, married mother of two. She breastfed her daughter for two-and-a-half years; her son, nearly five, was still breastfeeding at the time of the interview. A licensed
social worker, Kate also holds certifications in aging studies, perinatal mood disorders, and is a certified lactation counselor. While Kate did not encounter a negative experience breastfeeding in public, she was aware that other women had. She was shocked to learn that public breastfeeding was not a legal protection offered by her state of Virginia, which moved her to breastfeeding activism.

**Becoming a Breastfeeding Mother**

Kate has been aware of the phenomenon of breastfeeding since she was a young girl. As a child, she watched her mother breastfeed her two younger brothers. Kate does not recall ever seeing anyone else breastfeed. She grew up assuming she would breastfeed because it is natural, free, and environmentally friendly.

_I can remember being probably 10 years old and holding some family friend’s baby at church. I remember that being the first moment I was holding a baby thinking...Oh, one day I’ll be a mother. I don’t remember thinking about breastfeeding at that moment in time, but I feel like it probably was woven into my consciousness in some way._

Kate’s breastfeeding experiences with her two babies differed. Her first baby was easier. Her husband and family were supportive, and her daughter took to breastfeeding easily. The Internet existed at the time, but Kate did not use it much. Without the widespread use of the Internet, Kate did not have access to online parenting and breastfeeding support; but not accessing breastfeeding information online meant that Kate did not overanalyze every little feeding-related behavior.

_I think if I had been connected to the internet then like I am now, I probably would have been going to my doctor [saying] my baby has reflux; I have read online about all these symptoms. But because she was my first, I just figured this is normal._
Kate credits her midwifery care with helping her get off to a good start with breastfeeding. Her midwife ensured skin-to-skin contact with the baby immediately after birth and breastfeeding soon thereafter. Her midwife also provided her with information about a support group for new mothers, which was run by an IBCLC. Kate felt that things fell into place.

With Kate’s son, breastfeeding proved a bit more challenging due to his having a tongue-tie. He had poor weight gain as a result, and Kate had to pump after each feeding to maintain her milk supply and feed him the extra milk by bottle to help him gain weight. Her days were filled with breastfeeding, pumping, bottle-feeding, and tracking all of it. This experience was quite stressful, very unlike that with her daughter. Additionally, Kate experienced post-partum depression. Support from her husband was paramount; she felt that he trusted her judgment. Her family and employer were also supportive. Kate also received a lot of online support through discussion groups on the website Baby Center.

A “Fake Law” Allows for Marginalization

Through social media, Kate knew that women all over the country encountered criticism while breastfeeding in public. Although Kate never personally had a negative experience breastfeeding in public, the realization that many women were challenged or even removed from a location while breastfeeding in public made her realize that too many breastfeeding women experience this sort of marginalization. Kate understood that the laws in her state did not protect mothers who breastfed in most public places, only on state property. Therefore, county libraries, parks, or privately-owned restaurants were not covered by the law.

*It wasn’t a problem for me personally. Once I realized that’s really narrowly written, that’s not a good law. It’s kind of a fake law.*
Learning to Be an Activist

Kate had always had her finger on the pulse of Virginia politics.

*I had had some previous engagement with our General Assembly, because when I was doing my Master’s, we were required to follow a bill and go to session hearing. So I had done a little bit of that and I thought it was cool.*

**Early activist learning.** After some backlash in her state after anti-choice legislation was passed, there was a sort of activism bubble in Virginia. Kate quickly networked with other activists in Richmond. As she worked alongside these other activists, she learned the political processes involved with introducing, lobbying for, and passing legislation.

*In 2012, I met all these people and started working for some legislation to repeal things as well as against other legislation. And I probably met probably 100 people [who are] now like my support network. There’s some little grass root groups that popped up, so that was kind of how I got involved in doing things. For a couple years, I worked the Equal Rights Amendment, which was never fully ratified by the Federal Government. I’ve worked for a couple years on the state action and have done that pretty consistently. I kind of started doing all that from 2012 to 2014. In our General Assembly session in 2014, educators got a bill passed in Virginia, which is pretty unique, that teachers have the right to pump. I had followed [the bill] through the session. I was reading through some kind of coverage of it and came across something that pointed out that Virginia was one of only three states that didn’t have the public protection [for breastfeeding]. And I was like...ding, ding, ding! What on earth! I had always known that the law was bad, but I had no idea that if you look at it, 47 of the states have this and we don’t – we’re really in the minority here. This is a no-brainer – we need this law. I started contacting [the legislator, Jennifer McClellan’s] office and spent several months talking with her, like*
emailing back and forth with her legislative aide. Finally in November, we kind of hammered out the details. I had pulled together some research of all the other 47 laws. Jennifer McClellan had had a chance to look at them. She really liked the language of the Texas Law and felt that that would be appealing to Virginia because she felt like we’re in the south, they’re in the south ... pro-business state... whatever reasoning she had politically. We came up with very succinct language: A woman has a right to breastfeed anywhere she is lawfully present. I was networking with people and waiting for it to come up in January, and obsessively checking our online Legislature Information System, waiting for it to pop up. I had gotten a draft of it, so I had seen it and had given one edit, which was there is no hyphen between breast and feeding, and my edit had gone in. I was going through [the online system] and there was a bill there, but it was a different delegate, and essentially someone else had been working on it and put theirs in first, which ended up being like absolutely the best stroke of luck we could’ve had. Jennifer McClellan emailed and said I can get on as the Chief Co-Sponsor. That was a brilliant stroke of luck. Maybe it was just more of a political move of...I’m a woman. This is Virginia. We should have a man carry it. He’s republican. She’s democrat... so that was beautiful that we had a bipartisan bill right out of the gate. We didn’t have to go looking for someone from the other side.

I am familiar with most of the lawmakers, and I had looked through my list and identified close to 10 people that I was like...that person is going to vote against it. Everyone voted for it. I think because it’s an election year, that was an easy bill. It wasn’t controversial. I really tried to keep a lid on the media, because I was kind of afraid that if we started getting lots of media coverage, opponents would come out of the woodwork and then there’d be pressure for them to vote against it.
Learning to lobby online and in-person. We had almost 600 people in our Facebook group that we use for organizing. I knew that we had several hundred people calling their people saying, hey I want you to vote for this. I think there were somewhere between 3000-4000 bills this year. And if you don’t do something to make yours stand out, it’s not on anybody’s radar. I was able to go down there a lot, and I printed out a flyer that was on blue paper and business cards and I made sure I had the breastfeeding logo on everything and then I printed stickers for myself. Every day I went down there I wore my sticker. So I was kind of trying to brand myself as well so it was like visually recognizable. I sat in on before a bill was in committee, I was going to the committee meetings sitting and would sit so I’m like … here I am! And was in a friendly way kind of hounding the staffers and would go and visit and bring my flyer and then would hit them back a few days later and be like…just wanted to show back up and give you my card. Once we knew it was going to be in committee, I was able to put it on the Facebook group and be like … the bill’s going to be voted on on Thursday… please call THESE people that are on the committee. So then when I would check back in at the offices, the receptionists were starting to say things like yeah, we’ve been getting a lot of calls about that. People were curious about it because there was the whole factor of … what do you mean this isn’t a law? Why do we need a law? And I had a few people that said, well does it say anything about covering like women who again… I think people should be discrete or I think people should be modest and other people shouldn’t have to see that. And my response to those things would be … in a survey of the other 47 states that have these laws, none of them require covering, so it’s not really the norm. And we’re at the tail end of this … we’re in the last few states and we would look really odd to come out saying that women have to cover, even if you don’t have to in all these other states. I also pitched it in terms of we’re on the 95 corridor and
we have a lot of tourism. Within the General Assembly, that’s a big thing now. You want to talk about pro-business and about bringing businesses to Virginia, about bringing revenue to Virginia. And so I highlighted the fact that we have lots of people that travel in Virginia and they’re traveling from neighboring states that all have good laws. Women are concerned about this. That was a really good selling point.

Once we had people that were calling and we knew the phones were ringing, then I’d do my follow-up visit to their office: Oh, I hear you saying there’s been lots of calls. We are organizing online and people have been given a list of people to call. As soon as I know that your senator or delegate is voting for this, we’ll take you off our list and the phone calls will stop. Which makes the receptionist go to the legislative aide, and the legislative aide go the delegate or senator and say ... hey, do you know how you’re voting on this because I’m spending an hour out of my day. That was another strategy I employed to get answers from people, and then once someone said I’m going to vote for it, I would put it on the Facebook page and people would be excited, and that was another really neat way to engage. I put up links of how to figure out who your delegate and your senator are because lots of times people don’t know. In some cases it really gave people a sense of empowerment, which I thought was really critical to getting that many people on board with doing it. One woman came down from Northern Virginia, brought two kids. She spoke before a house committee and had her son in the carrier and he was actually breastfeeding. I put pictures of her up [on Facebook] testifying... she’s baby wearing and breastfeeding. We get like 70 or 80 likes because people thought it was cool.

**Spearheading the activism.** I’ve worked at my job for 10 years and I had just told them up front. A lot of committee meetings are early, and I would go before work or on lunch break. But this time I was like...I’m kind of fronting it, so I’m going to need time off. And they were
very flexible and accommodating. So basically just constantly being a presence down there and making what was a little bill that nobody was paying attention to a really good feel-good bill because it’s about babies, and people felt positive about it. We were sitting on the media.

Internally we were strategizing. We had people that weren’t really intimately involved in the bills that were trying to do interviews…if you don’t know the talking points, you could do more harm than good. We were able to get a couple people to wait on interviews because we wanted to at least clear the committee and the House before we were kind of getting a lot of press because the opportunities for public comment are in the committee hearings. If you get out of committee, the only people that can debate it and bring up potential issues with it are the lawmakers themselves. So you kind of eliminate that risk of having someone like the Chamber of Commerce or some other organization pop up and say…we oppose this. That was my other interesting strategy. I was sitting in on committee meetings before our bill was in the committee.

I did that part kind of to get an idea of how that particular committee was functioning, see how people were voting to kind of get an idea of whose office should I visit more, and also to be seen.

I was sitting in there one day and I heard some other organizations stand up and speak in support of some other health-related bills. And I was like, huh, I wonder if they would support my bill. So I essentially sat in that committee meeting and picked off several people, followed them out into the hall, gave them my card and said we have this breastfeeding bill ... is it something you can support? So, I got the support of the American Academy of Pediatrics, the American Civil Liberties Union, the Catholic Conference. March of Dimes I got through a connection I had. Virginia Department of Health I called up and I actually emailed our health commissioner and got a call back from someone else who said, yes, we support it and so does the
governor. We figured the governor would support it, but to get the actual confirmation was pretty huge.

Some of my ladies that I work with on the Equal Rights Amendment, they didn’t lobby with me. That was one of my other strategies was trying not to align myself with anyone else. Try to let the breastfeeding be something that wasn’t affiliated with any of the other groups. Because a lot of the other groups that do lobbying for women’s rights are also doing pro-choice lobbying. I needed to be very focused and not be aligning myself with anyone else that might cast us in a negative light just by guilt by association. If you want to meet directly with the senator or the delegate, it is best to try and get on their calendar and get an appointment. For what I was doing, it was just helpful to get to speak to the legislative aide who is their person that’s in charge of collecting information. They would hear my little 30-second elevator speech, ask me some questions sometimes. But for my purposes, it wasn’t necessarily important to speak face-to-face with the delegate or senator. I think that was another really great learning point for a lot of these women that had never been involved in anything like this is that … oh this is my government and these people are elected to represent me, and it is their duty to take my phone calls and have someone call me back and see me if I come to their office.

**Developing a clear and concise message.** It was also pretty cool to talk to people about breastfeeding, most of them being men. I was having conversations with men about why it’s important to have this law. We had constructed our bullet points and arguments carefully so that we weren’t bashing formula feeders. This isn’t about how you feed your baby. It’s about being able to feed your baby, wherever that happens. We want a woman with a bottle to be able to feed in the same places as a woman with the breast. Just really honing in on that we’re one of three states [that does not have a law]. One impact statement that we pulled from the Surgeon
General’s Report that said if every baby were exclusively breastfed for six months, $X$ amount of dollars would be saved.

We had four bullet points. Our last bullet point was that businesses support this measure, and our example for that was an initiative in the eastern part of the state where one of our medical schools and a local health coalition got together and partnered and developed a program called “Breastfeeding Welcome Here,” in which they recruited local businesses that were willing to say in the absence of a law, we support breastfeeding. They gave them a sticker to put on their storefront or door that had the international symbol of breastfeeding and said “Breastfeeding Welcome Here.” They already had 75-80 people enrolled, so we used that as businesses are on board with this.

I was encouraging other people to be very low-profile until we passed a certain point and just try to fly under the radar. And because we knew we were sitting on media stuff, we were also able to plan. We were able to have people working on our articles and say...when we clear this House committee, go ahead and publish it. The local media did some stuff that was their typical sensationalizing. The lead line in one of the news stories was “Soon in Virginia, Women Can Breastfeed Anywhere.” Literally making it sound as if we’re going to come into your home and sit on your sofa and breastfeed with both of our breasts out and breastfeed your kids and my kids and your neighbor’s kids! That was predictable media sensationalism. But we got very lucky that nothing bad happened. Working in various political movements, I feel like there is definitely a time and a place for the more radical approach. This was not the time and the place. We were smooth sailing. We do not need to rock the boat. Let’s not do anything crazy. If this gets killed, yes, we’ll be having nurse-ins at the capital next summer. Then we’ll change our
approach. But let’s try this kind of common sense approach. Let’s assume that people can have common sense, which they totally did.

At this point of the interview, I was in awe. Kate had so much knowledge. How did she learn the ins and outs of this process?

**Learning from the elders.** That was through a lot of the Equal Rights Amendment (ERA) work I was doing with a group of older women. A lot of them retired, a lot of them had been politically active for years, who kind of knew how to go around the General Assembly and do the door knocking and do the 30-second elevator speech. I had learned some basic skills from them about how to do that and then I did definitely refine on my own. I don’t think last year when they did the ERA they had a flyer. I need like a little one-pager thing… put it on blue card stock so that it’s standing out, it’s not going to get all crumpled and lost in a file, and I’m putting a logo on everything. I learned a lot from them, and I got comfortable with the process and got to know the general climate of the General Assembly.

**A community for mothers and babies.** I really do feel like [breastfeeding] should not be a partisan issue. There are plenty of things that are partisan issues. This – it’s just about women and babies. It doesn’t matter if you’re republican or democrat. And tea party, whatever you are. If you want to feed your baby, I support you. If you want to feed your baby with a bottle, I support you. Nothing I had in writing, ever said ‘Breast is Best.’ It was definitely putting on a different hat than I would do privately advocating. Sometimes people don’t know [breast milk] has some optimal health benefits. Some people don’t care, and that’s fine too. And with some of my background, I am totally aware that there are people that have past histories of sexual abuse and trauma and for those people, breastfeeding is just not something they want to do, and that’s okay. And so I felt like there was a component of where we wanted to just be very
inclusive and accepting of where people were coming from. But just point out that there are rights that breastfeeding women have in other states that we don’t have here in Virginia. And so a lot of it was just kind of learning along the way.

I’m a member of our Virginia Breastfeeding Task Force. I’m also appointed to the Virginia Breastfeeding Advisory Committee, which is through the Department of Health. So I’m affiliated with some organizations, but none of them were saying ‘we fully back you, use our name in this.’ I joined the task force because I thought this will be good. I need to connect with these people. I had a totally different idea of what it was than what it really is. At least in Virginia. Ours is not very grass roots. It’s a lot of medical professionals that are on it, and it’s been good for me. They supported me, but they never put their name behind it. They helped disseminate some information. In the beginning I was kind of like nobody supported me, but then I saw the other side of the coin which was ... I’m just me. I created this Facebook group, and I created some cards and we have this group that’s called Virginia Alliance for Breastfeeding Laws, which is what my contact information says, but that’s just something we made up. So I can do whatever I want! I don’t answer to anybody, there’s no board, there’s no taking a vote.

There’s a woman named Freda who’s run for office a few times down in Roanoke. She is a homeschooler and was in La Leche League, and she’s in her probably 50s now, but she’s still very connected with that community. So she had really good ties in that part of the state and good political ties. And Rebecca knows people in Northern Virginia. So I was working closely with those people, and so it’s not like I was just totally going rogue and bouncing ideas off of people. At the end of the day, I was the person in Richmond doing this. I’m pretty cautious: like if I had a new idea, I’m not going to just go do it myself. I’d text Rebecca or something ... hey, I was going to go to such and such, what do you think of that? And see what she said. And she
was good at having some of her feedback on our flyer and stuff... just some slight word changing
that was more inclusive. Just having it be a grass roots movement, there’s the ability to do what
you want. I very much am carrying that forward as...hey, if you’re in this group and you have
ideas, let’s hear ‘em. Because we have three bills lined up. I need to get on there sometime after
July 1 and be like, hey these are what we have for next year... do other people have ideas?
Because I don’t know what people’s struggles are. I don’t know what other issues there are and
barriers that breastfeeding women are facing and if you’ve got something, bring it to the group.
See what people think. My direction then would be...awesome idea, you are our point person.
Let me help you get in touch with your legislator. Because I can’t do that every year.

None of it’s ever been about me. It’s just about social justice to me. I feel like if there’s
someone that’s running up against that wall in their personal life and they want to take it on, I
want to empower you to do that. I do not want to take over the reins. I want to help you do it
and I want to let you use our group of 600 people to do it. You know you. I could easily do the
updating on when the bills are in the committee and stuff. But I feel like if there are people out
there that have encountered this, I want them to kind of be the point person and share their story.
Because that was the enticing thing. I don’t need my face on TV. This is not my thing. My son
still nurses, but I know that society doesn’t want to see, and that’s another whole ball of wax and
certainly normalizing breastfeeding and full-term breastfeeding is important, but that’s not what
this is about. So I don’t need to. And my nursing in public days are over. My son nurses at
night and in the morning. He might occasionally ask to nurse in public, but I just distract him
because we don’t need to do that. You’re almost 5. You’re good. I feel like there are probably
activists who would criticize me for that and say that I need to be full on, and I’m just like this is
my comfort zone.
Creating the next generation of activists. Kate’s children have participated alongside of Kate, which Kate hopes empowers them to know that they can be part of the political process. Her son has tagged along when speaking to senators and delegates, and her daughter has testified before a Senate committee.

*I feel like it was really good for my kids to see that, because this is our government. We live here. You can really easily interact with it. Just to raise them from a young age with this awareness of this is my government and I don’t have to just follow along with whatever happens. I can work for changes that I’d like to see. When they signed the bill, the governor made it a piece of Women’s History Month. So they had a reception at the governor’s mansion, which was very nice and fancy. My kids got to go, and we all got to get our pictures taken with the governor and we got the pen. The kids got commemorative coins from the governor, which they then threw up and down the capitol steps and got all dinged up. We’ll always have that story of that’s why there are dings in these coins. A cute memory for them growing up. So that was really neat that they got to see the whole process and actually meet the governor, benefits that I wouldn’t have thought and again probably because … I made it that. I could have easily gone and just done my thing and not met new people, and not brought my kids along. But I feel like I kind of maximized what it could do for me personally and my positive experience take-away from it was kind of magnified because I was like, this is awesome.*

I asked her when she first identified as a breastfeeding activist.

*It probably was when I was like, hey we need a law. I feel like before I did the law, people kind of knew that I’m into breastfeeding and breastfeed my kids and breastfed my kids long term and had a good amount of knowledge about it. But even then I wouldn’t have said I was an activist. Then I probably would have said I’m a supporter. Yeah, definitely feeling like*
getting involved in the government process and doing the lobbying [is when I felt like a breastfeeding activist].

I’ve learned that if there’s something that you see as a problem in society and you want to change it, you can do it. It might be a long process, but that doesn’t mean you shouldn’t take it on. I guess my approach would be let me try to figure out a way to make it less controversial because I get the middle of the road approach. I feel like when I was younger, I probably wouldn’t have and I definitely know younger activists who are like… you’re a traitor, you need to be like full-on radical. I just feel like there’s room for all kinds of approaches in this work – changing society.

**Meaning-Making with an Artifact**

It’s a pin. It’s the state seal, which is the only state seal that has a breast exposed on it. It was ironic that we have a breast…we have nudity on our state seal, and we’re one of three states that doesn’t allow breastfeeding in public. I learned the history behind it so that I could say this was a bipartisan seal. I definitely feel having gone through the process and engaged that intimately with the state government and then the whole fact that you know there’s a breast on our state seal… I definitely feel like I have a different appreciation for the seal. I definitely feel like I have a different relationship with my state. I feel like I made a positive change in Virginia. I shouldn’t say I made… it was a group effort to make a positive change that directly involved working with the government, and it has to do with breastfeeding and we have a breast on our seal.
Learning from Kate’s Story

Throughout and since the interview, I have been in admiration of Kate’s activism work. I find myself drawn to a number of social and political issues, but I feel uncertain about how to get involved in working toward change. As I reflect on the activist work that I see and the people doing that work, I suppose I have tended to think that there is something different about activists – that they have something (personality, resources, connections) that I do not. However, Kate’s story has taught me that activism can be learned, and there are plenty of people with varying levels of activist involvement who are happy to provide scaffolding to new activists who wish to learn how to do this important work. Kate’s story exemplifies English and Irving’s (2015) goal of feminist pedagogy that leadership should be both by women and for women. Kate has used information and communication technology (ICT) – primarily Facebook – to raise awareness about the breastfeeding bill in Virginia. She also used social media to mobilize others to contact their representatives and pressure them to vote for the bill. Through the use of ICT, Kate led a group of women to work on an issue that is for women. Despite her being the leader, Kate always emphasized collaboration and inclusion, characteristics of grassroots feminist organizing. Through inclusive collaboration and with the use of ICT, Kate worked to change the values of Virginians (Donnelly-Cox, Donoghue, & Hayes, 2001); her state had recently passed anti-women legislation related to reproductive rights, but Kate worked to change Virginia’s values from anti-women to pro-mothers and babies.

Kate’s story is one of learning liberation. “For many the best chance for liberation to occur is in mass social movements that will force large-scale social change. Individual liberation is seen as dependent on collective liberation” (Brookfield, 2005, p. 53). English and Irving (2015) also call a move beyond the individual and toward social change. Whereas Kate did not
not any marginalizing experiences breastfeeding in public, she knew that many other mothers have these experiences; her state had no legal protections for these mothers. Kate acted on her own privilege – formal education with a social justice leaning and an established career that allowed time away from the office to engage in activist activities – to lead others in a grassroots, collaborative social movement to compel extensive social change for breastfeeding mothers. Kate’s learning to be an activist has allowed her to use her own agency to collaborate with others to fight for broad social change, making liberation possible for mothers who have experienced greater marginalization.

**Brigitte: This is Normal and Natural**

On my way to interview Brigitte, I received a text message from my husband that he had been laid off from his job. As might be expected, I was a bit distraught and distracted as I arrived to Brigitte’s home. I was relieved at how welcoming Brigitte was; her gentle demeanor put me at ease, which allowed me to leave my worries at the door as I engaged with her. Brigitte led me to her dining room where she had prepared some hors d’oeuvres for us. (Her homemade hummus was my favorite.) A warm and sunny July day, the sun came through the windows in Brigitte’s dining room, and her dog, Sandy, rested at our feet. Brigitte is a 42-year-old, heterosexual, married, African-American woman. She holds a master’s degree but has been a homemaker during the childrearing years. A catalyst for Brigitte’s involvement in breastfeeding activism was noticing that the misinformation that people were getting from their doctors was hindering their breastfeeding success.
Becoming a Breastfeeding Mother

Brigitte’s mother breastfed her at a time in history when breastfeeding rates were at an all-time low and received a lot of criticism.

*Family members to this day will walk up to her and say,* remember when you were *nursing Brigitte…it was such a terrible thing.*

Despite knowing of the lack of support her mother received, Brigitte always assumed she would breastfeed. She also received criticism.

*Once I had my first son, I remember a woman walking up to me at the grocery store. I was sitting on a bench because he wanted to nurse right in the middle of grocery shopping. And she said, “You should give that baby cow’s milk. That would be a lot better for him.” And I remember saying, if he was a baby cow, I would do that. I almost got offended.*

*Just because it’s natural doesn’t mean it’s easy.* Brigitte was surprised that breastfeeding was not as easy as she expected something so natural to be.

*I’ve heard from people who’ve said it’s natural, so it’s supposed to be easy. And I’m thinking, well walking is natural too, but it takes a while for us to learn how to do it. It’s not just instantaneous.*

After persisting through some initial challenges, Brigitte realized she could not imagine not breastfeeding.

*I had problems with what we thought at the time was thrush with both of my kids. My breasts were cracking and bleeding, and it was horrible. I was trying to find a way to get through that and to figure it out, but I never thought about supplementing or anything like that. I think I just assumed, and the more that I read – I’m a reader – and the more that I read of how beneficial breastfeeding was, and the bond that I knew we had developed…I couldn’t imagine*
not doing it. I remember when I first started nursing both of them within the first couple weeks. I guess it was the Oxytocin. I was just amazed by that. I thought this is the most amazing thing ever! We should bottle it! And that really cemented to me that this was the natural order of things, because they nurse, it releases this and that. And so I thought oh yeah, this is totally happening; I don’t care what happens in between but we’re going to continue doing this.

**The challenge of finding good support.** Brigitte expected to find breastfeeding support in the hospital and at La Leche League meetings. She was surprised by the lack of breastfeeding experience – both personally and professionally – these supposed support persons had.

When my first son was born, he was jaundiced. They basically did send us home with formula and they said he is going to need extra, and you’re not going to have enough [milk]. They also gave us a [supplemental nursing system]. It’s hard enough to get them to latch on ...it was crazy. And so the first night, we tried the [the supplemental nursing system]. And I think he had maybe an ounce of formula. It was so just stressful, and I broke down crying. I said... I am not doing this anymore. And so we threw [away] the formula, and I nursed him from then on. I think they were supportive in the hospital of breastfeeding. I guess they weren’t totally because they sent us home with formula and said that we had to supplement. It was just that we had to be patient and wait for my milk to come in.

I remember going to La Leche League meetings in Towson. And I went one time and there were lactation consultants there – there were two of them – because they needed to attend a certain amount of La Leche League meetings in order to finish the lactation consultant [certification]. And neither one of them had breastfed a child. They just said they were interested in the field and that’s how they got in. So it was all just book knowledge. And I found
that fascinating. *Even the book knowledge... what they read in the books... sometimes they don’t keep up on things as they change.*

**Recognizing Marginalization**

Much of Brigitte’s personal experience with marginalization involve experiences breastfeeding in public. As a black woman, she wonders if these incidents were provoked by her race. She also received some resistance from her husband who was uncomfortable with her breastfeeding in public.

*I’ve had some weird comments. Just out in the public. My husband is Caucasian and so my children are very pale.*

I could see where Brigitte was going. I asked, “And so people are asking whose baby are you breastfeeding?”

*Yes, yes I’ve been asked that several times. I’m like really?*

And are these usually white people asking you?

*Black people usually, actually. One time I was sitting nursing my son and a lady came up and said he’s really cute, is he yours? And I was just in shock and I said...yes, he’s mine. And I was thinking, I don’t provide those services. And I have had a lot of people say things like that.*

I questioned if people thought she was a wet nurse.

*Perhaps. But I wasn’t aware that wet nursing was still going on in the 21st century, but apparently. I know with my husband, as my children got older I think he got less comfortable with them still nursing. When they were at home, it was fine; but [if] we’re out and about... I remember traveling with him, and I was like eight months pregnant or something. And my older son wanted to nurse. We were on the plane and he wanted to nurse. He was like two or maybe*
two-and-a-half. And so I nursed him. And my husband was like...you’re going to do that?

Here?!” So there was that sort of thing to deal with, getting a little bit of pushback, both when my children were younger and as they got older.

