

A L I S O N   B A R T L E T T



B R E A S T W O R K

*'Bartlett's travels through this neglected  
maternal terrain are both intriguing  
and inspiring . . . '* FIONA GILES

R E T H I N K I N G   B R E A S T F E E D I N G

# B R E A S T W O R K

ALISON BARTLETT is the Director of the Centre for Women's Studies at the University of Western Australia. Previously she taught literature at the University of Southern Queensland. Her books include *Jamming the Machinery: Contemporary Australian Women's Writing* (1998) and, as co-editor, *Australian Literature and the Public Sphere* (1999).

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This book is for Isobel and Gillian and Jessie.

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# BREASTWORK

RETHINKING BREASTFEEDING

ALISON BARTLETT

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# CONTENTS

	Acknowledgments	vii
	Introduction	1
ONE	Performing breastfeeding: rethinking nature	12
TWO	Medicalising breastfeeding: headwork versus breastwork	41
THREE	Publicising breastfeeding: scandal in the city	66
FOUR	Sexualising breastfeeding: science to kink	84
FIVE	Pictorialising breastfeeding: models of maternity	110
SIX	Racialising breastfeeding: black breasts, white milk	136
SEVEN	Advocating breastfeeding: choice, choice, choice	159
	Conclusion	187
	References	191
	Index	205

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# INTRODUCTION

Breastmilk has always meant more than ‘just’ breastmilk. It has always been used to represent other things: nurturing, nature, even knowledge and creation, or simply comfort. Ancient goddesses were frequently depicted suckling children or cupping their breasts in their hands in a gesture of nurturance that affirmed life, and granted favours. The earth’s galaxy is named the Milky Way, and even the word galaxy is from the Greek/Latin, *gala*, meaning mother’s milk. The mythological origins of the galaxy from all over the world attribute it to plentiful milk spraying out from the breast of a goddess – variously Hera who suckled Hercules, Rhea who suckled Zeus, Gaia, Europa, the Queen of Heaven, the Moon-Cow, Hathor-Isis. These entities also converge in various names and forms to create the oceans, the Nile and the ‘Nile in the Sky’ (Walker, p. 659). Historian Barbara Walker even documents that ‘the Milky Way was regarded as the Goddess’s star-milk, which formed curds to create worlds and creatures’ (p. 658), such were the symbolic powers invested in breastmilk. In Christian tradition breastmilk is attributed with the symbolic power of nurturing the body of the church and all of its followers through the figure of either the Virgin Mary or her son Jesus, lactating.

In these stories of origins, breastmilk is a vital essence and its life-sustaining powers are cornucopious. Rousseau claimed breastfeeding to be the first ingredient to sustain the French Revolution in the late eighteenth century, and monuments of the time depicted the new French Republic in the allegorical figure of the mother breastfeeding

her child (Jacobus). But what does breastfeeding represent in contemporary Western culture at the start of the twenty-first century? How is breastfeeding figured symbolically and spoken of colloquially? What sorts of stories do we spin around breastfeeding today? In what ways does it socially differ from lactation, which carries the language and values of science and medicine? Furthermore, how do these cultural meanings relate to women's lived practices of breastfeeding today?

As an academic trained in literature, I love looking for narratives and how they function as stories through which we imagine our lives. I also look to books to make sense of my own social position and how I might function in the world. When I began breastfeeding, I looked to books to help make sense of my changed maternal self and how I might fit into this new identity. I was mostly appalled by what I read about breastfeeding. There was very little that appealed to me, and much that made me want to resist its very moralistic and prescriptive tone, and so I began thinking about what sort of narratives I was seeking. I collected some poetry and bits out of novels, carved out phrases of theory and philosophy, inserted some of my own frustrations and fantasies, and wrote an academic paper about breastfeeding narratives as my daughter entered her second year of serious attachment to my breasts. I did this secretly, as I was supposed to be working on an Australian writer whose gender was rather fluid and ambiguous. But I was immersed in a new and decidedly gendered role of mothering and found I needed to make sense of my own changed subjectivity.

I was particularly curious about how this transformation of my identity could be (properly) taken to work: how does a woman academic incorporate her maternal self into her professional work? How does her work affect her maternity? For some years I had been working with French feminist theories about women's writing, which declared that the body of the writer indelibly marks their writing, that women's writing is marked by their bodies, their histories, their lives as women. So it was necessary for me to think through my writing as a newly maternal academic.

This need to theorise from experience has been a preoccupation of feminist scholars over the last twenty years: Jane Gallop's style in *Thinking Through the Body*, and more recently in *Anecdotal Theory*

(p. 2), where she would ‘recount an anecdote and then attempt to “read” that account for the theoretical insights it afforded’, has been particularly appealing to me. Like Gallop, I am attracted to ‘theory’ that has ‘a better sense of humour, theorizing which honours the uncanny detail of lived experience’ (*Anecdotal Theory*, p. 2). But there has always remained a niggling suspicion that theorising personal matters might be a little indulgent – not really proper work, and a little undisciplined. I regarded the breastfeeding article I wrote as a rider to my proper work, a temporary tangent that would pass, just as I imagined breastfeeding would soon pass from my life. But neither did.

My daughter continued breastfeeding for two more years and this research has continued for even longer, as I found that popular narratives about breastfeeding women actually had a lot to say about women in general. As philosopher Iris Young observes, all women are affected by their experience of having breasts, whether breastfeeding or not. Once I began looking at the stories breastfeeding literature told, they became impossibly contradictory and inexplicably knotted around the meanings of women’s bodies and sexuality.

In her very early work, philosopher Elizabeth Grosz argues that ‘human subjects give *meaning* to their biologies ... their bodies always *mean something*, to themselves and to others’ (‘Notes’, p. 8). While breastfeeding literature often appears clinical and scientific about women’s bodies, the kinds of meanings I was also identifying were decidedly about gender, class, race, religion and heterosexuality. Furthermore, meanings of breastfeeding had shifted at an alarming rate over the last century due to changes in the disciplines of social psychology, public health and medicine, but also in response to eugenics, colonialism, industrialisation, economics, and ways to govern citizens in the public and private realms. Grosz argues that ‘*All knowledge*, all discourses, are produced by interests, values and political perspectives’ (‘Notes’, p. 13), and that the accumulation of these interests, values and political perspectives over the last five hundred years has meant that breastfeeding is as much a product of current cultural perceptions as it is a personal ‘decision’. In fact, I started thinking that the cultural meanings were actually shaping women’s personal decision to breastfeed or not. The knowledge women access about breastfeeding affects the ways

in which they can or cannot breastfeed. The language available to write such knowledge is also significant in shaping experience.

Part of this book's aim is to identify the limitations in the language and knowledge of breastfeeding that inhibit women's practice of it, and to offer alternative narratives, to suggest new forms of knowledge and social meaning, which might produce and value a wider range of practices and meanings. Because knowledge is also produced through particular bodies, it is important that this book has been produced by a breastfeeding body, that my writing has been generated through my bodily breastfeeding practice, and that this is acknowledged. While I am no longer breastfeeding now, my daughter does occasionally still come up to me to ask for some breastmilk. Clearly she is no longer after a 'feed', but the meanings of breastfeeding for her are deeply felt and she is reticent to relinquish them. Indeed, I wonder if we ever do, whether we have been breastfed or not. Writer Fiona Giles has a chapter in her book, *Fresh Milk*, about her relation to her mother through breastfeeding (and its removal), which is a poignant reminder of how formative this relation is in the life of a newborn. American academic and poet Alicia Ostriker writes in her poem 'Physical Examination' of a lasting corporeal memory of breastfeeding. Ostriker wrote this poem in her sixties, after taking her own mother to a doctor's appointment. The 'you' in the poem is the mother; the 'I' is the daughter:

#### **Physical Examination**

you sit on the examination table  
white hair flying  
telling your tale

I sit on the leatherette and chrome chair  
over your shoulder I look at the degrees  
the aluminium shelves

the kindly doctor moves his hand  
you remove your cotton blouse  
lay it aside you wear no brassiere

you reveal your breasts  
with their brown aureolas  
my mouth waters

Representations like these are rare, and yet this is the kind of alternative narrative I have been seeking. The mouth's memory of the breastfeeding connection long, long afterwards appeals to me much more than the clinical rhetoric used by advocates, and medical explanations of risks and benefits. Consequently, the form of this book reflects my desire for more wide-ranging and provocative material, not just for the sake of provocation but to provoke thinking more meaningfully about breastfeeding. While I do examine rhetoric of advocates and medical explanations as particular social and historical narratives, I spend much more time on scenes from television, newspaper scandals, anecdotal stories and speculation. These forms of representation often trouble the more official stories, and it is that point of conflict that enables a rethinking of breastfeeding and what it means to us today. Not only do those more informal stories make immediate connections with the everyday, with lived experience, and with our post-industrial literacy of the mass media, but they are also fun to work with. Popular cultural forms are increasingly significant in generating social meanings and values, so studies of such cultural formations arguably have much more potency than the statistics and medical studies that are often used in discussions of breastfeeding.

In this book, then, I seek to rethink breastfeeding from different perspectives than those usually offered. The first thing I do is to wrest breastfeeding from the cages of the 'natural' in order to think a little more widely and wildly. Culture and nature have always been set in opposition, so chapter 1 complicates this simplistic formula to argue that we make meaning of our biology through language, history and other cultural terms of reference. Instead of being 'natural', I propose that breastfeeding can more productively be read as performative: as an act that we do, either consciously or unconsciously, as part of our cultural negotiation of gender. Thinking about breastfeeding as being performed enables me to attend to the competing and contradictory meanings of breastfeeding that are considered in how we breastfeed in different times, places and with variously aged babies.

This suggestion that breastfeeding is performed is both playful and serious. I playfully rehearse stories of breastfeeding that are acted out live in theatres, and then television, and then writing, in a way that

highlights representation as a key site through which meanings of breastfeeding are currently being imagined. More seriously though, this narrative provides a means of viewing breastfeeding as a practice as variable as mothers and babies, rather than as a set of positions, times and schedules that can be applied universally. The notion of performance becomes a key theme throughout this book.

As medical texts and mothering manuals dominate the breastfeeding literature we have available, I give them the primacy they demand in chapter 2. To non-medical readers these often feel cold and clinical in their scientific explanations, but I find that they also depend on generating particular stories about bodies and especially about women. These texts about breastfeeding rely heavily on hormones as the protagonists of their story. But the combination of hormones and women is a notoriously unstable narrative, and biomedicine can only seem to accommodate women's unpredictable hormonal flows by casting them as antagonists in a tale of hormonal wars. This has interesting implications for teaching women breastfeeding immediately after childbirth. Also embedded in these texts are anecdotes of women's lived experience of breastfeeding which exceed medical explanation and thus act as limits to its usefulness. I take up these stories of women's bodily excesses alongside other imaginings of the body to present alternative accounts of women's breastfeeding practices and the knowledge they generate.

Chapter 3 pivots more strongly on the notion of performance again, as it examines some public spectacles of women breastfeeding. Why is this act so scandalous in the public imagination? What exactly is at stake in women breastfeeding in public? While this has been officially legalised in Australia, it continues to produce newsworthy stories and public outcry numerous times every year. This chapter examines some of the social meanings of breastfeeding in public, particularly as they pertain to women's changed use of public space, of our sense of citizenship, and an understanding of city spaces as places of transformation, exchange and fluidity rather than organisms with palpable boundaries and social divisions. Women's relation to shopping and consumerism, in which maternity is deeply implicated, is also discussed as part of a culture of choosing identity in late capitalism.

Sexuality emerges as a constant theme in these discussions. The issue of breastfeeding in public is, after all, about women doing things with their breasts in public places, which is surely a primary reason why it produces such discomfort. We are used to breasts being sexualised, but maternal breasts signify something quite different, in which sexuality has little part to play, an issue that often causes much confusion for women and their partners post-childbirth. While many discussions of breastfeeding criticise the general sexualisation of breasts as oppressive to women, in chapter 4 I have chosen to examine more closely the sexuality of maternal breasts.

Scientific studies have linked the hormone oxytocin to breastfeeding, birth and orgasm for fifty years, and while motherhood manuals made this link explicit in the 1970s era of sexual liberation, mention of it has almost disappeared from current motherhood books. Context, of course, is important in what sorts of knowledges (that is, different domains of knowledge) are valued and distributed. While child sexual abuse is such a potent and anxious topic in current culture, any discussion of sexuality that involves children is subject to severe social sanctions. In this discussion, though, an ethicist supports maternal sexuality as a defence against child sexual abuse, and has clear definitions on what constitutes abuse and what constitutes benevolence. In addition, some subcultural forms of maternal sexuality exemplify its submergence as a repressed form of sexuality and a potentially subversive one that displaces the apparent ‘normality’ of heterosexuality. This chapter is positioned in the centre of the book, as I believe it also forms the crux of current social debates around breastfeeding.

Not far from the sexual, however, lies the sacred. Chapter 5 takes up the image of the Virgin Mary as the ideal mother, both theologically and visually. Images are shown to function as primary representational forms, offering identities for us to inhabit and social positions to occupy. The customary depiction of mother and child usually involves pastel colours, softened lines, and a placid and absorbed mother looking down adoringly at a satisfied baby in her arms. In contrast, this chapter begins with Annie Leibovitz’s well known photograph of Jerry Hall breastfeeding her son, Gabriel, in a setting brazenly marked with the semiotics of sex, but for the baby in the centre of the image. While

the iconography of this image can be traced back to Renaissance paintings of the breastfeeding Madonna, or *Madonna Lactans*, that genre of painting is found to be deeply implicated in Church and State politics of the Renaissance, as I argue are all images of maternity. Satirical reproductions of the nursing Madonna image by another New York photographer, Cindy Sherman, are discussed, and then a performance piece by Patty Chang is introduced as provoking a potentially subversive set of meanings which can be read as queer. By removing breastfeeding imagery from its normative framework of heterosexuality, Chang's queering of breastfeeding questions the 'feeding' part and its relation to story and sexuality.

Politics takes on quite different meanings in chapter 6. Taking the history of Australia as a case study, I suggest that maternity has been shaped by ideas of race and nationhood. These ideas were established at the time of Federation, when fears of a diminishing empire and the purity of the species were current. They still have currency, however, in contemporary literature, which continues to attribute particular debilitating conditions and failure rates in breastfeeding to Indigenous, migrant and poor women in particular. In an effort to destabilise such narratives, the chapter inverts dominant assumptions about the correct kinds of bodies and knowledge by calling on documented examples of Indigenous stories of breastfeeding. At this local level, meanings of breastfeeding are shown to circulate in ways that are not generally part of public discourses because they disturb the usual dominance of meaning around race and its intersection with gender.

Many of the assumptions about race are shown to depend on an understanding of contemporary subjects as rational, autonomous, citizens who can act and make moral choices logically and with complete freedom. This of course is illusory to many women. The final chapter takes up the limitations of advocacy rhetoric – of the kinds of language and stories embedded in advocating and promoting breastfeeding through public health campaigns. The adoption of a rhetoric of choice and personal decision making are shown to be particularly problematic and possibly account for some women consciously or unconsciously resisting such social coercion. By situating advocacy rhetoric in a structural framework of power and agency, this chapter addresses some of



the quandaries breastfeeding advocates face in trying to shift their reputation as ‘nipple nazis’ or ‘breastfeeding police’. This discussion also accounts for some of the difficulties women face in their lived experiences of breastfeeding while expecting to maintain their personal and professional identities. In contemporary Western economies, values like success, profitability, time management, progress and productivity are dominant features of an era often labelled ‘late capitalism’, and none of them seem easily conducive to breastfeeding. While it is difficult to shift such legacies of Enlightenment thought, I offer some alternative narratives which draw on postmodernist (see below) and feminist ideas about time and knowledge generation. If representation is influential in shaping lived experience, then new perspectives like these must be circulated in order to offer new identities we can inhabit, and new ways of making meaning of breastfeeding.

Postmodern reformulations in fact feature near the dénouement of each chapter as a way of rethinking the social structures and language that currently make meaning of breastfeeding. Postmodernism is a way of thinking that energised social theorists during the last decades of the twentieth century, partially because of its championing and celebration of transformation and change, values that the modernists grieve. Although modernism is generally associated with the first half of the twentieth century and postmodernism with the last half, there is in fact no definite delineation between them. While modernist ideas dominated art, architecture, music and literature during the first half of the twentieth century in response to the massive social changes brought about by world war and urbanisation, some scholars argue that modernism is still alive and strong. Modernist artists incorporate their alienation and discontentment into their practices, whereas postmodernists in contrast tend to draw creatively on ideas of marginalisation, hybridity and global exchange.

What is of interest in this book is the ways in which these contrasting movements resonate in our cultural understandings of what breastfeeding means. While modernist conceptions of identity presume that we continually seek to know ourselves and live true to our real identities, postmodernism would argue that we can never fully know ourselves and that we are always in the process of remaking our selves

as subjects. This process is a continual negotiation of our histories, environments and bodies through the social texts we encounter. The modernist story of breastfeeding would mourn the loss of any pre-maternal identity, and so seek to make breastfeeding a 'natural' part of our already established self. Postmodernism, however, would view maternity and breastfeeding as an exciting new aspect of our lives which we can embrace or reject in a variety of ways. Postmodernism also recognises the importance of language and stories in making meaning of those new subjectivities. This is why the kinds of stories we have available (about breastfeeding) are crucial in creating a range of available positions for us to inhabit.

There are many more areas that I could have addressed that impact on the cultural practice of breastfeeding. The use of technology for breastfeeding information and for breast pumping, the discourse of risk in the potential transmission of toxins and diseases through breastmilk, the impact of breast surgery and cancer, and the business of distributing formula to new mothers and its effects in the Third World are all important topics that others have addressed, and remain potent in making meaning of breastfeeding. The issues to which I have confined myself were manifested in public debate in Australia during the time I have been researching this topic, since the late 1990s.

It is significant that this book takes examples from Australia, not only because they constitute particular cultural meanings for Australian readers, but also because Australian culture filters the dominant cultural representations from the United States and Britain, arguably the most powerful and influential cultures of today. While most of our mass media is from the United Kingdom and the United States, its Australian reception and reading has important differences: Susan Sheridan has argued that Australian feminists 'graft' critical theory from the northern hemisphere onto our own formulations (p. 1). There is an advantage in not being part of the cultural centre, as postcolonial theorists have long maintained, which means that theorising from 'down under' can provide a vantage point outside of dominant influential nations. Australia also has one of the highest rates of mothers breastfeeding in the world, so in some ways the practice of breastfeeding is more public, or socially acceptable, and certainly publicly debatable.

Even so, there is still much angst in Australia over breastfeeding rates, where, when and how breastfeeding should be practised and by whom. With the growing trend of women waiting until their thirties or beyond to have babies, many contemplating breastfeeding are already well established in their professional lives and, like myself, can be quite bewildered by the current literature available, which often assumes breastfeeding is the central role in a woman's life. This book seeks to extend our current thinking about breastfeeding, considering its history and current social debates. It seeks to offer new and appealing narratives that are relevant to contemporary urban twenty-first-century life, and to open up the possibilities of new representations and knowledges. May your breasts go with you.



# PERFORMING BREASTFEEDING

rethinking nature

It's early evening and my daughter has just been admitted to hospital for the night. We're still breastfeeding, although she eats solid food as well. All I want to do is sleep with her in the hospital bed after such a traumatic afternoon in emergency. But I've already paid for a ticket to go to the theatre tonight, to see a play about mothering. The irony is not lost on me. After much quandary, I decide to take two hours out from mothering to be entertained by the topic in the theatre rather than in the hospital, where her dad stays with her.

I go to see *Mum's the Word*. It is a production that originated in Canada (Carson et al.), very much like Eve Ensler's *The Vagina Monologues*, taking stories and phrases from many women and scripting them into a variety act that has been syndicated around the Western world and given a local spin in each new town. It's full of laughs, because we all recognise in the stories something of our own life, which is dramatised on stage for us. The private moments of anguish or frustration are hilarious when we're not living them out ourselves, but viewing them as a public performance.

