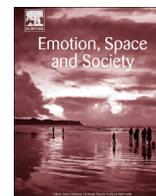




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Misshapen motherhood: Placing breastfeeding distress

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ABSTRACT

In this article, my general aim is to *give place* to the experiences of breastfeeding distress which emerged during narrative research with mothers in Australia. I suggest that breastfeeding distress must be read not only in terms of the specific socio-spatial landscape through which it takes hold but also in terms of the lived and often non-compliant landscape of the body itself. Informed by accounts of the dominant context of idealized or exclusive motherhood in nations such as Australia, the UK and USA, and drawing on conceptual work concerned with connecting the cultural and corporeal through thinking about place, I explore two instances of breastfeeding distress: pain and inauthenticity. In both of these contexts women battle with the shameful fallout of being unable to perform what Rebecca Kukla describes as 'proximate mothering', exemplified in the figure of the breastfeeding mother exclusively able to latch her baby directly to her breasts. As I discuss, women's experiences of extreme pain during breastfeeding and their use of alternative 'inauthentic' modes of feeding (such as bottled pumped breastmilk or formula) shatter their expectations of living the ideal of extended maternal embodiment. Also emerging through these distressing experiences, however, is a potentially resilient awareness of the inherently misshapen nature of motherhood which always overflows its idealized state.

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1. Preamble: breast-led research

I became intrigued with the lived dynamics of breastfeeding struggle after being thoroughly immersed in the world of breastfeeding remedies and lactation support as a mother-patient (for reflections on this, see [Robinson, 2015](#)). From the birth of my first child in 2008 to my third in 2014, the grief and frustration at failing to ever exclusively breastfeed slowly translated into a drive to shed narrative light on the maternal underworld of breastfeeding struggle. In the specific Australian context of well-serviced metro Sydney, through the repeated non-compliance of my own breasts and babies I stumbled on a staggeringly complex, professionalized, well-institutionalised and densely populated zone in which all effort is focused on supporting women in meeting their varied breastfeeding goals. To find that such an extensive apparatus existed to support breastfeeding was both shocking and comforting – comforting because it was clear there were a lot of women who, like me, needed a lot of help to establish and maintain

breastfeeding, and shocking because of the ghostly ways in which this thriving breastfeeding support industry so quietly shadows the simplified broadcast of 'breast is best'.

As both a distressed mother and academic researcher it was difficult to find lived accounts of what exactly brought women into this zone of struggle and support, of what it was like, of how they and their babies survived, and of how they experienced and made sense of the clash between the unthinking expectation to breastfeed and the surprising corporeal and emotional mess this could end in. I developed a great hunger, as the women who took part in my eventual research likewise reported, to encounter alternative narratives of breastfeeding where anger, disappointment, fear, intense pain, struggle, failure, deep sadness and an enormous corporeal workload were vocalized, nussed out, engaged with front and centre. Further, I knew both from my own experiences and from emerging research that, in the current neo-liberal context of 'total motherhood' ([Wolf, 2011](#)), the experience of breastfeeding failure was suddenly crystallising into a highly politicised flashpoint through which to both reveal and challenge unrealistic notions of motherhood and a lack of grounded engagement with daily maternal practice and struggle.

As a result, in 2014, using a modest internal grant, I undertook to collect and thematically analyse other women's narratives of

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breastfeeding distress.¹ My focus was on the experiences of women who wanted to exclusively breastfeed but who unexpectedly faced difficulties in doing so. I wanted to know how this difficulty was experienced and what significance this difficulty had in women's lives. In the broad tradition of narrative inquiry, my aim in working with other women's breastfeeding narratives was to read these as personal materializations of broader social and cultural dynamics. This is an analytical drive to sense the fleshings out of the socio-cultural world and to also trace what rifts and ripples in this world stubborn flesh itself triggers.

Working in eastern and inner-city Sydney with the support of staff in eight public Early Childhood and Family Health Centres, a public hospital-based parenting group and public lactation support service, I recruited 22 women willing to story their difficult breastfeeding journeys.² These women voluntarily made contact with me to register interest in sharing their breastfeeding narratives after they picked up fliers or saw posters detailing the research, heard my short presentation about the project at general parenting groups or were given fliers about the project by breastfeeding support professionals or other mothers. I mostly met with women in their own homes or sometimes at their local café and, reflecting the dominant, inner-eastern Sydney demographic, all were well-educated with well-established professional lives. All of the women were aged 30–42 and all had babies under 12 months old at the time of the interview. All but three were first time mothers; three second-time mothers participated but focused on their breastfeeding experiences with their now older (between three and four years old) first child. I recorded women's stories with many talking for several hours. All received a full transcript of our conversations for their records or to provide corrections and additions.