**Learning to Be an Activist**

While Brigitte’s personal experiences of marginalization occurred primarily while breastfeeding in public, her major push for breastfeeding activism came about as she realized how much misinformation women were being given about breastfeeding. This misinformation, which women got through the media and from their doctors, made breastfeeding more difficult.

*I think that when I see women who are struggling with different aspects of parenting, it made me think...if you were breastfeeding that baby, that would be that much easier. When I hear from people who are breastfeeding and they’re having trouble because they are listening to more mainstream things... saying you should have your baby on a schedule... you should only nurse him every two hours ... you should do this and that ... it really bothered me, because that’s not true and that is what was making it more difficult for them to do that. With both of my children, I didn’t use any cover-up or anything. Because I felt like it was just an extra step, and I didn’t feel like doing it. And then it’s hot. I also felt like the more people see that it’s a natural thing and it’s not something I have to carry extra stuff for. That’s why I breastfeed, ‘cuz I don’t have to warm up a bottle and all this kind of stuff. And so I felt like the more people saw me out breastfeeding my children, that in itself is kind of an activist sort of thing because it seems like in this day and age, everyone covers up. Or everyone goes into a different room. Or everyone hides. And I didn’t really want to do that. When I hear about kids who have all these different illnesses and things like that...it became kind of a social thing as well. I’d like for everyone to be as healthy as they can be. If I see kids and all they’re drinking is Coke, I feel sort of like I want*
to say something. And so this was sort of the same thing. I would like everyone’s child to be as healthy as possible, and for us to do things as closely as to how we’re supposed to do them. What’s natural and what’s the best for the child and the mother.

**A gradual journey into activism.** Brigitte did not set out to become a breastfeeding activist. Over time, she heard more stories from mothers whose doctors had provided misinformation that was making breastfeeding more difficult or even leading them to stop breastfeeding. On the contrary, Brigitte was getting information from her La Leche League group that was making breastfeeding easier. She wanted more breastfeeding women to have accurate information and support.

*It was a gradual. I do remember one experience with a friend of mine; her son was maybe six months older than mine and she stopped breastfeeding her son because the doctor said that he was allergic to her milk. And the things that she told me what showed that he was allergic to her…because she said he spits up. All babies spit up! And she said he’s really fussy. That was really frustrating for me because I saw her go through this and I was at the time going to La Leche League meetings, and it seemed like I was getting much better advice than she was from her doctor and the advice I was getting was actually helpful and useful and enabled me to continue my breastfeeding relationship. I was hearing other people say what their doctors told them seemed to be interfering with their breastfeeding. And so that was really frustrating to me because I felt like maybe part of the reason why women stop is because they get all this bad advice from people that they trust and people who they think know what they’re talking about. So I think that it wasn’t any one thing, but it was kind of just slowly seeing lots of things transpire that I wasn’t comfortable with.*
I’m on Baltimore Attachment Parenting website. In fact, I’m one of the list owners. I don’t know why; nobody else wants to do it. A lot of people would post there and they’d say, my pediatrician said this and what should I do? And so I remember hearing a lot of times just horrible advice from pediatricians, or they would tell them that they should like block feed [feed from only one breast per feeding] or something. And then the people were complaining because they didn’t have enough supply. Because that’s not how you’re supposed to do it! I think the internet has been good because then people who may need advice outside of the mainstream are able to get access to it, but again, that’s only people who are predisposed to seek it in the first place.

When I heard about the calendar, I said oh yeah, I want to do that ... that sounds cool. And that was a neat project. I was on this parenting listserv in Oklahoma, and I just remember someone posted and said this person is doing this and anybody who’s interested, you can go and it’s a free photoshoot, and so I went and did it. And then we found out a couple months later that we were on the cover! I think that was the only year that she did [the calendar]. She sold them online. I think she was giving them to lactation consultants, to hospitals, La Leche League meetings.

So what was interesting was my second son was born a little bit after that, and I started participating in the Maryland Breastfeeding Coalition. And I took [the calendar] to one of the meetings where they had nursing students who were doing their breastfeeding rotation or something, and they were horrified. These young nurses, you could just tell they were just horrified. The [text]book says this is how babies will latch on; they were okay with that, but actually seeing it was very disturbing for them. It was another kind of light – this is a real uphill battle. These are people who were supposed to be encouraging other people who were
breastfeeding, and they feel really uncomfortable seeing people breastfeed. That was very eye-opening. I know when I started to research about having a home birth – my first son I had in the hospital – I read something about most doctors had not seen natural childbirth. And so that really struck me. And I was like...well how are they going to help me have it if they’ve never seen it?! And the same thing when the nurses weren’t comfortable... well then how are you going to make ME comfortable with it if you’re not comfortable with it?

And I think the same thing with breastfeeding. Everything I heard that people were being told went so much against what evidence showed. I remember it was very frustrating. I think with my second son, that was when I made bookmarks. I read some article. Typically they say, this is why breastfeeding is best. [This article] did the opposite, and it said ... if you don’t breastfeed your baby, if you give your baby formula, then they are 50% more likely to have this... and I thought, Wow! I wish everyone knew this! But I didn’t know of a way to get that out. So I think for a lot of these things it was very frustrating because you have information and you don’t walk up to somebody [and give that information]. I thought maybe I’ll make cards, but then that quickly passed. That wasn’t even an option. It was like who is going to hand out bookmarks. I think with a lot of the information that I was finding, it was very frustrating because I guess it would benefit me but I was already doing it.

And that’s when I think I started seeing just the act of breastfeeding your baby in public without [a cover] – and of course, if you’re a mom, you can do whatever you want – but I felt like if you do that without covering up, that in itself is an act of activism because you’re showing people ... this is normal and natural.

**Intersections of race, class, and breastfeeding.** Brigitte perceived some of the negative reactions she received while breastfeeding in public as possibly racially motivated. I asked her
about the intersections of being a woman of color and breastfeeding. Brigitte noted that women of color and women who are economically disadvantaged often receive even more misinformation than white, middle-class women. She shared recounted some of her own observations as well as activism work she had done regarding normalizing breastfeeding among the black community.

My grandmother said when she had her children, the doctor would squeeze some milk out, and he would look at it and say... oh this is too thin, you can’t breastfeed your baby. And I was just like that’s just an excuse to touch your breast [laughter]. So he got her breast, got some milk out and he was like...you won’t be able to breastfeed, and that was it! And no arguing.

I remarked that much of the data do not separate race and socioeconomic status.

That, too, is what frustrates me, because it’s free. I went to Walmart a couple years ago and saw that they had locked up the formula because that’s what is stolen most often is formula. And you’ve got something [breast milk] that’s free! And so it really frustrates me that in communities where people are socially and economically disadvantaged, they get even more bad advice on what to do. I’ve had people say...that’s just nasty. And that’s the perception that I found ... that’s just nasty. I always wonder how are we going to get to a place where it is a normal and natural thing instead of wow ... you breastfeed. Or people will say that they breastfed their baby and they breastfed them for like six weeks, but that counts. I think a lot of it just has to do with the bad advice people get.

I was really sad. I got Mothering Magazine for a lot of years. And then went it went [online]. It’s still online; they don’t have a hard copy. Because I got a lot of support in there. Seeing other mothers, because they would always have pictures of mothers breastfeeding and that kind of stuff.
Brigitte showed me a letter she had written to Mothering Magazine about the inclusion of people of color in breastfeeding photographs. I mentioned how women of color are often overlooked in the breastfeeding literature, giving a “whitewashed” view of breastfeeding.

I had never thought about that because my mom breastfed me. My sisters breastfed their children...because my mom had, so she kind of set the tone. And so I never thought about it until I read it. And it was like ... maybe because more people don’t send in pictures... so here, I’ll send [mine].

I responded that I love that we are seeing more photographs of women breastfeeding and them being described as beautiful.

I’m wondering though...I think it is because we’re in that bubble. If you look at like Parent’s Magazine or something, I don’t think we see any people breastfeeding. I remember when I had my first son, my mother-in-law gave me a subscription to Parents and Parenting or American Baby or whatever. That magazine drove me insane because the advice in there was horrible! But that’s what most people get. And I don’t remember seeing anyone breastfeeding. I remember them saying breast is best, but I think they had like the little [breastfeeding symbol], but there were no actual [photographs]. Because there’s something about when you see someone else who looks the same way you do or who is doing what you’re doing.

**Identifying as an activist.** Despite having been involved in activist activities, Brigitte did not identify as an activist before receiving my call for participants. Her preliminary view of activism was that it involved protests. Once she realized that activism encompasses a wide variety of activities, she realized that she was an activist.

*I think when I got your email [recruiting participants]. I said... Oh, I have done something. I never really associated myself as an activist, because I would hear people on that
parenting listserv. They would say... we’re going to have a nurse-in, we’re going to go protest because they bothered Jane when she was nursing her baby and women protest. And I never went to nurse-ins. That’s just strange. Because for me, I wanted breastfeeding to be a normal, natural thing and a bunch women around breastfeeding their kids is NOT! While sitting on the steps! And so I never did. And so that’s what I associated with activism. So I don’t think I ever really considered myself an activist, other than I am going to breastfeed my baby anywhere I am, and I think I developed this kind of look on my face, like don’t mess with me. I remember sitting in Target, and it must’ve been during the summer or spring or something when they had their lawn furniture set out. I was sitting there and my husband went off to get something and he came back and said, “What are you doing?” Because I sat in this really comfortable chair and foot up on the ottoman and I was nursing my baby. And he was like what is going on. I was like…I’m trying out the furniture. So that was my thing...wherever I am, if my child nurses, this is what we’re going to do. And sometimes it was hard because you can tell people are uncomfortable. You can tell if they think it’s strange or something like that. But I felt like that the more relaxed I appeared and the more confident I appeared, that that’s doing something for someone else who might not be as comfortable or who might not have ever thought...hey, I can sit in Target and nurse my baby. So that was more what I felt was my contribution I guess. When they took the furniture away, I didn’t think ...Oh it’s fall, that’s why they took it. I thought ... they don’t want me nursing my kid there anymore so they took all the furniture away!

And then I have had people say to me... you know there’s a nursing area. And I said...I’m good! They seemed kind of taken back. I don’t want to go to a nursing area because then I don’t get to talk to anybody. Or like in a bathroom. So I do remember someone saying...well we have a nursing space in the bathroom, and I said something like, “If you
wouldn’t eat your lunch in the bathroom, why should I expect my baby to eat his lunch!” It is interesting what people think would make other people uncomfortable. Because I remember people would always talk about …well I don’t want anyone to see my breast…my exposed breast. And I’m like well no one sees exposed breasts. I’m more concerned about people seeing my post-baby belly. I’m trying to cover THIS up the whole time! I do remember people saying, “Well, I cover up.” Or they say, “I cover up because my child gets distracted,” or that sort of stuff. Because even people come to our house, my husband makes them feel so uncomfortable and I told him to stop doing it. They will come to our house and they will put the cover up on. He’s like … this is a breastfeeding house...you won’t need [a cover]...hey, baby. And I’m like...could you back off!? He’s like...oh yeah, we’re all pro-breastfeeding here. You don’t have to cover up! Even if we go to somebody’s house! Like they’re doing something embarrassing!

My husband was so comfortable with me doing it anywhere...unless we were around people that he knew. He was a lot more uncomfortable. He flies for Southwest, and the reason why he was so uncomfortable is because we were flying on Southwest and he was just like, “Look at you! Eight months pregnant!” And I’m just like...no one would know if you [didn’t point out that I am breastfeeding].

Learning to be vocal. For Brigitte, part of learning to be an activist involved learning how to be vocal. Whereas she has always been strong in her beliefs, moving from a thinker to a doer involved finding her voice.

I have always been very opinionated. I think I’ve always been very opinionated and very kind of strong willed, and I get riled up about things. So if I see things that aren’t “right” or proper or the way that they’re supposed to be or evidence-based, it bothers me. And so that I think is what has made me more vocal. If I hear anybody – anyone I know who says something
crazy about breastfeeding, I’m always quick to say...no, no, no. I am really into doing things based on evidence, and so it bothers me a lot with breastfeeding because so much of it is just based on gut instinct or something like that.

Learning from activism. Brigitte has learned that many of the people who are pushing breastfeeding are not comfortable with it themselves, which gives mixed messages to mothers. Normalizing breastfeeding is important for creating real change.

When I was with the Maryland Breastfeeding Coalition, what I noticed with that was – and a lot of it by necessity had to be – very factual. It had to be kind of sterile. And it felt like that. And they were saying how do we get more people to breastfeed? And they just would talk about these different statistics and different programs they could do. What was most enlightening to me about why it was such an uphill battle is how uncomfortable the nursing students were with seeing someone actually breastfeed. I think the activism part, the activism push so far has been sterile, and people still aren’t very comfortable with it. Even the people who are advocating for it are not totally comfortable with actually doing it. I think it’s more of...we want you to breastfeed as long as we don’t have to see it. That was very eye opening to me. Because I always wondered, I don’t know why people don’t just do this! And then when I saw how much pushback you get for doing it, and how many things are stacked against you, just in the normal course of the day... My cousin says she got a fever, and the doctor told her that she had mastitis and she should stop breastfeeding her baby because she would give it to her baby. And I said...I have news, your baby gave it to you! And you need to nurse that baby [to resolve the mastitis]. And so she stopped breastfeeding. And so that’s the advice people get. Or you know, some women have a fever. And they’re like, well you don’t want to nurse your baby [because you will make the baby sick].
I think just with the things that I have done – with the calendars and pictures and stuff – I realized too how limited it is. Now my mom has a copy of the calendar and she shows it to everybody she knows, but other than that it’s not really getting out to [the public]. It’s such an uphill battle to get it out to the majority of the population, to get the message out that it’s okay. This particular magazine – Mother Magazine – they are big advocates for all that sort of stuff, but how many people don’t know about Mother Magazine, and it’s gone now. There’s so much out there that we don’t know about.

**Meaning-Making with an Artifact**

Brigitte’s artifact represents the sense of stability that breastfeeding had for her as a mother and for her sons.

*My younger son, Noah – we were traveling. He was three, and we were going through Paris and Italy and all over the place. He was sort of out of sorts because we had flown there and then we got on a boat, and then we were on a train, and a bus. At one point, we had gotten off of one train and we had switched train stations and we didn’t realize we had to switch train stations so we were running and it was like the Amazing Race or something. And so then we finally got onto this train and we sit down and he say, “Mommy does this one take off?” No, no…this is the train, Son… it’s okay. He said, “I want to nurse.” And so I nursed him and I just remember how his whole body relaxed, and my whole body relaxed… and I asked my husband, can you just take a picture. I think[this experience] summed up our whole relationship. I think we were in Italy. I don’t even know where we … but for him, because he got to nurse, it didn’t matter. He’s like … everything is the same! And then I was digging through [photos]. This is my older son, same thing. He was in my husband’s backpack. He was riding in the backpack, and my husband tripped and fell. My son, he was very upset. He said I’m not going back in that
backpack. And so...I need to nurse! And so we were not going to be able to continue the hike unless [he nursed]. And that too was out in the middle of nowhere. And it just seemed like a stabilizer thing.

The Next Step in Breast-Related Activism

Brigitte has finished breastfeeding her children but is still passionate about activism related to breasts, identity, and supporting women.

Recently, I have been [vocal] about breast cancer. I had breast cancer, and I had bilateral mastectomy and I did not have reconstructive surgery so these are just prosthetic. And I think that my experience with breastfeeding my children was really informative in my decision not to do that. I felt like they were for breastfeeding my kids, and I already did that. And so I’m not going to go through all that surgery and stuff like to get some breasts that are non-functioning, because I’ve had some that are functioning, and I know how special that is and how wonderful it is. And you talk about pushback ...oh my goodness! Doctors. Now husband, my family – they are totally fine. They don’t care. Doctors, yeah. They’re like...oh, but you will feel so much better and you will be whole. And I’m like I’m already whole. It’s interesting – I think there’s almost more pushback on that than there is on breastfeeding. I have heard from so
many people...when are you getting the surgery? I'm not. Well why aren’t you? And everybody says you should. Like, who’s everybody? Why are you saying that?

I observed that Brigitte’s experience speaks to society. We look at breasts first as a symbol of a woman. We see breasts as sexual and as something that makes a woman pretty, but we are not looking at breasts for feeding.

*What they’re supposed to be for! They say, “We can give you bigger breasts, and they’ll be perky.” And I said...You know what? I had sad, saggy, post-breastfeeding breasts. I want those back! We had a history! I would like to be an activist for that. For letting women know that it’s okay if you don’t have reconstructive [surgery]. It’s okay if you do! But it’s also okay if you don’t. Because I’ve heard from people who have said that they didn’t know that was an option. And I think that’s terrible because I have been doing some research, and I see all the problems that women have had with reconstructive surgery. Just a whole multitude of problems for years...constant pain and this and that. So again, I’m frustrated. I think it bothers people if you’re not fixed. I remember when I had chemo, I was bald. People are uncomfortable with seeing [baldness]. Because what we typically see is the big sisterhood and then people are running and they’re happy and they’re cheering. We don’t see the true face of breast cancer, and so that’s my latest thing. I’m going to write a book...*

**Learning from Brigitte’s Story**

Brigitte’s story, I think, speaks to the need of critical feminist pedagogy to teach and promote activism for social change. Brigitte was aware that too many mothers were not receiving good information about breastfeeding, and although she had access to evidence-based information, trying to figure out how to share it was others has been her greatest challenge as a breastfeeding activist. Brigitte found her activist voice, in part, through her body. Being
photographed while breastfeeding her son for a calendar and breastfeeding in public are embodied forms of activism, examples of resisting choreography (Parviainen, 2010). Brigitte’s intuition also guided her activist efforts; she wrote a letter and sent a breastfeeding picture to a parenting magazine simply because it felt like the right thing to do since the publication rarely included images of women of color breastfeeding (Flannery, 2002; Hayes & Flannery, 2000; Ruth-Sahd & Tisdell, 2007; Tarule, 1988). Brigitte describes current initiatives to support breastfeeding as “sterile.” It seems that the breastfeeding movement would be more successful if it employed some of the qualities characteristic of critical feminist pedagogy, such as inclusiveness, collaboration, and supportive leadership (English & Irving, 2015). Brigitte’s approach to breastfeeding activism has been primarily at an individual level, but I get the sense she would have enjoyed collaborating with other women. I wonder if having more of a sense of connection to a larger group of breastfeeding activists would help her learn other ways to get the message out. As English and Irving (2015) remark, “staying with the personal will not do” (p. 111). As Brigitte considers her next realm of activism – supporting breast cancer survivors as they make meaning of their identity related to their changing breasts – perhaps an organized effort marked by feminist principles will benefit her work for social change.

**Stephanie: It’s about Caring and Showing Up**

When I was ready to begin soliciting participants for this study, I sent my call for participants to the lactation consultant, Ann, who supported me while I was breastfeeding my son. I knew Ann was well-connected with the breastfeeding community in Maryland and beyond. Stephanie is Ann’s neighbor and is also a breastfeeding activist. She contacted me to express her interest in being interviewed for my study after hearing about my research from Ann. I met Stephanie at her house on a comfortably warm summer morning. When I arrived, she was
in her front yard. She greeted me and invited me into her home. Because her home was currently undergoing renovations, we held the interview on her back deck. Stephanie’s back yard is full of enough mature trees to provide shade, but not so many that the sun cannot peek through. About a dozen free-range chickens call Stephanie’s back yard their home. They provide fresh eggs for her family. The chickens wandered around us during the interview, happily clucking. Stephanie is a 36-year-old white mother of two. She is a social worker by trade. Our interview began with my asking Stephanie about the first time she became aware of breastfeeding.

**Becoming a Breastfeeding Mother**

Stephanie likes to be informed when making a decision, and her choices are often influenced by what she believes is the most natural way to do things. Her decision on how to feed her babies was no exception. During her pregnancy, Stephanie researched breastfeeding and found that it has many benefits. She also was turned off by the ethical issues related to formula companies, namely that they engaged in deceitful marketing strategies that undermined the efforts of women in developing countries to establish breastfeeding. Despite wanting to have a home birth, Stephanie’s difficult labor (which lasted three days) ended up necessitating a caesarean. Fortunately, her son breastfed right away.

*Labor was really hard but I really feel like the breastfeeding was my saving grace. I felt so discouraged and so disappointed with my experience with labor and just feeling like I had done everything I could to prepare but not being able to deliver vaginally or naturally. The breastfeeding was a cinch. I totally embraced the breastfeeding-on-demand kind of idea, and I would just nurse him all the time. It was really easy for me.*
Stephanie also had a great experience breastfeeding her daughter and feels fortunate to have had such positive experiences with both of her children.

**Breastfeeding Mom, Working Mom, Marginalized Mom**

Stephanie was working full-time as a social worker at a psychiatric hospital. After giving birth to her son, she took three months of maternity leave and then returned to work part-time. Her mother and grandmother cared for her son while Stephanie worked. Being a feminist, Stephanie wanted as much of an egalitarian partnership as possible, so she and her husband both went part-time at their jobs; he was also able to help with childcare when Stephanie worked. While she was grateful that she had them to care for her son, she felt that it was unfortunate that she had to return to work when he was so young.

*I did feel like the more I learned, the more I felt like it is unfortunate...it’s ideal if you can stay home longer than three months. Even though it was my mom and grandma and we tried to have connection before I went back to work, it was hard on my son. And my son would cry and be very upset. I would always soothe him by breastfeeding, and so I started to realize if you’re breastfeeding and that’s your main way of soothing your baby, and then you go back to work, a bottle is not the same thing as soothing your baby by your presence and nursing. I didn’t really realize that until I went through it.*

Stephanie pumped milk for her baby while she was at work. She sometimes struggled to pump enough milk to leave at home for her son, although she always seemed to produce enough milk when breastfeeding him directly.

*I’m trying to pump as much as I can at work. I would try to pump three times or something. And this is what I’m making. So this is what I have to give him. I was trying to trust my body.*
Stephanie felt some guilt at trying to be both a good mother and a good employee.

Going back to work part time, in some ways I definitely feel like it’s easy to feel like you’re ineffective or insufficient, like in both areas, because at work, you’re not a full timer anymore, so that’s an adjustment, whereas other people are working every day and they’re there all the time, taking care of everything they need to take care of. As a part timer, you have to kind of say, “Okay, I’ve done what I can and now I need to go back home,” or “I’m not going to be back at work for another couple days.” And then at home, I also had those feelings where it’s like, “I’m so sorry, I know you want Mommy but Mommy’s going to work now.” And feeling like I’m not fully there for my kids, and I’m not fully there at work. I definitely have those feelings, but at the point that I’m at now, I do really feel like in a lot of ways working part time is ideal. I feel like working part time is great because at least for people who have studied and are interested in pursuing a career, but still wanting to have kids, now I feel like it’s a great arrangement. I feel like it’s been a balance; it’s really been a balance. We still have some imbalance within my family structure – just in terms of my husband making much more money with his work than I do as a social worker, but I still feel like it provides more balance in that way too, which for us I think is good.

Stephanie felt that overall her boss and co-workers were very supportive of her needing to pump at work, but Stephanie also wondered if people thought poorly of her because she was no longer working full-time.

At one point I felt like [my boss] would like me to come back full time. She worked full time with a young baby. And I felt like she maybe would have preferred for me to come back full time at some point, but I pretty much told her that I was happy part time. It was really working out great for me. Someone that I work with that I really value their opinion ... I heard them
saying there was a male psychiatrist whose wife was pregnant, and they were expecting the baby very soon. And people were just talking about what he would do when the baby came. And this woman who had been my supervisor at one point, she said...oh, he’s very professional. He will not take a long paternity leave. And that hit me kind of like... ok, so it’s unprofessional for you to take time off to be with your kids. She doesn’t have any kids. She never married. Never had children. But that kind of hurt a little bit just hearing that opinion and thinking, I wonder is that what they think of me – that I’m unprofessional for making the choices I’ve made. What are the expectations

Stephanie felt well-supported as a breastfeeding mother. Her husband and mother were supportive, and she also got a lot of support and made friends with other mothers through La Leche League.

**Learning to Be an Activist**

As I previously mentioned, Stephanie likes to be informed when making decisions. She did a lot of research before deciding to breastfeed. Through her research, she was struck by the ways that formula companies target women. A self-identified feminist and promoter of social justice, Stephanie was moved to breastfeeding activism because she felt that the formula companies were taking advantage of women.

*From the research and knowledge I had gained about the benefits of breastfeeding, it fit so well with my personal philosophies of trying to do things that are the most natural. Like less invasive. Avoiding interventions as much as you can. And it’s free...this great thing that your body does that’s totally free. To me, everybody should take advantage of this. It’s like this big coupon or something... everybody has access to this big rebate coupon kind of thing. Why wouldn’t you use it? As I learn more about the things with formula and the ways that the
formula companies would give out the gift bags in the hospital and target third-world countries, and just various things that I almost felt were like cigarette companies. Like marketing and taking advantage of people and claiming it’s healthy, but is it healthy? That triggered my [activism].

A feeling of disillusionment, a desire to create change. I definitely had a foundation in social justice, because of my own life experiences, and then my education in psychology and social work is very much about advocacy and social justice issues. And so then as I was experiencing breastfeeding and the ins and outs of it and then having more awareness of the impact of those choices and the other aspects of it on women’s lives and children’s lives and family – family dynamics – I think my passion for it started to grow. And a little bit of disbelief, kind of shock, frustration sometimes with when I would encounter highly educated people that still did not have a clue about breastfeeding or the importance of breastfeeding. It was a little bit of disillusionment. Even people who maybe were well meaning but saying things about women covering up. I did have some coworkers…same coworker who made that comment about the doctor being professional [for not taking paternity leave] …I would hear comments about women openly breastfeeding and how that’s inappropriate. You’re making barriers for women to nurse their kids. And that has a negative impact on women and kids. I also double majored in women’s studies in undergrad, so I had a real strong kind of feminist identity and trying to advocate for women’s right and gender equality and stuff. I felt like you’re really putting women in a bind, and you’re shaming women when you say stuff like that; that’s not helping anyone. If anything, it’s only creating more taboos and negative things on society. So I really started to feel more passionately about it.
With my coworkers, I would hear this opinion, and for the most part they wouldn’t see me breastfeeding because I didn’t really hang out with them with my baby outside of work. But it was like hearing things from people that I respected and thought of as like well-educated people and people who were savvy and kind of empathetic people. I could see work needs to be done in these areas...advocacy work needs to be done here. Because you have smart people who would otherwise try to help people, so you have these people who would otherwise be great, supportive people, but with breastfeeding they just don’t get it. People don’t see it or don’t understand.

And the internet too with advocacy...I think that fed a lot of my frustration and desire to create change or work to change things. Just seeing the stupid comments people put on the internet, like with articles and just shaming women.

Identity, involvement, and learning. I just identify as someone who cares about social justice and then, I care about breastfeeding. And then it’s like these two like coincide. There’s an overlap there where I was like. This is not fair to women, or this is hurtful to women; effort needs to be put forth. And so I was like ... okay, I’ll join in. But I never really thought about it as being an activist, like really labeling myself as like a breastfeeding activist. I love to go to protests. I do like a good protest!

In college, Stephanie participated in activist activities related to sexual assault, better pay for staff in the hospitality industry, and AIDS.

I try to join in with things when I can. With the whole Black Lives Matter...I’ve done a little bit with that. Just advocacy when I find out about something and realize that effort needs to be put there. Try to join in.

I did have some classes in my social work degree [that taught me about activism]. Even in undergrad, I had a social work class that involved social justice, and we would look at
different movements to fight for social justice and things that they did to fight and to raise awareness. And I did have some of that content as an undergrad. When I was in my master’s program, there was also a class that focused on community organizing...just things to do when you’re trying to gather people. It's good information. But honestly I just feel like so much of being like an activist is caring. Caring about an issue. Showing up. The breastfeeding protests that I’ve attended, like the sit-ins and nurse-ins... honestly it’s really just about showing up and being like I’m here, this is who I am.