In the version played out in the regional Australian city in which I live, breastfeeding is not mentioned, but in an online discussion I read about a performance elsewhere in metropolitan Australia that included a scene where the actors were squirting breastmilk across the stage at one another. The discussion was mainly around how you stage such an act, and its degree of realism. 'It looked so realistic', one message noted. Another replied that she was sure that at least one of the actors was

squirting the real stuff, and added, ‘It was a bit shocking to see a troupe of women up there with their boobs out and squirting, but an excellent mirror to real life’. Is real life really so shocking when it’s up there on the stage, even when the stage replays the scripts of life back to us to laugh at? I suspect the comedy and the shock-value is something to do with the difference between life and the stage, between what is natural and artifice. We assume (and are constantly told) that breastfeeding is a natural function, and yet to do it on stage jolts that idea: how can women spontaneously breastfeed on stage? Without a baby, a rocking chair, soothing music? How can breastfeeding be performed on demand like that, for an audience, in public?

It is this nexus of expectations that disturbs our common perceptions, and it is from within this nexus that I want to undo some of the foundations of those expectations. I want to suggest that the meanings of breastfeeding have become profoundly limited through this idea of what is ‘natural’. All the possible and historically changing meanings seem to have sedimented into this one term, which is so often used to characterise breastfeeding. In this chapter I look at some of those meanings, and the way our perception of what is natural has changed over the last five hundred years.

The kinds of knowledge and language we have available to talk about the body are shown to be crucial to the dramatic changes Western culture has undergone in its conceptualising of the body in general, and breastfeeding in particular. So in a very fundamental sense, breastfeeding practices have always been affected by the kinds of values, attitudes, histories and knowledges currently circulating, rather than being a homogeneous practice we all do naturally. Any woman who has had difficulty establishing or maintaining breastfeeding knows that it does not come ‘naturally’, as in effortlessly or intuitively or involuntarily. Alternatively, I want to argue that breastfeeding is far more of a cultural practice, an activity that is inflected by so many other parts of our culture that ‘nature’ seems long left behind. One of the ways I want to suggest this is by looking at the notion of performance, of the ways in which we ‘do’ breastfeeding, and how it is represented in popular culture, as well as in private scenes from life. But before I go there, let’s first look at what’s involved in understanding breastfeeding as natural.

## THE NATURE OF BREASTFEEDING

One of the significant arguments used to encourage women to breast-feed is to assert that it is a natural way to feed babies. Countless self-help books use the word ‘natural’ to signify that it is best: you can’t improve on Mother Nature. Natural implies purity of purpose as well as echoing a pure product, a product untampered with by men or machinery. ‘Pure and unadulterated’ is a phrase often used in association with the natural, subtly suggestive of virtues like chastity or even virginity, which are exemplary of the Madonna – the ideal mother. If something is natural, it also implies that we are born to do this: that it is in our nature. The *Penguin Macquarie Dictionary* defines ‘natural’ as:

1. existing in or formed by nature; not artificial.
2. of or pertaining to nature or the created universe.
3. free from affectation or constraint.
4. consonant with the nature or character of.
5. happening in the ordinary course of things, without the intervention of accident, violence, etc.
6. being such by nature; born such.

The natural, however, is a highly political and historically shifting concept, especially as it is used in relation to women and their reproductive bodies. In order to argue that breastfeeding can be read as a cultural practice, I first want to remove it from the realm of ideas that fix it as ‘natural’. In doing so, I am not arguing for its opposite – that breastfeeding is unnatural – but merely defamiliarising breastfeeding as a ‘natural’ practice so that we can think about it in other ways. Classifying breastfeeding as natural prematurely ends its discussion: it is an undisputable term as no-one would argue that it is ‘unnatural’. However, I want to disrupt our fixed sense of what is natural by drawing on the political and social histories of ‘natural’ bodies.

Obviously, bodies haven’t always been conceived in the same way, in the way that we now understand them to be. To remind ourselves of the extent to which meanings have changed, it is useful to consider prior historical conceptions of how the ‘natural’ bodily functions were explained. Thomas Lacqueur’s analysis of the way the body and gender have been historically conceived is a potent example (*Making Sex*). He

looks at the shifting ways in which the Western world has conceived the body, which turns out to be far from stable. When the term natural is applied to our current understanding of the body, it refers to a set of assumptions and values rather than to any enduring or 'correct' idea. Indeed, Lacqueur's most compelling argument is that 'powerful prior notions of difference or sameness determine what one sees and reports about the body' (p. 21). What we expect to see, is what we see.

Lacqueur provides an account of how the body was imagined from classical antiquity to the end of the seventeenth century as being of the same sex, a concept known as the one-sex model. During this time, any distinction between male or female bodies was absorbed into complex systems about the circulation of heat, humours, phlegm and fluids. According to this conceptual model, the body was always seeking a balance of fluids, and could transform them into others. For example, women menstruated because they were cooler than men, and the onset of bleeding from the womb or the nose could indicate the break of a fever. Conversely, women sweated more in summer and so menstruated less, and a nosebleed would indicate the end of 'blocked' menses. The obvious lack of menstruation in pregnant women and new mothers was interpreted as the blood being put to greater nutritional use for the baby. Breastmilk was therefore thought to be made from blood left over from birth, which would travel up to the breasts and be made white as it passed by the heart, which was understood to be a kind of furnace (Lacqueur, p. 36). Lacqueur notes that the actual routes of the blood from the womb to the heart may not have been very important in this imagining, but there was a kind of 'poetics' about the connections between blood and milk, and the idea of the heart as the generative furnace primary to the body's functioning (p. 103). This is quite different from current understandings of the body as either male or female and based primarily on sexual difference. We've probably all seen those extraordinary documentaries about the efforts of medical doctors to make ambiguously sexed bodies be either male or female. These sensational stories mostly have tragic outcomes, but emphasise the importance of sexual differentiation to our culture.

The relation of *men* to milk and blood in the one-sex model is therefore even more fascinating to us now. Lacqueur reports the incidence of

a male substitute menses to account for men's discharges of blood, which were apparently routine in spring in order to rid them of a plethora of blood built up over the inactive winter. In women, this would be lost every month. Aristotle claimed that while men were hotter and so generally had no spare blood to convert to milk, some men did lactate after puberty and could be made to produce more with consistent milking (in Lacquer, p. 36). In addition,

Men, if they were 'of a cold, moist, and feminine complexion,' were quite likely to have milk in their breasts thought an English doctor, a view shared by Joubert, who adds that such men are to be found primarily in the east. He gives, in addition to the evidence in Aristotle, the example of a Syrian count who nourished his child for more than six months. (Lacquer, p. 104)

Lacquer points to parallel images of the lactating Christ, whose blood nourishes his parishioners, as a further example of the way the body has been previously conceived as much less fixed and categorical in its boundaries, including the boundaries between symbolic meaning and corporeal manifestation.

While such an imagining of the body may seem quite bizarre to us now, the point Lacquer makes is that there is no 'correct' body, only imagined representations, all of which are dependent on particular historicised and ideological understandings that inform how we construct bodies. The entry for mammal in Diderot's *Encyclopédie* in the eighteenth century was written by a medical doctor, Louis de Jaucourt, and still refers to breastmilk being sourced from menstrual blood and even breasts filling out in puberty due to the surge of blood through the body and the passion of love which causes breasts to 'inflate' (Schiebinger, *Nature's Body*, p. 48). This historical background shows us that the ways in which we talk about bodies are poetic and narrativised, that we borrow metaphor and symbol from current cultural knowledge and language in order to find ways to talk about and even conceptualise the complexity of bodily functions and their place in society. These aspects of language organise the way in which it is possible to think about how our bodies function and their social meanings.



The ambiguity of the term ‘natural breastfeeding’ is already apparent in women’s experiences of breastfeeding, as sociologist Pam Carter documents in her study from the early 1990s. She comments that, ‘for a number of women, childbirth was extremely “unnatural” and afterwards, some, at least in the earlier period, were seemingly almost coerced into “natural feeding”, in a highly medicalised hospital setting. In this way women chose “unnatural feeding” in order to defend themselves from the “unnatural” hospital intrusions and relations’ (*Feminism, Breasts and Breastfeeding*, pp. 180–81). Carter points out that hospitals use the term ‘natural birth’ to refer to any vaginal birth (rather than a caesarean) no matter how much intervention is involved. Even nature writer Tim Low questions the relevance of nature as a usable category in his book, *The New Nature*, when he tries to reconcile the ways in which ‘rare native animals do well in environments filled with exotic flora; wildlife gardening does more harm than good; maintaining pre-1788 ecosystems requires human intervention; some native animals destroy the environment; conservation sometimes requires the killing of native fauna; and wilderness is a dangerous myth’ (as reviewed by Walsh). Such disparate and changing situations undermine our understanding of what can still be called natural.

Feminist accounts have also had an uneasy relation with the natural body. While many campaigns have centred on women’s bodies (through issues of body image, reproductive choices, women’s health-care), they have largely argued for allowing women to control their bodies so that they become as predictable as men’s (by regulating hormones, aborting unexpected fetuses). Historian Jackie Huggins notes that while white Australian feminists were campaigning to legalise abortion, Aboriginal women were having their children taken from them by welfare agencies and even being sterilised without their knowledge (p. 27). The ‘back to nature’ aspect of the early women’s liberation movement met with some ambivalence when it became prescriptive (as Ina May Gaskin’s *Spiritual Midwifery* could be seen) in an era that advocated women’s right to choose, as the first *Our Bodies Ourselves* does in regard to breastfeeding (Boston Women’s Health Collective, p. 457).

The notion of choice is still vexed in feminist thinking, and its

implications are unpacked in the final chapter of this book. The language of nature taken up by eco-feminists in the 1980s has also been met with ambivalence by other feminists, as they range from celebrating Mother Earth goddesses and encouraging greater nurturing and caring as exemplary qualities, to discussing more 'rational' economic issues around sustainable development and human rights. Feminist critiques of the natural thus sit between a desire to honour and respect the integrity of women's corporeal lives and an imperative to free women from the constraints of the term and its historical associations.

The word natural now seems overloaded with so many layers of meaning that it becomes incapable of carrying much meaning at all. I remember one day after I had been breastfeeding for a while when I experienced a moment of epiphany because I finally felt that I knew what the word natural meant, and yet I struggled to define it. It was something to do with me liking breastfeeding, that it had an important place in my life and my relationship with my baby, that it felt 'right'. The actual word, though, was an empty sign, capable of carrying whatever meaning I wanted to fill it with. This was also the case when Pamela Klassen, a religious scholar at the University of Toronto, studied the way women speak about their homebirths. In this study the term natural was used by women as a word that can carry a multitude of contradictory meanings: to describe the 'truth' of their bodies; a birthing culture that challenges dominant conventions of obstetrics and control over women's reproductive lives; the relevance of God and His plan; empowerment through the romanticising of 'primitive' cultures; the revival of animalistic and intuitive values; and a reinstatement of a patriarchal order of husband–wife–baby. As Klassen concludes, 'constructing the natural is a political act' (p. 789).

## THE POLITICS OF LANGUAGE

Breastfeeding has always been political. In fact, wet-nursing seems to have had a more stable and continuous history than maternal breastfeeding, whose popularity erupts at particular times of Western culture, usually in response to political events. In chapter 5, the politics of breastfeeding in Renaissance Italy is traced to the current policies of Church and State. In chapter 6, we are reminded that breastfeeding was

advocated as a patriotic duty in revolutionary France and fascist Germany, as well as in Australia with the implementation of the white Australia policy at the start of the twentieth century. The purpose of examining this extraordinary history is not to position breastfeeding as inherently patriotic or even politically dubious because of the way it has been taken up in nationalist discourses; it is simply to dislodge it from the realms of the natural.

Science historian Londa Schiebinger argues that even our classification as mammals is motivated by a desire to construct bodies in particular ways, rather than being a ‘correct’ scientific category. Linnaeus is attributed with making the classification in 1758. As a medical doctor, Linnaeus was wanting to persuade middle and upper class women to give up their wet-nurses and breastfeed their own babies. By naming an entire class of animals *mammalia* (Latin for ‘of the breast’) Linnaeus emphasises the ‘nature’ (and therefore normality) of a range of diverse animals to suckle their own young, thus adding another point to his argument that it is more natural for women to suckle their own babies than give them to someone else. The classification itself seems quite arbitrary in retrospect, when we realise that only half of the mammal population has the capacity to suckle (the females), and of them only a fraction are doing so at any one time, and then only for a very limited time in terms of an entire life (Schiebinger, *Nature’s Body*, p. 41). The political contexts of ‘nature’ and the way it is named and examined are therefore important factors in making meaning of what is natural.

From the example of Linnaeus’s naming of mammals, it is evident that language plays a crucial role in the way that we think about our bodies and their social functions. Some science historians suggest even tighter parallels between the development of biomedical models of the body and technological advances. As new technologies are named (think of the implications of the ‘motherboard’), they provide new terms and concepts through which to talk about other events or situations, including new understandings of the body. Language is always used metaphorically, as well as literally and figuratively. Science historian Lynda Birke suggests that the introduction of dissecting cadavers to learn anatomy in the late medieval period, for example, contributed

to thinking about bodies in sections, as portable and with separable functions. This is set in direct contrast to earlier practices when bodies were imagined in terms of the flows and humours that Lacqueur describes, and what was happening inside the body was thought to manifest directly in externally exhibited symptoms.

Birke suggests that metaphors of the body as a machine were introduced with the Industrial Revolution. Later, machinery itself enabled physicians to view inside the body with the first X-ray machines of the late nineteenth century. Machines also heralded two-dimensional representations of inner bodily processes through diagrams and tables, which practitioners then had to 'learn' how to expertly 'read' and interpret. Elements of this learning have filtered down to become common knowledge: we all know how to read the cardiac monitor when it turns into a single line and a continuous drone, for example, when watching hospital dramas. These interpretations now give meaning – in fact, define – what we understand to be happening in our bodies.

Birke shows how the technological developments of the twentieth century brought unprecedented 'developments' in how the body could be conceptualised and articulated in language. Electronic circuitry shapes the language with which we speak about neurological impulses; engineering systems theory is evident in the division of the body into various (circulatory, digestive) systems sharing function. Electricity enables the conceptualisation of synapses and homeostasis; photography, cybernetics, war and the information super-highway all contribute to our linguistic terminology and technological understanding of bodies. We just have to listen to the way genetic issues are reported and discussed today to realise the pivotal function of language and narrative in constituting the way we conceptualise such issues.

## COMING TO TERMS

Birke's history of the language used to talk and think about bodies strikes a chord with me. One of my first dilemmas when I began breast-feeding was what I wanted to call my breasts. There was always someone there to offer me suggestions: 'She wants some titty', 'She's going for the boosie', 'Where's the boobie?', 'Time for breastie', 'Better

give her some tit'. The infantilising addition of a familiar 'ie' to each term for what were now these amazingly active milk-filled parts of my body unnerved me. Buxom is a word I felt inclined to employ in my feelings towards wearing these breasts, as well as matronly. But what an ambivalent register of power the word matronly embodies: matrons are in charge of entire hospitals, and yet a matron is gendered as a woman's position. Turning the noun into an adjective, matronly, is not usually used as a compliment, but as an indicator of a particular type of womanly body shape.

Breasts figure curiously in figurative speech: making a clean breast of things means to make a full confession. (But what is the meaning of 'a clean breast'? And what is an unclean breast?) Keeping abreast of things is to keep up, to keep in front; my dictionary also uses breast to mean 'to face, meet boldly or advance against', meanings attached to the breasted position on the front of the body no doubt. Kate Llewellyn's poem, 'Breasts', plays on this notion:

we never speak  
 but I know my breast knows me more than I do  
 prying hanging over fences  
 observant as a neighbour  
 or eager as a woman wanting to gossip  
 they tell me nothing  
 but they say quite a lot about me

as you will realise  
 these are my body's curious fruit  
 wanting to know everything  
 always getting there first  
 strange as white beetroot  
 exotic as unicorns

Llewellyn's characterising of breasts as inquisitive, wanting to know, and also telling ('about me') always seemed to me to be delightfully perverse, a playful feminist wording, but there is a curious reference in my *Penguin Macquarie Dictionary* also, to 'the bosom' which 'is regarded as the seat of thoughts and feelings' (p. 66). Imagine that! The seat of thoughts. Breasts as generators of ideas, as producers of knowledge.

What difference would it make, then, if you have a manly bosom that's smooth and flat and rippling with muscle and maybe even hair; or an adolescent girl's breast that's changing shape, weight and form daily; or a maternal breast that's heavily drooping and full, actively producing milk and nourishing an infant, leaking everywhere at the thought of the baby and constantly replenishing and being replenished? While every woman would describe lactating breasts differently, the metaphors of activity and production, weight and size, would have to remain significant. Suddenly lactating breasts become fertile grounds of wisdom, active organs producing food for the mind as well as the body. What a difference this would make to the way breasts are worn.

### PERFORMING BREASTFEEDING

In this book, I want to take hold of this potential of language to transmute meaning. In rethinking breastfeeding the idea of performance is appealing, partially because there are now cultural performances of breastfeeding like the one I mentioned at the beginning of this chapter, but also because it removes breastfeeding from the idea of it being natural, and so known. What happens when breastfeeding is considered an act? It can be an act of defiance, or an act of conformity; an act of love or an act of duty; an act of necessity, of pleasure or pain, of theatricality, or all of these things and others. The limitations of such acts are much less finite than the limits placed on speaking of breastfeeding as natural.

The concept of performance as I use it is taken from social theorist Judith Butler, who suggests, at the end of her book *Gender Trouble*, that we could productively consider gender to be 'a corporeal style, an "act", as it were, which is both intentional and performative' (p. 140). The idea of performing our gender suggests an element of drama and staging, and also that there is a range of meanings that we are aware of and can select from in our day-to-day lives. Butler's strategy in adopting the language of performance is to wrest the concept of gender from any understanding based on a stable and fixed binary opposition between male and female. It liberates particularised behaviours from being seen as 'natural' or inherent to any one identity. It recognises the processes through which identities like gender are constructed – and are subject to revision and contestation.

Such speculation frees up the way we consider the categorical notion of gender to operate in our lives, in a way that I want to loosen the sedimentation of meanings of breastfeeding in contemporary culture. In suggesting the language of performance as a way of understanding gender, Butler offers a strategy through which naturalised categories of gender might be contested or subverted: by performing subversive ‘acts’. If gender is performed, rather than expressed, then its actors are agents, and can be agents of transformation. Butler’s concept has several critical advantages for me, despite her revision of the concept in her later work. It renders breastfeeding as a practice quite specific to each act, rather than assuming homogeneous experiences between women or even for one woman over time and place. It assumes an understanding at the representational level, rather than being restricted to the difficulties of articulating experience. In replacing the problematic phrase of breastfeeding as ‘natural’, a sense of performance enables me to consider women as having agency, including the agency to decide against breastfeeding. Specific acts of breastfeeding can therefore be read as challenging and resisting dominant models and expectations. As breasts are ‘transformed’ into much more active, functional and generative organs with the onset of maternity, applying an active notion of performativity seems appropriate and useful.

The naturalising of breastfeeding, I suggest, is inherently linked to the performing of gender (and race, class and sexuality). This is probed in later chapters which examine the need for (feminine) discretion and modesty while breastfeeding in public, examples of male lactation, and the ways in which women negotiate their position as ‘good’ mothers when they choose not to breastfeed. In this book, there are countless examples of women being censored *for* breastfeeding (in public, for example, or when they find themselves being aroused) and *for not* breastfeeding, exemplifying a collision of contradictory meanings that are to do with gender (with women’s participation in the public and private spheres, for example, or around maternal sexuality). In Butler’s framework, these apparent contradictions are considered examples of acts that are ‘internally discontinuous’. They do not fit accepted frameworks and so appear contradictory or just plain wrong. Here’s one example of an internally discontinuous act.

