http://www.ijwhr.net

doi 10.15296/ijwhr.2015.13

Open Access Editorial

IJWHR

International Journal of Women's Health and Reproduction Sciences
Vol. 3, No. 2, April 2015, 75-76
ISSN 2330-4456

Whose Breasts Are They Anyway?

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I have been conducting qualitative breastfeeding research regarding the experiences of African American families who have parented breastfed children. One comment has been stated over and over again in response to questions regarding perceived challenges with breastfeeding, "My breasts belong to my baby now and my husband will get them back after weaning," or fathers have said, "It is an adjustment to have to share her breasts with my child." I also frequently hear these comments in clinical practice as well, and not just from African American parents. As a lactation consultant and breastfeeding advocate I find these comments frustrating. In fact, the more I hear them the more bothered I become. My emotional response and the increasing frequency with which I hear these statements warrant discussion and inquiry.

Why are women so disassociated from their breasts? Why do men claim ownership of women's breasts? When women and men make comments about the ownership of lactating breasts the comments are usually followed by nervous or uncomfortable laughter. As clinicians how should we respond? Let me clarify that by clinicians I am referring to nurses, physicians, dieticians, public health professionals, or anyone who provides professional support to breastfeeding families. The medical community has centrally situated breastfeeding in a medical context. We encourage women to breastfeed their children because of the numerous health benefits of breastmilk; but breastfeeding is experienced in a social and cultural context (1). Incidents of breastfeeding mothers who are scorned for feeding their children in public places are reported frequently on local and national news outlets. This public outcry is a testament of American cultural views that breastfeeding is an unacceptable practice that should occur only in private spaces. As clinicians I would argue that some of us are very skilled at teaching women about the mechanics of breastfeeding, but all of us do a poor job of preparing women and families for the social and personal experiences of breastfeeding.

So why do women allow others to dictate what, when, where, and how they breastfeed? Iris Marion Young, feminist and philosopher, gave poignant insight into this dilemma, "Breasts are a scandal because they shatter the border between motherhood and sexuality" (2). The root of this dilemma is the cultural dichotomy of sexual woman versus nurturing mother. Young is arguing that women are categorized as sexual or nurturing, but never both at the same time. Try this illustrative exercise. Close your eyes and picture a woman, then picture a mother. Close your eyes again and picture a man, then picture a father. I would venture to guess that the differences pictured between woman and mother are more numerous than differences pictured between man and father. Breastfeeding muddies and challenges this culturally created dichotomy. If breasts are sexual how can they be used to feed a baby? If breasts are nurturing how can they used for sexual pleasure? Why are Americans tantalized by voluptuous breasts in lingerie ads but repulsed by the sight of a breastfeeding mother?

Puritan and Quaker religious influence in early colonial America is likely to blame for the initial dichotomy of sexual woman as sinful and nurturing mother as virtuous; yet in early colonial America breastfeeding was valued by the Church and community as the normative way to feed a baby (3). So who or what is to blame for the shift in cultural attitude toward breastfeeding in America: religion, formula companies, popular and advertising media, patriarchy, or the second wave feminist movement? All of these factors and more interacted over time to create the cultural shift. Recognizing how and why this shift occurred is important, but more important is understanding the impact of cultural disapproval of breastfeeding on the feeding choices made by mothers. American popular media and advertising has objectified

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Received 14 October 2014, **Accepted** 9 January 2015, **Available online** 20 February 2015

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women's bodies as sexual in nature and intended for the pleasure of others. Religious teachings tell women that sexual promiscuity is sinful; therefore, in a cultural context women's breasts are bad. No wonder women have disassociated from their breasts and easily allow their breasts to be borrowed or owned by another. I begin to understand why breastfeeding mothers say that their breasts belong to the baby, because claiming her own breasts means claiming her own iniquitous sexuality. I also begin to understand why breastfeeding rates in the United States decrease dramatically after the early postpartum period.

The cultural disapproval of breastfeeding and the dichotomy of sexual versus nurturing woman have wholly been ignored by the medical community when counseling and supporting breastfeeding mothers. We have been focused on fostering healthy bodies of children and women when we know that optimal health encompasses mind, body, and spirit. If we want to see improvements in breastfeeding duration we must address the sociocultural context of breastfeeding with women, their families, and the communities from which they need support. Breastfeeding is not a disassociated experience; it is more than a transfer of milk from mother to child. Breastfeeding is a holistic experience from the amazing feeling of your child's skin against yours, to the calming and relaxing effect from the release of oxytocin, to the symbiotic relationship between infant needs and mother nourishment, to the beautiful bonding connection when your baby looks into your eyes while nursing. There is no more completely integrated human experience than a mother's gift of breastfeeding to completely sustain and grow her baby.

As a medical community we need to help girls and women embrace a holistic view of their bodies as good and pure. We need to engage in discussions with the broader community about breasts as an integrated part of a perfect biological system intended to sustain and grow babies. These discussions need to begin long before pregnancy occurs. The next time you hear a breastfeeding mother say that her breasts belong to her partner or baby I would challenge you to tell her that her breasts belong to her; they have always and will always belong to her. Tell her that it is her choice alone to do with her breasts what she wishes, when and how she wishes, but that they were meant for something wonderful. Finally, make sure to thank her for her choice to breastfeed her baby.

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