I asked Stephanie if she ever felt nervous going to these events.

A little bit. Especially knowing [that] usually you’re having it at those locations because there’s been issues. It’s why people call for that to happen. There were times. But Alex, my husband, would go with me too, and then I would try to go with friends, and we would just go together. Sometimes I wouldn’t necessarily go with friends, but you would meet other people there, and then it’s like. I enjoy that part of it.

I am privileged...in a lot of ways. I think I do have a lot of privileges in society. I feel like in most areas I am respected and treated in a kind way or civil way. My awareness that maybe in the area of breastfeeding, or the shame or things with breastfeeding like – that would be one of the only areas where people would try to discriminate or interact with me in a way that would be disrespectful or something. I guess I feel like by being present at protests, it’s kind of like...you wouldn’t disrespect me in these other areas, so why would you disrespect me or even challenge people? You’re going to disrespect me because I’m breastfeeding?

I asked Stephanie to share what she has learned from her work as a breastfeeding activist.

As I’ve been a mother for like a longer period of time – I was like this with feminism too, in college – I was hard core and kind of more radical. I was very passionate. I don’t know if it’s
age or hormones or what, but then I sort of calmed down. I was like okay, these are important issues. These are issues that we need to continue to work on and fight towards and work towards, but I don’t need to go crazy or kill myself for this cause. I’m going to be more effective as a person and as an advocate if I can maintain balance and still fight for the issues but still live a happy life. That happened for me with feminism and I think with breastfeeding, and I think things have just changed. I definitely support breastfeeding and advocate breastfeeding, but I want to be sensitive to other women. If anything, I feel more strongly about making sure that the marketing is not targeting women who are already facing so many barriers or doing things that would just not be sustainable. You’re encouraging the use of formula for women who cannot continue to afford formula. It’s not cost effective for people to be using it, and then they’re stuck on formula because they can’t breastfeed. Things like that I feel very strongly against. I still have the tendency to feel that if more women got the support, like the support that I felt, I do tend to think that more women would breastfeed if they had support and the opportunities and access...all those things. I feel like more women would breastfeed. And it’s like how much of it is a choice to formula feed versus not getting support and making that choice because of lack of support? I still kind of have those questions. I don’t want to be hurtful to other women. People talk about the mommy wars. I guess I just feel like the older I get and the more comfortable I feel in my own parenting and breastfeeding experiences, I definitely want to help advocate for education and help advocate for support, advocate for access. And then I guess if people make the choices that they make, I do believe that people have that right to make choices for their families. But I do think it’s important that people have the access and the education [to make] informed choices. But I do believe in women and family’s rights to make decisions.
Meaning-Making with an Artifact

I noticed a scarf sitting on the table and asked Stephanie if it was her artifact.

This artifact is something I wore for one of the protests that means the most to me. I’ve noticed that when I go to protests, I do tend to wear a head scarf, a bandana, or some kind of head scarf. For some reason, I just associate bandanas with working. If I’m working around the house, sometimes I’ll put on a bandana. I used to have long hair, and it was to keep my hair out of my face or keep my hair back. Sometimes I feel like it looks a little tough…like Rosie the Riveter. Sometimes when I’ve gone to protests, I’m like, I’m putting my bandana on and we’re going to work; we’re advocating for this. There was a protest that I attended when Vivian was probably three months old. I was nursing Xavier too. I think I briefly nursed him there. It was at the Hirshhorn Art Museum in DC where a mother was told by a security guard to go to the bathroom to breastfeed. So there was a really big [nurse-in]; it had a really good turnout. We attended that. I was there with a friend of mine, and we sat together and there were plenty of other [women]. My good friend was there too, who I met in La Leche League. We were sitting together. There were a lot of photographers there and after that protest, we’re like … oh my gosh, our picture was everywhere. This is us when we were at that [protest], in my bandana.
I asked Stephanie if there was anything we did not talk about that she would like to add.

*I’m kind of in the twilight of my breastfeeding, I guess. For me personally, I think about with my kids, the impact that it [breastfeeding has] had on them. Like if they would appreciate it or their thoughts on it. I definitely feel like it was great with my son. After we stopped breastfeeding, things have been very difficult with my son. I’m at a point where I’m kind of looking back on it, and it’s kind of like you know it’s kind of coming to an end. Definitely these breastfeeding years have been so great, like very tender years. I’ve definitely been glad to be involved with advocacy. It’s been great to talk about it.

Learning from Stephanie’s Story

Stephanie’s story demonstrates how formal and informal learning dovetail when becoming an activist. Understanding the need for advocacy work and activism began through Stephanie’s formal education, when she studied Psychology and Women’s Studies at the undergraduate level. Her coursework helped her understand the need for social justice and cultivated her identity as a feminist. With a social justice lens gleaned from formal learning, Stephanie was able to learn informally through technology – mainly social media (English & Irving, 2015) – about the marginalization of some breastfeeding mothers; reading the comments people made about breastfeeding women in response to articles posted on social media made Stephanie aware of the ignorance around breastfeeding. Furthermore, online research provided
Stephanie with information about the predatory marketing practices of formula companies. Stephanie explains that the crux of activism is caring about others. As a breastfeeding mother who cares about others, Stephanie became involved in activism as a way to form a connection between the personal and social. Stephanie and the friends she met through her activist work provided mutual support for one another, attending protests together (Flannery, 2002).

Stephanie’s body also played a role in both her learning and activism (English & Irving, 2015). Stephanie trusted her body as she learned to breastfeed and used her body as a form of resistance when participating in nurse-ins and other activist events (Parviainen, 2010). Perhaps the most noteworthy learning Stephanie took from her activism work is that her approach does not have to be radical to be effective, and each woman must make her own parenting choices. It seems that Stephanie has come to recognize that knowledge is constructed at an individual level (Belenky et al., 1997), and her concern is that women have access to information to be able to construct the knowledge they need to make decisions about feeding their baby. I continue to work on finding this balance. Like Stephanie, I have a strong social justice orientation, and I want to fight every battle. When I acknowledge an issue and see others actively decide not to fight that battle, I often feel that they are selling out. Stephanie’s story, however, shows me that one can still be an effective activist by choosing her battles. To this point, my activist efforts have been relatively on an individual level. I wonder if by moving my activist efforts from a personal to a social arena, as Stephanie did, I might better be able to find the sort of balance she describes.

Stephanie’s journey of becoming a breastfeeding activist has entailed a blend of formal and informal learning, both having aspects of critical feminist pedagogy.
Sarah: A Shift from Getting to Giving Support

Sarah emailed me after a friend of hers shared my call for participants. She explained that she had breastfed two babies and was currently breastfeeding her third. She also said this in her email:

*I run a blog where I try to help mothers learn about what things are normal/not normal. I am a huge believer in "monkey see, monkey do" and that while breastfeeding is natural and instinctive, the human species also has to SEE it. They have to see it to understand how to do it. We don't see it as a culture. We don't see our sisters and cousins and aunts birth their babies and put them to the breast for the first time. We don't see our friends breastfeeding their babies. I first became aware of the idea that breastfeeding mothers were a marginalized group when I was pregnant with my oldest and I started joining communities of mothers hoping to find support. Instead I found a lot of opinions about breastfeeding etiquette that seemed very unmanageable and limiting, especially when my son was born and wanted to nurse all the time.*

I had no doubt that Sarah was a perfect fit for the study. Through some emails back and forth, we decided to meet at a library near her home in New Jersey. Sarah also explained that she is deaf but can speak and is able to read lips. This disclosure made me nervous and excited – nervous that we would not be able to understand each other, but excited to learn how her being deaf influenced her breastfeeding story, if at all. Unfortunately, the library would not allow us to reserve a private room ahead of time, and there were no private rooms available when we arrived. We found a nook that provided some privacy and was furnished with comfortable armchairs and a coffee table. When I played back the recording of the interview, it was hard to hear some parts of the interview because of the background noise and Sarah’s quiet voice.
Accordingly, I decided to transcribe this interview myself because I had the memory and context to do it more accurately than would the transcriptionist. Sarah is a 35-year-old white woman who is a stay-at-home-mom and writer. She earned her GED; in the interview, she touched on challenges she had at school because her teachers were unwilling to accommodate her deafness. Sarah has three children – one from a previous marriage, and two from her current relationship. Her children are ages nine, five, and three.

**Becoming a Breastfeeding Mother**

For Sarah, breastfeeding had always seemed normal. Deciding to breastfeed was never an issue; it was a given. Having grown up with a sense of breastfeeding being normal, Sarah was surprised to find that breastfeeding did not come easily, and there was often a lack of support.

*My mom breastfed me when I was a kid. I was the youngest, so I never really saw breastfeeding. I never saw siblings breastfeed. I never saw cousins breastfeed. I never really saw anybody breastfeed. We actually didn’t formula feed so I learned as a child it was just a normal thing. It didn’t feel like it was unusual. My mom never formula-fed me or my brother. She formula-fed my sister. Growing up, she sort of talked to me about this is why that happened with my sister. This is because she lacked information. People told her she had to. She regretted it. The earliest memory I have was when I was around five, my mom babysat a baby. And she had a bottle of formula and I was curious about it so I asked if I could taste it. And it tasted very bad. I remember thinking at the time it was really sad that I had weaned because otherwise my mom could just nurse the baby. And my mom was like “I don’t think so.” Breastfeeding for me was just the default and the norm. It was more like...I couldn’t break an ankle and second guess walking. You fix the ankle. So for me it was like, formula was there if necessary, but it never got the point for me that it was necessary.*
[Breastfeeding] was something that I knew I was going to do. With my first husband we talked about introducing formula actually. Is that [breast milk] going to be enough food? We talked about when the baby would start solids. So there was a bit of a discussion. We talked about what he needs. So then he expected that the baby nurses. But when the baby stops nursing, we’ll do something else. This is what the default is, so we’ll do this. It’s the idea that something you can’t see...you can’t see it, you can’t shake it in a bottle. But the baby grows, the baby makes diapers. So it’s invisible for people.

At first, Sarah believed that learning to breastfeed is about the mother learning how to breastfeed her baby. With her three babies, she learned that both the mother and baby are part of the learning process.

With my first, I was struggling to sort of learn how it was done. Then with my second I expected it to be a lot easier because I already had breastfeeding skills. So for my second it was [helping the] baby learn to breastfeed. And all of my kids had tongue ties. My second two needed had to have them reversed, my first one didn’t. It made things easier from there, but we made things work. So with my second I had to learn the baby had to breastfeed too. With my third I sort of understood that I know [how to breastfeed], she doesn’t. She’ll have to learn. So I was expecting it to be easier again, but she was the worst breastfeeder of all. So you just never know exactly how it happens. I knew where to get support. She was my third. I was actually seen by an IBCLC. Sometimes the baby needs help!

And the second, his tongue tie was so bad that, after a few months old I was afraid he was not getting enough milk. But when at the time I was weighing him on the scale, he was taking in 30 ounces a day. So I was like, this doesn’t make sense. So the doctor was exploring does he have flow issues...is it this, is it that...he kept saying tongue tie was not an issue. He was
totally against having the tongue-tie clipped. So we went to a pediatric GI specialist and did all of these tests. They wanted to do sides only and things like that. Finally they said if you want to get the tongue-tie snipped if this is an issue to you...get it clipped! Completely different. Completely different. Started gaining weight. Stopped having reflux symptoms. Different personality. Started nursing less. My first nursed so badly that I was able to sort of help them get a better latch. Like if you had to lay back breastfeeding, you could get a better latch.

Sarah grew up in a breastfeeding-friendly family. After giving birth to her first baby, she was surprised by the lack of support from hospital staff. She often felt uncomfortable breastfeeding in public. As a new mother, Sarah felt unsupported by her husband and disconnected from her friends, who lived in other places.

When I had my first child I had a completely different set of expectations. I was expecting it to be normal. I was expecting it to be supported. It didn’t really click in my head until I was holding my own baby and it was like I have absolutely no idea how to do this. So the nurse was trying to show me how to breastfeed, but she had never breastfed her child. And her way of showing me how to breastfeed was handing me a bottle of formula and to say OK, teach him how to suck by putting a bottle of formula in his mouth. This isn’t for me. So I pushed that away. But then I didn’t know what to do. And I was supposed to wait for a lactation consultant. But they didn’t have a lactation consultant that was available to see me. So we had to reinvent the wheel. And it was not what I was expecting. It was in New York City. They wanted to do an induction. I said no we’re not doing an induction.

There’s been a lot of different experiences. One time I was breastfeeding at Dunkin Donuts [and questioning if it was okay]. This shouldn’t be happening...like at some point things just sort of shifted in my head. I stopped questioning myself to just be like this is normal.
[There are moms who think] I’m going to switch to formula because I need to go out and have social contact. So I’m going to switch to formula so I can be comfortable. And it was just horrible. You need social contact. You need to be out. It’s a public health issue. When I had a baby, I was sort of socially isolated. Because living in New York City…it was different. So I didn’t have friends there. My friends lived in other states. So after I had kids, I met people with kids. You need to be out of the house. The first time I breastfed in public, I wasn’t expecting to have to breastfeed in public. Because I thought that you feed the baby, you have a few hours before you have to feed the baby again. So I wasn’t expecting it. So I didn’t know how to do it. I was at the office at the clinic. Pediatrician’s office. It was an all-ages clinic. So lots of people. And I had my raincoat. I was trying to figure out how to cover. So I got the baby under, and I still couldn’t figure out how to bring the baby into it. And now I can just do it. But I still couldn’t figure out how to get the baby [to latch]. And then I came out from under the blanket. And the first thing I saw was this woman giving me a nasty look. My ex-husband was with me at the time. He was not supportive. He was uncomfortable, I was uncomfortable, the baby was uncomfortable. So we got through that. Then we went into the pediatrician’s office. I asked the pediatrician if it was okay...if I could nurse. And she said, “Absolutely. Please do. Don’t ask me, just do it.” The only difference [between the woman in the waiting room and in the office] was her reaction. The pediatrician offered to let me stay in the room to feed the baby. But it was more like if I was uncomfortable feeding the baby in the waiting room. So it was about if I was more comfortable.

**Recognizing Marginalization**

Sarah felt marginalized by medical personnel who undermined her wish to breastfeed, insisting that she bottle-feed. When troubleshooting breastfeeding challenges, some doctors
went so far as to blame Sarah for the problems she was experiencing. Sarah sensed that the doctors felt that they knew more about her and her baby than she did, even when they were giving her misinformation about breastfeeding.

*With my first...they told me all sorts of stuff. When I asked to see a lactation consultant, they said why don’t you just give him a bottle. Just give him a bottle. And I couldn’t get him to latch on. So at that point I wondered if formula was necessary. But I said I wanted to try first. They said he needed vitamin D. They said he was jaundiced, and I should to give him a teaspoon a day of formula. I took home the instructions. With my second, they offered my partner formula, but they didn’t offer me formula. I think it’s because I had crossed out all of the formula on the forms. They don’t know. I think I questioned that why everybody was giving me a different reason. If we were all on the same page, if we were all given the same reason and the same information...not different reasons...and I wondered if this was true [the baby needing formula]. My middle son, they wanted me to supplement with formula because he wasn’t gaining enough weight. And they all had different ideas about what was causing the weight loss. One of them said I was too thin and I should eat pizza. Another one said he was probably allergic to milk and gluten, and I should eliminate milk and gluten from my diet. And so I wanted to see how much he was getting and go from there. It was very frustrating being told that the reason my son was jaundiced because I was breastfeeding and I should give him formula for the first 48 hours of life so he wouldn’t have to go under the bili lights. But one doctor [threatened that we would not be able to] go home. [It was] scary because I just wanted to get the baby home.*

*When my second was born, he was having trouble regulating his body temperature. They wanted him under the warming lights. No, give him to me! Skin-to-skin! I was talking to the*
nurse. And she wouldn’t let me take the baby. So I just refused to sit down. They kept coming in, but I wouldn’t let them take the baby. Finally they were just like we will come into the room to take the baby’s temperature. The baby’s temperature was already better because of skin-to-skin. But they don’t like you telling them what you want to do. They’re not willing to listen. Doctors will do a lot of things that aren’t necessary just because it’s easier. And it’s really scary. I hear a lot of stories of women who were pushed into all sorts of different things because they just don’t know what [to do]. One of my friends just had her sixth child. The first baby she formula-fed for a variety of different reasons. She is seriously a huge breastfeeding advocate. Her first baby couldn’t breastfeed. Every single time after that she breastfed. Her last couple of kids have been [successful]. And every single time she got a lot of mixed information.

**Learning to Be an Activist**

Sarah’s activism has been largely providing sound, evidence-based advice through online media. Her identification as a breastfeeding activist came from realizing that people were seeking her out for breastfeeding advice and support.

I was on Café Mom [website]. I shifted from getting support to giving support. I became one of the admins. And I started shifting my energy to my website...giving advice... [creating] a repository of information. Here’s a problem, this is my solution. So I shifted to writing. Actually, it’s sort of that other people started coming to me. It sort of evolved. It mostly was groups I was in where I was giving support. And I remember finding a lot of misinformation. And it was interesting – there were different types of advocacy that I was seeing. There are types of advocacy that help. There are types of advocacy that seem to want to apply force. And I sort of started recognizing types of advocacy that felt right for me. I’ve done the type of advocacy that involves finding information. That involves adding pressure to institutes, companies,
doctors…not women. So I like to focus on that. I’ve helped other people figure out how to navigate.

Sarah is deaf, which created some challenges when she was in school. Unfortunately, school personnel were not keen on providing learning accommodations.

I had to advocate for myself in school. In the school environment I needed an interpreter. And the school had some questions about whether I actually needed an interpreter or not. They thought I should be able to lip read. But I couldn’t do that if I was in the back of the room. So I couldn’t see. So I had to advocate.

Some of Sarah’s activism-related learning occurred as soon as she became a mother and had to advocate for herself and her baby.

[I developed an] understanding that just because someone has authority doesn’t mean I have to stand for it. [I learned about] questioning people…I came to that the first day as a new mom. I’ve learned that people don’t want to ask you to make choices. And I’ve learned that not getting to make choices is one of the most demeaning experiences that I can think of. My pediatrician says that not making a decision is still making a decision. So I found that when we were trying not to make decisions, we were actually making a lot of tiny decisions. And sometimes you just have to say OK [and make a decision]. And I think it’s just because I stopped paying attention to what other people thought my decision should be. Tell people, look – I’ll take a vote, we can listen to each other, but I get a vote too!

Meaning-Making with an Artifact

Sarah’s artifact, a blanket, has had different purposes throughout her breastfeeding journey. The changing uses of the blanket seem to reflect variations in her confidence as a breastfeeding mother.
This is actually the blanket I used to cover up myself and the baby the first time I nursed in public [in the doctor’s waiting room]. And I just kept it. As a memento. I didn’t purchase this for my child. It was thrown in with a lot of things that I got from EBay. So I never intended to buy it. When I first saw it, I just liked it. That was before my child was born. So, the first time I saw it, I had a really strong reaction to it. And the first time I used it was when I tried to cover up in the office. For me, it’s just something that I keep. For some reason, I just always had it. I had always used it as a cover. And then I used it for baby changing, for a spit rag, for some other things. The first time I just decided it wasn’t about that [covering], I was breastfeeding in Central Park. I had mastitis. I hadn’t [breastfed uncovered] in awhile, but because I had mastitis, it was uncomfortable. So I looked for a private bench. I found a bench where nobody was. So I sat down, and tourists started to come. And I was in a location that was next to a monument of some sort.

This story of Sarah breastfeeding uncovered in public in front of dozens of people seemed like the culmination of her breastfeeding story. She had gone from a new mom in a doctor’s office waiting room hiding behind her coat as she tried to feed her baby to a proud breastfeeding mother. I asked Sarah if she had anything else to share.

We are hoping to have a fourth, actually. No expectations.
Learning from Sarah’s Story

Sarah’s story of learning to be a breastfeeding activist seemingly began before she had her first baby. While pregnant, she attempted to learn informally through online support groups but found instead “information” she felt was limiting and barrier-imposing. After becoming a breastfeeding mother, Sarah continued to look for supportive online groups. As she began to frequent these groups, she noticed a shift of being the one to get support to the one to give support to other mothers. Mutual support (Flannery, 2002), Sarah realized, was the type of breastfeeding advocacy work that “felt right” to her (Flannery, 2002; Hayes & Flannery, 2000; Tarule, 1988). Sarah’s draw to information and community technology (English & Irving, 2015) as a site of both learning and activism is in part due to her being deaf. Sarah had spent her childhood years in an education system that failed to accommodate her deafness. It was as though her deafness dictated her silence. Belenky et al. (1997) notes that some women find themselves silenced, leaving them feeling disconnected from knowledge. Clearly, Sarah did not want to be silenced; she had a great deal of knowledge, and she wanted to use that knowledge to support other women. Information and communication technology allowed Sarah to have a voice (English & Irving, 2015). When Sarah supports women through sharing information online, whether through message boards or her blog, she uses her voice. Of course, Sarah’s ideas and potential to support others is present offline, but when she is online, she feels most able “to express thoughts and feelings so that [she] can be heard and understood by others” (Hayes, 2002, pp. 79-80). In an effort to be authentic in my role as the researcher, I must share how my impression of Sarah parallels what I see in her story. When Sarah and I communicated via email, I felt that our communication was clearest. When we communicated in person, I struggled to hear her voice, and she sometimes struggled to read my lips. Sarah’s interview was the
shortest of all of the participants’; I have to wonder if communication challenges influenced the length of the interview. Was I less likely to ask a follow-up question for fear that I would have difficulty understanding Sarah’s response? Since interviewing Sarah, I sometimes read her blog and feel that her voice comes through so much better in that medium than it did through my interview with her. While I believe that Sarah does have a voice and many important things to say, I wonder how my own “stuff” may have prevented her voice from being heard fully in the interview.

**Chapter Summary**

This chapter is the first of two that share the findings of this study. This chapter includes four featured stories. Kate, Brigitte, Stephanie, and Sarah’s stories provide insight to the different ways women learn to be breastfeeding activists. Despite having different experiences breastfeeding and as activists, all four stories demonstrate that critical feminist pedagogy has a role in learning to become a breastfeeding activist. In the next chapter, I will summarize the remaining seven stories. Through all of these stories, we will better understand how women come to recognize the marginalization of breastfeeding women and how some women learn to be breastfeeding activists.
CHAPTER FIVE
THE NARRATIVE SUMMARIES

Narrative research involves a method of data collection that elicits stories from participants. For the current study, the narrative interviews drew rich, meaningful stories from the participants. To share all of the stories in their entirety would be overwhelming for the reader. Chapter 4 featured four of the participants’ stories. This chapter will share the stories of the remaining seven participants, but in summary form. These narrative summaries will be grouped thematically in pairs or triads, and I will share my reflection on each group’s stories.

There is a Place for Kindness in Activism

The three women in this group – Katy, Marie, and Jessica – struggled with identifying as breastfeeding activists because the word “activist” had a negative connotation to them. Their conception of an activist was someone who was angrily protesting or shaming non-breastfeeding mothers. Their stories include their learning about the spectrum of activism and finding that one can be kind and still be an effective activist.

Katy

I met Katy at her home in a suburban area of Maryland. Katy answered the door and invited me into her family room. Her belly was full of life, her second baby due in October. Her two-year-old daughter was napping when I arrived but joined us later in the interview. Katy’s two border collies hung out with us during the interview; one of her dogs, though larger than the typical lap dog, found a comfy spot in the chair with me, which I found delightful. Katy is a 32-year-old married, non-religious, white woman. Katy was born in England and moved to the United States in 1993. She identifies as both British and American. She has bachelors and master’s degrees in English Literature, as well as an associate’s degree in Women’s Studies. She is a work-at-home mom, self-employed in the publishing industry.
For Katy, breastfeeding seemed like the instinctive thing to do, even with being breastfed by her mother for only six weeks. For her husband, it was less of a given. Despite coming from a family of breast-feeders and being breastfed himself, he wanted more information so they could make an informed decision about how to feed their baby. Katy gladly compiled evidence-based information for her husband to read, and they made the decision together that she would breastfeed. Her daughter breastfed exclusively for six months before introducing solids, and she was still breastfeeding at the time of the interview. Katy had a very positive experience breastfeeding. She had no pain or problems with an adequate supply. The hardest part of breastfeeding for Katy has been related to sleep, as her daughter needed to nurse throughout the night. There were some minor biting issues when Aria got teeth, but they got past them.

Overall, Katy felt she was supported as a breastfeeding mother. Her husband and parents have been supportive. Katy has a network of pro-breastfeeding friends on Facebook. She recalled one negative experience breastfeeding in public:

One time – I don’t even think she was three months old yet – I was at a store. She wanted to nurse, and I was in the hallway to the fitting rooms. The fitting rooms were in an open hallway, and then they went around and at that corner they had a bench, so I just sat there. And an employee came up and said wouldn’t you be more comfortable if you went in one of the fitting rooms? I said, no, I’m fine, thank you. She said there’s a horse and pony show coming; all the big wigs are coming down from Maine, and I don’t want you to be too exposed. I said, oh will they have a problem with me being in their store? She said, oh no. I said I’m fine here, but thanks.

Katy recalled several other times that she received looks from people while she was breastfeeding in public. She described herself as having a “come-at-me kind of attitude,” which
allowed her to manage breastfeeding in public in ways that other mothers may not have been able to do.

Katy was aware that women have had much more marginalizing experiences than she had. For example, Katy’s friend was on an airplane with her husband – who was not supportive of breastfeeding – and her infant, who she was breastfeeding during the flight. There was also an 11-year-old boy sitting in their row. The flight attendant approached them and told her she needed to cover herself because the boy was uncomfortable. The boy had been completely unaware that she was breastfeeding and told the flight attendant there was no problem. The flight attendant persisted, and Katy’s friend told the flight attendant that she had a legal right to breastfeed uncovered. Eventually, the flight attendant moved the boy to another seat, against his wishes. When Katy’s friend shared this story with their Facebook group, Katy and others in the group felt that they had to do something. They blasted the airline’s Facebook page; the airline tried to keep up with removing the posts, but more mothers joined the effort and posted their disapproval of the airline’s policy and how they handled this particular situation. Katy and other members of the Facebook group organized a nurse-in at Baltimore-Washington International Airport; about 30 mothers came and nursed their babies. The event was covered by five local news stations. Katy said that they modeled the event after other nurse-ins they had seen throughout the country. Much of her knowledge about nurse-ins had come from social media.

Katy was moved to breastfeeding activism because of my inability to keep my mouth shut and just the injustice I saw and the lack of education, especially coming from the medical institutions. Before organizing the nurse-in, much of Katie’s activism involved sharing evidence-based information about breastfeeding on Facebook. Katy is concerned that some forms of breastfeeding activism marginalize moms who choose not to breastfeed. She believes
in providing good information to all moms and supporting them in the decisions they make. She recounted a story about a friend who was unable to breastfeed due to birth trauma and who was verbally attacked at Target when buying formula. Katy is disgusted by “mommy wars” that pin breastfeeding and formula-feeding moms against another. Katy’s goal as an activist is to ensure that all women have evidence-based information about breastfeeding because, unfortunately, too many doctors and health professionals are providing bad information. With good information, mothers can make informed choices, and then Katy believes that all mothers should be supported in their decisions.

Interestingly, Katy did not think of herself as an activist until she received an email with my call for participants.