## THEATRE

I go to the theatre with a newborn baby. The theatre is at the university. It is the first night performance. The Vice Chancellor is here, along with other important guests. I sit in a seat near the aisle so that I can escape quickly if my baby starts crying when she wakes.

She wakes. I lift her onto my lap and lift my shirt. She finds my nipple and suckles happily for the rest of the drama on the stage. I sit in the half light with my huge breast out, my daughter latched on. It feels curiously subversive. For what other reason could I sit in a theatre with one breast out, unless performing maternity? It means mother and baby don't disrupt the real performance, and yet some other meaning is being disrupted, something to do with the way I've been trained to behave in public, and at university as a professional.

Here, the discontinuity is between private and professional. I'm actually in my workplace at the university, but I'm also part of an audience watching a play. Like the woman who felt there was something shocking about seeing real life reflected back on stage, I had the distinct feeling that there was something transgressive about performing real live breastfeeding in the audience. The conflict was something only I experienced, but it had an effect because the different social expectations of being an employee, a member of the audience and a breastfeeding subject did not neatly align.

Acts like the ones I foreground in this book undo the naturalisation of breastfeeding and gender so that we can cast them adrift from their traditional moorings and begin thinking them through differently. The remainder of this chapter is devoted to the notion of performance in a quite literal sense, as a way to begin thinking through breastfeeding. It engages with a number of scenes of contemporary performances and then texts that both reflect and produce the available scripts we have for doing breastfeeding. These scenes begin the work of reading breastfeeding as practice that is decidedly cultural, rather than natural.

## THEATRE SCENES

*Act 1, scene 1*

In a theatre off-off-Broadway seven women in the final weeks of their pregnancy are making a show of their maternal bodies. They are 'danc-



ing vigorously' in a performance called *Expectant Tango*, and journalist Ramona Koval writes with pleasure about the scene:

The first thing you see are the glorious bellies, each its own shape, some carrying high, others low, all ripe to bursting. Their protruding navels are visible through the sheer red jersey, as are their nipples, bathed in hormones. They dance sometimes alone, in pairs and in a line of exuberant maternity cupping their breasts and their bellies in a sexy tango. (p. 28)

A sexy tango of maternal bodies? Even in the performance space of the theatre, seeing bodies like these is exceptional, as Koval notes, 'you're supposed to be barefoot and pregnant at home, not treading the boards with your name and navel in lights' (p. 28). As an audience member, Koval recognises that meanings of maternity are being seriously disrupted in this performance, mainly because pregnant actors are on stage performing as themselves.

### *Scene 2*

Dance academic Barbara Browning writes about being a performer in a dance piece choreographed by Sandra Stratton for three very pregnant dancers in 1993. It is not the same one Koval watched some years later. Browning is eight months pregnant, and is absorbed by the choreographic nature of our most 'natural' acts, including sexuality, childbirth and lactation, and the capacity of dance to realise this. It has something to do with the fluidity of the dancing body and the fluids of the body – blood, milk, semen, tears – and their capacity to infect and to heal. For Browning, infectiousness and healing through bodily fluidity (including dance) is also connected to rhythmic and racial narratives. Asked to write about her section of the dance work, she finds 'fluid stories keep circulating through my big watery body: water, the child, dancing, sickness, the woman, dancing, blood, semen, the baby, dancing, healing, the man'. Browning is aware of the disruption to meanings she is engaged in while performing, but also comes to see the way various meanings connect, and that the natural is quintessentially choreographed through her body in life as well as on that stage.

## PERSONAL SCENES

*Outer space, scene 1*

My breasts take up space. They stick out further than ever before. They drift down more than ever before, gently nudging my waist when I lean over, as if saddened somehow. They swing in a way they never used to. Friends tell me they will ‘settle down’ (as if they are excited). I start to notice the way big-breasted women carry their breasts, what kinds of clothes they choose, their attitudes in their postures, the amount of space they take up and the ways they move through it.

*Outer space, scene 2*

I go to the Myer department store to buy a maternity bra. This is what I’m supposed to do. It’s part of the ritual of becoming a mother. I suspect it’s also a way of strapping my breasts in, of confining them to the space (out there, not down there) they are supposed to occupy. I stand and look at the rack of encased frames in sensible beige and washable nylon. They look ghastly. They are distinctly separated from the lacy, satiny, black, blue, red, SEXY bras. A Myer assistant comes to help me. I try on three bras and am aghast at the shape they make me (I feel pointy, the way Madonna parodies), the coarseness of the fabric, the price, the utter non-sensuality of the thing.

I buy the least uncomfortable one on credit and flee. I rarely wear it. Sometimes if my breasts feel heavy and I want some assistance to hold them up, or if I go into work and feel as though I need protection, I put it on, like armour. When I come home, though, I realise that I haven’t been in touch with my breasts for quite some time. The bra encases everything, including every feeling, so that I can’t even tell when I’m full of milk, when the ducts start to harden from engorgement. I get home and I’m solid in parts. The bra disembodies my breasts. One day I dye the bra purple, but the various synthetic fabrics mean it is several shades of purple and it suddenly looks old and worn. My bra died. Philosopher Iris Young writes about the experience of breasts and bras, and asks some pointed questions.

Why is burning the bra the ultimate image of the radical subversion of the male-dominated order? Because unbound

breasts show their fluid and changing shape; they do not remain the firm and stable objects ... Because unbound breasts make a mockery of the ideal of a 'perfect' breast. The bra normalizes the breasts, lifting and curving the breasts to approximate the one and only breast ideal. (pp. 95–96)

And is it all the more radical, I wonder, for large, heavy, lactating breasts to be unbound?

*I remember (other scenes)*

Nights sitting up in the dark breastfeeding through pain – bad positioning? unfamiliarity? soft nipples? – chanting to myself 'big strong nipple, big strong nipple' with tears quietly streaming down my cheeks thinking 'This is the pits. It can't get any worse'. As the pain becomes more intense through the night, I decide not to remain quiet but to vocalise the pain on each breath, making primitive animal-like groans while my daughter drowsily attaches and my partner sleeps on noisily beside me.

At some stage my babe discovers that I have two breasts, and while she suckles on one she stretches out her tiny hand to locate the other one, softly caressing the curve of my breast, brushing past the nipple and then lingering on it, fondling the nipple and feeling it grow in her fingers. Like a lover but more tender, softer, smaller hands, but then rougher as she squeezes the nipple and I have to uncurl her fingers laughingly squirming.

## TELEVISION SCRIPTS

*Screen 1*

Most nights in most lounge rooms, television scenes flicker before our eyes. They constantly pose moral dilemmas for us to make meaning of, personal scenes for public consumption. As the most ubiquitous form of mass media, television is regarded as a powerful producer of mass culture. So a television dramatisation of a breastfeeding crime is a particularly interesting barometer of contemporary cultural values and debates about breastfeeding. One night an episode of the North American NBC police drama *Law and Order* caught my attention, so I stayed up later to watch it.

The episode was called ‘Mothers Milk’, and was about a young mother whose baby died of malnutrition due to breastfeeding difficulties (Dobbs). After the long machinations of police detective and forensic work, the mother was convicted of manslaughter, because ultimate responsibility for the baby was seen to lie with her. The judge, however, (and therefore the program’s moral imperative) also implicated the father, who knew the baby was hungry but did not give her any of the supplementary formula held in the home. He got a good telling off from the judge. The other person implicated was the mother’s lactation consultant, who was depicted as a ‘fanatical’ breastfeeding advocate. She had insisted that the mother exclusively breastfeed; that if the baby was hungry, then the mother should be trying harder; and that any deficiency in breastfeeding and her baby’s growth was the mother’s fault. The young mother felt inadequate, alienated and powerless to do anything about her situation.

As lactation consultants belong to a profession specifically developed in the 1990s to provide mothers with the social support, encouragement, advice and information to enable them to breastfeed, it is ironic that this characterisation on a popular television show is of an ideologue who, in retrospect, bullies her client and contributes to the death of a baby. If this program represents contemporary popular culture, we would have to conclude that these medical professionals are ‘fanatical’ about breastfeeding to the detriment of both mother and child; furthermore, that their authority is undermined by the fact (in this case) that some mothers just cannot breastfeed adequately. This indicates a high level of cultural ambivalence about lactation consultants in particular, but also about breastfeeding advocates in general.

This was quite a shocking episode to watch, and confronting to think that I might similarly have ultimate legal responsibility for my baby’s life and death as a breastfeeding mother. The possibility that a woman can be gaoled for not breastfeeding properly is pretty scary, and I wondered about its relation to ‘real’ law. An advertisement for the *Law and Order* series claimed its stories are ‘ripped straight from the headlines’, asserting their relation to reality and to authentic ‘real life’ stories already in public circulation.

In this case, the episode may well have drawn on the circumstances of a young woman from the Bronx who was reported in the *New York Times* as having been sentenced to five years' probation for the death of her two-month-old son two years earlier. The article reports that her lawyers argued that she was producing insufficient milk because her breasts had been surgically reduced, that she was receiving 'misguided' information from her mother, and that she couldn't access medical aid as the baby did not yet have a Medicaid card (Bernstein). All of these factors deserve attention in their rhetoric and assumptions (as does the censure by both judge and reporter of the woman as a teenage single mother who is poor and later found to be using marijuana). The translation of such a 'real life' story into a television script that demonises the lactation consultant, however, is probably more revealing about contemporary attitudes to the successful performance of breastfeeding.

Breastfeeding advocates are understandably concerned about such programs, reacting as much to the program as a reflection of prevailing attitudes as to its capacity to shape popular thought about breastfeeding and professional advice, to provide a script that other actors might accept and play out. An article in the North American *Mothering Magazine* in 2001, for example, links the *Law and Order* episode with another almost identical plot in *Chicago Hope* in 1998, which was traced to sponsorship by the Pharmaceutical Research and Manufacturers of America (PhRMA), whose members include milk formula companies (Coburn). A conspiracy by capitalist corporations to undermine breastfeeding advocacy makes a good story, while the debates around whether television reflects or constructs popular thought remain potent. Certainly the plot closure of the *Law and Order* program (in which the mother is censured and convicted) was fairly extreme when it is contextualised in the range of breastfeeding stories available. During its plot development, however, the program also opens up debate about who holds social responsibility for enabling breastfeeding. When is supplementary feeding desirable and what are its repercussions? What special needs do young single mothers have? How effective is the law when it comes to judging a woman's capacity to breastfeed?

Interestingly, it is the female police officer who is most censorious and quickest to condemn another woman for inadequately performing

her gender. In this case, the mother's youth, poverty and single status work against her, as is so often noted in North American social welfare practices (Ladd-Taylor & Umansky; Pietsch). This woman's lack of breastfeeding success is directly linked to her inadequacy in performing gender generally, sustaining a cultural fiction about what a 'real woman' and a 'good mother' might entail. As Butler argues, 'there are strict punishments for contesting the script by performing out of turn or through unwarranted improvisations' ('Performative Acts', p. 82); going to gaol must surely be one of the most severe punishments, even on television dramas. (For an extended discussion of these television dramas, see academic Bernice Hausman, who goes so far in *Mother's Milk* as to suggest that popular culture actually links breastfeeding and dead babies routinely.)

### Screen 2

Another television drama, *Friends*, screened a breastfeeding episode that raises issues very differently through its genre of comedy. The series revolves around the life, loves and social relations of six friends, all educated professionals who live in the same apartment block. In 'The One Where No One Proposes' (season 9, episode 1), Rachel, one of the main characters is in hospital after having her baby. This episode is interesting for the way breastfeeding functions in the comedy. There are several plots going on, all hinging on reproduction, family, marriage and sexuality.

Interlaced with the antics of her friends coming and going from her hospital room and getting into store cupboards, lifts and corridors, Rachel tries to initiate breastfeeding several times. The episode's humour hinges on the collision of some discourses/plots with others that are 'internally discontinuous': that is, we know they are being performed wrongly, out of turn, and our recognition of this in contradiction to their cultural logic makes them funny. We laugh at their inappropriateness.

One plot operates around the proper performance of proposing marriage, as the title suggests. While the father of Rachel's baby is Ross, they are not married and have ceased 'dating'. Ross has brought to the hospital a ring that his mother gave him, and has thought about asking

Rachel if they can start dating again, but the ring has inadvertently fallen out of his pocket before he has the chance. Their friend Joey has seen it under Rachel's bed and kneels down to pick it up; when he rises onto one knee with it, Rachel recognises the stance and the ring to be a man's proposal, which she immediately accepts without thought.

A series of misrecognitions happen as Rachel tells her friend Phoebe what happened, and Phoebe assumes Ross (the father) has proposed, rather than Joey. Phoebe congratulates Ross, who then finds it is Joey, and Joey then tries to defend himself from both Ross and Rachel, who both believe he has proposed. The comedy takes on the farcical plot typical of Restoration plays, which were also concerned with reputation, manners and the appearance of substance in a highly stylised form. The farce sends up the misrecognition of the proposal, but is also concerned about a proposal being made to this woman who has just had a baby, or at least to her being associated with a man.

Interspersed with this plot are the efforts of two other friends, Monica and Chandler, who are trying to get pregnant. Their plot also falls into farce as they go for a quickie in the janitor's cupboard and are discovered by Monica's father, who has come to peek, not knowing his daughter is inside. Monica and Chandler are horrified that a parent has discovered them having sex, and defend themselves by saying they are not having sex for fun but because they are trying to get pregnant. Mr Geller, Monica's father, is clearly not aware of the collision of discourses, however, as he offers practical advice on the positioning and timing that he and Monica's mother practised. The cultural fiction that our parents don't have sex or peep on others is unmasked as an 'act', while the act of fertilising an egg as separate from sex for pleasure operates as a poor (and therefore transparent) excuse. Mr Geller again brings the two aspects together by instructing the couple that 'pleasure is important, [to Chandler] and it helps if the woman has an orgasm' (Bright, Kauffman & Crane).

Another part of the plot involves the nurse intermittently bringing in Emma, the baby, for Rachel to initiate breastfeeding. Each time, Joey is in the room trying to clear up the misconception of the proposal. He can't believe it when Rachel gets out her breast and makes it the focus of attention:

- Nurse: Hey! Are you ready to try nursing again?  
 Rachel: Yeah! Hi Emma. Hey, why do you think she won't take my breast?  
 Nurse: It's all right honey, it takes some babies a while to get it, but don't worry. It'll happen.  
 Joey: (Watching) Yowsa! (Looks away.)  
 Rachel: Okay sweetie, you can do it. Just open up and put it in your mouth.  
 Joey: Dear Lord.  
 Rachel: I'm sorry honey, what were you saying?  
 Joey: Oh uh-uh yeah, I think that ...  
 Rachel: Oh look, she's pulling away again! Do you think my nipples are too big for her mouth? (Joey gets embarrassed.) She looks scared. Doesn't she look scared?  
 Joey: Y'know, I don't really know her.  
 Nurse: Why don't we try massaging the breast to stimulate the flow. (Does so.)  
 Joey: (To God) Are you kidding me?  
 Rachel: It's just so frustrating! Why doesn't she want my breast?  
 Joey: I don't know! Maybe she's crazy! (Storms out.)

This scene is very funny, primarily because the viewer recognises the collision of two contrary discourses around breasts. This is another farce of misrecognition, as Joey would normally view breasts as sexually titillating while Rachel and the nurse are intent on getting them functioning as maternal and lactating. Joey's gaze is gendered as sexual, Rachel's as maternal, and the two do not intersect. The big nipple and the massaging of her breast can operate in both spheres, as part of the sexualisation and lactation of breasts. Joey knows that he shouldn't get the two acts mixed up, and desperately refers to God as a higher authority not to make a fool of him. Joey is scripted to insist on seeing Rachel's breast as sexual, an assumption shared when he is with another man trying to sort out misrecognitions:

- Chandler: You still haven't told Rachel you weren't really proposing?  
 Joey: No! She had the ring on, she seemed so excited, and then she took her breast out.  
 Chandler: Joey, you have to tell her what's going on! And what did it look like?



Joey: I didn't look at it. Stupid baby's head was blocking most of it.

Joey's peeking here is a parallel to Mr Geller's 'peeking' on the couple having sex in the cupboard, and a similar collision of discourses operates to drive the comedy of the situation.

In rehearsing the script that men see breasts as sexual while women in this episode (the nurse and Rachel) perceive them as active and functioning baby-feeders, *Friends* makes the duplicity transparently funny. When Rachel and her baby do connect at the breast as the proposal is sorted out, the episode makes breastfeeding the happy conclusion:

Rachel: Oh my God!

Ross: What?

Rachel: She's doing it. Look, she's breastfeeding look!

Joey: (Looking at the ceiling) Ah, it's beautiful.

...

Rachel: Oh wow, this feels weird.

Ross: Good weird?

Rachel: Wonderful weird.

Joey: Y'know what you guys? I'm uh, I'm gonna go too. And uh, I'm sorry about everything.

Rachel: Honey, don't worry, it was my mistake.

Joey: No, Rach, I should've told you sooner. It's just that – Man! That kid is going to town! (Joey makes his awkward exit.)

Joey's discomfort with being confronted by this breast is once again comic due to the clash of expectations about breasts as objects of a gendered gaze. The collision of the maternal and the sexual breast is an issue that drives debates on breastfeeding in public, as later chapters discuss, but I wonder if there are other ways we can think through breasts, other than as sexual or maternal?

Scripts and scenes such as these may seem arbitrary or unrelated. I have used them to highlight an understanding of breastfeeding as performance, rather than as an act of nature unaffected by any cultural or historical context. But this idea extends beyond actual theatrical performance: it provides scripts for our continual rehearsal. Their performance and publication as publicly circulating stories are both a product of and shape the available meanings of breastfeeding as a cultural and lived

practice. Media commentator Catharine Lumby makes the point that ‘popular culture is the zone where many women encounter and negotiate political notions of sex, gender and the social’ (p. 5). She cites John Hartley’s argument that it is ‘in the interaction between media products and their audiences, that political, social, cultural and personal meaning is now substantially produced’ (Lumby, p. 1).

The popular entertainment media I’ve used tend to preserve more conservative values around breasts and milk. The teenage mother in the episode of *Law and Order* is marked as a social pariah mainly because she is a teenage mother, and therefore subject to censure by the law and most strenuously by the female law enforcer. The character of Rachel in *Friends*, however, is a successful professional woman in her thirties, with a group of friends whom we might also have grown with over the past decade of its televising. Her social power is far greater than that of a teenage mother, and so it is not surprising that the script shows her success in breastfeeding (and simultaneously being considered sexy), while the teenage mother is represented as incompetent and unsuccessful. Philosopher Elizabeth Grosz suggests that these kinds of social inscription actually ‘condition and provide techniques for the formation of particular bodies’ (*Volatile Bodies*, p. 142), an idea that I take up in later chapters of this book. But what about writing: how is breastfeeding imagined in contemporary fiction and poetry, in the field I look to for making meanings?

## WRITING ABOUT BREASTS

When my baby was only a few weeks old, a friend sent me an extract published in the *Sydney Morning Herald* from Susan Maushart’s book, *The Mask of Motherhood*. To her surprise I wrote back immediately, jubilant at having a reason to write down all my thoughts about the intelligences of mothering; about the knowledge embedded in my body; in the hours of contemplation I have available as I breastfeed in the rocking chair. These new rhythms of my life had sparked my thinking, as my mind wandered between the profound and the trivial while engaged in this most profound and trivial of activities. Maushart’s

thesis is that there is a conspiracy of silence around mothering stories, a refrain that has been repeated over the last decade as a new class of urban, educated, middle-class women (re)search libraries and bookshops for texts to read, for texts onto which they can graft (or refuse to graft) their own experience and subjectivity.