In this article, my general aim is to *give place* to the experiences of breastfeeding distress which emerged during this research. I mean this both in terms of arguing for the social importance of narratives of unsuccessful breastfeeding and in terms of demonstrating the value of thinking about the spatial dynamics which underpin breastfeeding distress. In bringing together my interests in place, the lived body and complex feelings of distress, I contribute to valuable work within cultural geography which predominantly focuses on the transgressive maternal body and breastfeeding and public space (see for example Boyer, 2011, 2012; Lane, 2014; Longhurst, 2008; Mahon-Daly and Andrews, 2002) and within midwifery, public health and health sociology which offers a growing critique of simplistic breastfeeding advocacy and growing engagement with damaging experiences of guilt and shame emerging in a general climate of intensive motherhood (see for example, Thomson et al., 2015; Groleau and Sibeko, 2012; Lee, 2007; Schmied et al., 2001; Taylor and Wallace, 2012; Williams et al., 2012).

Whilst I find the recent focus on breastfeeding and shame particularly productive (see Robinson, 2015), in this article my concern is to empirically chart a profound *distress* triggered by ruptures to the very specific and canonised body-geography of mother and infant – described by Rebecca Kukla (2005) as that of the fetishised *proximity* of the infant to the maternal breast. As will be discussed, the breastfeeding distress I focus on here also emerges within a broader socio-spatial context of 'total

motherhood' (Wolf, 2011) and within privileged, white, middle-class motherhood with which the principles of total motherhood most closely align. I will argue that it is the particular coalescence of these corporeal and sociospatial geographies which works to frame and maximize feelings of maternal distress – including grief, loss, shame and failure. As such, this research can be understood as a micro case study of how notions of the ideal proximate motherhood Kukla outlines are currently being socio-culturally amplified and with deep effect on maternal feelings, practices and identities.

Responding to Schmied and Barclay's (1999: 325) still pertinent observation about the rarity of depth accounts of breastfeeding distress and informed by accounts of the dominant context of idealized or exclusive motherhood in nations such as Australia, the UK and USA, I explore two instances of breastfeeding distress: pain and inauthenticity. As I discuss below, women's experiences of extreme pain during breastfeeding and their use of alternative 'inauthentic' modes of feeding (such as pumped breastmilk or formula) shatter their expectations of living the ideal of extended maternal embodiment, *the* form of relational embodiment through which the psychological bonding of mother and infant is imagined to take place.

This research confirms and extends that of Schmied and Lupton (2001) which largely captured successfully breastfeeding women's distress at the unexpected, negative feelings breastfeeding produced and their resultant sense of failing to reproduce an 'authentic' maternal identity. In focusing specifically on women's unexpected struggles to even establish breastfeeding and on their stricken experiences of using alternative feeding methods, this study further broadens understanding of how breastfeeding distress pervades the practice of early motherhood. Similarly building on the seminal work of Schmied and Barclay (1999), it also points to the troubling experiential extremes of breastfeeding pain and failure, exploring the profound 'existential' (Palmér et al., 2012) distress framed for mothers in which they imagine themselves as at best, disturbingly distanced mothers, and at worst, as abandoning their infants all together. Through the lens of emotional geography, however, the non-compliant, distressed maternal body can be seen to productively offer a critique of the newly intensified landscape of disembodied, fetishised motherhood which informs it. This is a critique that is hurtfully yet powerfully worked-up through the felt experiences of some but one which arguably has potential value for all mothers.

2. The call to breastfeed and maternal makeover

Perhaps the most important change to maternal ideology in the neo-liberal Anglophone world is the complete incorporation of breastfeeding into expected performances of motherhood. As recent literature convincingly establishes, the call to breastfeed has currently taken a totalizing turn with Sheehan and Schmied (2011: 55) arguing for example, that 'in Australia there is now a well-constructed cultural imperative to breastfeed'. Whatever 'resistances' were once celebrated about the risky, exposed, unpredictable yet tantilising leakiness of breastfeeding breasts have well and truly been rationalized and depoliticized by the scientific and moral call to breastfeed. Whilst the ideological absorption of breastfeeding is certainly ahead of its practical acceptance in many places (for further discussion of this conflict see Groleau and Sibeko, 2012; Boyer, this volume), within white, middle class Australia taking time and space to breastfeed, especially in public, is explained, justified and proudly celebrated with reference to a moral, medical imperative and right to feed.

Such an imperative to breastfeed, Joan Wolf (2011) argues, is framed by the emergence of a form of 'total motherhood' in which mothers are held responsible for the complete risk-management of

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