*I guess I fit into that...I guess it's what an activist is. I saw a wrong and I wanted to stand up for what I thought was right. And I guess I have been [an activist] all along – just wanted people to challenge me and trying to educate people. But I guess I didn’t really put that label onto it until your email. I just want us to be able to whip out our boobs and be able to feed!*  
*I don’t think [activist] is an incorrect label. You say ‘activist’ and I think of people on the side of the road picketing...hippies and their star sunglasses.*

Katy’s most prominent piece of learning from her activism experiences is that women tend to be mean and judgmental. Katy admits that she has also been mean and as a result of her activist work, she is trying to be more compassionate. She now realizes that every woman has a story and has made the choices she has for a reason. Many women have had challenges or struggles that have influenced their feeding decisions. Now, Katy tries to remember to ask how she can help.
Katy had several artifacts. One of the artifacts is a pendant that she had made from her breastmilk from nursing her daughter. The other artifacts are books by the midwife Ina Mae Gaskin. These books have helped Katy learn to trust and feel empowered by her body. Gaskin has a saying in the book: “Your body is not a lemon.” This message reminds Katy that her body is capable of giving birth and feeding her child. She hopes that all moms can feel empowered and, even if they do not make the same choices Katy would, that they are supported in their choices as mothers.

Marie contacted me after hearing about my study through an attachment parenting group to which she belongs. Marie and I met at a local library, where I had reserved a meeting room for our interview. Halfway through the interview, we were interrupted by library staff who said they needed the room for another meeting, so Marie and I relocated to a coffee shop off of the library’s lobby to finish the interview. Marie has a bright and bubbly personality. She comes across as confident – someone who knows herself well and is grounded strongly in her convictions. Marie is 33 years old, white, and heterosexual. She is the mother to two daughters and the breadwinner of her family, working in financial services; her husband is a stay-at-home dad.

Marie is the fourth of five children. She first became aware of breastfeeding at age four when she saw her mother breastfeeding her younger sister. Marie has vivid memories of seeing
her mother breastfeed. Her mother has always spoken fondly of her breastfeeding years, and breastfeeding was a common topic of discussion in her family up to the point when she got pregnant with her first daughter. Marie never doubted she would breastfeed. Her sisters and sisters-in-law have all breastfed, so Marie has always felt supported in a family of breastfeeders. Marie describes her breastfeeding experiences quite positively. From her research, she knew that feeding on demand was ideal. While she felt like breastfeeding was her full-time job for the first few months, she embraced it. Having her husband at home relieved some pressure; she felt able to focus on bonding with her daughter and establishing breastfeeding. As the sole breadwinner, she did a lot of research about breastfeeding and pumping to prepare her for her return to work. She and her husband discussed logistics, such as the use of bottles and feeding schedules.

Generally, Marie received a great deal of support as a breastfeeding mother. Her family, employer, and church were supportive. At work, she excused herself from meetings when she needed to pump. Her employer had a lactation room on site, so there was never an issue of finding a secure, comfortable place to pump. Marie credits the support from her employer in allowing her to be successful as a working, breastfeeding mom, noting that some mothers cannot pump frequently enough at work, which diminishes their milk supply. Whereas some women enjoy pumping at work, Marie found that pumping was a painful reminder that she was away from her baby. Although Marie felt supported at work, she noted that there is a dearth of breastfeeding support for working mothers. Many support groups meet on weekdays, and the mothers have plans with their families and friends on the weekends. Marie explained:

*I felt really isolated and kind of angry because I felt like it was this club that I didn’t really belong to.*
Marie has had some minor negative experiences while nursing in public, mostly just looks from bystanders. The most significant negative experience occurred while she was breastfeeding her 15-month-old daughter in the waiting room at the chiropractor’s office. Another woman in the office told her daughter that she was too old to be breastfeeding and she should be eating food. Marie responded by saying, *Gertrude, why don’t you tell her what you had for dinner last night? You had chicken and sweet potatoes and broccoli ... you eat a lot, don’t you?* Marie felt this response was direct without being confrontational; she simply wanted to educate the woman that what she was doing was not abnormal.

Marie does not connect strongly with the word activist, particularly because she associates breastfeeding activism with lactivism, which she feels too often employs a judgmental stance. Instead, she sees herself as someone who offers support and information to other mothers, describing herself as an ambassador. Marie’s most salient activism experience was starting a group for breastfeeding mothers at her work. In the pumping room, there was a sign-in sheet; Marie wrote down the names of all of the women who signed in and contacted them to invite them to lunch. The group met on their lunch breaks and shared stories and information about breastfeeding. Marie found that many of these women were receiving misinformation from their pediatricians about breastfeeding. Marie wanted to provide them with good information without being preachy; the last thing she wanted to do was make any of these women feel inadequate for their parenting decisions. From her experiences, Marie learned that she needs to be gentler when trying to educate other mothers. She realized that breastfeeding is not a one-size-fits-all experience, and what is most important is that mothers must receive accurate, appropriate information and support so they can breastfeed. Marie thinks that lactivists
are often judgmental of women who do not breastfeed, and that approach is not conducive to supporting and encouraging breastfeeding.

Despite her involvement with domestic violence and attending demonstrations for natural birth and breastfeeding, Marie did not identify as an activist. She felt that much of her work was at a personal level and that activism requires joining an organization or being outspoken about an issue at a public level. Interestingly, as she continued to share stories, Marie came to this point:

*So now I’m going to go back on what I said ... maybe I was an activist.*

She shared an experience of having started a women’s network at her previous job. The group brought in outside speakers, and one of the speakers was giving a lecture entitled “Breastfeeding: It’s Not as Easy as You Think.” Marie did not like the negative tone of the title because she felt that it was discouraging to mothers, so she contacted the speaker and shared her concerns. The speaker refused to change the title, so Marie boycotted the event.

Marie did not set out to be a breastfeeding activist, nor did she make a concerted effort to learn how to be an activist.

*I just did what felt right and what felt natural. You realize what’s really important... or you feel really impassioned about something, and then you just want to get more involved and do more, and meet other people who share that value. I sought out other people that were breastfeeding so we could talk about it and be more involved.*

The main take-away for Marie is that it is important to be kinder to other moms. While she is passionate about breastfeeding and thinks everyone should be able to do it, she realizes she has different education, support, resources than some moms do. Marie continues to educate mothers about breastfeeding, but she now tries to impart knowledge without appearing judgmental.
Jessica

Jessica and I met at a bookstore in Harrisburg, Pennsylvania. It had been awhile since I had been in a non-corporate bookstore; in recent years, my visits to bookstores had been to places like Barnes and Noble. In contrast, I found this bookstore to be full of character: interesting architecture, a mix of old and new books, and a café housed behind a knotty wood counter. Jessica and I each grabbed a cup of coffee, which was served in stoneware mugs. We settled into a corner in the children’s area of the bookstore, which had bins of toys and puzzles to keep Jessica’s daughter, Nora, occupied during the interview. Jessica is a 30-year old woman of mixed race – black and white. She holds a doctorate in Physical Therapy and is currently practicing in a hospital setting.

Jessica did not have a strong sense about breastfeeding before she got pregnant. She recalls seeing her mother both breastfeed and formula-feed her younger sister, but she had not made much personal meaning from those experiences. During her pregnancy she began researching infant-feeding options. At first, she was drawn to breastfeeding because formula is so expensive; through further research, she learned of the many benefits breastfeeding offers. When her daughter was born, Jessica felt like she had no idea what she was doing. Breastfeeding, however, was going well. Breastfeeding was her saving grace.

*Having that continued bond with her through feeding her, and having read so much about it to kind of know what I was giving her; it was like the one solid rock comfort that I had the whole time.*

Jessica had a positive breastfeeding experience with no physical or supply issues. She felt supported by her husband. She loved how breastfeeding allowed her to connect with her daughter and noted that this bond is what she will take away from breastfeeding.
When Jessica returned to work, she expected that pumping would be an issue. She was pleasantly surprised with how accommodating her boss was. Not only did he provide her with a key to his office, offering it as a private space for her to pump, he also invited her to have her husband bring her baby to work on the weekends to Jessica could breastfeed her. Her boss invited her to feed her daughter wherever she felt comfortable: in the gym (at the physical therapy office), in his office, anywhere she felt comfortable.

Jessica’s only negative breastfeeding experience happened at a Major League Baseball game. When her daughter was young, Jessica left the stands to look for a more private place to feed Nora. The people Jessica was with did not understand why she had to breastfeed her, asking why she could not just give her a bottle. Jessica was not comfortable nursing in the open area, so she asked a ballpark staff person where she could go to feed Nora. The staff person directed her to the family bathroom. Jessica figured there would be a lounge area, but there was not; she breastfed Nora while sitting on the edge of the toilet.

*It was really horrible. And I came back, and that was probably the moment that I decided I’m standing up for myself. I’m not ever, ever, ever doing that again. Because that was gross. I was sitting in there for 35 minutes trying to nurse her in this bathroom. And that was really when I was like I need to stand up for myself because this is not how this belongs.*

Jessica went to another baseball game a few weeks later, and the same staff person offered the family bathroom. Jessica refused, and the woman reluctantly recommended that she use the first aid area. Jessica said that area was much better; it was clean. She did not feel that the woman was being dismissive and believed she was truly trying to be helpful. Jessica thought the woman simply did not know about breastfeeding and did not understand her wanting a clean, private place.
Before the incidents at the baseball game, Jessica was not aware that breastfeeding in public was an issue for some women, nor did she know that there is a was this whole world of breastfeeding activism around. After her experience, Jessica became more attuned to other examples of breastfeeding women having marginalizing experiences – such as a mother being kicked out of Starbucks – when trying to feed their babies in public. Much of her awareness came from articles posted on social media. Through social media, she also became aware of activism activities, such as The Big Latch, an online event where woman all breastfed their babies at the same time and posted on social media about it. Jessica’s identification as a breastfeeding activist involved her making sense of what it meant to be an activist and determining her own philosophies about breastfeeding. She solidified her beliefs about breastfeeding through her daughter’s first year. Once she made sense of her own beliefs, Jessica had to make sense of what it meant to be a breastfeeding activist.

*I feel like saying that you’re a breastfeeding activist or lactivist…it’s almost derogatory sometimes. Like thinking that you’re going to go around shaming people for using formula, or think that you should just walk around with your top off all the time just in case there’s a baby around who needs to latch. It just conjured up all those images of these self-righteous, yoga-doing, granola-eating nature moms who just have to shame everybody who’s not doing things their way. So I was really hesitant to self-identify that way because I had heard all of those stereotypes before, and I was like I just really like to breastfeed my kid. I think I should be able to do it whenever I want, as long as I want.*

Jessica learned that activism existed on a spectrum, and she needed to figure out where she fit. Her awareness of different activism activities largely came about from social media. She learned that she was not comfortable being the kind of activist who screamed about her cause,
nor did she have to shame mothers who use formula. Jessica learned that she was comfortable standing up for herself – as she did at the baseball game – and with joining other moms to attend latch events. Over time, she has aligned herself with other mom-activists who have the same views that she does, and she enjoys the sense of community. Through her activist work, Jessica concluded that people who seem to resist breastfeeding are usually not trying to be mean; they just lack education and understanding. Thus, for her, activism is not about being militant and judgmental; rather, it is about helping people understand what breastfeeding is and is not.

Jessica’s artifact is her nursing cover. Sometimes she used it, sometimes she did not. For her, the nursing cover symbolizes choices. Every mother has the right to choose whether she wants to breastfeed or not and whether or not to breastfeed covered or uncovered. For Jessica, the cover symbolizes what she believes about breastfeeding activism: women should be supported for doing what is right for them and their families.

Learning from Katy, Marie, and Jessica’s Stories

Katy, Marie, and Jessica’s stories offer some insight as to how principles of women’s learning play a role in activist learning. The feminist values of connection, voice, and intuition are present in these women’s stories. For each of these women, breastfeeding is personally important and meaningful. To learn how to be activists, they needed to find connection between the personal and social. Katy found the social connection through a Facebook group; Marie
found it through creating a group at work for breastfeeding mothers; Jessica made connections first through social media and then in real-life relationships. Connections are important for women’s learning because many women rely on caring relationships and mutual support in the learning process (Flannery, 2002). Through these connections, Katy, Marie, and Jessica learned about the spectrum of breastfeeding activist and found their own voices as activists. In women’s learning, voice can have various meanings (English & Irving, 2015). For these three women, they learned that their voices do not have to be loud or antagonistic to be heard; kind voices have a place on the activism spectrum. These women learned that using kindness can be just as effective – if not more – as being a loud protester at a rally. These women, especially Marie and Jessica, came to understand what activism means for them based on intuition; both women talked about finding the right fit or doing what felt right. Intuition is an important aspect of learning for many women (English & Irving, 2015; Flannery, 2002; Ruth-Sahd & Tisdell, 2007). These three aspects of women’s learning – connection, voice, and intuition – were each important for Katy, Marie, and Jessica’s activist learning, particularly in helping them find their place on the activism spectrum.

**Activist Learning from Leadership Positions**

Julia and Katie’s stories comprise this section. Julia and Katie know each other from their careers in public health and have worked together on breastfeeding initiatives through their roles with the Alexandria Breastfeeding Promotional Committee. Much of their learning to be an activist has occurred through this feminist organization.

**Julia**

Julia contacted me to express interest in participating in the study after we were introduced via Facebook by a mutual acquaintance, Megan. I had met Megan through a new moms support group when my daughter was several weeks old. Megan saw the call for
participants that I had posted on my Facebook page and immediately thought of her friend Julia. Through a couple of email exchanges, it was clear that Julia was a good fit for the study. Julia invited me to hold the interview in her home in Northern Virginia. She prepared a lovely lunch for us to enjoy during the interview. Her daughter ate her lunch along with us and then got out of her highchair to play while we finished the interview. Julia is a 37-year old white, Jewish, Russian-American mother of two children, six-year old Zachary and two-year old Ariana. She works in the public health field. Julia characterizes herself as vocal

Breastfeeding was not something Julia had given much thought to before having her first baby. Her mother did not breastfeed, and breastfeeding was not something she was all that aware of before getting into public health. Her career in public health made her aware of breastfeeding and its health benefits, but Julia did not become a mother with a strong sense of being a breast-feeder. With her second baby, the desire to breastfeed exclusively was greater. Her post-partum hospital experiences mirrored her own, with hospital staff being unconcerned about breastfeeding with her first child and much more supportive of it with her second baby. For example, with her son, the hospital staff often took the baby to the nursery and did not discourage Julia from using formula. Ariana, on the other hand, roomed-in with Julia and there was a breastfeeding class on-site. Breastfeeding Zachary continued to be challenging because of Julia’s physiology, which required the use of a nipple shield. She had to return to work after four months. With Ariana, she was able to stay home for six months.

Julia’s husband was extremely supportive. She most appreciated his support through her son’s first few weeks when they had to use a nipple shield and supplemental nursing system (SNS) to teach him how to suck. Julia’s husband got up with her for nighttime feedings and helped her position the baby and the SNS.
I definitely think you have to have a partner who is supportive. There’s no way you can do that by yourself. And it was such a process. You’re up all night doing this. I’m just really lucky [my husband] was really committed to it. He was really committed to it the second time, too. I think that helps. I think it’s really challenging if you have a partner who isn’t supportive because it’s a two-man show.

She also received support from her mother-in-law who was a nurse and happy to offer breastfeeding advice.

Julia first identified as an activist after having her son. She felt that she had to advocate for what she needed to establish breastfeeding, such as time off from work. When Julia returned to work, she had to pump milk. Being in public health, Julia found that her employer was supportive of breastfeeding and supported her pumping at work. There was a lactation room with a fridge and a comfortable chair. Julia had control over her calendar, so she was able to pump whenever necessary, even if it meant leaving a meeting. Julia’s boss allowed her to bring Ariana to some meetings so she could breastfeed during the meeting. When the meetings occurred off-site at hotels or conference centers, her employer books an extra room to be used as a lactation space. At a meeting at a hotel, her employer had booked an extra room to be used for pumping. Julia had pumped, stored her milk in the fridge, and washed the pump parts, leaving them on the counter to dry. When she returned to the room later in the day, her pump, pump parts, and milk was gone. Luckily, the front desk was able to track it down, but it was a distressing situation for Julia and certainly a distraction from her work day. The greatest challenge came with having to travel for work, especially when she had to pump in airports. Few airports have lactation spaces, so she had to pump in bathrooms, many of which had
nowhere to sit other than the toilet. Julia had to pack her pump, ice packs, and a cooler, which she said was a lot to lug around.

Julia experienced a good deal of support as a working, breastfeeding mother. Even with her privilege as an educated, salaried, upper-middle class woman, managing breastfeeding while working was challenging.

*Even ask somebody who is in the field and is a middle-class working person. I have experienced challenges and I can imagine for somebody who doesn’t have a voice like me, it's really hard. And especially if you’re an hourly waged worker.*

Julia believes that her positionality gave her a voice that women with less privilege may not have. Julia realizes that the support she had from her employer and husband allowed her to be successful as a breastfeeding, working mother; many women do not have the same support, making breastfeeding extremely difficult if not impossible.

Julia got involved in breastfeeding activism sort of by accident. Her area of specialization within the public health field is nutrition. She was interested in having a speaker come to her son’s daycare and was using Google to look for possible contacts. She came across the Alexandria Childhood Obesity Action Network and got involved with them. She became a member of the breastfeeding subcommittee, working alongside several other women. When the subcommittee chair changed positions, Julia asked her friend Katie to co-chair the breastfeeding subcommittee with her. The committee has been working on a campaign to identify businesses that are breastfeeding-friendly; voluntarily, businesses can place a decal in their window indicating that they support breastfeeding. Julia pointed out that she does not lobby, nor would she ever do that. She enjoys working with other women on a local level.

Julia sees her role as an activist as still unfolding.
I don’t even know if I really know how to be an activist yet. I think I’m still really learning. I see my role right now as more of a promotional level. Talking to businesses. Being a part of these coalitions. Just being a voice in the community. I like to help bring people together and help people kind of leverage whatever they’re doing in ways that kind of can connect everybody.

Much of her activist learning has occurred through connecting and talking with others, which gives her a feel for the major issues facing breastfeeding women and ways to promote positive change and support. Her next project is trying to get lactation rooms in National Airport. Julia has learned that infant-feeding is a complex topic that evokes a lot of emotion from people. She is happy to be connected with other like-minded people and is excited to continue to learn how to be a breastfeeding activist.

Katie

Katie became a participant in the study through her friendship and activism work with Julia (whose story precedes this one). Julia introduced Katie and me via email, and Katie indicated her interest in the study. Julia lives nearly two hours from me, so I was grateful when she offered her home as a space to interview Katie after my interview with Julia. Julia and I had finished our interview, and I was playing with her daughter while Julia answered some work emails. Katie arrived and briefly caught up with Julia before Julia and her daughter left to run errands, leaving the house to Katie and me to conduct the interview. Nearly seven months pregnant with her second baby, Katie had the proverbial “pregnancy glow.” Katie is a 29-year old, married, white woman who works in public health. Her daughter is two.

Katie grew up in a family that had a culture of breastfeeding as normal. Katie’s mother breastfed her and her younger sister, but Katie has no memories of it. She recalls seeing her aunts breastfeed, which set the tone that breastfeeding is normal. Her positive feelings toward
breastfeeding were reinforced through her career in public health. Katie’s husband, however, had a very different experience; no one in his family breastfed their babies, but he quickly embraced the idea of being a breastfeeding family. Not only did he recognize the health benefits of breastfeeding, he wanted Katie to have the experience of breastfeeding as a way to bond with her baby. Katie’s husband attended breastfeeding classes with her. In the hospital, he intercepted the promotional formula bags, telling the hospital staff that they had chosen breastfeeding.

Katie fell in love with breastfeeding. She found breastfeeding to be quite powerful.

*I had such a wonderful experience. It’s like some of my fondest memories of having a young infant, and one of the things I’m looking forward to also with a new baby. It’s just so special. It’s like such a special role to be able to nourish another person like that, and really seeing how much she had grown and changed and it seemed like that was all from my milk. This is so amazing! I loved the power that it had.*

Katie spoke about breastfeeding as a sort of “reset button.” Whenever her daughter was upset, she could breastfeed her, and everything seemed to go back to normal. Katie found it empowering that through breastfeeding, she could satisfy and calm her daughter.

Overall, Katie had a very favorable experience breastfeeding and only minimal experiences of marginalization when she did not feel supported by her in-laws. Working in public health, her employer was cognizant of the importance of breastfeeding. Although there was no formal policy addressing breastfeeding employees, Katie is working with her employer to have one established. Her workplace had a lactation room. Katie was never concerned that having to work would determine how long she could breastfeed; she had the support she needed to pump during the day and maintain her milk supply. Katie describes Alexandria as having a
positive breastfeeding culture. She has many friends who also breastfeed, and it is not uncommon to be in public and see others breastfeeding. Katie was unsure at first about breastfeeding in church, but she quickly noticed that other mothers breastfeed their babies during Mass.

Katie’s did not set out to be a breastfeeding activist, and her becoming an activist happened pretty organically. She attended a support group led by a lactation consultant at the DC Breastfeeding Center for the first three months after her daughter was born. She learned a lot about breastfeeding and motherhood at this group, and she found it to be an empowering experience. She saw how difficult breastfeeding was for some of the mothers in the group and felt called to be a part of making breastfeeding easier in her community. At the same time, her friend Julia asked Katie if she would like to co-chair the breastfeeding subcommittee of the Childhood Obesity Action Network of Alexandria. Katie figured she would learn how to do advocacy work through the group. The breastfeeding subcommittee works with the Alexandria Health Department, taking into consideration their goals for breastfeeding in the area. One of these goals is to build partnerships with businesses. In addition to the Health Department’s initiatives, the subcommittee can also decide what their interests and priorities are. They also collaborate with the broader Childhood Obesity Action Network. In addition to her work with the committee, Katie has become a bit of a breastfeeding activist at work, making sure that there are lactation accommodations for employees and meeting attendees and breastfeeding policies in the books.

Katie gained some initial activism experience through her graduate coursework. She recalled spending a few days at the state legislature talking to law makers about various nutrition topics and public health. She learned how to package her message and break it down to what the
legislator needs to know. Part of getting the message across, Katie said, is being aware of what the average person knows on the topic and filling in the gaps by translating the science or research recommendations to help the legislator make a case for policy.

The exact point that she identified as an activist is unclear, as Katie was advocating for breastfeeding policies at work even before she gave birth and began breastfeeding. She believes that the first time she breastfed her daughter in public was a sort of activism, as she was making a public statement about her choice to breastfeed. Katie’s friends and family, it seems, view her as a breastfeeding activist. She is their “go to” person when breastfeeding-related issues come up in the media. Katie notes that her presence in social media has changed to reflect her activism work.

Katie’s current activism work is focused on changing policy to create environments – such as places of employment and airports – that are supportive of breastfeeding. She also would like to work for policy that requires that all women be given the same, evidence-based information about breastfeeding from their doctors or midwives, as not to give some women better access to resources than others. Katie has learned that these changes occur when activists network and collaborate.

I think for me and with this group, it’s happening. Making that choice, just starting to get involved and then deciding what do we want to do and sort of getting more in the weeds of...okay, so how do we do that? And then you sort of look up, and it’s like, OH! This is advocacy! This is changing environments and policy!

Katie described how she looks at what other coalitions are doing around the state. Sometimes her committee can join efforts with them, and sometimes her group spearheads a particular initiative and invites others to join in.
The crux of Katie’s learning is that being an activist is empowering. While she acknowledges she benefits from her activist work, she knows her efforts are much more far-reaching and have a positive impact for many mothers.

This is to make it easier for all women. It’s empowering. It feels good that it has become a selfless cause too, that it’s working on the path of others. I think it’s so hard. It’s hard to feel your voice and that you can make a difference on any public issue.

As Katie continues to find her voice through collaboration with others, she will likely continue to feel empowered as she sees the fruits of her labor.

Learning from Julia and Katie’s Stories

Julia and Katie’s stories demonstrate how organizational leadership can scaffold women’s activist learning. Although Katie had some formal learning related to activism, much of her learning to be an activist occurred “on the job” once she took on the role of co-chair of the breastfeeding subcommittee. As co-chairs of the breastfeeding subcommittee, Julia and Katie have taken on several organizational tasks (Donnelly-Cox, Donoghue, & Hayes, 2001). For instance, they have had to identify the needs for their group to address. While some of these needs are influenced by the Health Department, a government entity with which they must interact, they also work with other committee members and women involved in other breastfeeding groups in Virginia to identify needs. Within this role, Julia and Katie have ascertained which businesses are breastfeeding-friendly and created decals for them to place in their window. Much of Julia and Katie’s learning has occurred through interactions (English & Irving, 2015), such as attending meetings and collaborating with members of other breastfeeding coalitions throughout Virginia. Both Julia and Katie have found their leadership roles to be inspiring. Co-chairing the breastfeeding subcommittee has provided Julia and Katie with an arena to have their voices heard, which has been empowering. Batliwala (2011) explains that
taking on leadership roles is potentially transformative, “Enabling deep-seated changes in the self that have resulted not only in a sense of self-awareness, empowerment and liberation, but in new ways of acting for change in the external world” (p. 59). As Julia and Katie continue in their leadership roles on the breastfeeding subcommittee, they will likely continue to learn their liberation (Brookfield, 2005) as they work to empower themselves and others.

**Emotion Leads to Action**

Amanda and Julia’s stories are included in this section. Their stories show the role of emotion in women’s personal growth and activist learning.

**Amanda**

I met Amanda in her home in the suburbs about a half hour outside of Baltimore. Entering her home, I first noticed some of her wall art – Michigan-themed pictures. I told her my husband is from Michigan, and she shared that she was originally from Michigan. We chatted a bit about places I have visited in Michigan as we got settled in Amanda’s kitchen. I remarked that her kitchen was beautiful, and she proudly told me that she remodeled it herself. Her two-year-old son Quentin went back and forth between his play room and the kitchen. Amanda is a 30-year-old white, Jewish, heterosexual, married woman. She has a master’s degree in Education and is currently pursuing a doctoral degree in the same field. Although she was previously employed as a teacher, she now works as a nanny, which allows her the flexibility to be home with her son.

For Amanda, whether to breastfeed or formula-feed was never a question. She reports knowing from early childhood that she would breastfeed. She was breastfed, although her siblings were not. Her husband’s mother breastfed him and his siblings. Interestingly, Amanda was unaware of the breast versus bottle controversy until she was older. While Amanda knew she was going to breastfeed, she did not know that she would decide to exclusively breastfeed for
a full year before introducing any solids. Overall, Amanda has received support from both her family and her in-laws.

Amanda described her breastfeeding experience as being easy. She and Quentin experienced some initial latch problems, but they were short-lived. Her milk came in quickly, and she produced plenty of milk. An overabundant milk supply with a forceful letdown was her greatest struggle. She had to learn different holds so Quentin did not choke on the milk.

Amanda received a lot of support from groups, both online and in person. She joined a group called Milk Makers that was started by six moms who would go to the hospital support group every other week and then out for coffee. Milk Makers is now both an in-person and online Facebook group for moms and their babies. The group offers support for moms and an active play group for babies. Amanda provides a lot of support and education to other mothers through this group.

Amanda did a lot of research about exclusive breastfeeding for the first year and decided it was the right decision for them. Some people did not understand this decision and seemed to judge Amanda for it, but she was confident in her decision and happy to educate others about the research supporting exclusive breastfeeding. Her pediatrician supported her decision to exclusively breastfeed for one year. When her son was sick with stomach flu, Amanda took him to the doctor, but he had to see a different pediatrician because his regular one was unavailable. That doctor wanted Amanda to give Quentin probiotics in his food; Amanda explained that he did not eat food because he was exclusively breastfed, and the doctor began to lecture about her decision. Amanda left that practice and found a new one with a holistic approach. Quentin’s new pediatrician was supportive of Amanda’s decision to breastfeed exclusively noting that she is the mother and knows what is best for her child.
Amanda described two potentially-marginalizing experiences breastfeeding in public.

She noted that they were not marginalizing for her because she was so confident in her breastfeeding choices, but other mothers might be derailed if they encountered the same sort of experiences. The first experience occurred in Target. Amanda was breastfeeding Quentin at the checkout, and the woman behind her in line asked if she had to do “that” now. Amanda said she needed to feed her baby because he was hungry. Then, the woman in line and the cashier began mocking Amanda, saying that she was inappropriate. Amanda, confident as she was, replied: *Ladies, I actually think you should congratulate me, because I am emptying my cart while breastfeeding – that’s awesome!* Amanda had a second experience breastfeeding in an airport. A man kept staring at her while she was breastfeeding. She told him it was fine if he looks because she was just feeding her baby.