In the mid-1980s, French psychoanalyst Julia Kristeva wrote 'Stabat Mater', in which she traces the religious imagery that plays a major role in the symbolic meanings of maternity and femininity in her French Catholic imaginary, and in which she also tries to make space for the writing of another version of motherhood that is more subjective, that processes meanings through experience. And yet in this latter project she finds 'Words always too remote, too abstract to capture the subterranean swarm of seconds, insinuating themselves into unimaginable places. Writing them down tests an argument, as does love' ('Stabat Mater', p. 100). Similarly, in the extraordinarily (but perhaps unsurprisingly) popular collection of stories called *Mother Love*, Debra Adelaide notes in her introduction, 'the belief that at the heart of the birth experience lies the ineffable: that *there is no word for it*' (p. 5). The *Mother Love* collection had such an overwhelming response that a sequel was published the following year, and another the year after, suggesting a hunger for texts on this topic.

In her novel about motherhood and postnatal depression, *The Best Man for This Sort of Thing* (1990), Margaret Coombs suggests that maternity is too narrowly defined and controlled by medical and social texts to do with gender. She proposes that postnatal depression is then a condition arising when women fail to accomplish their identities as mothers through the 'stylised repetition of acts' that are required. Although the protagonist in Coombs' novel sees through the illusion and transparency of such requirements, she is left to flounder without a socially coherent identity except as a bad patient and inadequate mother. All of these narratives search for more adequate stories about maternity and maternal subjectivity; all call for more stories and yet find such stories difficult to put into words.

I'm interested in breasts as the subject of thought: the ways in which breasts signal maternity or the maternal self; how they are (and might be) represented; as sites of (self-) representation and knowledge;

as mattering, ‘where “to matter” means at once “to materialize” and “to mean” ’ (Butler, *Bodies that Matter*, p. 32). More significantly, though, I’m interested in breasts as ‘thought-full’ subjects. Breasts have traditionally mattered in popular and symbolic language as markers of either sexuality or maternity. Rarely are they (along with women’s sexuality and maternity) associated with thinking.

When I started thinking about breastfeeding, I looked around for others who might have already done the groundwork. I found that literary critic Kay Torney was also interested in breasts as possible bearers of stories, which took her to the writing of Sylvia Plath, Mary Wollstonecraft and Toni Morrison, all of whom she finds ‘figure the breast as a yearning, burning and essentially generative organ’ (Torney, p. 30). She notes that the breast is not usually seen to be a ‘generative or storied organ’; stories are more usually imagined as being produced through the Freudian association between pens and penises, or sometimes the reproducing uterus might be imagined as a source of literary or cultural production (p. 20).

Turning to creative writing, I found that in her poem ‘Breasts’ Kate Llewellyn is more ambiguous than Torney about a woman’s relation to her breasts, but throughout the poem breasts are personified as readers and as knowers:

As I lean over to write  
 one breast warm as a breast from the sun  
 hangs over as if to read what I’m writing  
 these breasts always want to know everything  
 sometimes exploring the inside curve of my elbow  
 sometimes measuring a man’s hand  
 lying still as a pond  
 until he cannot feel he is holding anything  
 but water  
 then he dreams he is floating

in the morning my breast is refreshed  
 and wants to know something new

What can breasts know, and how do we know them? What can breasts read, and how do we read them? Like Llewellyn’s knowing, reading breasts, Philip Roth grants subjectivity to a breast in his 1973 novel,

*The Breast*, but only after it metamorphoses from a male literature professor. This desiring, knowing breast is monstrous in its surrealism, ‘a mammary gland such as could only appear, one would have thought, in a dream or a Dali painting’ (Roth, p. 12). As a transmogrified male, this breast desires sexual stimulation and yet all he is provided with are stories to listen to. The complete works of Shakespeare are played to him on LP records, and then the work of newly recorded contemporary playwrights. Ironically, after a lifetime of teaching such literature, this professor-breast is made to listen to it as a passive and uncared-for breast, who has no role in this theatrical canon.

British novelist Anne Enright also looks to the canon of literature for grand narratives about breasted experience. She finds examples of women’s breasts in *King Solomon’s Mines* and *Gulliver’s Travels*, but finds that they indicate thirst and disgust respectively. She finds no other stories to read that might enrich her experience as a new mother, and so writes about the connection between body and story through her own breasts:

Stories, no matter how fake, produce a real biological response in us, and we are used to this. But the questions my nursing body raises are more testing to me. Do we need stories in order to produce emotion, or is an emotion already a story? What is the connection, in other words, between narrative and my alveolar cells? (Enright, p. 1)

After thinking through the relation between her milky maternity and stories, Enright decides

This is why mothers do not write, because motherhood happens in the body, as much as the mind. I thought childbirth was a sort of journey that you could send dispatches home from, but of course it is not – it *is* home. Everywhere else now, is ‘abroad’.

Ironically, Enright looks for breastfeeding stories and concludes there are few of them because maternity is ‘home’, and is located in the body. But home provides few plots, and when the body is regarded as natural rather than cultural, it is not regarded as the stuff of stories.

Sue Woolfe is another novelist who seeks alternative scripts about mothering. Her novel, *Leaning towards Infinity*, makes connections between mothering and mathematics, between generations of thinking mothers and daughters who are secretly mathematicians. Infinity, for example, is the shape the assistant in the lingerie shop attributes to Frances' mother's breasts: she 'made my mother's body sound like a number. My mother, the shape of infinity' (p. 56). In a later chapter, titled 'Not only breasts', her mother confesses that she is an epistemophiliac – in love with thinking: 'I'm in love with thinking. I don't mean thinking things through or thinking things over or thinking things out, she said ... Thinking itself' (pp. 122–23). In the body of the mother, thinking and breasts are yoked together, as are mathematics and mothering in this text. Elsewhere, Woolfe laments that the mother–child relationship is not yet recognised as a 'fit subject for a worthy novel', despite being 'momentous stuff' ('Calculating the Madonna', p. 88). She says that she is 'trying to write about the silence of motherhood':

A friend of mine, Patti Miller, said that when she holds herself up to the light she sees an interweaving of many stories who tell her what she is. If we have stories that discount us, that make us feel that we're not part of the culture, or that don't explore what is really our experience, and I think that's happened with women, then it causes us not to live fully. There are a lot of stories about good and bad mothers and negligent mothers and nurturing mothers but there are not stories about how mothers live in themselves, apart from their children. There are lots of stories about how they feel about their children, but not about their inner lives. That sort of lack I suddenly realised when I became a mother, when I looked about for mothering stories I felt there were none. (In Bartlett, p. 232)

Woolfe is not the only woman to imagine that maternity might provide creative material. Novelist Louise Erdrich proposes that breastfeeding is actually a creative state yearned for by male writers. She calls this transcendental state of mind 'milk wisdom' and 'milk visions', and her novel, *The Blue Jay's Dance* is written from her creative and intellectual space while breastfeeding.

If these writers reposition their baby days of breastfeeding as fodder for their creative output, French playwright H el ene Cixous is an inspiration to this end in her dramatic reclamation of breastmilk from its mythic origins as a continually replenishing source of creativity that acknowledges our ‘maternal debt’. Cixous uses breastmilk as a metaphor that becomes synonymous with women’s writing, as milk is transformed into white ink in a dramatic monologue: ‘Write? I was dying of desire for it, of love, dying to give writing what it had given to me. What ambition! What impossible happiness. To nourish my own mother. Give her, in turn, my milk? Wild imprudence’ (*Coming to Writing*, p. 12). For Cixous, writing is nourishment and a source of creativity that can be compared to breastmilk and its multidirectional flows between mother and child. It is a symbolic link she can happily mix with metaphors of birthing:

She gives birth. With the force of a lioness. Of a plant. Of a cosmogony. Of a woman ... And in the wake of the child, a squall of Breath! A longing for text! Confusion! What’s come over her? A child! Paper! Intoxications! I’m brimming over! My breasts are overflowing! Milk. Ink. Nursing time. And me? I’m hungry, too. The milky taste of ink! (*Coming to Writing*, p. 31)

Breasts here are symbols of nurturing and generosity which are yoked with writing and thinking, so that mothering and theorising come together through breastmilk. This imperative to write is urgent, and for Cixous, ‘writing is precisely the very possibility of change’ (*The Laugh of the Medusa*, p. 879) and must be marked by the body which writes it, the body through which writing is produced. So what we write about (our) breasts is shaped by our experience and will in turn affect the meanings we can attach to that experience. Cixous operates on the level of symbolic language. I once tried taking her literally, but to write in breastmilk is to write in invisible ink, so it is in the symbolic field that we must engage with her offer. Cixous has no problem with this, as it begins to free up even the meanings of ‘mother’ and ‘child’:

'I am the daughter of milk and honey. If you give me the breast, I am your child, without ceasing to be mother to those that I nourish and you are my mother. Metaphor? Yes. No. If everything is metaphor, then nothing is metaphor.' (*Coming to Writing*, p. 50).

In Cixous' text, breastmilk performs an act of subversion, a means to rethink what it means to nurture, sustain, create and write mother and baby. It becomes capable of carrying a whole range of meanings, as this book also seeks to proliferate the meanings of breastfeeding as it is and can be practised and made meaningful. The symbolic function of language not only limits the way breastfeeding can be thought or practised, but is also a means through which we might imagine a new epistemology of breasts, a new way of thinking and storying breastfeeding. Reading and practising breastfeeding will always be subject to changes in politics, in the specificities of bodies and their subjectivities, but also to changes in the possibilities for writing and representation.





# MEDICALISING BREASTFEEDING

headwork versus  
breastwork

The literature that dominates breastfeeding is medical literature, or its derivative – handbooks written for mothers by medical experts. These books read like instructions for owners, a genre similar to car manuals, with directions on the best positioning, recommended times and regimes of switching from one breast to the other so both are drained properly, instructions on proper care and maintenance of breasts, and pages and pages of potential problems and what can be done to alleviate malfunctioning. They make the body sound like a well-functioning machine, a bit like a car, which, with the right instructions, will do what we want it to do. But medical literature also relies on particular stories about bodies, and uses the language of narrative and metaphor to chart particular plots and poetics about breastfeeding. In shifting the language from that of car manuals to that of telling stories, in this chapter I want to examine the medical script as one particular story about breastfeeding that is capable of changes, contradictions and mysteries that cannot be accounted for.

Chapter 1 suggested that our understandings of bodies rely on current cultural meanings and technologies that have an impact on the available language and knowledge we have for thinking and talking about them. Over the past two decades an understanding of bodies coming from the social sciences and humanities has challenged scientific assumptions, finding precepts of objectivity to be immersed in the same biases we all have about gender, class, and racial purity and superiority. Philosopher Elizabeth Grosz goes so far as to suggest that the body has remained ‘colonized’ by the language of natural sciences (*Volatile Bodies*,

p. x), and that that the sciences themselves adhere to common assumptions about knowledge, power, desire and bodies that frame and limit our thinking about bodies. She argues that the body

has generally remained mired in presumptions regarding its naturalness, its fundamentally biological and precultural status, its immunity to cultural, social, and historical factories, its brute status as given, unchangeable inert, and passive, manipulable under scientifically regulated conditions. (*Volatile Bodies*, p. x)

### INHERITED OPPOSITIONS

In applying some of those ideas to medical tracts about breastfeeding, I find that there is an implicit contradiction in the way breastfeeding subjects – mothers – are addressed in those texts. There is a palpable tension between what the breasts (or body) are doing and what the head (or brain) is trying to control, mimicking the mind–body split. The mind–body split is often regarded as a legacy of the European Enlightenment, a crucial turning point in the way the Western world imagines and talks about the body, and a pivotal period in the philosophy of ideas. Seventeenth-century French philosopher René Descartes is an exemplary figure of philosophy and science, whose dictum ‘I think therefore I am’ has come to represent the prevailing thought of the period. The life of the mind – thinking – becomes the marker of a worthy life, while the activities of the body are considered to be more base, ‘animalistic’ and less worthy functions. This illegitimacy of bodily activity remains embedded in many of our aphorisms: it is ‘mind over matter’, or ‘the mind is willing but the flesh is weak’.

The Cartesian model (from Descartes) is thus based on a set of dualities that we inherit, often to define stereotypes about the superiority of a particular gender, class or race. The split between mind and body, culture and nature, action and passivity, rationality and irrationality, male and female, for example, are oppositions that inform stereotypes about men and women, where men are largely associated with the first (and more valued) of the terms (Gatens, *Imaginary Bodies*). The highly popular books by John Gray that claim men are from Mars and women are from Venus play on this set of oppositions,

which are clearly generalisations that cannot possibly apply to all individuals, and they continue to promulgate the oppositional values attributable to men and women. These oppositions arise again and again in this and other chapters, highlighting the way that the successful performance of gender becomes a major factor in making meaning of breastfeeding. In contrast, I suggest there are alternative narratives that collapse those oppositions and so offer alternative ways of understanding bodies and breasts.

It is important to examine the way that medical texts narrate breastfeeding, as these are the most available stories we have to follow. They are dominant and authoritative, and are probably only set alongside other women's (often epic and tragic) stories as a source of information. It is also important to know that when I began researching and writing about breastfeeding culture, I was breastfeeding. This doesn't mean that I have any special insider knowledge or prevailing authority over the topic, but it does suggest that I have something of myself invested in this material.

When I began reading about breastfeeding I had the unnerving feeling of being thrust into a particular category of readers, readers of whom many of the writers had very low expectations. I felt like I was being talked down to, as if I was a child or had limited intelligence. In this way breastfeeding texts differ from commercial car manuals, which assume a level of intelligence and prior knowledge. It was the recognition of being propelled into this particular readership that I experienced as profoundly patronising, and I found myself resisting this, not wanting to be addressed like an ignorant, unknowing subject who has to be told the right way to use my body.

As an academic, I also wanted to make sense of my newly maternal body through the critical tools I use in my work. Bringing my professional critical skills to my personal reproductive practices was initially an effort to make sense of this shift in my identity. I was also seeking to bring together the public and private spheres, which became so much more clearly defined and separated for me after I gave birth. Why was it that I was left holding the baby while my partner rebuilt the house, a task we'd both done together before that?

In part then, this project was conceived in an effort to articulate the

ways in which a ‘biological’ event (like giving birth) can precipitate such a profound shift in subjectivity (becoming a mother), and how this might find expression in my academic work. Maternity, like breastfeeding, is a practice infinitely variable and changeable for women over place and time, but both have been limited in their representation – partially due to current understandings of the body and the way gender is mapped onto particular bodies. As biology has been such a dominant discourse through which to make sense of breastfeeding, it deserves our primary attention. So how does breastfeeding work according to these stories?

### HORMONES AND ‘HYSTORIES’

According to my survey of recent midwifery texts, the physiological narrative of breastfeeding is initially the story of hormones. It begins in pregnancy at around the fifth month when human placental lactogen is released. During pregnancy, prolactin is also produced in response to increased oestrogen levels, but its release (and prolific milk production) is blocked by prolactin-release inhibiting factor (PIF). Nutritionist Gabrielle Palmer notes that, ‘though we do not see it as such, in a way lactation is the “normal” state of the body because we need a special hormone (PIF) to stop us lactating’ (Palmer, p. 44). At birth, levels of the hormones oestrogen and progesterone drop dramatically in the mother’s body and prolactin increases dramatically so that initial milk is made. After milk production is initiated, the plot shifts slightly but importantly to include the newly born baby. For milk to continue being produced, the physical mechanism of the baby’s suckling is required for milk removal. Oxytocin becomes particularly important in this process, as it is a hormone stimulated by suckling to release the milk, sometimes felt as the ‘let-down’.

While the plot shifts to include the baby’s mechanical suckling, the response of the mother’s body is still told in hormonal terms. Despite the apparent straightforwardness of this biomedical process, this story of hormones is not innocent of history, culture or language. Hormones have come to feature as dominant antagonists in the female body, emerging in popular medical narratives as ogres that have the capacity to turn women into angry bitches and shrieking hyenas when they are

premenstrual, menstrual, perimenopausal or menopausal. For most of our lives, women can expect to be ‘ruled’ by our hormones, and in need of management so that any wild emotions are kept under control. Women’s anguished relation to their hormones comes to dominate biomedical explanations of lactation. But how did hormones come to operate as such powerful currency in explanations of lactation?

The ways in which hormones have come to figure so monstrously in women’s lives might be traced to the context in which endocrinology developed as a field, at the start of the twentieth century. Science historian Nelly Oudshoorn points out that the term ‘hormone’ was first used in 1905, and it was in the 1920s that a chemical approach to the sexed body was adopted (pp. 9, 16). Hormones were initially thought about in an effort to account for the sexual differences between men and women. Early conceptualising therefore assumed that there were two ‘sex hormones’ (because of the two sexes) and that they were made in the gonads (in the testes in males and the ovaries in females). Sex hormones were thus understood to be the chemical carriers of masculinity and femininity.

This dualistic model was revised in the 1930s when both ‘male’ and ‘female’ sex hormones were found to be in both male and female bodies, in differing amounts. As Oudshoorn notes, however,

sex endocrinologists did not take the real challenge that their model provided, namely to abandon the dualistic notion that there exist only two sexes. From a standpoint of gender classifications, their revolutionary findings did not mean the end of the two-sexed model. (p. 146)

In fact, the findings probably reinforced the model, as women’s bodies became the focus of hormonal research. This is attributed to a number of factors, including the already established field of gynaecology, the more pronounced activity and changes in women’s hormones (in comparison with men’s bodies) due to their reproductive capacity, and the availability of networks with other institutions and businesses that enabled the research, production and marketing of synthetic hormones. In this way, even ‘normal’ hormonal states of menstruation, menopause, birth and lactation became subject to medical diagnosis

and intervention, profoundly reshaping medical practice and power relations between women and medicine. Oudshoorn fantasises,

what might have happened to the hormonally constructed body concept if there had existed an andrological clinic, rather than a gynecological clinic? ... It is not beyond imagination that we would have ended up with a male contraceptive pill, a medical treatment of male menopause and a classification system of multiple sexes. (p. 151)

In looking for ways in which masculinity and femininity are produced in the body, the field of endocrinology was shaped by dominant cultural assumptions about women's and men's bodies and behaviours. In turn, they produced confirmation of these characteristics, although in unexpected avenues, focusing on the bodies of women as hormonally active, and men as hormonally 'stable' and therefore not subject to medical surveillance or regulation. The story of hormones, then, reinforces the condition of being female as a peril of instability, disorder and potential pathology in a similar way to Descartes' famous oppositions (see also Hausman, 'Ovaries to Estrogen').

Because hormones figure so prominently in biomedical narratives of women's bodies, and because lactation is a gendered activity, it is not surprising that hormones become central to the way breastfeeding narratives are organised. While I certainly would not argue that hormones are not involved in lactation, there is another major factor that needs to be taken into account, which I call a woman's subjectivity. Women are not only bodies and yet it is difficult to articulate the other self that we bring to the experience of breastfeeding, which would include an intelligence, embodied and learnt knowledges, racial and class histories, sexuality, religion, emotions, economics, medical histories, friendships, as well as a suite of cultural readings.

Historical, cultural and environmental social relations have an impact on breastfeeding in quite unpredictable biological ways. In biomedical terms, this impact is always read through the genre of hormonal activity, dwelling especially on the release of oxytocin. Louise Silverton's midwifery text, for example, cites studies on the impact of cultural attitudes towards breasts and breastfeeding as being instrumen-

tal in a woman's decision to breastfeed, how long she maintains breastfeeding and her actual physical ability to breastfeed (p. 525). In other textual anecdotes, some women are reported to be repulsed by the thought of breastfeeding, and others don't believe their milk is of adequate quality or quantity (especially since the introduction of artificial milk, which can be measured and monitored), so their body responds accordingly. Sexual abuse as a child can profoundly affect the adult woman's experience of breastfeeding (Michelle). Gabrielle Palmer notes that faith in spells, curses and ceremonies that are thought to 'dry up' or restore a woman's milk supply can do so by affecting the let-down reflex (p. 48). Medical intervention, like the use of anaesthetic or painkillers or surgery, can have an impact on the endocrine system and affect a woman's capacity to breastfeed (Cook, p. 81). But these factors can also have no apparent effect at all.