Before Amanda became pregnant, she was concerned about her safety and that of her future baby due to conditions at the school where she taught, such as high lead levels in the drinking water and teachers being physically attacked by students, leading her to resign. Since having her son, her work experiences have been mostly conducive to breastfeeding. She worked at a Gymboree as a music teacher. The only place for her to pump was a closet, but her supervisor was happy to let her pump as needed. Now she works as a nanny; she takes Quentin with her, so she can still breastfeed on demand.

Amanda firmly believes that the formula industry hinders mothers’ breastfeeding success. She learned a lot about the predatory marketing practices of formula companies by watching the documentary *The Milky Way*. The anger she felt after seeing that film pushed her to activism. Amanda made a point of saying that she does not judge moms for their feeding decisions – she judges the corporations for creating barriers to breastfeeding:
I am not judging YOU as a mom; I am judging the companies. The companies are so corrupt and the reason you feel like you have a choice that you shouldn’t even feel you have is because of the company... not because of YOU.

Amanda’s activism has included donating milk to mothers who are unable to breastfeed, as well as educating people about donor milk. She is also the administrator of an online support group.

Amanda learned how to be an activist from working as an educator with underprivileged children. She realized that no matter the issue, a lack of education on the topic is the problem. As an educator, she looked for ways to educate people and to connect them with resources. Through her activism work, Amanda feels she has learned how to be more constructive in educating others – in a way that is useful as opposed to just emotional. She realizes that when she is passionate – as she is about breastfeeding – she can get too emotional, which leads to ranting, which does not help anyone. She has been working on presenting her message in a way that does not make people feel judged: *I think that that’s an important lesson that we all need to learn – how to educate people without making them feel bad.*

Amanda identified two artifacts. The first was the film *The Milky Way,* which lit a fire for her to get involved in breastfeeding activism. Her second artifact is a wood-carved breastfeeding symbol that she got when she attended the Big Latch-On event. For her, it is a visual reminder of the importance of breastfeeding.
She closed the interview by asking if she had told me how much she hated formula companies, accompanied by a hearty laugh.

**Juliea**

Within hours of posting a call for participants on my Facebook page and encouraging my friends to share it, I received an email from Juliea. She told me she is a doula and a “lactivist” who has organized projects to raise awareness and promote acceptance of breastfeeding. She lives in Michigan, and it just so happened that my family would be traveling to Michigan to visit my in-laws. Juliea was available to meet me while I was in Michigan, so we met at a public library in Grand Rapids. This particular branch was older, and the architecture was indicative of an older building; dark, hand-carved woodwork trimmed the doorways and windows. The large windows overlooked a city street. I was a bit nervous as I sat on a bench waiting for Juliea to arrive. Juliea entered the lobby area and greeted me with a hug, and I was instantly at ease. We found a large table and got set up to begin the interview. There was a certain chemistry between Juliea and me; it was as if we were old friends. This level of comfort led to an interview lasting nearly three hours.

The next day when I went to download the interview from my recording device, an error message appeared indicating that the audio file was corrupt. I had used a recording application on my phone as a back-up; only a minute into the interview, the phone ran out of memory. I had no recording of the interview. I was distraught. I contacted any person I thought might be able to recover the corrupt file. Despite a number of attempts – including one by an FBI official whose job involves recovering audio files – the recording could not be saved. I grieved the loss of this recording, especially since the interview was so meaningful and produced such rich data. Later, I shared with my research advisor what had happened. She suggested I ask Juliea if she would be willing to answer the questions via email to provide some data. Juliea graciously
agreed. Thus, this story is a bit different than the rest of them. It is constructed from Juliea’s written responses rather than from an audio-recording of an interview.

Juliea is a 35-year-old woman who identifies as both white and Native American. She identifies as bisexual, although she has been in a long-term relationship with a man for over 10 years. Juliea is a labor doula for a living and supplements her income via her creative outlets, mainly making jewelry and doing henna body art.

Juliea did not know much about breastfeeding other than that it one way to feed babies and that her mother had breastfed her for a short time. In her mind, breastfeeding symbolized “good mothering.” She had her first baby as a teenager, after being in and out of foster care and juvenile detention. She had a horrible relationship with her baby’s father. She assumed she would breastfeed, but when her son was born, she was not emotionally ready to connect with him. She did not hold him or attempt to nurse him right away. When Juliea was ready to try to breastfeed him, the nurse told her that she needed to wait because she had already given him a bottle.

*He never latched, even though we stayed in the hospital an extra day to get it right and everything. I felt like a failure….I felt rejected by him - the one person who in my mind would love me unconditionally (when no one else in my life had) - didn’t. I did try it again a couple times outside of the hospital, but, he just wouldn’t take it.*

Juliea’s next child was born four-and-a-half years later. She was intrigued by the mother-child connection and wanted to try to breastfeed. There were some initial latch issues, but they worked through them, and she breastfed for 11 months. Her third child was born seven years later. By this time, Juliea was a birth doula and knew much more about breastfeeding. Her son
latched well – *it was like we were magnets for each other* – and Juliea enjoyed her breastfeeding journey with him. He nursed for over three years.

The greatest sense of marginalization Juliea experienced was through the lack of support she received as a teen mom. It was as though everyone – the hospital staff and her grandparents, with whom she lived – assumed a teen mom would fail at breastfeeding, so no one offered support. Juliea is not one to care what people think of her; she is sure of who she is and confident in her choices. Thus, she did not feel personally marginalized as a breastfeeding mother. But she did see other mothers scolded for breastfeeding, particularly in public. Her impetus for breastfeeding activism was her disgust at how hard society makes motherhood and her desire to help build bonds between mothers and babies.

*After spending my childhood living with many different family members, in foster care, and ultimately in and out of group homes and lock up facilities - I recognized quickly that we were not “bad kids” - that we were really just kids that did not get the unconditional love we needed and deserved from our parents. I felt very much that working with mothers/babies could facilitate stronger bonds that would lead to better adjusted moms and babies and ultimately adults.*

When Juliea realized that some women were chastised for breastfeeding, she became enraged. She had many women tell her stories about their struggles. She could not understand why, as a society, we would make motherhood – the important foundation of life – more difficult than it needed to be.

*It was all based off this shallow fear of seeing boobs - which - hellooooo - this is America. There are boobs literally everywhere.*
Juliea enjoys bringing people together. She mentioned in the interview that she often thinks that she cannot be the only one who feels strongly about the issues she cares about. So she seeks out others who believe in the issues she finds important. Juliea learned that bringing together just several people to speak out on a topic can both build community and work toward change. She organized groups, events, and projects around normalizing and encouraging breastfeeding. She had organized protests against the war, so she applied that learning to the organization of these events. Juliea said her identification as a breastfeeding activist stemmed from her work as doula: both were concerned with the connection between mother and child. Juliea noted that after she organized a milk drive to collect breast milk for a baby in Detroit who was living off of milk donations due to severe health problems,

_I started to see that I had a voice and an impact on my community. I think that was the first time I really identified as a “lactivist.” It’s more of an uncontrollable urge to help change the world from the mass of injustice I see all over the place. I am great at identifying problems and troubleshooting ways to fix it. It’s a natural part of who I am._

From her breastfeeding activism, Juliea has learned that people are frightened by the immense power that motherhood holds.

_I think this is the root of why women were/are held down for so long because it’s a power no one can match and is literally at the root of each and every one of us. The feminist movement in the beginning was off track because their idea of being equal to men was to have the same power as men - when, in reality - it IS our power as women to give and sustain life that makes us equally important and powerful (if not more so)._  

Juliea has also learned that we learn from seeing. When we do not see breastfeeding happen, we are less likely to try it, and we feel like we do not know how to do it. She has noticed that
people only tend to be weird about bodies when it comes to birth and breastfeeding based on beliefs about women’s bodies being sexual. Juliea understands that breastfeeding may be impossible for some women who have experienced sexual trauma; on the other hand, women who have experienced physical, sexual, or emotional trauma find healing and redemption in breastfeeding.

Juliea’s artifact is an African statue of a woman cupping one breast in her hand and holding a large pot on the top of her head with the other. Juliea sees this as a representation of a woman’s strength. In other cultures, she noted, women are valued as strong and admired as life-givers.

Juliea also brought one of the breastfeeding calendars she created as part of a campaign to normalize breastfeeding. She photographed many women breastfeeding for the calendar and compiled their breastfeeding stories for a YouTube video.
Learning from Amanda and Juliea’s Stories

Amanda and Juliea’s stories demonstrate the utility of emotion to stimulate social action. When describing how they felt in response to the injustices breastfeeding women experience, Amanda reported being “really angry,” and Juliea identified herself as feeling “enraged.” Brookfield (2011) notes the patriarchal view that reason and logic – qualities often associated with men – are superior to emotion. In contrast, Freiler (2008) highlights emotion as connected to the type of learning that occurs through the body. Amanda and Juliea were empowered through their bodies, which gave life to their children and then nourished them. Tied to those embodied experiences are positive emotions; when they see barriers in place that impede other women from having empowering embodied experiences, they are angered. Ollis (2011) notes that activists’ learning is embodied and holistic: “they use intelligence, the physical body as well as the emotions to learn. The emotions play a crucial role in their social agency and their desire to act” (p. 323). For Amanda and Juliea, emotion provoked learning and personal growth (English & Irving, 2015). Emotion was necessary to catalyze social action as these women learned to be breastfeeding activists.

Chapter Summary

This chapter is the second of two that share the findings of this study. This chapter includes seven narrative summaries. The stories of Katy, Marie, Jessica, Julia, Katie, Juliea, and Amanda offer an understanding about the various ways women learn to be breastfeeding activists. Different breastfeeding and activist experiences notwithstanding, all seven of these women are exemplars of women’s learning and feminist pedagogy in practice. This chapter concludes Part II of this study. Part III includes a thematic analysis of all 11 participants’ stories in Chapter 6, while Chapter 7 offers a discussion and implications of the research, as well as consideration of potential areas for continued research.
CHAPTER SIX

COMMON THREADS: A COLLECTIVE ANALYSIS

The purpose of this study is to investigate the ways breastfeeding mothers are marginalized and how women become conscious of this marginalization. In addition, this study aims to increase the understanding of how women learn to be breastfeeding activists and the role of emancipatory learning in that process. Chapter Four included four featured narratives, as well as a brief reflective analysis of each story in light of the literature. Chapter Five comprised the narrative summaries of the seven remaining participants, grouped thematically, and followed by a reflective analysis. Now that we have considered each participant’s story individually, it makes sense to consider the common threads across participants (Clandinin & Connelly, 2000). To that end, this chapter presents the themes that emerged from a cross-case analysis of all 11 participants’ stories. Although I have shared only summaries of seven of the narratives, the analysis for this chapter took into account the full narratives of all of the participants; thus, what I present here reflects the primary thematic analysis that emerged in the re-storying process (Clandinin & Connelly, 2000). Figure 6 provides an overview of the findings that emerged from each of the research questions. In this chapter, I will share examples from the participants’ stories to illustrate each of the themes. In Chapter Seven, I will discuss these themes in relation to the theoretical framework of this study, namely women’s emancipatory learning and feminist pedagogy.
RESEARCH QUESTIONS FOCUS | MAIN THEMES
--- | ---
Marginalization of Breastfeeding Mothers | 1. Negative views of breastfeeding in public  
2. Lack of support from some health professionals  
3. The formula industry  
4. Returning to employment
Learning to Be an Activist | 1. Learning consciousness of marginalization  
2. Mentoring, collaboration, and networking  
3. Leveraging men’s power and support  
4. Social media and technology
Learning from Activism | 1. Seeing activism as a continuum  
2. Perspective taking  
3. Developing leadership skills  
4. Claiming empowerment

*Figure 7: Themes that Emerged from the Narratives*

**Marginalization of Breastfeeding Mothers Comes in Various Forms**

One of the questions this study sought to answer was the ways in which breastfeeding mothers see themselves – either personally or as a larger group – as marginalized. Some of the participants did not see themselves as personally marginalized, but all of the mothers in the study were moved to breastfeeding activism after becoming conscious of forms of marginalization breastfeeding mothers experience, through: breastfeeding in public, the institution of medicine, the formula industry, and trying to maintain a balance between work and motherhood.

**Negative Views of Breastfeeding in Public**

Babies need to eat frequently. For breastfed babies, this means that mothers will likely need to breastfeed their baby in public at some point during their baby’s breastfeeding years. Nearly all of the mothers in this study were aware of breastfeeding in public as a source of marginalization of breastfeeding mothers. Several of the women linked this marginalization to the notion that people view breasts as sexual, so they regard breastfeeding as a sexual act. Such
marginalization is a barrier for many women who wish to breastfeed. Stephanie spoke about how these negative attitudes toward breastfeeding in public marginalize mothers:

- I would hear comments about women openly breastfeeding and how that’s inappropriate.
- It’s like saying that women need to either breastfeed at home or like constantly cover up.
- You’re making barriers for women to nurse their kids.

When they breastfed their babies in public, several of the participants had experiences where people made negative comments or gave nasty looks. For example, Marie speaks about this experience:

- I was at the chiropractor’s office with my daughter who was then 15 months. I was nursing her, and the woman sitting across in the waiting room said to my daughter – not to me, “You’re too old for that. You should be eating food. You shouldn’t be doing that.” I sat with it, and it just made me feel judged. And also it made me feel really resentful that she was not even talking to me directly but talking to my daughter.

Amanda had a similar experience where other people judged her for breastfeeding in public.

- I was at Target and I was checking out. I’m putting my stuff on the conveyor belt nursing him. And the woman behind me goes, “Do you HAVE to do that now?” And I was like, yeah, my baby’s hungry. And then her and the cashier started talking about how inappropriate it was.

Brigitte was comfortable breastfeeding in public, but her husband was not comfortable with her feeding their son in public: We were on the plane and he wanted to nurse. He was like two or maybe two-and-a-half. And so I nursed him. And my husband was like…you’re going to do that? Here?!
With an awareness of people’s attitudes about breastfeeding in public, many mothers feel they need to find a private place to breastfeed when their baby needs to eat. Jessica looked for a private place to breastfeed her daughter while they were at a baseball game but was directed by a ballpark employee to use the bathroom.

*I think she legitimately thought she was being helpful. I figured family bathroom – there’s probably a lounge area. It was just a concrete floor room with a bathroom, and that was it! And I ended up like sitting on the edge of the toilet. It was really horrible.*

Other mothers may not feel like they need to leave a public area to breastfeed their babies but that they must be covered while feeding, which can present a challenge for some mothers and babies. Katy noted experiences of some of her friends: *I had friends who would breastfeed wherever, but they felt that they could only do it if they were using a cover and they hated the cover and the baby hated the cover.* Likewise, Sarah struggled to use a cover the first time she breastfed in public. Despite covering, she still received a negative reaction from others.

*I was [at] the office at the clinic. Pediatrician’s office. It was an all-ages clinic. So lots of people. I was trying to figure out how to cover. So I got the baby under, and I still couldn’t figure out how to bring the baby into it. But I still couldn’t figure out how to get the baby [to latch]. And then I came out from under the blanket. And the first thing I saw was this woman giving me a nasty look. My ex-husband was with me at the time. He was not supportive. He was uncomfortable, I was uncomfortable, the baby was uncomfortable.*

Juliea noted that our culture tends to welcome seeing breasts except when they are being used to feed a baby.
When I realized how chastised women were for breastfeeding, I became enraged. I was never one to care what anyone thought of me...so, I didn’t feel like I was affected in this way - but, people tell me their stories all the time and I began to hear about the struggle. I thought (and still think) it is absolutely crazy that we would make such an important foundation of life - motherhood - more difficult than it needed to be....and it was all based off this shallow fear of seeing boobs - which - helloooooo - this is America. There are boobs literally everywhere. People are weird about bodies ONLY when it comes to birth or breastfeeding, which is extremely hypocritical and frankly, sad.

As is illustrated by these participants’ stories, breastfeeding in public can be a barrier for breastfeeding mothers. Some mothers feel judged when they are subject to weird looks or disapproving comments while breastfeeding in public. In an attempt to avoid such uncomfortable situations, some mothers isolate themselves while breastfeeding in public; others use a blanket or cover, even if it is uncomfortable for them or their baby. Societal discomfort with breastfeeding in public seems to be due to the connection people make between breasts and sex, leading to an inaccurate view that breastfeeding in public is a sexual act. Many breastfeeding mothers feel marginalized because of negative experiences and views regarding breastfeeding in public.

**Lack of Support from Some Health Professionals**

Most of the mothers in this study had an experience – either personally or through observation – with a health professional that was perceived as undermining breastfeeding efforts. Too often, health professionals – particularly obstetricians, pediatricians, and nurses – give breastfeeding advice that is not supportive. It is worth noting that these practitioners are not intentionally trying to derail women’s breastfeeding efforts; rather, most health professionals are not well-educated in lactation, but go beyond their scope of knowledge and continue to advise
mothers about breastfeeding. Unfortunately, this misinformation, as reported by the participants, can start a domino effect of obstacles that eventually leads a mother to stop breastfeeding.

Because of this, some women view the institution of medicine as a source of marginalization. Brigitte shared a story about a friend who stopped breastfeeding based on misinformation from her doctor.

*I was hearing other people say what their doctors told them seemed to be interfering with their breastfeeding. Everything I heard that people were being told went so much against what evidence showed. And so that was really frustrating to me because I felt like maybe part of the reason why women stop is because they get all this bad advice from people that they trust and people who they think know what they’re talking about.*

Marie observed something similar with some of her co-workers who were trying to breastfeed.

*I think it started really with connecting with those other women at my company and seeing a lot of them struggle and some of them giving up, and just really…not feeling sad for them, but wishing that they had more access to support and good information. And a lot of the bad information was coming from their pediatricians.*

Katie said plainly, *It’s lack of education on both the provider and in the public. Nobody is helping them the right way.*

Several of the participants reported that they had encountered medical professionals who were quick to push formula, even if it was against their wishes. Julia said of the hospital staff, *They did not discourage me from using the formula.* Juliea was a teenager when she gave birth to her first baby. Although she wished to breastfeed, she struggled to nurse her baby right after he was born. The nurse, without discussing it with Juliea, gave her son formula.
The nurse said we should wait a while [to breastfeed] because she had just given him a bottle. He never latched, even though we stayed in the hospital an extra day to get it right and everything. I felt like a failure....I felt rejected by him - the one person who in my mind would love me unconditionally (when no one else in my life had) - didn’t.

Stephanie reported that the nurse suggested supplementing with formula, even though it is well-documented in the literature that supplementing diminishes milk supply.

In the hospital even, one of the lactation consultants even said something about... “You might need to supplement with formula because he’s such a big baby, and you just might not be producing enough milk to really feed him at this point.”

Sarah also reported that the nurse encouraged using a bottle of formula to initiate breastfeeding.

[The nurse’s] way of showing me how to breastfeed was handing me a bottle of formula and to say OK, teach him how to suck by putting a bottle of formula in his mouth. When I asked to see a lactation consultant, they said why don’t you just give him a bottle. Just give him a bottle.

Establishing breastfeeding after giving birth may come with challenges. The participants perceived that sometimes these challenges are created or exacerbated by medical professionals who have not received adequate training on breastfeeding. When medical professionals lack breastfeeding education yet pass misinformation onto new mothers, breastfeeding success may be thwarted. Some of the mothers in this study looked to medical professionals to support them in establishing breastfeeding and reaching their breastfeeding goals; when misinformation from these doctors and nurses interfere with breastfeeding, some women come to regard the institution of medicine as a source of marginalization.
The Formula Industry

Infant formula companies have a history of marketing practices that aim to impede mothers’ breastfeeding success. Several of the participants see the formula industry as an overarching corporate body that influences various aspects of society, leading people to question the value of breastfeeding. Even those who recognize the importance of breastfeeding may begin to question its utility, seeing bottle-feeding as easier and the norm. Accordingly, some women see the formula industry as a source of marginalization of breastfeeding women. For example, even when mothers indicate the desire to breastfeed, they receive free formula samples in the hospital. Once a mother begins to supplement with formula, she jeopardizes her ability to produce enough milk to feed her baby. Amanda is troubled by the practice of hospitals and doctors giving out formula samples and sees the formula industry as a major factor in women’s breastfeeding failure.

_I am disturbed by the fact that the formula companies have done SOOOOOO much in this country to impede breastfeeding. I am not judging YOU as a mom; I am judging the companies. The companies are so corrupt and the reason you feel like you have a choice that you shouldn’t even feel you have is because of the company... not because of YOU. Sweden has a 97% breastfeeding rate at six months! The reason they have that rate is because formula is reserved for the people who truly can’t breastfeed. You can’t go to the supermarket and buy formula in Sweden. I feel like there is such a lack of support, and it’s the formula companies’ fault._

Stephanie sees the influence of the formula industry as an issue of social justice. Not only do the formula companies set up women to fail at breastfeeding, but they also create a dependence on formula, which is not affordable for lower-income mothers.
Formula feeding was this kind of corrupt business, like marketing thing... taking advantage of women. It's not cost effective for people to be using it, and then they're stuck on formula because they can’t breastfeed.

Seemingly, formula companies use their power and influence to discourage breastfeeding success. Accordingly, both Amanda and Stephanie see the formula industry as a source of marginalization for breastfeeding women.

**Returning to Employment**

In the United States, a minority of employers provide paid family leave after a woman has a baby. Because of financial considerations, many mothers must return to work soon after giving birth. Establishing breastfeeding works best when a mother and baby can be together. Some mothers find the necessity of returning to work to be a source of marginalization. Being away from one’s baby can be emotionally challenging for both mother and baby. Stephanie found this to be true for her.

*It’s ideal if you can stay home longer than three months. I started to realize if you’re breastfeeding and that's your main way of soothing your baby, and then you go back to work, a bottle is not the same thing as soothing your baby by your presence and nursing.*

Breastfeeding mothers who return to work must pump milk to maintain their supply. As Marie found, pumping can be difficult emotionally.

*I know some women are like….I loved pumping because I think of my baby. It was a painful reminder to me that I wasn’t with my baby. I really struggled emotionally going back to work and pumping and all of that.*

Because the breast pump does not pull milk as effectively as does putting the baby to breast, many mothers experience a drop in milk supply when they return to work. Katie worried about being able to pump enough milk for her daughter.
I did have a hard time adjusting when I went back to work, figuring out if I would be able to provide enough for her. And then having my supply dip anyway because I was away from her all day. And the daycare provider’s asking for me [to provide more milk].

Despite having no issues producing enough milk while breastfeeding, Stephanie also struggled to pump enough milk to feed her son.

Look, I’m pumping… I’m trying to pump as much as I can at work. I would try to pump three times or something. And this is what I’m making. So this is what I have to give him. I was trying to trust my body. This is what’s supposed to work. If you’re pumping, you know you’re pumping the milk and this is what you give the baby. It’s like…this is IT. I did have some insecurities and I did take some supplements to try to produce more milk, and it was hard sometimes at work finding time to pump.

In this study, all of the women who worked outside of the home were fortunate to have relatively supportive work environments that provided time to pump. Many of the women worked at places that had a designated lactation room. Amanda, however, did not: I had to pump in the supply closet. It’s better than the bathroom. The likelihood of having an accommodating employer decreases with lower-paying jobs. Julia recognizes that she has been fortunate to have employers who have supported her breastfeeding efforts and knows that many women do not have the same experience.

Even as somebody who is in the field and is a middle-class working person. I have experienced challenges and I can imagine for somebody who doesn’t have a voice like me, it’s really hard. And especially if you’re an hourly waged worker.

Many mothers strive to find a balance between being both a good employee and good mother. The fact that many women, because of financial constraints, must return to work when
their babies are still newborns and they are trying to establish breastfeeding is a source of marginalizing. As Stephanie found, *[I’m] feeling like I’m not fully there for my kids, and I’m not fully there at work.*

**Learning to Be an Activist**

How do women learn to be activists? This is one of the guiding questions of this study. The participants’ stories indicate that activist learning is a gradual process that begins with learning a consciousness of marginalization. The learning process occurs through informal mentoring, collaboration and networking and through both formal and informal modes of learning. Part of their activist learning involves what they learned *from* activism. This learning includes the range of activism, how to be kinder, leadership, and empowerment. None of the women I interviewed instantaneously decided to become a breastfeeding activist. Instead, they found themselves gradually moving into activism, some not identifying as an activist until after they had been involved in activism for some time. Stephanie described her learning to be an activist as *building*; Brigitte said *it was a gradual*; Sarah found that *it sort of evolved*; Jessica said *it kind of just gradually happened*. Katie’s learning was also gradual, and she was comfortable learning along the way.

*It happened pretty organically. I’ll figure it out as I go...what it means to lead this committee, and what it means to do the kind of support and advocacy and promotion in Alexandria. Just starting to get involved and then deciding what do we want to do and sort of getting more in the weeds of...okay, so how do we do that?*

Regardless of how the women actually learned to be activists, the learning occurred gradually.

**Learning Consciousness of Marginalization**

From the participants’ stories, we can see that marginalization of breastfeeding women comes from multiple sources. Another question this study sought to answer is how do women
learn to be conscious of this marginalization? As I shared in the preface to this study, my
interest in this research topic came from my own experience of marginalization as a
breastfeeding mother. Thus, I expected that my participants would also have learned
marginalization through their own experiences. While this was true for some of them, there were
other means of learning as well. Indeed, consciousness is learned, and the women in this study
became conscious of breastfeeding marginalization through: personal and friends’ experiences,
through the media, and in some instances, through higher education about women’s
marginalization in general.

**Personal experiences.** As we saw in the previous section, several of the participants
learned about marginalization through their own experiences. For example, Marie, Amanda,
Jessica, and Sarah had negative experiences breastfeeding in public; Juliea, Stephanie, and Sarah
had experiences with health professionals that could be regarded as marginalizing; and Marie,
Katie, and Stephanie had some challenges as working, breastfeeding mothers. Sarah’s first
personal experience of feeling marginalized happened while she was seeking breastfeeding
support when she was pregnant:

> I first became aware of the idea that breastfeeding mothers were a marginalized group
> when I was pregnant with my oldest and I started joining communities of mothers hoping
to find support. Instead I found a lot of opinions about breastfeeding etiquette that
seemed very unmanageable and limiting, especially when my son was born and wanted to
nurse all the time.

**Friends’ experiences.** These experiences notwithstanding, the women in this study
became conscious of marginalization through means other than their personal experiences.
Many of the women learned of marginalization through their friends’ experiences. As an
example, Katy recognized marginalization when her friend was confronted for breastfeeding on an airplane. Amanda saw her neighbor experience marginalization when she sought support from the hospital breastfeeding hotline:

This is what happened to my next door neighbor ... her child who is now 6 was born at Anne Arundel Medical Center. Her milk hadn’t come in but colostrum is enough. So she called the wet line at the hospital and said her baby is crying and crying and couldn’t get her to stop. And she said...well he’s hungry, has your milk come in, and she said no. And she said give her formula. Did her milk ever come in then? Nope!

Media. Several of the participants became aware of the marginalization of breastfeeding women through the media, particularly social media. Amanda became conscious of the negative influence of the formula industry on breastfeeding women from a documentary.

Have you seen the documentary The Milky Way? I got to see it early last year. I get so angry. I got to go to one of these premier special showings, and I was like...oh my God. And so I said to the woman... I am sorry. I cannot. And she was like, no it’s okay... because the only way it’s going to change is if people like YOU are as riled up as you are right now.

Jessica had been largely unaware of the marginalization of breastfeeding women, even with her own experience of being directed to a public bathroom as a private space to breastfeed. Through social media, she learned about the marginalization of breastfeeding mothers.

As I gradually read more stories and things that went by on social media...about hearing people kicked out of Starbucks or different places, or hearing Starbucks employees stand up for the mother and kicking out the other person who was being mean to her, I started wondering what was going on.
Similarly, social media allowed Julia to see the ways in which breastfeeding women were marginalized: *On Facebook, every day you’re seeing stories of women being challenged.* Stephanie did a lot of research about breastfeeding while she was pregnant, some of which was online. When she read articles about breastfeeding online, she was taken aback by the ignorant and judgmental comments people posted in response: *Just seeing the stupid comments people put on the internet, like with articles and just shaming women.* The women who participated in this study developed a consciousness of the marginalization of breastfeeding women through several avenues: personal experiences, the experiences of friends, through the media, and their own research.

**Higher education.** A couple of the participants had become consciousness of the marginalization of women and women’s issues and about activism through higher education. In her graduate program, Katie had the opportunity to meet with legislators. She also learned about packaging a message so it is accessible for legislators.

*I had] just a little bit [of activism experience] in grad school. We did a few days where we went down to the state legislature and talked to law makers about different nutrition topics and public health. I did a conference. One of the days was advocacy training. That was really helpful. They talked about packaging your messages and really, really breaking down what the legislator needs to know. They know just what the average person knows. You can’t assume that they are experts in any of these topics. There is so much that they need to know, and here’s how to talk to somebody like that. And here’s how you translate what the science or the recommendations or whatever is for them to be able to build a case for policy.*
Stephanie’s formal education on activism was, in part, more theoretical, focusing on social justice. Her education also included some practical activist skills, such as organizing.

* I definitely had a foundation in social justice, because of my own life experiences, and then my education in psychology and social work is very much about advocacy and social justice issues. I also double majored in women’s studies in undergrad, so I had a real strong kind of feminist identity and trying to advocate for women’s right and gender equality and stuff. I did have some classes in my social work degree. Even in undergrad, I had a social work class that involved social justice. Even in undergrad we would look at different movements to fight for social justice and things that they did to fight and to raise awareness. And I did have some of that content as an undergrad. When I was in my master’s program, there was also a class that focused on like community organizing...just things to do when you’re trying to gather people. It’s good information.

And it is helpful.

While both Katie and Stephanie continued their activist learning through informal means, their formal education in activism laid some foundations for their activist work.

**Informal Mentoring, Collaboration, and Networking**

The women in this study learned to be activists by collaborating and networking with others. Sometimes informal mentoring occurred through collaboration. For example, Kate received some informal mentoring from a state legislator who helped Kate learn the process of writing a bill, lobbying for it, and getting it through state legislature. Through this informal mentorship, Kate also learned about being culturally and politically savvy when writing a bill.

* She really liked the language of the Texas Law and felt that that would be appealing to Virginia because she felt like we’re in the south, they’re in the south ... pro-business
state... whatever reasoning she had politically. I totally was like...I defer to whatever...I want a law, not the language so much ... feed me what you got and we'll go from there!

Kate also received mentorship from women who had been working on the Equal Rights Amendment.

I would say to them, “I’m the youngest woman in the room and I’m 43.” This is a problem. We need some younger people! A lot of them retired, a lot of them had been politically active for years, who kind of knew how to go around the General Assembly and do the door knocking and do the 30-second elevator speech. I had learned some basic skills from them about how to do that and then I did definitely refine on my own.

Kate also looked for ways to collaborate and network with others: I joined the task force because I thought this will be good. I need to connect with these people. In addition to joining the task force, Kate would try to connect with people at the state legislature:

I was going to the committee meetings like... here I am! And was in a friendly way kind of hounding the staffers and would go and visit and bring my flyer and then would hit them back a few days later and be like ... oh hey, we’re waiting for the docket to be – because you wait for the docket to come out, and then you know your bill’s going to be on the docket – we’re waiting for the docket. Just wanted to show back up and give you my card.

Kate got involved with networking with other organizations to garner support for the breastfeeding bill.

I got the support of the American Academy of Pediatrics, the American Civil Liberties Union, the Catholic Conference, because I was like Oh the Pope is very pro-breastfeeding: is this something the Catholic Conference would support? March of
Dimes I got through a connection I had. Virginia Department of Health I called up and I actually emailed our health commissioner and got a call back from someone else who said, yes, we support it and so does the governor.

Julia also used collaboration and networking as she learned to be an activist. Collaboration has been her favorite part of activist work.

I like to help bring people together and help people kind of leverage whatever they’re doing in ways that can connect everybody. It’s more just like working on the local level and being able to work with activists. I see my role right now as more of a promotional level. Talking to businesses. Being a part of these coalitions. Just being a voice in the community. Bringing these partners together for that happy hour or whatever.

Katie has relied on collaboration and networking to learn what to do as a breastfeeding activist. Through collaboration and networking, Katie has learned how to set and prioritize goals and identify deliverables.

We work with Alexandria Health Department, to look at their work plan and what their specific goals are for breastfeeding work across the board – their focus and their deliverables in working with businesses. I think a lot of it has been networking with others, sort of reaching out to who else in the area is doing this.

For Stephanie, going to protests gave her the opportunity to collaborate with others. She admitted that sometimes she feels nervous going to protests, but showing up provides a chance to learn about a cause and how to be an activist for it.

I try to join in with things when I can. Just advocacy when I find out about something and realize that effort needs to be put there. Try to join in. Caring about an issue.

Showing up. The breastfeeding protests that I’ve attended, like the sit-ins and nurse-
ins... honestly it’s really just about showing up and being like I’m here, this is who I am.

My husband, would go with me too, and then I would try to go with friends, and we would just go together. Sometimes I wouldn’t necessarily go with friends, but you would meet other people there. I enjoy that part of it.

With a gradual movement into activist work, the women in this study found that they could learn to be activists by collaborating and networking with others. Even when they were unsure of how to be an activist, the support of others helped to scaffold this learning process.

**Leveraging Men’s Power and Support**

The women in this study also at times leveraged male power and support. Some such support was sought from their husbands and male partners, as one does in the context of any love relationship in day to day living, but some of this was also related to their activist learning and perhaps to living inside the reality of patriarchy. As discussed earlier, patriarchy is a social system, and – as bell hooks (2010) points out – in and of itself does not have a gender. Patriarchy may be exercised by men and women and plays a role in the marginalization of breastfeeding women. For some of the participants, an aspect of their activist learning involved getting support from men. Some of the participants referred to interactions with men that illustrate patriarchal thinking. For instance, Brigitte felt mostly supported by her husband but recalled an experience where he was uncomfortable with her breastfeeding in public: *We were on the plane and he wanted to nurse, and so I nursed him. And my husband was like...you’re going to do that? Here?! So there was that sort of thing to deal with...getting a little bit of pushback.*

Her husband’s reaction suggests a patriarchal view that breasts are not be exposed in public. While it is unclear if her husband’s disapproval was due to viewing Brigitte’s breasts as sexual, it is worth noting that breasts are, at times, sexual. The problem, particularly as it relates to patriarchy, is when the breasts are *always* viewed as sexual, which can make breastfeeding – a
nonsexual act – difficult for women. Although Brigitte did not allow her husband’s disapproving comment deter her from breastfeeding in public, which she identifies as a form of activism.

Julia noted that when she is breastfeeding, her husband responds differently to her breasts during sexual encounters. She explained:

_I feel like when I’m breastfeeding, he doesn’t really go to that area of [the] body because that’s for him. Right now, it serves a different purpose. He just kinda can’t mentally. I’ve always just sort of noticed…the two times when I’m breastfeeding, he just doesn’t really go there. And I get that._

Julia’s husband’s response to her breasts is consistent with the patriarchal view that breasts are unavailable sexually when they are being used for feeding a baby. Julia’s husband was aware of how important breastfeeding was to her and did not encourage her to stop breastfeeding so he could feel that her breasts were more available to him. Marie, however, recalled that some women will give up breastfeeding in order to maintain a sexual relationship with their male partner: _There are some women who need to wean for marriage reasons. There are a lot of women who have no libido when they’re breastfeeding, and that’s putting a strain on their marriage._ For some women, the patriarchal power supersedes a mother’s desire to breastfeed; to continue breastfeeding, some women must manage that power.

While some people may assume that all men perpetuate patriarchal attitudes in relation to breastfeeding, several of the participants received support from men, usually their male partner. For example, Julia’s husband helped her breastfeed her son, physically supporting her or the baby as she tried to position him to latch. Stephanie verbalized to her husband that she wanted him to cut back his hours at work after their son was born to support her as she established breastfeeding and parenthood, which he agreed to do. She explained, _I’m sort of a feminist and_
egalitarian. We would both cut back our work hours so that we could both be home part of the time. Additionally, Stephanie’s husband sometimes accompanied her to activist events, publically showing his support for both her and breastfeeding. Katie’s husband got involved with breastfeeding advocacy work, participating in a local group for fathers and supporting friends whose wives were breastfeeding: *He is a total champion now. He talks to all his friends about how you can support your wife.* The participants overwhelmingly reported having male partners who supported breastfeeding.

Several of the participants also leveraged male power in seeking support from men in trying to get their activist work done. Kate was able to leverage the power of men in her legislative work where she played an integral role in getting a breastfeeding bill passed. In a male-dominated state legislature, Kate had to get male senators and delegates to vote for a bill that would give women the legal right to breastfeed anywhere in the state. She packaged her message in a way that allowed male legislators want to vote in favor of the bill: *It looks good for the politicians in an election year to be able to say, “I supported women and children.” I know that politically, there was a strategy piece to it.* For some of the women in the study, gaining male support was important to their own breastfeeding journey as well as greater advocacy for breastfeeding.

The women in this study primarily worked with other women-activists to work for social change. Nevertheless, in many cases, men played a supportive role. Some of the participants’ husbands and male partners provided day-to-day support that enabled the women to be involved in their activist work. From managing parenting duties while the women attended meetings or rallies to actually attending breastfeeding activist events alongside their partners, many of the male partners played a role in supporting the participants’ ability to participate in activist work.
Similarly, leveraging male power, such as via gaining the support of male legislators, proved important to women creating social change to benefit breastfeeding mothers and their babies.

**Social Media and Technology**

The role of social media and technology has been very important for women who are learning to be breastfeeding activists. To tie to the previous section, technology allows activists to collaborate and network via online communities, such as social media. Social media, for example, helps activists organize people and efforts. Although Kate has a Twitter account, she tends to rely on Facebook to disseminate information and draw supporters.

*We had almost 600 people in our Facebook group that we use for organizing. Once we knew [a bill] was going to be in committee, I was able to put it on the Facebook group and be like ... the bill’s going to be voted on on Thursday. Please call these people that are on the committee. Once someone said “I’m going to vote for it,” I would put it on the Facebook page, and people would be excited, and that was another really neat way to engage.*

Kate commented on how important technology has been for activist work. Not only does the Internet allow activists to share information quickly and efficiently, social media can be used as a tool to put pressure on public officials and lend transparency to the legislative process.

*How would you connect with people? How would people know? And you can’t disseminate information ... you could use email I guess, but it’s not like real-time. They’re encouraging people to tweet their representative about ... hey, we want you to vote on this. And then again, it’s publically visible to all their following. So again, can be used to exert pressure ... and people feel like people ARE paying attention.*
Katy has used Facebook to put pressure on an airline that was not breastfeeding-friendly. She also used Facebook to learn how other groups had organized nurse-ins and to organize her own.

*We blasted [the airline’s] Facebook, and we scheduled a nurse-in at BWI. Meanwhile, people who had heard about it but couldn’t come were blasting American Airlines on Facebook with pictures of them breastfeeding and stuff like that. And they were deleting it as fast as they could but still…taking up all their traffic and everything. When we did the American Airlines nurse-in, we definitely kind of mirrored some nurse-ins that we had seen around the country – make it a Facebook event and share it and get it out there and hope people would attend. I think we modeled it on some of that. And just the idea of having a nurse-in…I would have never thought of doing that except that that’s what kind of what’s done in breastfeeding activism. It just seems to be the next logical step. We didn’t even do it in a methodical way. Seeing what seemed to have worked for other people. There was a big nurse-in down in Texas. It was a big one – it was like 200 people there. There is a really big activist group down there. I guess we just kind of went off of that.*

Katy also uses social media to stay current on breastfeeding issues and to share breastfeeding information with others: *I follow a bunch of people and pages on Facebook, and they would post certain articles, and I would just share them with all my friends.*

Similarly, Jessica has used social media to keep a pulse on the local breastfeeding movement.

*I think we’re just lucky to have all the social media that we have to plan events and things. There were a few social media groups that I ended up with and just some things*
that I would follow around on Facebook. We have a really great resource in the area, it’s All about Baby, and it started out as a prenatal yoga studio and then they kind of realized that people were using them as a resource for a lot of things. So they now have Mommy and Me Yoga classes. They’ll do baby wearing seminars and cloth diapering seminars and make your own baby food seminars, so they do a whole bunch of stuff like that. And just following them on Facebook helps me understand what’s going on in the area.

Technology, particularly social media, plays a role in activist learning. Women use technology to both learn and publicize information about breastfeeding. They also use social media to learn about activist events, using past events as a model to plan their own events, and to put pressure on elected officials to support the breastfeeding movement. The majority of the women in this study learned to be a breastfeeding activist through a gradual, informal learning process, characterized by informal mentorship, collaboration, networking, and the use of technology.

**Learning from Activist Work**

One of the primary questions this study seeks to answer is how women learn to be breastfeeding activists. In addition to learning how to be activists, the women in this study learned a great deal from their activism. The women learned about the range of activism, the importance of being kinder, leadership skills, and empowerment.

**Seeing Activism as a Continuum**

Before getting involved in breastfeeding activism, several of the women had preconceived notions of what it meant to be an activist. For some, the way they conceived of activism gave it a negative connotation. As they got involved in activism, they realized that there is a broad range of activism activities, and began to see activism as a continuum.
Before her involvement in breastfeeding activism, Katy had a limited vision of what it meant to be an activist: *You say ‘activist’ and I think of people on the side of the road picketing...hippies and their star sunglasses.* Despite having done work as a breastfeeding activist, Julia questioned whether she was actually an activist because she has not lobbied: *I don’t lobby. I’m federally funded so, I’m never lobbying or anything like that, if that’s what you mean by activism.* Jessica also had a preconceived notion of what it meant to be an activist, particularly a breastfeeding activist.

*In the same way that the word “feminism” has all these connotations, I feel like saying that you’re a breastfeeding activist or lactivist...it’s almost derogatory sometimes. Like thinking that you’re going to go around shaming people for using formula, or think that you should just walk around with your top off all the time just in case there’s a baby around who needs to latch. It just conjured up all those images of these self-righteous, yoga-doing, granola-eating nature moms who just have to shame everybody who’s not doing things their way. So I was really hesitant to self-identify that way because I had heard all of those stereotypes before, and I was like I just really like to breastfeed my kid. I think I should be able to do it whenever I want, as long as I want. And the more I had to explain that to people, I was like I guess I am [an activist].

As Jessica became more involved in breastfeeding activism, she realized that there is a broad range of activism activities. Moreover, she learned that she could be an activist in the ways it felt right and leave behind forms of activism that did not sit well with her.

*I don’t know if I realized that there was this whole world of breastfeeding activism around. I think I saw a pretty wide spectrum of things that I wanted to support and things that I didn’t want to support also. I did see some lactivist-style, formula shaming...*
that I didn’t like at all, and I saw some people who were really just standing up for their kids. I saw the whole spectrum and decided. It was unconscious decision-making, but looking back I think after seeing that whole spectrum, I was kind of able to decide where I wanted to land in that spectrum, and that helped me figure out how to be an activist. I’m not doing big breastfeeding events every weekend and picketing and screaming and everything, but being able to find things that made it really easy for me to align myself with people who felt similarly to me. And I think I also realized that it doesn’t have to be a big event. You don’t have to be picketing and screaming. You don’t have to be screaming on the capitol steps and picketing in order to do that. If I just go to a baseball game and say no, I’m not going to go feed her in the bathroom, that statement and the act of not doing that can be an activist act in and of itself. It doesn’t have to be that way, and I think aligning myself with similar people helped me realize that too. I think that’s one of the reasons I didn’t self-identify as an activist earlier than I did because I was like, well, of course I want to breastfeed her, and of course I want to be able to have the rights to do it where I feel like I want to. But I’m not this person who is going to be picketing and yelling. I’m not going to be writing editors. That’s not my area. So I’ll leave that to the real activists, and I’ll just sit here and breastfeed my baby.

Marie was turned off by the more forceful types of activism she had seen. For Marie, being comfortable being a breastfeeding activist meant doing what felt right.

I think sometimes we are belligerent about breastfeeding, which almost makes people recoil and pull back and will not, I think, accelerate that normalization. I just did what felt right and what felt natural. You realize what’s really important...or you feel really
impassioned about something, and then you just want to get more involved and do more, and meet other people who share that value.

Similarly, Brigitte had a preconceived notion of what it meant to be an activist. As she got involved in breastfeeding activism, she began to learn that there is a range of activism. She found what felt right for her.

And that’s when I think I started seeing just the act of breastfeeding your baby in public without [a cover] in itself is an act of activism because you’re showing people … this is normal and natural. I never really associated myself as an activist. I never went to nurse-ins. And so that’s what I associated with activism. So I don’t think I ever really considered myself an activist, other than I am going to breastfeed my baby anywhere I am. And so I felt like the more people saw me out breastfeeding my children, that in itself is kind of an activist sort of thing because it seems like in this day and age, everyone covers up.

Juliea was not wedded to just one form of activism. Depending on the issue, she found what felt like the right way to respond.

I started organizing groups, events, and projects around normalizing and encouraging breastfeeding. I had organized protests before against the war and a few other community projects as well. Where I see injustice or a way to create change, I simply act on it in any way I see fit.

Through observation, Sarah learned about different types of activism and found which forms felt right for her.

There were different types of advocacy that I was seeing. There are types of advocacy that help. There are types of advocacy that seem to want to apply force. And I sort of
started recognizing types of advocacy that felt right for me. I’ve done the type of
advocacy that involves finding information. That involves adding pressure to institutes,
companies, doctors...not women.

As they learned to be activists, the women had to find the form of activism that felt right
to them. Some of the women also learned how to find the right degree of radicalism in their
activist work. Kate learned that there are times for a radical approach, and there are times that
activism needs to be more moderate.

Working in various political movements, I feel like there is definitely a time and a place
for the more radical approach. This was not the time and the place. But let’s try this
kind of common sense approach. Let’s assume that people can have common sense,
which they totally did.

Kate felt that some people criticized her more moderate approach, which she believes has
come with maturity.

I feel like there are probably activists who would criticize me for that and say that I need
to be full on, and I’m just like this is my comfort zone. I feel like when I was younger, I
probably wouldn’t have and I definitely know younger activists who are like... you’re a
traitor, you need to be like full-on radical. I just feel like there’s room for all kinds of
approaches in this work – changing society.

Stephanie also associates a less radical approach with maturity.

I was like this with feminism too, in college – I was hard core and kind of more radical. I
was very passionate...but then I sort of calmed down. I’m going to be more effective as a
person and as an advocate if I can maintain balance and still fight for the issues but still
live a happy life. That happened for me with feminism and I think with breastfeeding, and I think things have just changed.

Likewise, Amanda notes that the more moderate approach that comes with age may be more effective.

*I think I became more constructive in educating others. That might all just be me getting older that I have learned ... because I’m too passionate. I get too emotional and I really have to check that. Because that doesn’t help anyone. And no one’s going to listen to this emotional ranting that I like to do. So I think getting older and this was the time in my life when I was doing this, when I was maturing and how to educate people in a way that’s useful as opposed to just emotional. I’m not perfect, but I’m getting better.*

Many of the participants struggled at first with the notion of being an activist because they had limited views of what activism was. As they got involved with breastfeeding activism, they learned that there is a broad range of activism. The women learned that there are different kinds of activism activities, ranging from protesting to sharing breastfeeding articles on Facebook to simply breastfeeding in public. They also learned that activism can be approached with varying degrees of radicalism. Many of the women spoke about settling on a type of activism that just felt right, suggesting that some degree of activist learning involves intuition. Finding the right fit within a broad field of activism was a meaningful aspect of learning from activism.

**Perspective Taking**

One of the important things they learned about activism is the important role of perspective taking. Several of the women in the study have strong opinions about breastfeeding and sometimes looked down at women who did not breastfeed. Through their activist work, they learned that taking the perspective of other mothers – such as challenges or barriers that made
breastfeeding difficult or impossible – helped them be more compassionate toward non-breastfeeding mothers. Furthermore, perspective-taking allowed the women to direct their frustration toward the sources of marginalization that prevented women from successfully breastfeeding. Some of the women struggled with identifying as a breastfeeding activist because they associated “lactivism” with judgment and lack of compassion. Several of the women brought up the notion of “mommy wars.” One example of “mommy wars” is the perceived contention between mothers who stay at home versus those who work outside of the home. More recently, the notion of “mommy wars” has expanded to include a breast versus bottle dichotomy in reference to infant feeding. Juliea explains:

\[\text{The “mommy wars” are real, and there is a massive divide between women who bottle or breastfeed. I see that many women are making things a lot harder on themselves and others constantly. I think this is left over programming from a time when women were taught to be catty and competitive with one another rather than encouraging and supportive.}\]

As the participants found their niche in breastfeeding activism, many learned that radical, judgmental activist practices were unhelpful and actually worked to further the divide between breastfeeding and bottle-feeding mothers. Through activism, several of the women learned how to be kinder. Katy also mentioned “mommy wars” and how her activist work has highlighted how damaging these adversarial approaches can be, impelling her to be kinder.

\[\text{Mommy wars. It’s disgusting. Women are mean. So judgmental and so mean. And I think – even though I didn’t think I was at the time – I was like that too, until I really started to listen to people and what they had been through and their varying degrees of difficulty or success they had and what they were up against and all these things.}\]
Especially the people who had been through some kind of abuse in their lives and just the huge mountain that they have to climb to get pregnant, give birth, and breastfeed. And the lack of compassion that we have for other moms. It’s really hard to be a parent, whether you stay at home with your kid or work at home with your kid or go to work 40 hours a week and have limited time with your kid... all of it is hard. And the default is to just throw judgment at one another, and that’s not fair and it’s not right. I’d like to think I’ve become more compassionate and understanding of people.

Marie’s experience similarly made her aware of the damaging effects of judgmental activism, seeing instead that there is a place for kindness in activist work.

There are a lot of lactivists who perpetuate that very judgmental posture, and that’s kind of getting back to creating the conditions for it to become normalized and for people to just be okay with it and pulling back from that sort of mom-versus-mom dynamic of I’m a better mom than you because I did that, because there’s already so much judgment. In some of these mom groups I belong to, people are very judgmental and make a value judgment about other women for their choices. We need to pull back from that because that will not create the conditions for more women to give it a shot and reach out to other people for support on it. Be kinder to other moms. If I had to do things differently, I think I would have found a way to frame it in a way [that would not make] women feel judged or like failures.

Many of the women in the this study found their place in breastfeeding activism after being a bit put off by activism because they associated it with radicalism. There may be the occasional need for a radical approach in activist work. However, the women learned that
kindness is necessary to create the kinds of relationships that will provide support for breastfeeding mothers, leading to the kind of change these women wish to see.

**Learning Leadership Skills**

Activism creates a space for leadership. Four of the participants took on leadership roles through their breastfeeding activism. Activism provided a context to learn leadership, and in leadership roles, these women became stronger activists. As Kate became more involved in activism, she became the face of the breastfeeding bill in Virginia. Her employer was flexible in allowing her to use her leave time to make sure she was at the capitol during committee meetings.

*I’ve worked at my job for 10 years and I had just told them up front. This time I was like…I’m kind of fronting it, so I’m going to need time off. And they were very flexible and accommodating.*

When Kate was doing activism work under the umbrella of other organizations, she felt that she was not making much progress. Then she realized she had the potential to lead the effort.

*In the beginning I was kind of like nobody supported me, but then I saw the other side of the coin which was … I’m just me. I created this Facebook group, and I created some cards and we have this group that’s called Virginia Alliance for Breastfeeding Laws, which is what my contact information says, but that’s just something we made up. So I can do whatever I want! I don’t answer to anybody, there’s no board, there’s no taking a vote.*

Part of Kate’s learning related to leadership is when to step back.
I need to find people next year that will come down with me and be my buddy and go
place to place, because I probably won’t have as much time to invest...kind of divide and
conquer. I can’t do it every year.

For Julia, being in a leadership role has taught her how to create connections with other
advocacy groups: Now I chair this committee, and we do a lot on the local level in Alexandria.
It’s been great. We’ve connected a lot with all of Northern Virginia. It’s been really great. As a
leader, Katie figured that she could learn both leadership and activist skills on the job: I’ll figure
it out as I go...what it means to lead this committee, and what it means to do the kind of support
and advocacy and promotion in Alexandria. There is an apparent symbiotic relationship
between activism and leadership. For the participants who found themselves in leadership roles,
these positions provided a space to learn about both leadership and activism.

Claiming Their Empowerment

Perhaps the most inspiring theme to emerge from the stories is how many of the women
learned to claim their own empowerment through their activist work. The women in this study
learned that they have power in society, as women, and as individuals. Indeed, this is part of
emancipatory learning. Kate learned the power she has as a citizen.

This is our government. We live here. You can really easily interact with it. I don’t have
to just follow along with whatever happens. I can work for changes that I’d like to see.
I’ve learned that if there’s something that you see as a problem in society and you want
to change it, you can do it. I feel like I made a positive change in Virginia.

Similarly, through her activist work, Juliesa learned of the power she had in her community: I
started to see that I had a voice and an impact on my community. Katie also learned that through
activist work, she could make a difference in her community.
It’s been very empowering for sure. Because this is really the first topic and area I’ve done advocacy. I mean, it feels great. I feel it is so important – just so well worth the effort and such a good cause. And that the things that we’re doing with this group are...we do have kids, and I’m having another baby, and it hopefully helps me. But it’s much bigger than that. I’m not doing it for THAT anymore. You know, this is to make it easier for all women. It’s empowering. It feels good that it has become a selfless cause too, that it’s working on the path of others. I think it’s so hard. It’s hard to feel like your voice and that you can make a difference on any public issue.

In addition to recognizing the power she had in her community, activism helped Juliea learn of the power that women have.

_The feminist movement in the beginning was off track because their idea of being equal to men was to have the same power as men - when, in reality - it IS our power as women to give and sustain life that makes us equally important and powerful (if not more so)._

Juliea also learned that she has skills to empower herself and others: *I am great at identifying problems and troubleshooting ways to fix it.* Like Juliea, Sarah was empowered by what she learned about herself though breastfeeding and activism: *[I developed an] understanding that just because someone has authority doesn’t mean I have to stand for it. [I learned about] questioning people...I came to that the first day as a new mom._ Finally, breastfeeding and activism gave Marie a sense of empowerment: _It’s made me realize I’m a lot stronger and more resilient and capable than I think I ever thought. One of my proudest breastfeeding moments was hiking up a mountain with my daughter in my wrap breastfeeding._ And I was like, _I am Super Woman!_
As her artifact, Juliea brought an African statue of a woman cupping one breast and carrying a pot of water on her head. To Juliea, this statue represents women’s strength. As breastfeeding mothers and through activism, women can learn that they are strong and have the power to not only care for themselves and their babies, but to effect change in their community.

**Chapter Summary**

This chapter presented the themes that emerged from a cross-case analysis of all 11 participants’ stories. By sharing parts of the participants’ stories, I illustrated these themes. The excerpts shared in this chapter helped us better understand in what ways breastfeeding women feel marginalized and how they learn to recognize that marginalization. Furthermore, we developed an awareness of how women learn to be breastfeeding activists and what they learn from activism. In Chapter Seven, I will discuss these themes in relation to the theoretical framework of this study, specifically women’s emancipatory learning and feminist pedagogy.
PART III
CHAPTER SEVEN
DISCUSSION, CONCLUSIONS, AND IMPLICATIONS

The purpose of this study was to explore the ways breastfeeding mothers are marginalized and how women become conscious of this marginalization. Moreover, this study aimed to increase the understanding of how women learn to be breastfeeding activists and the role of emancipatory learning in that process. The research questions that guided the study are:

1. In what ways do breastfeeding women see themselves as marginalized, and how do they come to recognize this marginalization?
2. For women who become breastfeeding activists, what is the process of moving from marginalization to activism, and what role does emancipatory learning play in this process?