While these aspects of a woman's subjectivity, history and social environment might contribute to the stereotype of women's bodies being disorderly or unruly, they might just as easily be read as evidence that breastfeeding is as much a cultural practice as it is a physiological one, and that bodies are actively receptive to such stimuli. What a woman reads about the required quality and quantity of milk has an impact on how she makes meaning of her own milk production. If a breastfeeding text spends twenty pages on correct positioning and eighty pages on solutions to problems, women can reasonably anticipate difficulties. Breastfeeding difficulties have become an ongoing problem in Western nations, despite the most advanced medical technologies and a new profession of lactation consultants created in response to such problems. This suggests that breastfeeding is not a purely biological activity, and that other kinds of stories are needed in order to 'explain' breastfeeding.

An anthropological study from Haiti exemplifies this need when it tells of a particular phenomenon known as 'bad milk', in which women's milk is known to 'go bad' or 'spoil' as a result of emotional distress from violence and relationship difficulties (often resulting from economic hardship). The treatment for this malady involves the publicising of private pain, exposing the conditions of women's domestic and structural abuse. The women with 'bad milk' often cease to have

contact with their baby so that they don't pass on the malady, indicating the significance of the condition. It therefore serves as a general social warning to men not to abuse pregnant and lactating women, through the fear of public humiliation and the withdrawal of life-sustaining breastmilk to the baby (Farmer).

This phenomenon is a decidedly social response to women's oppressed lives manifested as a pseudo-biological condition. It provides a story about unsuccessful/successful breastfeeding that is directly dependent on women's wellbeing. Breastfeeding is unpredictable in that it is a practice that cannot be reduced to a set of universal claims that relate to homogeneous bodies. This is not necessarily because women's bodies are volatile and unpredictable, although there are ample reasons why we could argue that this is a desirable state of being, or that men's bodies are also similarly changeable; rather, I argue that breastfeeding is infinitely changeable because a woman's lived experiences and subjectivity are crucial to her lactational responses.

## GENDER

Gender seems to be a significant marker of all breastfeeding literature and explanations of the way lactation works physiologically. Breastfeeding is generally accepted as a register of sexual difference between men and women because it is restricted to women, but this assumption is complicated when we learn that men have the same physiological capacity to lactate as women, although it is regarded as 'underdeveloped'.

Men's lactational capacities gained some media spotlight in 1994, when the first known case of male mammals actively lactating in the wild was reported to have been identified in dayak fruit bats in Malaysia (Francis et al.). Mammals are taxonomically grouped according to their common characteristic of mammary glands and the ability to lactate, although this was thought to be restricted to the females of the species. When male fruit bats were found to be lactating and feeding their young, scientists considered in what evolutionary circumstances human males might do the same. But what was more interesting was the citation of previously reported examples of breast development and spontaneous milk secretion in human males under abnormal condi-



tions. These usually involved an increase in the levels of oestrogen and progesterone. Examples included: cancer patients being treated with oestrogen then injected with prolactin (in a medical experiment that would be ethically banned nowadays and on a man who continued to lactate for seven years); when taking tranquilisers that influence the hypothalamus; during recovery from surgery that has inadvertently stimulated the suckling reflex nerves; and in conditions of starvation. The latter was reported in World War Two prisoner-of-war camps after prisoners were removed from the starvation conditions. Commentators proposed that their gland function presumably recovered more quickly than the liver, which destroys unneeded hormones: the interval between the two organs returning to 'normal' functioning meant that levels of hormones, including prolactin, soar. Liver malfunction in men could therefore induce spontaneous lactation, as could dietary or topical exposure to phyto-oestrogens, and a number of other circumstances in which testosterone is converted to oestrogen or fails to be converted to testosterone through the endocrine system (Francis et al.; Diamond; see also Raphael). Medical researcher Jared Diamond reports that 'male and female differences in hormones aren't absolute but a matter of degree' ('Father's Milk', p. 2), and so higher quantities of milk-producing hormones in men are not necessarily unexpected.

There is further evidence that breastfeeding is not strictly restricted to women. For example, pregnancy is not the only way to acquire breastfeeding hormones. Diamond notes that 'normally circulating hormones stimulate a milk production, termed witch's milk, in newborns of several mammal species' (*Why is Sex Fun?* p. 63). Repeated mechanical stimulation of the nipples causes a hormonal surge of prolactin in men as it does for women (Diamond, *Why is Sex Fun?* p. 65). Sarah Hrdy reports research that found raised levels of prolactin in men living with pregnant women and a thirty per cent drop in testosterone in men just after the birth of their babies (Anne Storey in Hrdy, 'Mothers and Others'). She also asserts that for males and females, whether parents or not, simply 'engaging in nurturing behaviours ... seems to make the pituitary secrete more prolactin' (*Mother Nature*, p. 131). Milk secretion can also occur in women who have not given birth: if they are taking oestrogen and progesterone birth-control pills for a prolonged

time, for example; or when they adopt a baby (Diamond, 'Father's Milk', p. 2; Palmer, p. 39; Szydlík). Contrarily, anthropologist Dana Raphael reports that around five per cent of women reputedly are physically incapable of lactation (p. 67).

This is surely an example of the precariousness of fixed gender differences, and of the cultural and historical contingency of bodies and their capabilities as Grosz describes them. She maintains that 'what are regarded as purely fixed and unchangeable elements of facticity, biologically given factors, are amenable to wide historical vicissitudes and transformations' (*Volatile Bodies*, p. 190). The physiology of breastfeeding would seem to bear this out. If lactation is not strictly a register of sexual difference between men and women, nor a register of maternity, *as it is culturally practised as breastfeeding*, however, it functions as both. That is, the ways in which we understand breastfeeding mean that it is a marker of femaleness, despite biological evidence. Is it because these scientific findings are not widely circulated that breastfeeding becomes a highly gendered cultural practice, and becomes inexorably tied to fictions about what it means to be a woman, and a mother? Is it the way in which this immensely complex subjective-corporeal activity is transformed through the language of medicine that specific trajectories begin to develop and other potentialities are restricted? As with the development of endocrinology, lactation literature anticipates that breastfeeding bodies will perform according to the stereotypes of their gender. These cultural assumptions infiltrate texts and institutional policy, and take a peculiar turn when they begin to characterise breastfeeding as a matter of 'brainwork', rather than 'breastwork'. The brain controls hormonal activity after all, and hormones are the major players in lactation narratives.

My argument here is that mothering manuals assume their readers are women in the midst of crazy hormonal surges and passionate emotions. This is the legacy of Descartes, of medical science, of endocrinology, and this is why mothering manuals talk down to us. It's folklore that pregnant and breastfeeding women's brains turn to mush – we are, after all, engaged in the most female of activities and so our 'natural' emotional femaleness is riding high. In this 'natural' state, we differ most markedly from the qualities of the rational, cultural, intelli-

gent subject. Because we are imagined to be irrational, unknowing readers, women are also increasingly distanced from authoritative knowledge about bodies. It's now commonplace to recognise that breastfeeding needs to be 'taught' to women. This is characterised as the 'art' of breastfeeding, which sits alongside the 'science'. The science explains what happens chemically and physiology (how the body is supposed to function), while the art of breastfeeding is taught to women. But if science recognises how the body functions in breastfeeding, why would there be a need to teach women the art of it? The assumption that mind and body are separate is pivotal to the assumption that there is an art (which the mind can learn) and a science (which describes the way the body functions). The brain occupies a privileged position as the part of the body in which cognition occurs, as the material organ of the mind, whereas the body is regarded as mute, unknowing and unthinking. If these oppositions were collapsed then perhaps women would be positioned as knowing subjects whose bodies already know how to (or how not to) breastfeed, so there is no need to separate mind from body. But the oppositions form the basis of so much of our knowledge that it's not surprising that the literature on breastfeeding pedagogy – on the teaching of breastfeeding – becomes contradictory because of its assumptions about gender, and the mind–body split.

### BREASTFEEDING PEDAGOGY

There is no doubt that women in the West have difficulty breastfeeding. When this social phenomenon is discussed, it is given a historical context to account for the high incidence of breastfeeding 'failure', or its short duration. The history of breastfeeding in the West during the twentieth century is notorious for its changes in policy and practice. Breastfeeding has shifted from regimes of strict four-hourly feeds to unlimited baby-led or demand feeding. The alternative of formula offered in the 1950s was ethically questioned in the 1970s after its destructive effects in the Third World. The commercialisation of baby foods and women's participation in the labour force have affected the duration of breastfeeding, as well as recent population trends, to name a few commonly cited influences (Baumslag and Michels; Carter, *Feminism, Breasts and Breastfeeding*; Oakley; Palmer; Fildes).

It is perfectly understandable that such a plethora of changing ideas and cultural conditions in a relatively small time span (between generations, and even within a generation of mothers) has meant that breastfeeding is highly contested and thoroughly confusing in the knowledge stakes. One ubiquitous outcome of such a history of ideological contests, however, has been that knowledge of breastfeeding practices is increasingly removed from the domain of mothers and their bodies to that of experts and their texts. As midwife Margaret Cook notes, it is still the mother who is constructed as inadequate, by herself and her educator, when breastfeeding is not successful (p. 77).

As breastfeeding is perceived as a practice that changes in response to the latest economic, medical, national policy and political developments, mothers are positioned as novitiates in need of tuition about the latest trends in breastfeeding techniques and regimes. Breastfeeding is now learnt through reading or instruction by a newly professionalised sector of experts including midwives, lactation consultants, and community health nurses. Volunteer organisations of experienced mothers like the Australian Breastfeeding Association play important roles in offering information and advice to mothers, as do family, friends and other women, but it is the professional sector that is authorised to do so. Ann Oakley notes that while almost half the women in a 1980 survey also received advice from relatives and friends (p. 133), this is likely to be strongly discouraged in baby-care books as a source of *conflicting* advice that can place undue stress on the mother. An extreme example in a text entitled *Pregnancy* (Bourne 1972, republished 1996) characterises non-professionals as ‘wicked women with their malicious lying tongues’ (quoted in Kirkham, p. 185). Oakley and Palmer link this cultural shift in authority to the masculinisation and institutionalisation of midwifery, and the consequent acceptance of hospitals and medicine as providing the dominant model of birthing. For breastfeeding, this paradigm places expert status in the hands of educators (rather than the breasts of mothers), who may not have experienced breastfeeding themselves, either as babies or as mothers.

The proliferation of mothering and baby-care manuals in the last three decades can be attributed to the historical shifts in policy and practice, as well as the increasing medicalisation of childbirth since the

1960s and 1970s (Marshall). Since this time, texts have become increasingly important sources of information for mothers. This is also a consequence of the higher education levels of women, as well as a result of the women's health movement, which has been responsible for urging women to seek more knowledge about how bodies work (as the Boston Women's Health Collective's text, *Our Bodies Ourselves*, exemplifies). In addition, these texts are a response to the call to learn breastfeeding. As cultural products, they are revealing in their values. In mainstream 1970s manuals, the physiology of breastfeeding was commonly included in great detail. Many manuals from this time have been repeatedly revised and republished, adding to the huge number and variations of advisory texts now available, although it's important to note that medical discourse was not the only one available in the politics of the 1970s. Midwife Ina May Gaskin, for example, talks about hormones in terms drawn from alternative drug subcultures when she cites her partner Stephen saying, 'It's really good for kids to be raised by their biological mother who has certain interior psychedelics that her body manufactures to keep her stoned enough to match speeds with her kid, so she can be as stoned as her kid and relate with her kid' (p. 272). While Gaskin's approach is fairly unique, the dominant paradigms used in the earlier texts can be seen to have filtered down into contemporary instructional texts in quite particular ways, now coming to rest in the importance of the let-down reflex, which becomes pivotal to the success of a woman's breastfeeding.

The let-down reflex, governed as it is by the hormone oxytocin, remains a sticking point at which medical discourses adhere to assumptions of gender, particularly about the disorderly female body. It is ironic that, because of this, being a woman becomes a key problem for learning breastfeeding. The success of breastfeeding becomes dependent on a mixture of psychology and physiology because of the way in which the activities of hormones are constructed. The 1987 edition of Eiger and Olds' *The Complete Book of Breastfeeding* (1972), for example, describes it as such:

The let-down reflex has a strong psychological base. The pituitary gland, which controls the release of oxytocin, is itself

controlled by the hypothalamus. This walnut-size organ in the brain is often referred to as the ‘seat of emotion’, since it receives messages about the individual’s psychological state and, acting on these messages, sends its own orders to the glands, translating emotions into physiological reactions. The emotions, therefore, exert a powerful influence on such hormone-regulated functions as the menstrual cycle, childbirth and lactation. (p. 45)

This description for mothers describes the process in terms of a message machine that receives messages, translates emotions, sends orders and acts on messages, in order to keep the body in balance. The glands are the translators and decision makers; the hormones are the chemical messengers; the emotions are the provocateurs. *The Breastfeeding Book* (1982, reprinted in 1992) makes this even clearer when it tells mothers that a ‘common reason for let-down failure is psychological: anxiety, stress, pain, embarrassment, homesickness, depression, fear can all interfere with the let-down reflex, presumably by acting through the hypothalamus’ (Davies, p. 25). *Successful Breastfeeding* (1974, reprinted 1985) asks women with problems, ‘Is your let-down reflex working properly? It can be held back by secretion of adrenalin – which is set off by fear or emotion such as worry or lack of confidence’ (Phillips, p. 148). It’s hardly surprising that women might lack confidence or fear failure when breastfeeding is understood to be something we need to learn from experts.

## HEADWORK

There is an implicit set of hierarchies in these narratives: the mind is in control of the body, but even within that headwork there is a division within the rational brain which needs to deal with irrational emotions that might upset lactation. In these texts, emotions interfere with ‘proper’ biological functioning, with maintaining ‘balance’. And in a traditional Cartesian model, it comes as no surprise that it is a woman’s emotion, her psychological state, that is interfering with ‘bio-logical’ activity. Because of its representation in science as a carefully self-regulating system maintaining balance, the endocrine narrative can

accommodate disruption only as an irregularity to be corrected. Neuroscience researcher Elizabeth A. Wilson in fact identifies a hierarchy between the ‘higher’ and ‘lower’ brains in neurological texts. The ‘lower’ brain, which includes the hypothalamus, is regarded as more ‘primitive’, due to its association with emotions like love, hate, fear and sexual behaviour, while the topographically higher cortical areas are associated with the more ‘refined’ areas of cognition like reasoning, spatial and creative skills, and language (*Neural Geographies*, p. 130). Wilson provides a fantastic example from a scientist interested in establishing sexual difference in the brain’s structures who describes the hypothalamus through images worthy of a Grimm Brothers fairytale:

People tend to stay away from the hypothalamus. Most brain scientists (including myself until recently) prefer the sunny expanses of the cerebral cortex to the dark, claustrophobic regions at the base of the brain. They think of the hypothalamus – although they would never admit this to you – as haunted by animal spirits and the ghosts of primal urges. They suspect that it houses, not the usual shiny hardware of cognition, but some witches’ brew of slimy, pulsating neurons adrift in a broth of mind-altering chemicals. (Simon LeVay, cited in Wilson, *Neural Geographies*, pp. 130–31)

Wilson’s point is that one part of the brain is not more important or ‘civilised’ than another, but that human mapping constructs it in this way, both in response to and as a continuation of social values embedded in Cartesian dualism. ‘More pointedly’, she suggests, this particular morphological story ‘is the materialization of certain masculinist and ethnocentric desires about the mind and their attendant anxieties about the (psychologically and culturally) primitive body’ (*Neural Geographies*, p. 132). In this way, women’s psychological responses during breastfeeding can be read as manifesting themselves hormonally (in the primitive part of the brain), threatening the body’s ability to perform lactation successfully. Within this miry sludge, it is women’s base nature as emotional beings that continually threatens to upset the unthinking body’s capacity to breastfeed, therefore warranting surveillance, regulation and education from the more ‘sunny’ and rational fields of the mind and medicine.

Texts recommend ‘managing’ these unruly factors through the conscious control of emotions. This can be achieved by creating an environment to make the woman feel emotionally and physically comfortable. Many books include lists of suggestions, which might include selecting a comfortable chair, cushions, soft calming music or silence, relaxation tips, a favourite television program, a drink of water or cup of tea. One book from the swinging seventies even suggested a cocktail to relax, but I doubt this line of thought is currently in favour. Women are in fact required to self-regulate their emotions and the conditions of their environment so as not to upset themselves. The management of women’s emotions is paramount to the success of breastfeeding according to this hormonal narrative, and the provision of an environment that encourages passivity and therefore contentment is the suggested strategy.

The remedy of relaxation is designed to mimic the effects of prolactin, which reportedly causes women to feel calm, even euphoric, during breastfeeding (Riordan & Auerbach, p. 100). But why is it necessary to mimic this effect of breastfeeding in order to facilitate it? Why this inversion of procedure? Such circular logic prompts a number of questions. Wouldn’t our bodies ‘know’ how to produce milk, know how each neural and hormonal interaction precipitates another action, in the same way that the entire reproduction process goes on without thinking about it? And if our body contains such knowledge on a corporeal level, then is it our ‘head’ that is being taught? If hormones are overriding women’s brains (a story that is also applied to premenstrual and menopausal women), how can they be receptive to teaching in such a state? Can breastfeeding be ‘all in the head’, as such narratives would seem to suggest? What is at stake in characterising breastfeeding under the control of the brain, as a chemical model of the body represents it?

Characterising breastfeeding as a matter of headwork, as ‘all in the head’, would seem a particularly debilitating narrative for 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 learnt would seem extremely helpful, but only if they work. And who knows what



does work for one woman and her baby, or for another? If breastfeeding can be learnt as a bodily activity, in the same way that we learn to walk or to raise one eyebrow, then why can't every mother breastfeed successfully? Obviously not everybody can raise only one eyebrow at a time (myself included), even with practice. Is there a limit to what the brain can learn to do with the body then? Or is this individually variable? Could some people learn to initiate involuntary acts like the peristaltic movements of digestion, or sneezing on demand? Could we learn to initiate birth when we wanted to? Or do we already do this on some level? If biology is a useful knowledge, then is the imagination also vital? If a woman's subjectivity is involved in the process of breastfeeding, then is a baby's subjectivity also involved? Clearly breastfeeding is not just a matter of learning, as it is neither just a matter of bio-logical function. Women's unpredictable experiences of breastfeeding verify this.

#### EXCESSES

In this analysis of lactation it becomes apparent that women are viewed 'as' bodies, rather than 'having' bodies; and yet, perhaps contrarily, they are also seen as students who can learn breastfeeding techniques from experts to improve their bodily skills and knowledge. Women are also responsible for their failure to learn, often because of the way emotions disrupt bodily functioning. In questioning these narratives, however, I want to view women as 'embodied subjects' – as subjects who have their own corporeal logic and knowledge that may be in excess of their biomedical reasoning.

While most texts are concerned with ways of ameliorating factors that may inhibit the manufacture of breastmilk, stories of unwanted spontaneous production of milk from healthy breasts are disconcerting in their excess and cornucopia, contradicting the widely held assumption that lactation will be difficult. It is widely reported that breasts can spontaneously leak milk when a mother hears her baby cry, or when she simply thinks about them. Adoptive mothers have been known to begin lactating spontaneously (Palmer, p. 39; McConville, p. 109). A colleague tells me that, as a nineteen-year-old deeply involved in the care of her baby sister, her breasts would leak milk.

The capacity of women's bodies to 'leak' has been taken up by feminist theorists as a subversive characteristic that refuses the neat categories of bodies as bordered, mechanistic or solid entities (see Irigaray, *This Sex Which Is Not One*; Carter, *Feminism, Breasts and Breastfeeding*; Grosz, *Volatile Bodies*; Shildrick, *Leaky Bodies*). But accounting for the operations of desire seems to exceed the biological narratives currently available. One midwifery text reports research in which an otherwise inexplicable decrease in the incidence of nipple pain was associated with women 'who had a greater desire to breastfeed' (in Riordan & Auerbach, p. 492). In an alternative narrative, Palmer attributes the perceived inevitability of nipple pain at the onset of breastfeeding to a Western narrative of race and class. She argues there is a long-held myth that fair skin is more readily damaged than dark skin, and this 'delicacy' and more frequent lactation failure corresponds with the historically more robust competency of the lower classes and black races to breastfeed their own and wet-nurse for white women (Palmer, p. 47). Palmer's explanation suggests that the vestiges of racism and class-consciousness are inscribed into breastfeeding experiences today.