In Part III of this dissertation and this final chapter, I will summarize the most relevant points that emerged from the data, discussing their connection with the literature and theoretical framework of the study: women’s learning, feminist pedagogy, and emancipatory learning. Next, I will discuss the implications of this study for the field of Adult Education, how this research can inform public health campaigns in support of breastfeeding, and will describe the limitations of this study and ways in which future research can fill those voids. Finally, I will conclude with a personal reflection on this research process.

The Findings in Light of the Literature: The Significance of Patriarchy and Social Class

This study not only provided support for existing areas in Adult Education, namely women’s learning, critical feminist pedagogy, and emancipatory learning, but also added new understanding as to how mothers become conscious of marginalization and how they learn to be activists, at times learning their own emancipation during the process. This study also offers
insight as to how the intersectional roles of patriarchy and social class impact women’s becoming conscious of marginalization and their desire and ability to become activists. In this section, I will revisit the areas of adult learning most germane to the discussion of the narratives, first, in light of the fact that marginalization of breastfeeding women comes in various forms, second, in light of how they learned to be activists, and third, what they learned from their activism. Before that, though, I will discuss the roles of patriarchy and social class as they relate to this study.

As I previously mentioned, patriarchy “is a system of domination that privileges and promotes male supremacy and heterosexuality” (Gouin, 2009, p. 173). Because patriarchy is learned through common interactions and experiences, such as being raised in a nuclear family (hooks, 1989), both males and females may take on views or act in ways consistent with patriarchy. Indeed, patriarchy has played an important role in understanding the marginalization of breastfeeding women. A second factor that must be considered in relation to this study is the role of socioeconomic status. Patriarchy and socioeconomic status intersect in ways that are important to understanding the participants’ experiences.

It is important to keep in mind that the participants in this study are not necessarily completely representative of American mothers in general. First, all of the mothers in this study are married or partnered in a long-term, committed relationship, and are so privileged by partner status. Shattuck and Kreider (2013) note that the percentage of U.S. births to unmarried women has shown a steady increase since the 1940s, with an even more marked increase in recent years. They reviewed census data to identify trends in babies born to unmarried mothers and found that in 2005, approximately 30% of mothers had recently had a baby outside of marriage. By 2013, the figure had increased to approximately 35% of women (Shattuck & Kreider, 2013). While
statistical reports vary, the fact that all of the women in this study were married or partnered indicates that the participants are privileged by their relationship status in ways many mothers are not. Secondly, the mothers who participated in this study are middle class or above, which is not the case for many mothers in the United States. Thus, it is important to bear in mind that the participants’ experiences are likely privileged by their positionality as partnered and by socioeconomic class.

**Marginalization of Breastfeeding Mothers**

The women in this study were moved to breastfeeding activism after becoming aware of the marginalization of breastfeeding mothers. They learned that this marginalization comes in various forms, including through negative views of breastfeeding in public, through aspects of the institution of medicine, the formula industry, and through striving for a work/motherhood balance.

**Negative views of breastfeeding in public.** Several mothers in this study recognized the marginalization of breastfeeding women through the ways breastfeeding in public is perceived. Some of the mothers reported having had negative personal experiences breastfeeding in public. Others shared stories about their friends who were challenged while breastfeeding in public. Many of the participants had seen or heard negative stories about public breastfeeding through the media, especially social media. The women’s experiences are consistent with the literature on attitudes toward public breastfeeding. Several studies have shown that people feel that breastfeeding in public is unacceptable (Earle, 2002; Hausman, 2007; Johnston-Robledo, Wares, Fricker, & Pasek, 2007). Some scholars suggest that people’s issue with public breastfeeding is due to the sexualization of women’s breasts; seeing breasts being used to feed a baby is an unwelcome reminder that breasts have a purpose other than sex (Blum, 1999; Johnston-Robledo et al., 2007; Mahon-Daly and Andrews, 2002). Some of the women alluded to the sexualization
of breasts – such as Juliea who noted that there are “boobs literally everywhere” but people are uncomfortable with women’s bodies in relation to birth and breastfeeding, suggesting that people have no issues with seeing sexualized breasts, such as in advertising. However, no one explicitly spoke the sexualization of breasts as a source of marginalization. The media also contributes to the view that public breastfeeding is offensive. News programs air stories about mothers being asked to leave a public place while nursing in public (Artis, 2009; Foss, 2012). Perhaps such media coverage of breastfeeding influenced the behavior of some of the women in this study: despite having never had a negative personal experience breastfeeding in public, a couple of the women mentioned rehearsing their state law on breastfeeding in public so they were prepared in case of a confrontation. Katy even carried a copy of the law with her. While some of the mothers recognized marginalization through their own experiences breastfeeding in public, many learned of negative societal views about public breastfeeding through the media.

**Lack of support from some health professionals.** Several of the participants perceived that aspects of the institution of medicine as a source of marginalization of breastfeeding mothers. Some of the women felt they had received bad advice about breastfeeding from their doctor or nurse or knew of someone else who struggled with breastfeeding after following what they perceived as misinformation. Wolf (2006) reports that medical professionals are inclined to follow prescribed methods concerning how often the mother should feed, how long she should keep the baby on each breast, and how much weight the baby should be gaining in a given timeframe. Unfortunately, prescribing a breastfeeding schedule instead of putting the baby to breast whenever he or she shows signs of hunger leads to a mother’s body not producing enough milk. After milk supply begins to drop, supplementation with formula and early weaning tend to follow. The American Academy of Pediatrics (2005) found that the majority of pediatricians
were advising their patients to breastfeed for a duration that was inconsistent with the recommendations of the World Health Organization. Medical professionals are most likely not intentionally providing misinformation about breastfeeding. Nevertheless, some of the women in this study reported they felt that some healthcare professionals are a marginalizing factor for breastfeeding mothers.

**The formula industry.** Some of the mothers in this study identified the formula industry as a chief source of marginalization of breastfeeding mothers. A couple of participants were upset by the way formula companies push their products to mothers in hospitals immediately after giving birth, sending them home with formula “goodie bags” even if mothers say they want to breastfeed. Although fewer hospitals continue to contract with formula companies and hand out these “goodie bags,” a number of new mothers continue to be sent home with formula even when they express that they wish to breastfeed (Dykes, 2011; Work Group on Breastfeeding, 1997). Stephanie spoke specifically about the ways in which formula companies have a history of immoral marketing practices in developing countries. In particular, Nestle has a long history of unscrupulous practices related to the marketing of formula. For example, Nestle has exploited the illiteracy of mothers in developing countries, sending “milk nurses” – saleswomen dressed as nurses – to sell them milk. Without access to clean water, babies in developing countries died from formula made with contaminated water. Women used Nestle milk substitutes because they believed it was endorsed by healthcare outlets (Palmer, 2009). When the mothers in this study talked about formula-feeding, they emphasized that they do not judge mothers who do not breastfeed. Instead, they blame the formula industry for the ways they marginalization women.

**Returning to employment.** Most of the mothers were employed at some point during the early part of breastfeeding. Trying to find a balance between work and motherhood proved
challenging at times. Katie and Stephanie easily produced enough milk to breastfeed their babies but noticed a dip in milk supply when they had to begin pumping when they returned to work. Especially for Stephanie, the struggle to pump enough milk made her question her body’s ability to produce enough milk to nourish her baby. Marie, the breadwinner in her family, returned to full-time work after maternity leave. She shared that although some women enjoy pumping at work because it reminds them of their babies, for her pumping was a reminder that she was away from her baby. Although Stephanie, Katie, and Marie reported having employers who supported their pumping at work, Blum (1999) notes that such policies are poor substitutes for proper maternity leave. A mother is encouraged to put the baby to breast at home, but should collect milk to feed her baby while she is working, and pump during working hours to maintain her milk supply; promoting pumping as a feasible alternative to appropriate maternity leave works to disembody and disempower mothers. Stephanie was happy that her mother was able to care for her son while she worked, but she also felt guilty leaving him. Stephanie also felt at times that she was never fully present at work when she changed to a part-time schedule after her maternity leave; she reported that she wondered if co-workers did not believe she was performing up to potential. The women in this study beat the odds by continuing to breastfeed after returning to work: more than three-quarters of women reported that returning to work was the most major barrier for exclusive breastfeeding for a duration of at least six months (Hogan & English, 2013). Breastfeeding represents empowerment, femaleness, attachment, selflessness, and responsibility, all qualities of a good mother. On the other hand, many Western cultures characterize a good worker as someone who is compliant and diligent and who prioritizes work over his or her personal life and domestic issues. When a mother takes time out of her work day to pump, she is putting (if only for a short while) her personal life in front of her work life. The workplace
demands that the position of the good worker be placed above that of the good mother; yet the desire to be the good mother leads women to persist with breastfeeding (Payne & Nicholls, 2010). Maintaining this balance is a struggle for many breastfeeding moms and an identified source of marginalization for some.

**Learning to Be an Activist**

Learning to be an activist is a complex process that occurs gradually. The first part of activist learning for the women in this study was learning consciousness of marginalization, which occurred primarily through personal and friends’ experiences and the media. From there, their activist learning involved mentoring, collaboration, and networking as well as formal and informal modes – such as technology – of learning.

**Learning consciousness of marginalization.** The idea for this study came out of my own marginalization as a breastfeeding mother. Because I became conscious of the marginalization of breastfeeding mothers through my own negative encounter, I had gone into this research project expecting that the participants would have had similar experiences. What I found from my participants’ stories is that while some of the women became conscious of the marginalization of breastfeeding mothers through their own personal experiences, some did not. Most of the women became conscious of marginalization through the stories of others, whether it was through friends, via the media, or from their own reading and research.

The learning process of the participants as they became conscious of the marginalization of breastfeeding mothers ties to the Adult Education literature. To become conscious of marginalization, one must think critically. Kincheloe (2000) defines critical thinking as “the ability of individuals to disengage themselves from the tacit assumptions of discursive practices and power relations in order to exert more conscious control over their everyday lives” (p. 24). Ollis (2011) notes that reasoning and reflecting, which are practices that are involved in critical
thinking and developing critical consciousness, are part of activist learning and can guide activism. For example, Juliea’s reflections on the feminist movement, which she describes as “off track” because it failed to recognize women’s power in being able to give birth and sustain life through breastfeeding, helped her become conscious of the ways a patriarchal society marginalizes women, specifically mothers. Reflective, critical thinking can allow women to challenge ideology and contest hegemony (Brookfield, 2005). Through this sort of reflection, women can separate themselves from broad, power-laden assumptions that work against their empowerment.

Whereas some of the participants had a lens of social justice and power relations, most did not. Thus, they had to develop the critical thinking that allowed them to begin to recognize the marginalization of breastfeeding women. Most of the participants began to think critically about the experiences of breastfeeding mothers within the context of motherhood. Barg (2004) and Gouthro (2007) recognize mother- and care-work as legitimate contexts for learning; failing to acknowledge these contexts as valid sites of learning devalues women (English & Irving, 2015). Some of the women in this study became aware of the marginalization of breastfeeding women when they encountered barriers themselves or noticed other mothers confronting obstacles to breastfeeding. For example, Brigitte became aware of marginalization through her own experience when she received a judgmental comment while breastfeeding her son in the grocery store. On the other hand, Kate had not personally experienced marginalization as a breastfeeding mother but had heard stories of other mothers who had been challenged while breastfeeding in public. Many of the mothers who participated in this study learned critical consciousness through the learning context of motherhood.
For women, connection and relationships are important aspects of learning (Flannery, 2002). Several of the women in this study learned about the marginalization of breastfeeding women through relationships. For example, Katy was a member of a mothers group on Facebook. She built relationships with other mothers in the group, and through exchanges with these women heard stories of marginalization. Mothers in this online community shared breastfeeding struggles related to breastfeeding in public or discouragement from their pediatrician. Women’s learning often occurs through connection with others where mutual support plays a role in the learning process (Flannery, 2002). Katy and other participants developed relationships with other breastfeeding mothers; through those relationships, these women became conscious of experiences of marginalization. Because women understand themselves with regard to connections with others (Flannery, 2002), the women in this study empathized with other mothers who experienced breastfeeding-related marginalization, even if they had not had a marginalizing experience themselves. Learning through relationships with other women can lead to consciousness-raising (English & Peters, 2012). While some of the women in this study learned consciousness through their own experiences with breastfeeding, many became aware through relationships with other women.

Perhaps the earliest part of activist learning involves reasoning and reflection in a manner that helps a budding activist “to learn to think critically about systems and structures in society” (Ollis, 2011, p. 322). This critical reflection may occur as women forge relationships with one another. As women develop a critical consciousness and become aware of marginalizing experiences of others, they feel impelled to offer support. Through these relationships, which are characterized by mutual support, women continue to have consciousness-raising experiences that can ultimately lead them to activism.
Becoming an activist requires a great deal of learning. For the women who participated in this study, the movement into activism was a gradual one. Only two of the women had any formal activist education, but they – just as the women who had no formal training – progressively learned how to be breastfeeding activists. What is perhaps most evident regarding their learning is the role of collaboration, networking, and informal mentoring. The women in this study learned how to be activists through relationships with other activists. This learning included identifying relevant issues, learning about different types of activist activities, planning activist events (such as nurse-ins and happy hours), and packaging a message. Some of this collaborative learning occurred through the use of technology, especially social media. The activist learning process experienced by the women in this study mirrors the women’s learning, feminist pedagogy, and activist learning literature.

The majority of the women who participated in this study are what Ollis (2011) identifies as circumstantial activists, who come to be activists after having an experience that impels them to act. Circumstantial activists tend to have little formal training in activism. Rather, they develop activist knowledge and skills quickly, often informally and “on the job,” through practice and communication with others (p. 322). All of the women became involved in breastfeeding activism after enduring their own marginalizing experience or becoming aware that other mothers were experiencing marginalization. These experiences, whether happening directly to them or someone else, evoked emotion. Women tend to learn through relationships characterized by mutual support and caring (Flannery, 2002; Tisdell, 2002). Thus, when the participants became aware of the marginalization of breastfeeding women and acknowledged their emotional responses, they were driven to do something. For most of these women, doing something involved developing relationships with other women who felt the same way. The
earliest part of their activist learning involved connecting the personal to the social (Flannery, 2002; Tisdell, 2002). Their experience of wanting to connect with others is consistent with what Jesson and Newman (2004) identify as interpretive learning, which involves “a focus on communication or understanding the human condition; the focus is on people, what they are and how they relate” (p. 261).

**Mentoring, collaboration, and networking.** Context is an important factor in women’s learning (English & Irving, 2015; Hayes, 2002a). Relationships serve as a context for women’s learning. All of the women in the study spoke about learning through connections with other activists. Relationships with role models, mentors, and critical friends appear to be a significant aspect of women’s learning (English & Peters, 2012). For example, Kate received informal mentoring from legislators and older women who had been lifelong activists. Julia and Katie developed a relationship with Kate (although, because of confidentiality considerations, they did not know Kate was part of the study), who helped them learn how to plan and carry out networking events, such as a happy hour for local businesses interested in supporting breastfeeding. In activism, relationships may be either in-person or online. Katy developed relationships through a Facebook group and planned and carried out a nurse-in with the support of other women-activists in the online community. For women learning to be activists, relationships function as a feasible context for learning.

Another context for women’s learning is in the community. Community contexts may involve grassroots or more formally defined feminist organizations. Grassroots organizations develop within a community or environment and have a goal of enacting change. The learning that occurs within grassroots organizations is characterized by learning to question and inclusiveness (English & Irving, 2015). Juliea’s activist learning occurred through grassroots
organizing, bringing together people and planning events around normalizing and encouraging breastfeeding. Juliea’s first breastfeeding activist event was a grassroots effort to gather breast milk donations for a sick baby in Detroit who was relying on milk donations for survival. Juliea learned as she went, networking with others in the community to organize the effort. Similarly, much of Stephanie’s activist learning was through grassroots organizing. When she heard that a protest or nurse-in was happening, she just showed up and learned from others who were there.

In addition to providing a context for women’s activist learning, grassroots learning creates a chance for learning liberation. Brookfield (2005) suggests that “individual liberation is seen as dependent on collective liberation” (p. 53). Several of the participants found their own liberation as they collectively organized with other women activists. Grassroots organizations create a space for collaboration and working for change that is liberating at both the individual and community levels.

English and Irving (2015) point out that feminist organizations are sites for formal, informal, and nonformal learning. While working within the context of a feminist organization, women learn a number of tasks necessary for social organizing: how to deliver services, identify and address social needs, maintain and change societal values, mediate between individuals and the government, and grow on a personal level (Donnelly-Cox, Donoghue, & Hayes, 2001). This learning often occurs informally and through interactions, such as being a board member, attending meetings, paying attention to women’s issues in the media, and networking both in-person and through social media. Learning processes tend to be experiential and not highly visible (English & Irving, 2015). Julia and Katie hold leadership roles in the Alexandria Breastfeeding Promotional Committee, which is affiliated with the Health Department. Both women shared that they are learning to be activists through their work with this committee.
They are learning how to assess the needs of their community, how to deliver services, and how to mediate between their committee and the larger Health Department. Much of their learning has occurred through networking and collaborating with others. Katie’s activist learning has occurred in part during her tenure with the Breastfeeding Promotional Committee. Through collaboration with the Alexandria Health Department, Katie learned to prioritize, set goals, and identify deliverables.

Both Katie and Julia have experienced personal growth from their involvement with this organization. Katie describes the experience as empowering, and Julia has enjoyed the opportunity to be vocal in an organizational setting. Finally, feminist organizations provide a context for instrumental learning – learning to handle practical matters and work within existing structures and systems to bring about change – and critical learning, which involves developing problem-solving skills (Jesson & Newman, 2004). Julia and Katie serve as examples of the ways that feminist organizations provide a context for activist learning.

**Leveraging men’s power and support.** One of the things activists often must learn is how to negotiate with those in positions of power, such as government officials (Donnelly-Cox, Donoghue, & Hayes, 2001), who are often men. This learning often occurs informally and experientially and is not highly visible (English & Irving, 2015). Kate demonstrated this type of learning as she unmasked her own power (Brookfield, 2005) while working with delegates and senators in her state legislator to leverage support for a breastfeeding bill. She learned to package her message in such a way that would make male legislators be in favor of the bill, noting that backing a bill that supports mothers and babies looks good for a politician in an election year. Foucault (1977) notes, “Power is exercised rather than possessed” (p. 128). As
she learned to negotiate politics and power, Kate discovered how to exercise her own power to garner male support for societal change that positively impacts mothers and babies.

**Social media and technology.** An informal aspect of activist learning involves the use of technology and social media. Of the various types of technology that may be used for activist learning, the women in this study relied on social media the most. For example, Kate used Facebook to organize supporters and provide information on how they could contact their legislators to ask for their vote on a breastfeeding bill. Facebook helped Kate connect with other activists and groups and learn how they organized support for breastfeeding causes. Katy and Jessica relied on Facebook for information to better understand how breastfeeding women were experiencing challenges and to find out about local activist events, such as nurse-ins. Katy used Facebook to put pressure on an airline that was unsupportive to breastfeeding mothers. She also kept tabs on activist events through Facebook groups, modeling her own nurse-in off of one she followed on Facebook. The ways these women used technology as they learned to be activists reflects what English and Irving (2015) have found in their research: technology can assist with raising awareness, mobilizing activists, organizing events, and helping people network to find others who are working for the same cause. For Sarah, technology provided a space for her to be engaged in breastfeeding activism. As a woman who is deaf, Sarah found her place in breastfeeding activism through online blogging. Technology can allow women with disabilities to be included in activism when they might otherwise be unable to participate in discussions or attend events (English & Irving, 2015). Technology, especially social media, plays an important role in activist learning for breastfeeding activists.

While a couple of the women in this study had some prior formal activist learning, the majority of them learned to be activists through mentoring and collaboration, both in-person and
with the use of technology. They learned to be activists within various contexts, including grassroots and formal organizations. While many of the women would likely say they are still learning – such as Julia who said *I don’t even know if I really know how to be an activist yet* – these women have learned tremendous skills relatively quickly “on the job” (Ollis, 2011, p. 322). Much of their activist learning aligns with one of Brookfield’s (2005) learning tasks, reclaiming reason, which involves overcoming the vanishing of opportunities to engage with others regarding matters of shared concern. These women have found ways to engage with others over the shared concern of supporting breastfeeding mothers, creating “a public sphere that allows [them] to talk about their feelings and opinions and gather their political energies behind a particular movement for change” (Brookfield, 2005, p. 231).

**Learning from Activism**

Not only did the women in this study learn to be activists; they also learned from their activism. From their activist work, the women learned that activism exists on a continuum, varying in degree of radicalism. As women learned of the scope of activism, they found their niche on the spectrum. From their activism, several of the women noted that women are mean and are quick to judge other mothers. Upon seeing these “mommy wars,” some of the women learned to be less judgmental and kinder. Some of the women learned to be leaders through their activist work, and many of the women felt empowered as a result of their activist work. Their learning dovetails with the literature on women’s emancipatory learning.

**Seeing activism as a continuum.** Interestingly, a number of the women did not identify as activists even after they had been engaged in activism for a while. The lack of self-identification, in part, was due to their very narrow views of what it meant to be an activist. For example, Julia thought that to be an activist, one had to lobby. Similarly, Jessica and Katy believed activism involved protesting. As they became more established within activist...
communities, whether in-person or online, they learned that activism exists on a continuum. While some forms of breastfeeding activism may involve picketing or lobbying, simply breastfeeding in public is also a legitimate form of activism. Several of the women found activism through their bodies. Brigitte shared, *I felt like the more people saw me out breastfeeding my children, that in itself is kind of an activist sort of thing.* Brigitte was one of the women who found resisting choreography (Parviainen, 2010) – “a performance of resistance that uses the body as a political tool” to be a type of activism that felt right to her (English & Irving, 2015, p. 125).

For the women who used their bodies as activism, they made meaning about their bodies through their bodies. Deciding to use their bodies in activism involved being mindful of the ways in which they viewed their bodies, particularly their breasts, and the meaning of their bodies (and breasts) in the outside world – a connection of the “I” and the “We” (Swartz, 2012). To be clear, the “I” involves one’s body style of “being in the world,” one’s awareness of her interior states, and mindfulness. “We” involves the body’s interaction with external energies, such as connections with others, the community, the earth, and the divine through sensory experiences and intuition. Several of the women, including Brigitte and Katy, mentioned that they had always regarded breastfeeding as the most natural way to feed a baby, in part due to their mothers and other family members having breastfed, and thus regarded their breasts as being for that purpose. For them, the “I” included a meaningful awareness that the body (particularly the breasts) of a mother has a way of being in the world that involves nourishing one’s baby. However, encountering facets of the “We” – the social and cultural views of breasts, which sometimes involve people being uncomfortable with breastfeeding – created a sort of cognitive dissonance for the women: how would they make meaning of the dissension between
their intuitive belief that breastfeeding is natural and societal views that breastfeeding is inappropriate? Resolving this conflict required the women to make meaning of their bodies within a greater context. Integrating the “I” and “We” not only confirmed for them that breastfeeding was natural and normal, but also influenced them to feel the need to breastfeed in public. The embodied learning that occurred as the women integrated the “I” and “We” helped them develop a sense of wisdom (Swartz, 2011) regarding learning consciousness of marginalization and finding the sort of activism that felt right. The integration of the “I” and “We” was integral to these women’s decision to use breastfeeding in public as a form of activism.

Not only can the body be used as a form of breastfeeding activism, it can also be a site of learning to make decisions about activism. Several of the women talked about finding the type of activism that felt right after learning of the broad spectrum of activism. Jessica described this decision as unconscious, and Marie and Sarah expressed that they found a niche in activism based on what felt right. Others ruled out forms of activism because they did not like how they felt when they encountered them, such as what Jessica described as lactivist-style, formula shaming. Ollis (2011) contends that learning is embodied and holistic: “they use intelligence, the physical body as well as the emotions to learn. The emotions play a crucial role” (p. 323). Similarly, English and Irving (2015) and Freiler (2008) acknowledge the body as a site for learning, and Clark (2001) suggests we can honor our whole body by honoring our intuition. Women may recognize learning because something “feels right” (Belenky et al., 1997; Flannery, 2002; Tarule, 1988). In considering knowledge from their mind, body, and emotions, several of the women followed their intuition when deciding on what kinds of activism felt right.
**Perspective taking.** Emotions played another role in what the women learned from activism. Through their activist work, many of the participants noticed how mean and judgmental women are toward one another. They empathized with the mothers who are judged, noting that *it’s really hard to be a parent, whether you stay at home with your kid or work at home with your kid or go to work 40 hours a week and have limited time with your kid... all of it is hard.* Their activist work gave them the opportunity to see the perspective of other mothers. As a result, several of the mothers learned how to be kinder and more compassionate. For example, Katy recalled how she had been mean and judgmental until she learned kindness through her activist work because activism helped her understand mothers’ challenges. Through activist work, these women learned perspective-taking. Drawing from Habermas, Brookfield (2005) states:

> When we act communicatively, we try to step out of our normal frames of reference to see the world as someone else sees it. We make this effort because we live in a world full of different cultures, agendas, and ideologies. In a sense, living with others continually forces perspective-taking upon us. Life keeps presenting situations to us in which we need to reach common agreement with other people. (p. 253)

Perspective-taking is an important part of activist work because it prepares us for democracy. “When we learn to talk to each other in ways that are comprehensible, truthful, appropriate, and authentic, we are learning an analog of democratic process” (Brookfield, 2005, p. 264). Through their activism, several of the women were able to take the perspective of other mothers and find authentic kindness. The ability to develop such compassion for others, particularly for those who seem to be different from ourselves, primes us to participate in the creation of a true democracy that has liberating potential for everyone.
Learning leadership skills. For several of the women in this study, activism provided a venue for learning leadership. English and Irving (2015) maintain that one of the key goals of critical feminist pedagogy is supporting women’s leadership, which involves cultivating “leadership that is by women, for women” (p. 104). Of the participants who became leaders through their activist work, some took on more official leadership roles – such as Julia and Katie – while others became leaders in an unofficial capacity within their community, like Kate, Juliea, Katy, and Marie. As co-chairs on the Alexandria Breastfeeding Promotional Committee, Julia and Katie developed leadership skills such as identifying needs, working within the organizational structure of the larger Alexandria Childhood Obesity Action Network and Health Department, and collaborating with other organizations around their state. They have learned to delegate responsibilities to committee members. Julia expressed that being co-leaders has given both her and Katie a place for their voices to be heard: It’s a good fit for me and Katie because I feel like we’re both very vocal about these things. Serving as leaders in a an organization that works for change for women, Julia and Katie have cultivated some of the skills that English and Irving (2015) identify as common within feminist organizations. Moreover, their learning has been largely experiential (English & Irving, 2015). As they continue in their leadership roles, Julia and Katie may notice the transformative capacity of being a leader for women.

Kate, Juliea, Katy, and Marie have, through their activist work, taken on roles of leadership both by and for women. For example, Marie started a support group for breastfeeding mothers at her work. Juliea organized a breast milk donation drive and has also planned protests around women’s issues, such as the normalization of breastfeeding. Katy arranged a nurse-in at an international airport, handling all of the planning details, such as getting permits and inviting people through Facebook. Their leadership has been more in line with grassroots efforts, but
Marie, Juliea, and Katy’s leadership has involved some of the same skills as Julia and Katie’s experience being leaders in a formal organization. For example, Marie, Juliea, and Katy developed their networking and collaboration skills as they led their activist activities.

Kate’s breastfeeding activism has also been a grassroots effort, but as she continued her activist work, she began to find herself in some more formal leadership roles. After working through other organizations, Kate started her own organization – the Virginia Alliance for Breastfeeding Laws. As the leader of her own organization, Kate explains, *I can do whatever I want! I don’t answer to anybody, there’s no board, there’s no taking a vote.* Kate’s leadership has involved collaborating and networking with breastfeeding activists across the country. She has created a Facebook group with over 600 followers who support women’s breastfeeding rights. After her organization has grown, Kate has had to lead by delegating members to lobby, organize, and collaborate (English & Irving, 2015). Kate is now interested in pulling back from being the lead on everything: *I want to empower you to do that. I do not want to take over the reins. I want to help you do it.* She continues to tweak the organizational structure to give members more of a voice and greater control over the group’s activist activities (English & Irving, 2015). Batliwala (2011) explains that taking on leadership roles is potentially transformative, “Enabling deep-seated changes in the self that have resulted not only in a sense of self-awareness, empowerment and liberation, but in new ways of acting for change in the external world” (p. 59). Part of these “deep-seated changes in the self” involve unmasking power – at the individual level, and particularly when done in conjunction with others. Brookfield (2005) states:

> A sense of possessing power – of having the energy, intelligence, resources, and opportunity to act on the world – is a precondition of intentional social change. When the power of the individual comes to be seen as inexorably embedded in the power of the
collective (for example, in a social class, a culture, a gender, a race, a social movement),
then the possibility of large-scale social change, even of revolution, comes dramatically
alive (p. 47).
As they developed into leaders, the women began to see how they could synergize their
intelligence and resources to create opportunities to make important changes that would
positively impact mothers and babies in their community. Whether their leadership was learned
through grassroots organizing or more formal organizations, the women who have learned
leadership through breastfeeding activism have felt some degree of transformation, which will
likely persist as they continue to be leaders for social change for women.

**Claiming empowerment.** Finally, most of the women in this study learned through their
activist work that they hold power. This is some of what specific role emancipatory learning
played in their claiming of their own empowerment. Their empowerment manifested in different
ways. For example, Marie summarized her empowerment: *I’m a lot stronger and more resilient
and capable than I think I ever thought.* Most commonly, the women explained their
empowerment in terms of having a voice or being in a position to impact their community.
Voice is a common concept in women’s learning and feminist pedagogy (English & Irving,
2015; Hayes, 2002b; Maher and Tetreault, 1994; Tisdell, 2002). Belenky et al. (1997)
juxtaposed voice and silence, noting that women who feel disconnected from knowledge feel
“‘dumb’ because they [feel] so voiceless” (p. 24). Earlier in this chapter, I discussed mother-
and care-work as legitimate contexts for learning (Barg, 2004; Gouthro, 2007). Indeed, the
women in this study were, at least in part, pushed to breastfeeding activism because of their
learning as mothers. In a patriarchal society, women may hold the belief that women should not
challenge social structures, but [their identity] as a mother gives them the authority and position
to challenge (Barg, 2004). Women who may not have had much voice before becoming mothers find their voice when they need to advocate for their children (Barg, 2004). Sarah’s experience echoes Barg’s research: *[I developed an] understanding that just because someone has authority doesn’t mean I have to stand for it. [I learned about] questioning people...I came to that the first day as a new mom.* Sarah came to voice when she needed to advocate for her newborn, and she continued to find her voice through her activism work. Gouthro (2009) found that women, by learning through collaboration with one another, became more confident, giving them a voice as active citizens. Katie repeatedly mentioned the role of collaboration in her activist work, which contributed to her learning and empowerment: *It’s empowering. It’s working on the path of others. It’s hard to feel like your voice and that you can make a difference on any public issue.* Similarly, Juliea found that collaborating with other women in grassroots activism gave her a voice: *I started to see that I had a voice and an impact on my community.* Tisdell (2002) notes the interconnectedness of voice, identity, dealing with authority, and positionality in constructing knowledge and aspects of identity. The symbiosis of these themes certainly plays out in the women’s stories. Their identity as mothers helped them find their voices; their voices were strengthened as they collaborated with other women through activism as they resisted aspects of authority, and as a result, they found their position in their community. To be sure, activism has emancipatory possibilities. As Katie said, *How powerful!*

It is important to note that while the participants claimed power through their activist work, many of them held a degree of power and privilege even before getting involved in breastfeeding activism. With the exception of Juliea’s first pregnancy, all of the women have been married or in a long-term committed relationship during their childbearing, breastfeeding, and activism years. Having a partner has helped the women both financially (some of the
women can afford to not hold employment outside of the home) and instrumentally (support with
daily tasks). Many of the women hold college and graduate degrees, which have allowed them
to establish careers that offer a comfortable salary, paid benefits, and job security. Some of the
women had paid maternity leave, which allowed them time off from work to establish
breastfeeding. Most of the mothers who did not have paid maternity leave could afford to take
unpaid leave from work to settled into motherhood and establish breastfeeding. All of the
women could afford to access lactation support if needed. Moreover, their positions at work
afforded them time and space to pump during the work day and time off to engage in activist
activities. The participants’ relative privilege has given them a sense of agency that women of
from lower-class backgrounds may not have, thus influencing the lens through which this study
considers motherhood, breastfeeding, and activism. Such privilege may have played a role in
connection and networking; it was easy for many of the women to connect with people in
positions of relative power, including men in powerful positions, and to leverage that power to
facilitate their activist work and eventual social change. I further discuss the role of class and
privilege in more detail later in this chapter in the section that addresses the limitations of this
study.

Implications for Theory and Practice

The current study has implications that inform the theory and practice in three fields:
adult education, public health, and healthcare. In this section, I will summarize the implications
of this study as they influence those fields.

Adult Education and Adult Learning Theory

The current study has implications for adult learning theory. While there is an increasing
body of literature on embodied and somatic learning (e.g. Fenwick, 2002; Freiler, 2008;
Lawrence, 2012; Swartz, 2011; Tobin & Tisdell, 2015), there is virtually no direct discussion of
the role of embodied learning in activist learning. English and Irving (2015) make a case for the inclusion of embodied learning in critical feminist pedagogy but limit their discussion to intuition and emotion. Ollis (2008, 2011, 2012) gives some attention to the mind-body connection involved in activist learning, but she focuses on how emotion and intuition influence the learning process. The women in this study not only learned through their bodies but also used their bodies in activism. Several of the women recognized breastfeeding in public – whether on their own during the course of a normal day or with others at a nurse-in – as a form of activism and resistance (Parviainen, 2010). The current study offers something new to the adult education literature on embodied learning, suggesting that not only is the body a site for activist learning, but can also be used as a form of activism. Dirkx (2008) and Michelson (1998) acknowledge that embodied learning is interdependent with culture and social relations.

This study offers some preliminary exploration as to how embodied learning occurs within these contexts. For example, several of the women in this study regarded breastfeeding as the most natural and ideal way to feed their babies. Then, they received messages through the media and in social situations that breastfeeding was controversial: while breasts are generally sexualized in United States culture, particularly in popular media and advertising, cultural norms often dictate that breasts should be covered when they are feeding a baby. While the women in this study value their bodies and the ability of their breasts to nourish their babies, they realized through interactions with cultural and social factors that their bodies were problematic for others. Moreover, there is a tendency to view the body as a commodity, often referring to the body as “it” and breasts as “them.” Sharp (2000) draws attention to the “pervasive theme…that women’s bodies are fragmented in a host of ways through their reproductive potential, so that they are reduced to vaginas, wombs, or breasts” (p. 294). Wet nursing, as previously discussed, is a
blatant example of the commodification of women’s bodies – namely poor women. The commodification of the body and the related systematic, dualism (that is, separation of the mind and body) gives society permission to manage and control women’s bodies. If instead of telling mothers that they cannot trust their babies and their bodies we encouraged them to recognize the expertise of their body and mind combined, perhaps “breasts [could] be thought of as a site of embodied knowledge” used to empower mothers (Springgay & Freedman, 2010, p. 351). Understanding women’s meaning-making of the body – both positive and negative associations with the body and its functions related to infant feeding- may increase understanding of the body’s role in motherhood, infant feeding, and activism. In the same vein, further research may investigate how women learn the commodification of bodies and how such commodification serves to disempower them. There is also room to explore how women’s activist learning – from learning consciousness of marginalization to deciding what forms of activism are the best fit for them – involves making meaning through the body.

As this theory development continues, it may be interesting to examine in what cultural and social contexts women make meaning about their bodies and how those messages impact their decisions, particularly in regards to infant feeding. The role of embodied learning is all but left out of the discussion of emancipatory learning, especially by Brookfield (2005). To consider the role of the body in emancipatory learning, we can borrow some aspects of Swartz’s (2012) Clinical Action Pedagogy model. Specifically, the model considers both “individual and collective knowledge” (p. 19) and acknowledges that we cannot understand the person as a whole being without considering the integration of one’s subjective view and the natural world around her. When we study ourselves, we “challenge [our] own situated knowledge and empower [our] own transformation” (Miller & Crabtree, 2005, p. 612, as cited by Swartz, 2012,
Thus, to work through Brookfield’s (2005) learning tasks, one must not only consider her own subjective view of reality but also be willing to challenge it. Challenging subjective views of reality allows one to begin to figure out her place in the world as determined by systems of ideology, hegemony, and power. As one begins to challenge these systems, she creates space for reclaiming reason and learning democracy, the last of Brookfield’s (2005) tasks, which require engagement with and taking the perspective of others. Accordingly, the integration of one’s subjective view and the natural world around her is a sort of embodied, holistic experience that enables the development of critical consciousness and ultimately the ability to empower one’s own transformation, as Miller and Crabtree (as cited by Swartz, 2012) suggest. The current study implies a possibility (if not probability) of embodied learning as an important part of emancipatory learning, especially for women. Further considerations might include the addition of a critical learning task that involves understanding the body in relation to greater contexts so we can consider the role of the body in learning emancipation and in activist work.

Another way this study contributes to adult learning theory and emancipatory learning in particular is by bridging the gap between feminist learning, embodied learning, and social action, providing some insight into what women learn from activism. Ollis (2008, 2011, 2012) contributes to the field a better understanding of how people learn to be activists, but does not emphasize the role of women’s learning in this process, nor resultant learning. English and Irving (2015) do emphasize the need for feminist pedagogy to move beyond the personal to greater social contexts and proffer understanding of how feminists organize and learn in community; however, their work does not really address what women learn from activism. The current study begins to connect the dots between feminist learning (including embodied learning), activist learning, and the learning outcomes from activist involvement. In this study,
some of what the women learned from activism involved aspects of embodiment and emotion, such as feeling badly about harsher forms of activism that shamed non-breastfeeding mothers; accordingly, the women were pushed to follow their intuition and acknowledge gut feelings as they sought out types of activism that “felt right,” as explicitly noted by Marie and Sarah. Finding forms of activism that were a good fit made the women feel good and drove them to continue their activist work. There is more work to be done here: future theory development should continue to investigate the role of embodied and somatic learning as it relates to learning outcomes from activism. Understanding these learning outcomes may help us better understand how to help activists-to-be find forms of activism that are personally sustainable and meaningful.

In addition to having implications for theory, the current study also offers implications for practice within the field of adult education. As I have mentioned, because my personal interest in breastfeeding activism stemmed from my own experience of marginalization, I anticipated that most breastfeeding activists also had marginalizing experiences that pushed them to activism. This, however, turned out not to be true for all of the participants. What this tells us is that someone does not have to be personally marginalized to be driven to or empowered by activism. Drawing from this, college administrators and educators might consider moving beyond service work to activist work. Whereas service work can help to create critical consciousness, activist work has the potential to create empowerment and broad social change. All of the women in this study were involved in some sort of collaborative learning or mentorship as they learned to be activist. To that end, adult educators might consider building partnerships with community activists who would be willing to provide mentorship to budding activists. Another consideration is the potential for informal learning opportunities, based on women’s learning principles, for activist learning. English and Irving (2015) imagine the
possibilities for informal learning: “It may be face to face but it also may be virtual and connected through social media. Whatever the space, such learning is infused by Freirean epistemology and is oriented to increased freedom and quality of life for women” (p. 162).

Finally, whereas principles of women’s learning were present in the activist learning of all of the women in this study, these principles are not limited to women. “What feminist pedagogy [based on tenets of women’s learning] brings to the table is the power of questions, the use of inclusive teaching styles that challenge, and the stretch to have teaching reach to societal impact and change” (English & Irving, 2015, p. 106). These tactics have the potential to benefit all adult learners as they learn to be activists for social change in their communities.

Public Health

The current study offers several implications for the field of public health. Public health is concerned with promoting health via organized efforts of providing information to individuals and communities. Public health personnel work, often within the context of larger organizations either publically or privately, to inform members of the community about health-related issues. Public health is concerned with breastfeeding promotion. Several of the participants in the current study alluded to the responsibility of public health in promoting breastfeeding. Brigitte described the breastfeeding materials as “sterile,” as they never included real photographs of mothers and babies breastfeeding, only drawings. Artis’s (2009) consideration of a 2004-2006 breastfeeding campaign run by the U.S. Department of Health and Human Services found the same thing: interestingly, none of the promotional material from this campaign includes images of mothers, babies, or breasts. Brigitte inferred that part of the reason so many people are uncomfortable with breastfeeding, especially in public, is because promotional and educational materials do not show real mothers and babies. To Brigitte, this approach suggests that even the people who are supposed to be promoting breastfeeding are not comfortable with it. Thus, the
public health field must consider their messages about breastfeeding. Emotion and intuition play a role in women’s learning, and mother-work serves as a site for learning (Barg, 2004; Gouthro; 2007). To effectively promote breastfeeding, public health officials need to consider how women learn and cater their message accordingly. English and Irving (2015) call on public policy-makers to attend to women’s learning from childhood to late adulthood; public health should also heed this suggestion.

Another consideration for public health is the role of activism in the field. Julia, who works in public health, stated that her activist work has to be on her own time. In a relatively short period of time, Julia has learned to be a successful activist, even moving into a leadership position. Where does activism fit in public health? When does the personal become social? Tisdell (1998) reflects on this consideration in the context of the classroom: how much of an educator’s identity should affect what goes on in class? Similarly, if a public health employee identifies as an activist for an issue, should her personal activist interests influence her public health work? Both Julia and Katie engage in breastfeeding activism on their own time. They have learned valuable skills that could have a place in a broader public health sphere. They are knowledgeable about a broad range of activist activities and have learned the strengths and weaknesses of various approaches. Perhaps there is room in public health to include activist work. Activist training that espouses feminist learning principles could be offered on-the-job. Students majoring in public health in college or graduate school might take classes in activism (like Katie did) with an emphasis on feminist pedagogy such as collaboration. These kinds of initiatives have the potential to bolster public health efforts, creating significant, far-reaching social change around health issues.

**Healthcare**
The last context for which I will consider implications of the current study is healthcare. For many women, their introduction to breastfeeding – from the first latch to establishing milk supply and breastfeeding routines – will involve some sort of healthcare worker, such as a doctor, nurse, or lactation consultant. One theme that emerged from the participants’ narratives is the ways in which healthcare providers marginalize breastfeeding mothers. This marginalization is almost exclusively unintended and unconscious; too many healthcare workers lack education on breastfeeding to be able to provide evidence-based information and direction, which counteracts breastfeeding success. Obviously, health professionals need more and better training in breastfeeding. Of course their education should include evidence-based information on breastfeeding and lactation challenges, but perhaps there is room for activist learning in medical or nursing school. Teaching activism from a feminist perspective cultivates compassion and perspective-taking, ideal qualities for a health provider to have. Palmer (2007) has advocated for incorporating connection and collaboration into medical school curricula and has cited cases where such an approach produced more compassionate, effective providers. Health professionals could be equipped to not just provide direct patient care but to advocate for patients’ needs on a larger scale. Teaching activism in medical and nursing school would foster the ability of health professionals to analyze and critique social dynamics and work for institutional change (English & Irving, 2015). Not only would health professionals be better able to support women as they learn to breastfeed, they could also work to change conditions that inhibit breastfeeding success, such as advocating for paid maternity leave to allow for the establishment of breastfeeding. Activist learning has a place in medical and nursing school, fostering practitioner-activists with the capacity to positively impact a number of women’s health issues.
Limitations and Suggestions for Future Research

As with all research, this study has some limitations. I will discuss those limitations here, and then I will suggest ways in which future research could bridge the gaps this study was unable to fill.

Lack of Attention to Socioeconomic Diversity

I set out to include a diverse group of women in this study. My participants were diverse in race, ethnicity, sexual orientation, religion and age. The sample even had aspects of diversity that were unexpected – interracial marriage and disability, for example. Nevertheless, this study all but overlooks socioeconomic diversity. The participants in this study represent the middle class and have the privileges that come along with that status. All of the women were able to afford some leave after giving birth, which helped them to establish breastfeeding. The women who worked outside of the home hold professional jobs with benefits of flexible schedules and paid time off, which allowed them to care for their children and engage in activism. All of the women are married or are in a long-term, stable relationship; their partners provided financial and instrumental support, allowing the women to attend activist events as they desired. Stephanie reported that the women she encountered through breastfeeding activist work were highly educated and middle- to upper-middle class. Not surprisingly, lower-class mothers are less likely to breastfeed due to a number of barriers, including lower educational attainment, less flexible work schedules (often without paid benefits), and a lack of access to consistent medical care by professionals who are well-versed in breastfeeding (Hausman, Smith, & Labbok, 2012). Thus, lower-class mothers are even more in need of social changes to benefit them and their babies. Furthermore, they have the potential to gain valuable skills and be empowered through activism. Future research should consider the implications of class on activism with a focus on
how to create conditions that encourage women with socioeconomic challenges to become involved in activism.

**Underrepresentation of the Most Marginalized**

Community is an important aspect of feminist learning, particularly as women learn to be activists. There are many positive aspects to communities of activism, but “communities involve boundaries, groupings distinguished from others; being in a community implies that others are outside of it…and there is always going to be someone who is excluded” (English & Irving, 2015, p.160). Too often, those who are the most marginalized are left out of communities, including those where women collaborate to learn activism. For instance, how do women with disabilities join these activist communities? In this study, Sarah – despite being deaf – was able to find her niche within the activist community. But too often, when women with disabilities are interested in joining a community, they are pushed toward those communities concerned with their disability instead of having their activist interests honored (Batliwala, 2012). Clearly, the current study explores the experiences of women in the United States. What opportunities exist for marginalized women in developing countries who are compelled to work for social change but need the skills that feminist pedagogy and the tenets of women’s learning can cultivate? In sum, a major limitation of this study is its failure to include the voices of the most marginalized. Future research ought to investigate how feminist pedagogy and principles of women’s learning can create a place at the table for those who have the greatest need to be there. Women are powerful and given the right tools and context, even the most marginalized women have the potential to effect change and foster their own emancipation.

**Reflections on the Study**

Since I was a young girl, I knew I would be an educator. My younger sisters can attest to the many Saturday mornings that I compelled them to “play school.” Of course, I was always
the teacher, and they were the students. At some point between the ages of five and 17, I ended up on the educational track to be a therapist, majoring in psychology and sociology in college and earning a master’s degree in counseling psychology. While working full-time as a therapist, I learned that with a master’s degree in psychology, I could teach at a two-year college. I quickly learned that teaching was my passion. I have been teaching at a community college for 11 years; the last five of those years, I have been a doctoral student. Over the last five years, I have learned so much about what it means to be an educator of adults. I have learned what it means to teach authentically. I have learned to honor each of my student’s stories. I have learned the magnitude of making meaning. This study is a testament to my own meaning-making.

When I began my journey as a doctoral student, little did I know that I would become an activist. I had no idea that breastfeeding would be such a meaningful topic. Five years ago, the baby who created the context for this study was a future wish. The topic of this study is the last of four that I considered for this research project. Despite being encouraged by my professors to select a research topic that I was passionate about, something held me back. As I struggled to make meaning through a previous research topic, one of my professors asked me: What is it that you are really passionate about? And then it clicked. Perhaps the context was right then. I was still angry about being sent home from work for breastfeeding in my office several months prior, but I was empowered by my ability to nourish my son, body and soul, with my own body.

This research project has truly been a labor of love. There were times that I was not sure that I had what it took to finish it. Once I met the women who made this study possible, I felt a certain responsibility to share their stories, and my passion was reignited. These 11 women have been instrumental in my own learning through this process. Like many of these women shared
in their stories, self-identification as an activist is somewhat vague. I, too, questioned whether I was an activist because I had never lobbied for anything or attended a protest. But these women taught me that activism exists on a continuum, and there is a place for anyone who wants to join. I also learned that being radical is not a requirement for activism and may actually decrease the effectiveness of an activist effort. My very first interview was with Kate. When she talked about making an active choice to not be too radical, I almost felt ashamed, as there have been instances when my radical stance was perhaps hurtful to others. When Amanda and Katy shared their stories of being perhaps too radical, I felt validated. Many of the women talked about becoming kinder through activism. I am passionate about a lot of issues, and sometimes passion leads to an approach that is too extreme to be effective. These women have reminded me that everyone has a story, and it is important to be kind and empathetic. I continue to work on this.

Throughout this research project, I have had many opportunities to “check my privilege.” Like the women in this study, I hold a number of privileges. As a white, educated, middle-class woman, I have privileges that allow me to be an instrument of change. Not only do I need to be a voice for the voiceless, I need to use my privilege to change conditions so everyone can have a voice.

This research has changed me as an educator. I realize that as an educator, I am an activist. While I may not be able to create all of the change I want to see in the world, I can create the context for my students to learn to be activists. For two semesters, I have supported my students through the planning and facilitation of activism projects. Over the course of just four months, I have seen students who had no idea what activism was collaborate with others to carry out a meaningful project that transformed some small part of the world, with the potential ripple effect yet to be seen. I have observed students who have experienced their own
marginalization find empowerment through working to empower others. This study has not only taught me the power of activism, but also how to create the conditions that facilitate activist learning. While I have provided the mentoring my students needed to learn to be activists, I hope to find more experienced activists in my community who will be willing to mentor my students as they learn activism.

As I finish this project, I am reminded that “staying with the personal will not do” (English & Irving, 2015, p.111). I have had the honor to learn from 11 women how to be an activist. I feel a responsibility to use that learning to create social change that reveres these 11 women who were so gracious to teach me. To that end, I plan to organize an effort to support breastfeeding mothers at the college where I teach. Currently, students do not have a dedicated space to pump while on campus, and there is no policy to protect them if they need to miss part of a class period to pump milk for their baby. In addition to these policies having a positive effect on students and their babies, through my activism I hope to change the narrative about breastfeeding on my campus and in my community.

Eleven women shared their stories with me. As I sat with each woman, I was moved by the incredible connection that exists between mothers. Recalling their stories, I was awestruck by their commitment to activism. I felt like I fell short, as there is so much work to be done. As I revisit their stories, I realize that they are each now part of my story. There is no they and I; there is only we. We are all women and mothers, and we all have the profound power that comes with those interconnected roles. To draw from Gandhi, together we will be the change we wish to see in the world.
Appendix A

International Code of Marketing of Breastmilk Substitutes (the Code):

Summary of Main Provisions

1. No advertising or promotion of any breastmilk substitutes (any product marketed or represented to replace breastmilk), feeding bottles, or teats.
2. No free samples or free or low cost supplies.
3. No promotion of products in or through healthcare facilities.
4. No contact between marketing personnel and mothers (including health workers paid by a company to advise or teach).
5. No gifts or personal samples to health workers or their families.
6. Labels should be in an appropriate language and have no words or pictures idealizing artificial feeding.
7. Only scientific and factual information to be given to health workers.
8. Governments should ensure that objective and consistent information is provided on infant and young child feeding.
9. All information on artificial feeding, including labels, should explain the benefits of breastfeeding and warn of the costs and hazards associated with artificial feeding.
10. Unsuitable products should not be promoted for babies.
11. All products should be of a high quality and take account of the climatic and storage conditions of the country where they are to be used.
12. Manufacturers and distributors should comply with the Code independently of any government action to implement it.
Appendix B

Interview Questions

1) Tell me about what you remember about the first time you became aware of breastfeeding. How did that influence the “story” you created about breastfeeding?

2) Tell me about your decision to breastfeed. What was your experience of breastfeeding?

   Possible follow-up questions:
   a. Was this an individual decision, or were others involved? If so, who and how?
   b. Did you ever second-guess your decision to breastfeed? Why or why not? If so, tell me what that was like.

3) Consider the people and institutions in your life, such as your partner, family, friends, work, school, and place of worship. How were these people and institutions supportive or unsupportive? What experiences related to these people or institutions stand out when you think about their relation to breastfeeding?

4) What prompted you to become involved in breastfeeding advocacy or activism?

   a. Was it a single incident or experience, or a number of factors?
   b. What advocacy/activism experience did you have prior to becoming involved in breastfeeding activism?

5) When did you first self-identify as a breastfeeding activist? Tell me about that journey from becoming a breastfeeding mother to becoming an activist.

   How did you learn to be an activist?

6) What have you learned from your work as a breastfeeding activist (about yourself, mothers, women, society)?
7) I asked you to bring an artifact (item, poem, metaphor, song, television show, book, movies, etc.) with you that you feel represents what breastfeeding activism means to you. Please tell me a story about that artifact.
References


Breastfeeding: Only 1 in 5 countries fully implement WHO’s infant formula Code. (2013). In

*World Health Organization*, Retrieved from


Breastfeeding state laws. (2015). In the U.S. Department of Health and Human Services

*Maternal and Child Health Bureau*, Retrieved from


Breastfeeding peer counseling: From efficacy through scale-up. *Journal of Human Lactation, 26*, 314-326.


Foucault, M. The subject and power. (1982). In H. L. Dreyfus, & P. Rabinow (Eds.), *Michel
Foucault: Beyond Structuralism and Hermeneutics. Chicago, IL: University of Chicago Press.


Jaruszewicz, C. (2006). Opening windows on teaching and learning: transformative and


Kolinsky, H. M. (2010). Respecting working mothers with infant children: The need for
increased federal intervention to develop, protect, and support a breastfeeding culture in

awareness, instantiation of methods, and uninformed methodological ambiguity in

Kroeger, M. (2004). *Impact of birthing practices on breastfeeding: Protecting the mother and
baby continuum*. Sudbury, MA: Jones and Bartlett.


*Qualitative Inquiry, 1*(1), 275-289.


Lincoln, Y. S., & Guba, E. G. (1982). Establishing dependability and confirmability in
naturalistic inquiry through an audit. *66th American Educational Research Association
Conference*, New York, NY.


Lubold, A. M., & Roth, L. M. (2012). The impact of workplace practices on breastfeeding


Mahon-Daly, P., & Andrews, G. J. (2002). Liminality and breastfeeding: women negotiating space and two bodies. Health & Place, 8, 61-76.


Smith, P. H. (2012). Breastfeeding promotion through gender equity: A theoretical perspective


education and feminist pedagogy. *ERIC Clearinghouse on Adult, Career, & Vocational Education, 361*, 2-111.


VITA

Jennifer L. Pemberton, D.Ed., M.S., L.C.P.C.

Education

Doctor of Education 2016
Adult Education
Pennsylvania State University-Harrisburg
  Dissertation: "I Saw a Wrong and I Wanted to Stand Up for What I Thought Was Right:"
  A Narrative Study on Becoming a Breastfeeding Activist
  Advisor: Elizabeth J. Tisdell, Ed.D.

Master of Science 2004
Counseling Psychology
Loyola College in Maryland

Bachelor of Arts 2002
Psychology
Sociology
University of Delaware

Academic Positions

Associate Professor - Behavioral Sciences  August 2006-present
Community College of Baltimore County Baltimore, Maryland

Adjunct Instructor  January 2005-August 2006
Community College of Baltimore County  Baltimore, Maryland

Adjunct Instructor  June 2004-August 2004
The Katherine Gibbs School  Boston, Massachusetts