How, on the other hand, do we explain spontaneous lactation by a paediatrician after her six-week-old infant (who she did not breastfeed) suddenly died (cited in Riordan & Auerbach, p. 104)? Grief is usually thought to be potentially hazardous for milk supply, but are we to conclude that it might also prompt lactation? How is it that some emotions disrupt milk supply in some people, while in another body they can spontaneously initiate unwanted milk? Some commentators suggest that the shift to smaller and more geographically distributed extended families has meant that seeing mothers breastfeed is no longer a common sight, so the handing down of this 'knowledge', or learning through looking, has been lost. Does this mean that without a bank of images of mothers breastfeeding we now need professional instruction? How does memory matter? What kind of corporeal memories were prompted in the mother whose baby died, or in the adopting mother, or in the sister whose breasts spontaneously lactated? Might memory in these instances be on a cellular or glandular or genetic level, rather than in our heads?

## BRAINSTORMING NEW NARRATIVES

The unpredictability of bodies in excess of our desires, instructions, practices or hopes of breastfeeding can only be interpreted as ‘problems’ for conventional medicine. The recalcitrance of women’s bodies to be compliant in circumstances such as this is a powerful reminder of the vexed relations between minds and bodies that continue to dominate our cultural narratives, but reminders like this also alert us to the important task of offering alternative narratives or accounts that determinedly upset such paradigms. In this spirit, I want to ask what alternative plots we might use to develop other potential stories and meanings for breastfeeding? How can the story of hormones be figured into an enabling narrative for women and the way we live in our breastfeeding bodies?

The tension between breast and brain in controlling breastfeeding overwhelmingly privileges the brain, but what exactly do we mean by the brain? Philipa Rothfield is a philosopher who has pondered this question, and come up with some provocative suggestions. She argues that the terms ‘mind’ and ‘body’ are materially arbitrary. Why, she asks, is the brain considered *the* organ of thought, and why is the head privileged as the sole locus of the brain? Why does the brain have primacy in the control of all other bodily activities? (Rothfield, p. 33). Rethinking such terms is ‘to question why the head is the locus and candidate for the mind and to ask: why not the nervous system, why not the muscular-skeletal body, why not the entire body?’ (Rothfield, p. 33). In this way, the whole body is understood to be a repository for all sorts of different kinds of knowledges rather than just the brain, which is seen to control cognitive thought and reason. Lending incremental support for this, a recent report on the enteric (or intestinal) nervous system has named a ‘second brain’ in the gut, which reputedly uses more neurons than the rest of the peripheral nervous system and sends ten times as many messages to the cranial brain as it receives. The report suggests that ‘gut feelings’ are physiological responses, and that many drugs designed to alter brain patterns (for depression, for example) have much more of an effect in the gut than in the head (Szalavitz). Rothfield posits ‘that it is possible to have a number of sites of intelligence throughout the body’ (Rothfield, p. 35), while Irigaray also

asserts that women ‘have sex organs everywhere’, rather than just in the gonads (*This Sex Which Is Not One*, p. 28).

What impact would this incarnation of the body have on breastfeeding narratives? Could there be a breast-brain? Can breasts be regarded as thoughtful, as emotional, as knowledgeable? If the breast can be thought of as a site of intelligence, as a satellite brain (like the gut) with its own integrity, how would this transform breastfeeding policy and practice? How would it affect the relations between mothers and professionals, mothers and their bodies, bodies and knowledge? Here’s one story, taken from my lived experience, which gains validity with Rothfield’s suggestive ideas.

#### ‘BREASTSPEAK’

While I have been breastfeeding and working full time, I have come to recognise that my breasts periodically ‘speak’ to me, corporeally registering knowledge in a way that will make me take notice: with pain. Acting as barometers of my health, my breasts are driven to painful signals when ‘I ignore my health. When I start to get run down, my breasts get sore at breastfeeds, and if I ignore those signals they begin random stabs of pain during the day to bring my attention to them. ‘Help!’ ‘Slow down’, ‘You’re running yourself into the ground’, ‘Take notice or else’, they seem to want to say. It’s more than just my health though, it’s also a barometer of mental health: of my stress levels. When I read back over my journal of the first year of mothering, it’s always the times of stress and duress that coincide with breastly dramas.

#### *Journal entry: 18 November*

Still feel exhausted and have breast pain. Want to finish marking before Kev comes to stay this week so I can have some time with him, but there’s so much editing still to do as well. Finished re-reading Adrienne Rich’s *Of Woman Born* with a new perspective, and surprised to find that it was she who coined the term ‘thinking through the body’ (p. 284). Also found another wonderful phrase, that ‘every woman is the presiding genius of her own body’ (p. 285). If only. Can hardly bear to breastfeed – stabbing pain between feeds, nipple blanching that aches afterwards, latching on is excruciating. I

sit in the rocker chanting ‘big strong nipple big strong nipple’  
in hope of enduring a little longer. I wonder if my milk’s  
immersed with the fear of it?

If I attended to my body early and rested, I recovered quickly. Several times I did not listen to my breasts, continuing on with the anxiety of deadlines and lectures, and had to take days off later to recover. Nothing I tried relieved the pain, except rest. People told me that breastfeeding makes you tired and I’d feel better when I gave it up. But even now, three years since I stopped breastfeeding, my breasts are the first indicators of tiredness and overload in my life. The pain is different now. But I’m sure it was and still is work that makes me tired. Breastfeeding is time out. My breasts still remind me about it.

### BODY LITERACY

The academic in me cringes slightly at this fanciful relation I have made, between anxiety levels and breastfed experience. So I am relieved to read Elizabeth A. Wilson arguing for a mutual relation between muscles and memories. ‘Muscular pain’, she writes, and I’m hoping she also means breastfeeding pain, ‘does not simply accompany mental anguish in a relation of benign coexistence’ (*Somatic Compliance*, p. 12); rather, muscles are pained, psychic pain can be muscular. Her discussion is about a condition called conversion hysteria, in which psychiatric phenomena are converted into bodily symptoms. While I shy away from positioning *myself* anywhere near explanations of hysteria, her arguments are compelling. She calls for biology to recognise that muscles have a psychology, that the study of muscles be paralleled to the study of psychology. What she is calling for is a collapsing of the separation between mind and body by thinking of ‘psychology *as* body, or body *as* psychology’ (*Neural Geographies*, p. 18): that the two cannot be separate.

So can this be applied outside of a conversion ‘disorder’? Might there not be a range of conditions in which we routinely transpose anguish into bodily pain? In my case, I could then read the biology of my breasts as embodying my anxiety. I can imagine capillaries of stress winding their way around my breast tissue, as writing lectures and

producing milk become imbued with each other, synapsing along neurological routes and sparking messages mid-tissue. My imagination switches to cartoons to personify chemicals going Kapow! in flashes of zigzagging confusion. If muscles don't become but *are* hysterical, as Wilson argues in her case study, then I can argue that my breasts *are* stressed. My breasts and I are inseparable, coterminous. My breasts affect my thinking, my thought affects my breasts. Can we stretch our thinking to contemplate that breasts think? Can concepts of corporeal knowledge enter our vocabulary?

These ideas are potent here because they enable a rethinking of breastfeeding as an embodied activity – that is, as an event that incorporates the whole body including aspects of cognitive thought. Loosening the differences between mind and body means that our bodies are mindful and intelligent, and our thought is corporeal, emanating from and through a particular body with its own history, knowledges and experience that impact on the production of thought. This enables a reconceptualising of emotions like fear, homesickness or embarrassment to be recognised through and as bodily responses rather than simply annoyingly inappropriate problems that prevent proper bodily functioning like breastfeeding. They are an inherent part of breastfeeding, and may even be related to the 'gut' reactions from another part of the body. Rethinking breastfeeding as an embodied activity means that parts of the body (like breasts and brain) cannot be understood in separation or in opposition to each other because they are quintessentially part of the same. If this rethinking of embodiment makes for different understandings of breastfeeding, what are the implications for language and stories, which I have argued are so important to the kinds of meanings we make?

In my story 'BreastSpeak', I personify my breasts, as if they are somehow separate. This is a difficulty in language that continues to produce me and my breasts (as subject and object, mind and body) as conceptually divided, as if my breasts were some thing I could 'have' (and lose). But if I can happily insert my breasts into language as smart and knowing, as speaking and being listened to, then maybe that grammatical separation between subject and object can be an agent of transformation. In her book, *Telling Flesh*, philosopher Vicki

Kirby takes up the relation between body and language in a similar way to Wilson's collapsing of muscles and memory. Kirby suggests that the (grammatical) spaces usually made between bodies and texts, between corporeality and language, between *this* body and the language I speak, are fully implicated in each other. She comes up with terms and phrases that yoke together the closeness of language and body, inventing the term *corporeography* to suggest the closeness of representation and its matter. Representation, she argues, can be seen as material expression (p. 115), and biology could be embraced as an expression of the performativity of language (p. 98). In this way she finds terms for talking about the body as 'articulate and uncannily thoughtful' (p. 5), through examples of molecular intelligence, of DNA's literacy and numeracy skills, of 'flesh, blood, and bone – literate matter – never ceas[ing] to reread and rewrite itself' (p. 148). If we think of the body as literate in this way, what other corporeal literacies might be invoked in breastfeeding, besides my experiential narrative of a barometer of health? What other stories might breasts tell?

When I speak to women about this research they have always responded by telling me a breast story of their own or of someone they know. It's as if they're compelled to tell – sometimes a complete stranger – the most intimate details of their breastfeeding experiences. These stories counter the available medical narratives and are often set at odds with them, as if they are also engaged in the project of constructing a *corporeography* of breastfeeding in alternative terms to science and in ways that authorise their bodies as unpredictable but authoritative entities. Midwifery educator Mavis Kirkham also stresses the importance of storying experiences of childbirth, and a friend tells me that part of her 'package' of birthing in Canada included the compiling of her birth story. It was seen as an important process for articulating the birth experience as her own, and provides alternative accounts of birthing to expert medical versions.

These other stories of breastfeeding and maternity suggest that biomedical accounts are not sufficient to make sense of our experiences. This is not to say that medical knowledge is invalid, as Grosz articulately reminds us:

I am not suggesting that medical, biological, even chemical analyses of bodies are ‘wrong’ or ‘inappropriate’; my claim is the simpler one that the guiding assumptions and prevailing methods used by these disciplines (indeed, by any disciplines) have tangible effects on the bodies studied. Bodies are not inert; they function interactively and productively. They act and react. They generate what is new, surprising, unpredictable. (*Volatile Bodies*, p. xi)

And the narratives in circulation about breastfeeding need to include these possibilities. In offering other ways of rethinking our relation to our body, Kirby argues that any ‘attempt to rethink corporeality in a way that wrests it from the role of dumb and passive container will need to grant that the body is already a field of information, a tissue of scriptural and representational complexity where deceptions, misrecognitions, and ambiguities constitute the virtual logic and language of bio-logy’ (*Telling Flesh*, p. 148).

Ridding ourselves of the car metaphor, in which lactating bodies are ideally well-serviced machines with manuals on how to correct problems, these ideas favour an understanding of bodies as active agents with a literacy that is sometimes beyond our anticipation. The trick is not to try to coerce ourselves back into the normative narratives but to honour our own readings and find ways of working in our bodies that grant the body’s knowledges and reactions as inherently intelligent. Rothfield’s refiguring of the ‘brain’ also prefers a model of mobility and change for understanding bodies, referring to them as ‘a plethora of circulations, economies, interactions and transitions’ (p. 33). She stresses this is ‘a decentred picture of corporeal co-operation and coalition, and sometimes non-co-operation’ (p. 350). This much more readily accounts for the unpredictable activity of lactating breasts that are in excess of available narratives and desires. To read breastfeeding ‘failure’ as ‘non-co-operation’, or as one moment in a plethora of interactions, renders a woman’s body much more active and receptive than is generally credited. It also acknowledges the huge variety of breastfeeding experiences between women and for any one woman over time. Breastfeeding can thus be read as a never-ending series of intricate and dynamic interactions that involve at the very least



hormones, nerve impulses, babies, milk, texts, other people, feelings, thoughts, histories, social conditions and relations, and cultural pressures between both mother and baby at the interface of their internal and external environment.

In my efforts here to read the breastfeeding body through and around biomedical scripts, new narratives emerge that loosen the distinction between mind and body, inviting us to recognise the body as literate matter, and offering more intelligent and possibly enabling models of corporeality that might transform the way we read our bodies and texts about them in future. They might enable us to regard breasts as thoughtful, knowledgeable, responsive, literate. Breastfeeding could be regarded as a form of bodily intelligence, which might in turn have corporeal ramifications: spines might straighten, shoulders may drop, necks may lengthen and heads be held high if breastfeeding were practised with pride in all its manifestations, visibly active, highly changeable and overwhelmingly wet. The field of information we grant our bodies will depend, however, on our attention to making it legible, to reading and writing in receptive and reflective ways, and on an awareness of the movements of our bodies' knowledges mediated by history, culture and language in specific times and spaces.



# PUBLICISING BREASTFEEDING

scandal in the city

## SCENE I

Picture this: 388 babies in one room breastfeeding, all at the same time. Imagine the quantities of milk being produced and consumed. Imagine all those breasts in the one room. The room is the new Marion Megaplex movie cinema at Marion shopping complex in Adelaide, South Australia. Is this a coincidence, that such a surreal event takes place in a cinema complex? The event has been dubbed a 'BreastFest' and is organised by the South Australian College of Lactation Consultants, the Nursing Mothers' Association of Australia (now known as the Australian Breastfeeding Association: ABA) and midwives from the nearby Flinders Medical Centre. It is intended to be a world record for the most babies being breastfed at any one time, making it into the *Guinness Book of Records*. Once the baby has latched on, the mother puts up her hand to be counted. It is a stunt, a media event. It is also World Breastfeeding Week. But in August 1999 when it takes place, it comes amid almost two years of media 'scandals' about breastfeeding in public.

I'm interested in these media 'events' involving breastfeeding because they generate particular narratives about breastfeeding and most are infused with 'scandal'. 'Breasts are a scandal for patriarchy', writes philosopher Iris Young, 'because they disrupt the border between motherhood and sexuality' (p. 190). As if that weren't enough, I want to show how lactating breasts, when they are taken outside the home, are capable of disrupting the borders of morality, discretion, taste and

politics; in short, breasts are capable of transforming legislation, citizenship and cities themselves. Lactating breasts are particularly scandalous, and I want to read the scandals they have recently provoked as crucial elements in cultural change.

The BreastFest I mention above appropriates the scandalous dimensions of bulk breastfeeding in order to promote breastfeeding: the organisers create a spectacle to put breastfeeding into the public realm of media debate and social comment. The first BreastFest held at Flinders Medical Centre in Adelaide in 1997 sold chocolates and cakes in the shape of breasts as a fundraiser (Topsfield), but it is all those real breasts out and about in the city that make the news. The ‘scandals’ I have chosen to read are events since 1998 that were given national coverage in the print media in Australia and provoked a divided response in newspapers through letters to the editor about women’s breastfeeding practices in public. These events and the scandalising rhetoric used to debate women’s public breastfeeding practices can be read as marking a critical cultural moment in contesting and renegotiating social values.

The examples of breastfeeding in public that reach the newspapers are always to do with white middle-class urban dwellers. It is significant that indigenous, ethnic, rural and lower socioeconomic groups are not the subject of scandals about breastfeeding. White middle-class women like myself are the women with the most available power in a Western colonised nation like Australia – the ones in a position to publicly contest social values. These women are usually assumed to be ‘average’, or normative, and so do not usually have to negotiate issues of race or class or sexuality, which are rendered invisible in the face of such ‘normality’. While acknowledging that we all inhabit specific social and historical contexts, I argue that the narratives produced about these women breastfeeding in public can be read symptomatically as a historical moment when particular social values are threatened, and that this has much broader implications about the politics of women’s sexuality, their use of public space and how they see themselves as citizens of the nation. In this chapter I draw more strongly on the notion of performance to render specific acts of breastfeeding as challenges that resist dominant ideas – which change the cultural scripts available for making

meaning of breastfeeding – and I do this by lingering on key ‘scenes’ that play out the links between scandal, sexuality, space and therefore citizenship.

## PUBLIC SPACE

Breastfeeding’s ‘coming out’ into public space is perhaps what marks these narratives as particular to a late-twentieth-century urban landscape. As researchers often note, ‘in Australia, mothers with small babies are often seen in public places such as shopping centres and restaurants, indicating that they spend considerable time outside of the home’ (McIntyre, Hiller & Turnbull, ‘Breastfeeding in Public Places’, p. 132). Women’s use of and claim to public space has certainly been on the increase. The number of women in paid work in Australia, for example, peaked in December 1999 at 66.1% (Office for the Status of Women, OSW, website). Women are increasingly delaying having children until their thirties and beyond, having already established their professional careers. At this stage of their life, most women would have spent more time as an adult frequenting public space than a family home. Literally staying ‘at home’ with a baby now seems unusual, even for mothers who don’t undertake paid work.

Part of the contestation and scandal, I argue, is to do with women’s shifting use of urban public space which has, until the late twentieth century, been seen as the domain of business and a particular understanding of public citizenry. This is mostly a legacy of the history of cities. As geographer Louise Johnson notes, the design of modern cities and houses in the early twentieth century assumed a normative heterosexuality where the man would leave the house for paid work in the inner city while the woman stayed at home in the clean, green suburbs (p. 94). In late capitalism, or postmodernity, cities have been identified as shifting into a post-Fordist economy in which consumption and service industries dominate in a disorganised, flexible form rather than the clearly defined separation of public and private spheres that prevailed when the manufacturing sector dominated (Johnson, p. 115). This conflation of ‘public’ and ‘private’ spheres contributes to the current contestations about breastfeeding ‘in public’.

In addition, consumption is now integral to meanings of contemporary motherhood (Cuthbert & Grossman; Sofoulis), as it has also been primarily associated with women as desiring and consumption-driven beings acting on emotional and uncontrollable urges to shop (Swanson; Kingston). It is no surprise then to find mothers and babies frequenting conspicuous sites of consumption like cafes and shopping centres. While these often provide competitively equipped and homely parents' rooms that keep the bodily flows of mothers and babies out of sight, it is from places without such facilities that women are being expelled.

## SCENE 2:

### LEGAL ACTS AND POLITICAL THEATRE

This scene takes place on the steps of Victoria's Parliament House. It is April 2000, and state Community Services Minister Christine Campbell stands on the steps of Victoria's Parliament House surrounded by women breastfeeding their babies. This is another media event. She is reported announcing a new piece of legislation to be presented in parliament, which she expects to be enacted during the next fortnight – by Mothers' Day she claims – which will 'enshrine' in the state's *Equal Opportunity Act* that discriminating against a breastfeeding woman is illegal (Kelly, p. 7). It is a potent image of breastfeeding entering the corridors of power (unlike occupying the movie theatre), but it marks a much more ambivalent outcome than the minister's optimistic claim that it 'would eliminate the community's "double standard" towards breasts' (Mitchell, p. 7).

The breastfeeding sit-in on the steps of Parliament House marks a triumphant performance of a previous rehearsal two years earlier. In April 1998 the *Herald Sun* reported that 'a group of breastfeeding mothers gathered on parliament's steps' and 'babies suckled at their mothers' breasts in parliament yesterday' (Owen & Williams). This act drew attention to the legislative act that Christine Campbell, then Opposition spokesperson for women and family services, introduced as a private member's Bill to amend the state's equal opportunity legislation to prevent discrimination on the basis of breastfeeding. The Bill had the public support of the powerful Australian Medical Association (AMA) and lobby group Nursing Mothers' Association of Australia

(NMAA), but the then premier of Victoria, Jeff Kennett, had already foreshadowed that the Bill did not have his (and therefore his government's) support. He is reported as saying that 'Some people do find it offensive to have babies being breastfed in very obvious public places ... There are in many cases, facilities available for people to breastfeed elsewhere and it's a matter of choice, a matter of taste – it's also a matter of just common decency and I don't think that is best covered by legislation' (Owen, 'Kennett No to Law for Mums').

#### PERFORMING GENDER AND POLITICAL AUTHORITY

The acts of the women and the comments of the male premier are instructive. By gathering on the steps of Parliament House and inside parliament, the women are making a point about performing in public. They are performing their maternity and their gender in a space that is dominated not only by actual men, but also by patriarchal authority and symbolism. While Christine Campbell is frequently quoted by the media, she occupies a privileged position as a publicly elected member and as a woman in that parliament. The women who perform on its steps and public gallery are rarely reported as speaking. In this particular act, their visual presence as breastfeeding mothers appears to be much more disruptive symbolically: they are performing 'out of turn' and the premier censures them for doing so. I would therefore read their performance as much more powerful than Campbell's speech or indeed legislation.

Premier Kennett certainly sensed this and responded in a way that sought to separate mothers from the public sphere and certainly from the political sphere. In response to the parliamentary sit-in by mothers, he suggested that the women were 'force-feeding' their babies 'just to offend' (Owen & Williams), drawing on an easily engineered rhetoric of women as bad mothers, stifling their babies. He also drew on a discourse of (inevitably gendered) morality, reaffirming his position as arbiter of 'common decency' and 'taste' above, when he says, 'It's a question of how you go about personally conducting yourself' (Owen & Williams). He is quoted as saying that 'If you had a group of women who, to try to prove a point, occupied all the public spaces in Parliament ... and they breastfeed, I think that is distasteful' (Reading).

Not only do the women fail as mothers (force-feeding their babies) but they fail to achieve a ‘common’ standard of conduct in the premier’s estimation, and are thereby unfit for either mothering or public roles. Kennett disenfranchises the performing women – as mothers, citizens and mothers in public – authorised by his role as premier. Commenting on Christine Campbell after his government defeated her initial request to introduce the legislation, Kennett accuses her of ‘just trying to gain a political point’ (Baskett & Owen), while effectively positioning himself as if he is not, through his recourse to ‘common sense’ and moral imperatives. In this case it is the practice of breastfeeding that he objects to being a political issue, as indeed does the Victorian President of the AMA, Dr Gerald Segal, who is quoted as saying ‘It’s an apolitical issue’ while urging the government to pass the Bill (Baskett & Owen).

This point might be supported by some critics of liberal feminism, who see legislation as an inadequate means of addressing discrimination. By characterising breastfeeding as being devoid of politics and not appropriate for legislation, however, these arguments serve to sever the practice of breastfeeding from being part of an intricate web of social values, government policies, economic conditions, educational resources and community support, let alone personal values, health and emotional wellbeing, all of which are well documented as having an impact on a woman’s choice to (continue to) breastfeed (see McIntyre, Hiller & Turnbull, ‘Determinants of Infant Feeding Practices’; Kitzinger, *Experience of Breastfeeding*; Silverton). The public response of the premier clearly establishes that breastfeeding in public is political in its widest sense. Faced with women breastfeeding on the steps and in the public gallery of Parliament House, the premier’s attempt to rearticulate symbolic order brought forth traditional patriarchal discourses on good/bad mothering, ‘decent’ conduct and morality, as well as the separation of the spheres into public/male versus private/female. The premier’s sense that breastfeeding in public is a political act is confirmed by a Perth study of attitudes to breastfeeding. In one particular focus group – of male university students – breastfeeding in public is explicitly associated ‘with left-wing radicals, greenies, and feminists’ (Scott, Binns & Arnold, p. 246). In its association with women who hold particular ideological views, breastfeeding in public is considered political.

## CITIZENSHIP

Sociologist Kerreen Reiger in fact argues that mothers raising questions in the media about state policies on birthing and lactation ‘pose the most explicit threat to the hegemonic understandings of what is acceptably “political” and fit for public debate’, as they also breach the split between what is public and private (‘Reconceiving Citizenship’, p. 311). Others stress that it is women’s embodied activities that pose a more powerful threat.

Political scholars Chris Beasley and Carol Bacchi take the examples of breastfeeding women and people with disabilities in order to ‘loosen citizenship from its almost exclusively public location and make bodies (e.g. birth, breasts, breastmilk and spinal cord damage) part of the participating subject’ (p. 347). By lactating in Parliament House – the ‘house’ in which public values are officially codified – these women are bringing attention to the way they want to ‘do’ citizenship, to how citizenship is embodied for them.

Wendy Parkins argues that such embodied protests are a particular form of feminist agency. She uses examples of suffragette dissent and the anti-war protests staged by the women at Greenham Common in Britain as examples of situations where women have acted out their citizenship through embodiment (rather than an assumed authority). Parkins’ observations could also apply to women breastfeeding in public when she argues that,

Where the specificities of female embodiment have been grounds for exclusion or diminished participation, deliberately drawing attention to their bodies has been an important strategy for women engaged in dissident citizenship. Such dissidents have understood their embodiment not as a limitation but as a means by which the parameters of the political domain could be contested. (p. 73)

In this case then, the performance of breastfeeding in public might be read as successful in drawing attention to the politics of breastfeeding, as well as its new legal status. It is worth noting, however, that the challenge of such collective street scenes is usually experienced very differently from individual daily practices.



## PERSONAL SCENES

The Victorian legislation was prompted by an unintended scene in which a woman was asked to leave the food court of Melbourne's Crown Casino on New Year's Eve in 1997 while having lunch with a friend. A security guard told her that there had been complaints about her breastfeeding her four-month-old baby – that some people considered it 'offensive and distasteful' (Bowler) – and asked her to move to the baby-changing vestibule. He said it was Crown Casino policy that 'women were not allowed to breastfeed in the food court', although this policy was later refuted by Crown Casino (Ruben). The friend with whom she was lunching took the issue to the media and then to Opposition MP Christine Campbell (and then began organising a Melbourne BreastFest). This was not an isolated incident, as media reports mention other incidents involving women being asked to leave restaurants, cafes, theatres, a racetrack, a law court and public transport (Brammall; Owen, 'Bid to Ban'; Shaw). Indeed, breastfeeding in public is the most reported aspect of breastfeeding (Mannien et al.). The legal consequences of this particular case in Victoria will therefore be helpful to individuals whose daily practices have the potential to become unwanted public scenes. Turning such scenes into scandals might now be illegal in Victoria (and other states in Australia), but its potency to 'offend' some viewers still remains. The performance of breastfeeding in public still has political potency, whether collectively organised or not.

It is ironic that such legislation did not apply inside Victoria's Parliament House, as another personal scene erupted three years later when newly elected MP, Kirstie Marshall, took her ten-day-old baby into the chamber to breastfeed so that she would not miss parliament's first session of question time. The sergeant-at-arms, directed by the Speaker, asked Marshall to adjourn to a nearby room to breastfeed, as she was contravening Standing Order 30, that

Unless by order of the House, no Member of this House shall presume to bring any stranger into any part of the House appropriated to the members of this House while the House, or a committee of the whole House, is sitting. (Gray & Dubecki)

Marshall is quoted as saying that she ‘turned up just as the bells were ringing [for the beginning of session] and Charlotte was due for a feed. So I whacked her on the breast and walked in’ (Gray & Dubecki). She was clearly embarrassed when interviewed for television news that afternoon, explaining that ‘you can’t have a stranger in the house, and as she hasn’t been elected to parliament ...’, but then questioning this by pointing out that she was pregnant when she was elected: ‘I thought that, you know, being inside of me, that was kind of part of it’ (ABC TV, 26 February 2003). This comment, suggesting that she was elected while pregnant and so her baby might conceivably have also been elected as part of the package deal, was said half-jokingly. But it also asserts the serious gap between a pregnant woman’s understanding of her embodiment and the common philosophical assumptions about where bodies begin and end as discrete entities (Young). Marshall insisted in news reports, however, that she wasn’t trying to make a point, but just trying to ‘provide for my baby as a mother, definitely, without compromising my role as a parliamentarian’ (Gray & Dubecki).

While Marshall insists on the personal aspect of this scene, long-time breastfeeding advocate Sheila Kitzinger, who happened to be in Melbourne at the time, took the opportunity to politicise the event as an example of women being treated as second class citizens (Morton), as did other breastfeeding and mothers’ lobby groups. As geographer Ruth Fincher argues, ‘public and private concerns and sites’ are blurred in the spatial practises of activism’ (p. 129). Marshall’s workplace happens to be scrutinised on camera, so her breastfeeding practice became a visual public scandal. Ironically, this state Labor government had introduced reforms only the week before to make its parliament more ‘family-friendly’, including limiting debate to finish at 11 pm, and had offered Marshall as an example of the new workplace environment.

#### MORE POLITICAL THEATRE: QUEENSLAND

Australian research into public attitudes to breastfeeding reports that women are influenced in their choice to breastfeed or not by their perception that breastfeeding in public is not acceptable. Public

health researcher Ellen McIntyre and her colleagues state that ‘the possibility of a mother being asked to leave a public place (including public transport) because she was breastfeeding was a real concern to many participants’ (‘Determinants of Infant Feeding Practices’, p. 208). In some states of the United States it is illegal to breastfeed in public (Stearns). Legislation is therefore unpredictable machinery that can work for or against women wanting to breastfeed outside the home.

This potential in Australia was brought home in 1999 when a member of the Queensland Young Liberals prepared a motion for their state convention proposing ‘on-the-spot fines for women caught breastfeeding in public areas other than designated parenting rooms’ (Saunders). This was apparently a staged strategy designed to provoke media scandal in order to draw attention to the convention, along with other dubious proposals for G (for geriatric) plates for drivers over sixty-five, the death penalty for dangerous escapees, banning foreign-language signs and increased mandatory sentences for paedophiles.

While none of the proposals were apparently serious, one newspaper report mentions the similarity of the draconian motions to Pauline Hanson’s One Nation party policy (Saunders), whose electoral power had been exercised only months before in state and federal elections. In these circumstances, the possibility that such policies could be adopted was clearly taken seriously by the press and those asked to comment. That both Pauline Hanson’s One Nation Party and the Queensland Young Liberals were operating from Queensland, where social control and government corruption is part of its political history and reputation, was also a contributing factor to the reportage and the impassioned responses to the Young Liberals’ proposals. The site of the convention at Queensland’s Gold Coast, for example, was used to signal vice and corruption, even in the title of Tame’s feature article, ‘Breast Beating in Cuckoo Land’, and Smith’s ‘Nearly Choked on Her Toast’. That such a possibility of fines for breastfeeding can be entertained (even as a hoax in a maverick state) reasserts the deeply ambivalent public attitudes to breastfeeding that clearly exist in Australia still, and which are provoked by such public scandalising.

## CONTESTING SCRIPTS?

Such media scandals as the Queensland Young Liberals' proposal and the Victorian legislation process brought forth a host of divided opinion in letters to the editor and readers' surveys. These are instructive because they establish the kinds of values being threatened by public breastfeeding. Those who objected to women breastfeeding in public most often cited personal taste, declaring the sight to be personally offensive, distasteful and unpleasant. By resorting to protestation based on 'taste' and personal preference, these letters indicate that some entrenched values are being challenged. People cannot always articulate what the explicit threat or offence might be, and so ephemeral things like taste and 'common decency' are invoked to cover such discomfort.

By far the biggest response, though, was from those defending breastfeeding in public. They used several kinds of narrative to do so: that breastfeeding is a liberal democratic and God-given right (as in 'A mother's right to breastfeed should be enshrined in legislation': in Reading); that it is natural (as opposed to the 'unnatural' sexual objectification of breasts); and scientific arguments espousing the proven medical benefits of breastfeeding to both mother and child. To suggestions that mothers should breastfeed in toilets, defenders drew parallels to eating lunch in a toilet, and to those who found breastfeeding offensive, it was suggested they turn the other way. One opponent contested the 'natural' argument by asking, 'Going to the toilet is a natural act and so is making love to create a baby. Would these women advocate that they should be performed in public?' (Sullivan). Another asks 'with so many degenerates and sex fiends on our planet is it worse to tempt them with a half-naked breast innocently feeding a baby?' (Connors). This correspondent also finds the media partly reprehensible for sexualising breastfeeding, as 'now it is in the media ad nauseam and raising more than just eyebrows' (Connors).

While the readers for and against breastfeeding in public might occupy opposing positions, surprisingly there was one point at which they met. An overwhelmingly dominant motif in letters to the editor from both sides of the debate – especially in readers' views in women's magazines like *New Idea* and *Practical Parenting* – was the idea of dis-

cretion. As long as a woman was ‘discreet’ or found a ‘discreet’ place to sit, breastfeeding was considered acceptable in public. This allowed a diluting of the issue into a more moderate and mainstream view, whereby women drew on the traditional performance of feminine modesty in order to maintain their claim to use public space for breastfeeding. Discretion is also a particular concern of middle-class women, perhaps explaining their prominent role in these debates. It is a quality frequently mentioned in the Australian Breastfeeding Association’s literature, and the qualitative analysis of attitudes to breastfeeding in Perth categorised both ‘discreet breastfeeding’ and ‘breastfeeding etiquette’ as two of the issues arising from their focus group discussions (Scott, Binns & Arnold). I suspect that this rhetorical strategy may well be enabling to individual women breastfeeding in a potentially hostile climate, even if that hostility now contravenes the law. Discreetly breastfeeding in public can be seen as a *warranted improvisation* of the feminine script and so not subject to censure. The alternative to discretion, however, in the view of some respondents to the editor, is ‘exhibitionism’, suggesting more deeply held concerns about women’s sexuality, which I take up in chapter 4.

Discretion was also a theme in readers’ responses to the case of Kirstie Marshall breastfeeding in parliament as an MP. On the ‘Your Say’ section of *The Age*’s website there were sixty-nine listings within twenty-four hours, of which fifty-five were outraged about her breastfeeding. Many respondents took the act to be a ‘stunt’, and this was frequently linked to Marshall’s previous public profile as a world champion skier. The sporting element of her past, along with her recent maternity, were assumed to render Marshall uneducated and unintelligent in some listings, while others stressed that the issue was not breastfeeding in public but breastfeeding at work, which was thought to be equally reprehensible, unfair and unprofessional. Some thought it unfair that taxpayer’s money should be spent on someone looking after a baby, and many assumed that a mother could not concentrate on work while breastfeeding. Even if breastfeeding at work was generally agreed with, breastfeeding in parliament was ruled out as exceptional. The then Liberal Federal Minister Assisting the Prime Minister on the Status of Women, Amanda Vanstone, also criticised

Marshall and left parliament out from her targets for family-friendly workplaces by asserting that she is concerned ‘with helping everyday women with everyday jobs ... Female parliamentarians can generally look after themselves’ (Gray).

Unlike letters to the editor, the website listings are not editorially selected or limited (except by timing) and so offer a broader cross-section of responses, albeit limited to those with access to a computer and the internet, and the time to respond. The huge concerns raised about a breastfeeding mother’s ability and right to work reflect quite a different aspect and proportion of outraged responses than previously published letters to the editor. This may partially be due to the intense debate about paid maternity leave in Australia over the previous year. Those who disapproved of breastfeeding in parliament, however, still use the same rhetorical strategies to characterise breastfeeding and mothering as belonging to the private, irrational, natural and bodily world, and ridicule Marshall for expecting to enter the stage of politics, thought, important and significant decision-making in a ‘noisy and testosterone-filled’ arena, as Vanstone characterised it (Gray). Mothering and politics are still fundamentally opposed in this argument as gendered acts.

The listings that support Marshall are much more politically and ideologically astute, drawing on terms like misogyny, prudery, and progressiveness; giving examples of breastfeeding at work, of workplace-sponsored childcare, and of women who love their children and love their work; arguing that women multi-task, that professionalism should be measured by how effectively someone performs their work, and pointing out the contradictions of an argument that demands value for money in political representation and yet demands Marshall go home or into another room. One listing astutely points out that the responses indicate the prevalent attitude of many Australians towards women who combine motherhood with work. Cultural anxieties around this issue can still be seen to pivot on the confluence of public and private spheres and its threat to accepted scripts of gender. And one of the most important sites for contesting such scripts is still women’s bodies.

## CITY POLITICS

It is no coincidence that such scandals as I have read are enacted in the streets and public domains of Australia's cities. In her analysis of urban life over time and place, cultural critic Elizabeth Wilson posits that women's presence in cities has always been problematic, due to our sexuality, which is in need of either protection or control: 'woman is present in cities as temptress, as whore, as fallen woman, as lesbian, but also as virtuous womanhood in danger, as heroic womanhood who triumphs over temptation and tribulation' (*Sphinx in the City*, p. 6). Historian Anne Summers' charting of the representation of women as 'damned whores or God's police' in Australia's white colonial history is a legacy from British urban industrialisation that was reinscribed into the construction of Australian settlements. Wilson argues that

The prostitute was a 'public woman', but the problem in nineteenth-century urban life was whether every woman in the new, disordered world of the city – the public sphere of pavements, cafes and theatres – was not a public woman and thus a prostitute. The very presence of unattended – unowned – women constituted a threat both to male power and to male frailty. (*Sphinx in the City*, p. 61)

Similarly, geographer Gillian Swanson argues that 'the feminine became used as a motif of instabilities considered to be distinctive and symptomatic of modern city life' and the association between women and sexuality allowed the emergence of the public woman to be 'used as a sign of urban pathology' (p. 81). Swanson says that

in medico-moral writing as well as social commentary on the modern city ... women were figured as insufficiently in command of the disciplines by which a public subjectivity may be achieved, too close to the corporeal to be coherently featured in narratives of a rational urban presence; hence they came to stand for the derogation of modern consumer culture. (p. 81)

The very same characteristics of this argument from the turn of last century can be seen to figure in the criticism of Kirstie Marshall's place in state parliament, which takes her act of breastfeeding to be symptomatic of the general demise of parliamentary culture. Marshall is

depicted as a symbol of the derogation of contemporary parliamentary culture, which is now concerned with being ‘politically correct’, rather than being comprised solely of older white upper-middle class men. As long as women have been seen to represent such potential disorder, disruption and chaos in the city, as Wilson and Swanson argue, it is no wonder that the sight of a woman breastfeeding ‘in public’ triggers such deep cultural suspicions that are still inevitably concerned with female sexuality, even today.

But simultaneously, it is no wonder that the city is seen as a suitable place in which to breastfeed. While women have historically come to personify a masculinised fear of/desire for uncontrolled sexuality in the city, women’s own experience has been much more ambiguous. While some metropolitan areas are still represented as dangerous (as seen in the ‘Cities of Fear’ work by feminist geographers: in Johnson), the city has also offered anonymity, excitement and potentially subversive activities (like sexuality and protest) that women have found liberating (continued perhaps in the popular television series, *Sex in the City*). New readings of modernist women writers are increasingly interpreting their fictional cities as embodying both danger and freedom particular to gender (see Kaplan), and Wilson argues that, in the end, urban life has ‘emancipated women more than rural life or suburban domesticity’ (*Sphinx in the City*, p. 10).

On a more local level, Wilson also points out that the separation of public/private spheres collapsed in the design of department stores intended to reflect the comfort of the home, providing eating areas, rest rooms and even reading areas (*Sphinx in the City*, p. 60) in an effort to lure women in for longer. The links between shopping and comfort have increased exponentially in the design of modern shopping centres, where shopping, eating, entertainment and social interaction coalesce in gigantic buildings separated from the outside world with their own environmental microclimate of consumerism. Maternity is also a commercial industry that involves shopping around for birthing options as well as mother and baby-care products (see Cuthbert & Grossman; Sofoulis). If contemporary cities act to seduce consumers into staying, buying, needing, then it is little wonder that women feel ‘at home’ breastfeeding in such spaces.



If the city is a place represented historically as dangerous both to and because of women, then postmodern cities are being understood as more accommodating and plastic: as subject to flows, movements, and energies (Grosz, *Space, Time and Perversion*), as linking aspects of fantasy, desire, pleasure, entertainment and display (see Johnson), and with the capacity to refashion/construct subjectivities. In her thoughtful essay, 'Bodies–Cities', Elizabeth Grosz suggests that we need to see the city as being both shaped by those who use it and active in shaping them also: that cities and bodies are 'mutually defining' (*Space, Time and Perversion*, p. 108). If the city 'in its particular geographical, architectural, and municipal arrangements is one particular ingredient in the social constitution of the body', as Grosz argues (p. 108), then the increased presence of breastfeeding bodies might also mean that one of its flows, products and circulations is of breastmilk. The city's pollutants have already been shown to contaminate breastmilk, but in what ways might we consider lactation to affect the city? What impact might those earlier collective scenes of breastfeeding women and babies have on the city and its urban practices?

Swanson similarly suggests that we need to 'resist models that assume a dichotomized sexual identity that is aligned with a divide between public and private spaces and identities' and instead try out a model based on 'the forms of exchange conducted in civic life' (p. 81). In this model, breastfeeding in parliament might be considered a beneficial exchange not only between mother and child, but also flowing outwards to parliamentary colleagues, legislative debate and state governance, and flowing backwards so that ancient standing orders might be reviewed, public policies remade (including the meaning of a family-friendly parliamentary workplace) and governing practices remodelled. If, as science writer Sarah Hrdy reports, testosterone can drop by as much as thirty per cent in individual males living with a newborn baby ('Mothers and Others'), imagine what impact Marshall might have on parliamentary proceedings and state legislature in this 'testosterone-filled' arena if her breastfeeding practice were reconceived as a privilege for parliament. Philosopher Moira Gatens argues that gendered bodies and their differential access to power are material manifestations of historical social structures that need to be structurally rethought in this

way. 'Female embodiment as it is currently lived', she argues, 'is itself a barrier to women's "equal" participation in sociopolitical life', and she imagines how it might be otherwise through the example of breastfeeding bodies:

Suppose our body politic were one which was created for the enhancement and intensification of women's historical and present capacities. The primary aim of such a body politic might be to foster conditions for the healthy reproduction of its members. If this were the case, then presumably some men would now be demanding that medical science provide ways for them to overcome their 'natural' or biological disadvantages, by inventing, for example, means by which they could lactate. (*Imaginary Bodies*, p. 71)

Gatens makes the point that it is the body politic that attributes value to lactating bodies, and that the body politic has been historically conceived to 'intensify the powers and capacities of specifically male bodies' (p. 71).

If, as Grosz maintains, 'the city must be seen as the most immediate locus for the production and circulation of power' (*Space, Time and Perversion*, p. 109), then it is important that such scandals as I have read are enacted in Australia's cities. Both individual and collective acts of breastfeeding in public still have the potential to draw deeply divided reactions, indicating the unsettled meanings of breastfeeding in contemporary white middle-class Australian culture. While the media acts as a vehicle for such scandals, deeply held cultural values about women's sexuality and public status as citizens are being contested and rewritten. Perhaps even more crucially, such contestations depend on a confrontation of modernist and postmodernist thinking about cities and their citizens. If the city is 'the site for the body's cultural saturation, its takeover and transformation by images, representational systems, the mass media, and the arts – the place where the body is representationally reexplored, transformed, contested, reinscribed' (Grosz, *Space, Time and Perversion*, p. 108) then it is the site *par excellence* for 'indiscreet' breastfeeding 'exhibitions' and the ensuing scandals. Such a cultural saturation of breastfeeding in public and the resulting legislation are only available in a city, and are products of particular bodies inhabiting that

urban space. The performance of women breastfeeding, whether collectively on the steps of Parliament House or individually inside it, can be read as an act of citizenship being actively and corporeally claimed, of using urban space to blur the boundaries between the personal, public and political.

### BACK TO THE MOVIES

The BreastFest scene that I began this chapter with now seems a little less spectacular, and hardly scandalous at all, promoting breastfeeding discreetly inside and surrounded by the more powerful visual and commercial apparatus of Hollywood cinema. But it is still a very potent image in my imagination (all those breasts, all that milk), which does have something to do with desire and visual pleasure, if not with confirmation of my own practices. I used to take some perverse delight in breastfeeding outside my home and even occasionally at work. It was something to do with normalising breastfeeding, making it an everyday practice that should be a common sight with no fuss or bother attached, and something to do with modelling this for other women who may fear censure or ridicule. If enough of us do it, it will cease to be an issue.

There certainly seems to be a kind of collective celebration around breastfeeding *en masse*, in protest or as a stunt, as in Breastfeeding Week. The sheer fecundity of such a sight – all those spurts, flows, messes and the disruption to Marion Megaplex – is delicious to ponder, and those who have been present recall in awe the amazing feeling of being there. Since the first BreastFest in Adelaide, the events have been avidly taken up all around the nation. In 2001 at the Tuggerah Greater Union cinemas near Gosford, 536 breastfeeding mothers reportedly ‘smashed’ the existing record to claim their place in the *Guinness Book of Records* (Hartigan). In 2002, Adelaide reclaimed its place with 767 babies, but was ousted again two days later by 1136 babies simultaneously breastfeeding in Berkeley, California (ABA website).



# SEXUALISING BREASTFEEDING

science to kink

Almost all the public debates around breastfeeding are embedded in deeply held cultural values around the performance of gender and sexuality. The issue of breastfeeding in public is, after all, about women doing things with their breasts in public places. Writing in the *Life Magazine* of the *Sunday Age* in 1998 amid the Victorian legislation debate, Jane Freeman mocks the Western preoccupation with breasts by suggesting that they are an arbitrary part of the body used to mark sexual desire; if only we can forget them and select another erogenous zone to take their place, women would be freed of the many cultural constraints placed on breastfeeding. She suggests we take up the nape of the neck as erotically charged:

While breasts would be taken for granted, the nape of the neck would be fetishised and big-necked women perceived as far more attractive than their scrawny sisters. Pamela Anderson Lee could shift her implants around to the back of her neck, so men could gawp and slaver over her voluptuously curving nape. The fashion industry could come up with erotic garments which flatter or even push up the nape (although there could be some problems here with head mobility). I can even foresee the day when women would be forced to cover up their nape for the sake of decency, except when at the beach or attending the funerals of famous loved ones.

Freeman uses satire, but is also suggesting (like Judith Butler and others) that sexuality is socially constructed and subject to change over

time and place. But breasts have extensive layers of history that aggregate their focus as sexual, and their feeding function may well contribute to this accumulation of meaning. Rather than deny this aspect of breastfeeding, as much public discussion does, I want to delve into it more closely. If it's generally acceptable or even desirable in Western culture to have sexy breasts available for public viewing, what would be the effect on that set of values and meanings if we regarded lactating breasts as sexy?

In this chapter, I discuss some of the issues around sexuality and maternity that silently undergird many of the anxieties attending debates around breastfeeding, especially when it is performed in public. Specifically, I argue for breastfeeding being accepted as a potentially erotic or sexual experience, rather than being quarantined into the realms of nutritional value and medical benefits. This argument is consistent with understanding breastfeeding as an embodied experience that involves intense physical exchanges: skin touching, hands stroking, holding and playing, bodies sharing, hormones pulsing, as well as an emotional relation of intimacy, care and often passionate engagement – what journalist Noelle Oxenhandler calls ‘the eros of parenthood’. To argue this, however, involves a reconsideration of what we understand as sexual. For many women, the postpartum period is understood to be a time of abstinence. In Rebecca Tardy's interviews with mothers, sex (meaning sex with a male partner) was only referred to jokingly or critically, devoid of any sense that a new mother actually enjoys or seeks it (p. 463). While this cultural norm limited one mother in discussing her increased libido, it also acts more generally to limit the range of sexual contact through which women gain visceral and emotional satisfaction. Philosopher Iris Young suggests that this is a result of sexuality being male-centred and male-defined:

Active sexuality is the erect penis ... Intercourse is the true sex act, and nonphallic pleasures are either deviant or preparatory. Touching and kissing the breasts is ‘foreplay’, a pleasant prelude after which the couple goes on to the Real Thing. (p. 194)

In an effort to denaturalise this model of sexuality, Young suggests we ‘Imagine constructing the model of sexual power in breasts rather

than penises. Men's nipples would have to be constructed as puny copies, just as men have constructed women's clitorides as puny copies of the penis' (p. 194). She agrees with French psychoanalyst Luce Irigaray, who claims that a 'woman has sex organs more or less everywhere' (*This Sex Which Is Not One*, p. 28). But for Young, breasts are particularly potent, as they disrupt the borders between maternity and sexuality (p. 190). To investigate this disruption, this gap in our understanding, this crevice in social morals and cultural debates, I draw on three writers whose use of language is crucial in establishing that breastfeeding is sexual, and then on a team of scientists who claim that evolution requires that breastfeeding be pleasurable in order to sustain the species. Next I refer to some motherhood manuals from the 1970s, which were much more interested in sexuality than current breastfeeding literature, and finally call on an ethicist to make sense of some of the kinkier aspects of maternal sexuality currently being practised.

Throughout this argument I use the word sexual, but also interperse it with other terms like erotic, sensual, pleasure, passion and desire. These terms are not equivalent, but refer to the expanse of experience and the language we have available to name it. One person's understanding of what is sensual will not coincide with another's, and what some understand as sensual will not want to be termed sexual. As an ethicist, Cristina Traina has examined the term maternal sexuality and found that contemporary meanings of the words sex, sexual and sexuality are all concerned with erotic pleasure. While this has not always been the case historically or universally, the 'literature on orgasm, sensate focus, phone sex, and masturbation', all seem to regard 'good sex' as 'erotic stimulation that feels good, physically or emotionally, regardless of the physical structure or relational context' (p. 381), and so, Traina concludes, it is 'perfectly appropriate in this culture' to speak of maternal sexuality (p. 382). By doing so, however, I do not wish to circumscribe all women's experience of breastfeeding as sexual. Breastfeeding is understood and experienced – made meaningful – through each woman's lived embodiment of it, filtered through her ongoing sense of self.

## NAMING MATERNAL SEXUALITY

Writing in the *Age* at about the same time as the Victorian legislation debate, Amy Forrest provocatively suggests that ‘breastfeeding in public remains an issue because it is a sensuous activity’. Responding to suggestions that breastfeeding women are either discreet or exhibitionist, she asks herself where the difference lies, and declares that breastfeeding involves ‘voyeurism, pleasure, desire. We cannot insist there is nothing sensuous about it’. This blatant statement that breastfeeding is sensual, that I like doing it, shifts the ground of the usual debate. Forrest even admits that she likes watching it: ‘I have to acknowledge a voyeuristic interest in the sight of naked breasts, their softness and plentitude, and the baby’s frank guzzling delight’. What difference does it make if women like to watch breastfeeding as well as do it? Not only does this disrupt the border between sexuality and motherhood, as Young claims, it also asks us to acknowledge the often silent sensual pleasures women experience with their breasts and infants, as well as the difference a maternal gaze might make to our understanding of sexuality.

In her book, *Femininity: the Politics of the Personal* (1986), journalist Barbara Sichtermann, argues that we have lost an understanding of the ways in which breasts are erotic. She claims that since it is possible and acceptable to provide babies with artificial food, women’s ‘duty’ to breastfeed is no long a viable argument. Instead, she argues that there has to be a more satisfying reason to breastfeed: ‘I say breastfeeding means satisfying the child’s need (and the mother’s) to become one again with another body in a ‘physical act of love’ (p. 62). Her reference to the ‘physical act of love’ is a phrase used by the French obstetrician, Frederic Leboyer, whose 1974 book *Birth Without Violence* presented a radical new narrative on childbirth imagined from the child’s perspective. He speaks of the newborn and the mother as new lovers – as ‘true lovers’ – who should not be disturbed but left to ‘speak the language of love’ through touch, silence, close heartbeats and ecstasy. Sichtermann takes up this aspect of Leboyer’s narrative (while rejecting other parts) to imagine its implications:

Subsequent acts of love (for the child is not satisfied with just one such act postpartum) during the next days, weeks and months, would be the feeding-times – mingling of bodies and bodily fluids, a sexual activity which generates by sustaining life and which gives pleasure, the kind of pleasure we are all familiar with (or would like to be) from coitus. Hardly anyone expects the care given to children by women under the headings of ‘reproduction’ and ‘maternal duties’ to include this kind of pleasure. (p. 60)

This source of pleasure is a motivating force for the mother as well as the child in this dyad that displaces the father as the usual source of sexual pleasure. Sichtermann regards breastfeeding eroticism as a ‘natural instinct’ that has been lost, but also argues that it is something that needs to be actively cultivated. Many ancient cultures, she argues, developed an *ars amandi*, an art of love, which provided tuition about how to gain the greatest pleasures from lovemaking. Sexuality was thus acknowledged as a cultural practice to be taught, and was practised as such, rather than as a solely reproductive act. For Sichtermann, breastfeeding could have developed similarly, as an act of sexual pleasure. ‘If babies had a language and a script’, she argues, ‘we would have been in possession long ago of a manual of polished love techniques for use between adults and babies’ (p. 67).

The fact that babies derive food and nutrition from breastfeeding is peripheral for Sichtermann, and can be regarded as only one of many avenues through which breastfeeding can be made meaningful. She prefers to use the word ‘satisfy’, which can simultaneously encompass the sexual, emotional, nutritional and psychological dimensions of breastfeeding, so that mothers can ‘satisfy (“feed”) themselves on their children’ (p. 68). A father also, she asserts, can perform a similar function by allowing a newborn to suck from his nipples or nose once a baby has finished feeding but still wants to suck, and a man can gain pleasure from this exchange as a woman does (p. 66).

Sichtermann argues that we need a language to begin to talk about such practices, as without a body of knowledge and practice, ‘sex always hovers between pleasure and disgust and succumbs to the latter if there is no cultivation, no form of refinement, rite, or language to ratify and organize it’ (p. 65). She begins the project of articulating the erotics of



breastfeeding by describing it in language analogous to conventional heterosexuality:

The parallel between breastfeeding in particular and the heterosexual sex act is superficially more obvious than the actual similarities in sensation and arousal would suggest. The tip of the breast, a highly sensitive, erectile organ pushes its way into the baby's warm and moist oral cavity. While the lips, jaws and gums close around the organ, massaging it in a rhythmic sucking motion, it discharges its special juice into the child's deeper oesophageal region. (p. 64)

Few women in practice would speak of breastfeeding in such sexual terms; most are likely to use metaphors relating to machines or cows or milkbars, all of which are much more common in our collective memory than images of women breastfeeding.

Sichtermann is not the only one to draw on pleasure as an alternative language for breastfeeding. Long-time breastfeeding activist Sheila Kitzinger has described breastfeeding as 'a way of loving', 'a psychosexual process' which 'involves a flow of sexual energy through her whole body' (*Experience of Breastfeeding*, p. 12; 'Psychology of Breastfeeding', p. 45). The best preparation for breastfeeding, according to Kitzinger, is 'love-making', which involves breast stimulation and makes a woman feel her body is cherished ('Psychology of Breastfeeding', p. 47). Long before Young, she also argued that sex education is 'grossly lop-sided [with] the whole emphasis on intercourse as the one valid experience' (p. 47), and she begins, *The Experience of Breastfeeding* (1979) by saying that some women do experience orgasm while breastfeeding but most do not; that orgasm is not the only form of sexual satisfaction (p. 12).

These writers all provide us with a language through which we can begin to talk about the sexual aspects of breastfeeding. If it appears to mimic conventional heterosexuality, it is at least a beginning to shifting assumptions around breastfeeding and an assumed asexuality. On the other hand, scientists have also drawn comparisons between breastfeeding and heterosexual models of sexual excitement. If heterosexuality still dominates scientific understandings, this is no surprise, as some have suggested that science itself is overwhelmingly heterosexual in orientation (see Keller & Longino). The evidence offered by scientists of maternal

sexuality is noteworthy for its waxing and waning in breastfeeding literature. While popular in the 1960s and 1970s during the height of sexual liberation, it is now rarely mentioned in breastfeeding manuals.

### MATERNAL SEXUAL SCIENCE

While Masters and Johnson's landmark study of sexuality in 1966 reported that 'women often become sexually aroused during nursing; some women even have orgasms in this fashion' (Masters et al., p. 136), Niles Newton's scientific work from the 1950s onwards is often cited as the earliest of studies to notice the physiological similarities between orgasm, childbirth and lactation in women. Some of the physiological similarities Newton identified included uterine contractions, nipple erection, skin changes and a rise in temperature, as well as an increase in caretaking behaviour (p. 82). Newton contends that childbirth and lactation are 'voluntary acts of reproduction', and so they would have to entail some element of satisfaction in order to survive in an evolutionary context. She considers that contemporary social patterns of separating mother and child and maintaining strict breastfeeding regimes 'inhibit the psychophysical reciprocity of lactation'. Comparing timed breastfeeding schedules to the sex act, she suggests 'we would cause coital frigidity if we prescribed the act only at scheduled times and laid down rules concerning the exact number of minutes intromission should last. Mother-baby interactions can be similarly disturbed' (p. 84).

The physiological factor that orgasm, childbirth and breastfeeding have in common is the hormone oxytocin, which Newton dubbed 'the hormone of love' (in Odent, p. 10), because of what she calls its caretaking properties: 'Coitus, labor, and lactation ... are interpersonal, psychophysical acts that are psychologically intertwined with affectionate partnership formation and caretaking behavior' (p. 91). Without the caretaking behaviours that Newton attributes to oxytocin, successful reproduction cannot be secured. This hormonal impact represents 'operant conditioning' for Newton, in which pleasure and caretaking become a condition of each other. Most of Newton's evidence was drawn from studies of mice, but still enables her to conclude that because of the neuro-hormonal commonalities of orgasm, birth and lactation, 'women have a more varied heritage of sexual enjoyment than men' (p. 95).

Recent midwifery texts assert that oxytocin levels rise within one minute of suckling commencing and fall again six minutes after its cessation; and without the presence of prolactin no milk will be produced (Riordan & Auerbach, p. 103). Oxytocin is also responsible for contractions in the uterus while breastfeeding, a rise in temperature and increased thirst. The contractions are important immediately after birth to control bleeding and reduce the size of the uterus, but they continue past this functional period. Indeed, the let-down reflex and uterine contractions can continue long after weaning. Riordan and Auerbach note that ‘these rhythmical pulsations may be a source of pleasure to the mother’ (p. 103): they are in effect similar to orgasm. Oxytocin also soars in both men and women during orgasm, when uterine contractions aid the passage of the sperm towards the egg (Odent, p. 35). Levels also heighten in women during birth, and Newton has hypothesised that oxytocin causes a fetus-ejection reflex at birth that parallels the milk-ejection reflex in lactation (p. 91). Odent also suggests that the fetus can release its own oxytocin, which could contribute to the onset of labour (p. 35).

While Newton’s work from the 1950s to the 1970s has been important in establishing the medical link between lactation, birth and orgasm, French gynaecologist Michel Odent has recently extended its significance to argue that the hormonally induced behaviour of a mother in the time immediately after birth is crucial to the establishment of human relations, and that maternal love is *the* formative relationship of our lives. He argues that

of all the different manifestations of love – maternal, paternal, filial, sexual, romantic, platonic, spiritual, brotherly love, not to mention love of country, love of inanimate objects, and compassion and concern for Mother Earth – the prototype of all these ways of loving is maternal love. (p. 2)

Odent draws on recent scientific studies that have been enabled since the development of new technology like positron emission tomography and magnetic resonance imaging in the 1980s, but he also draws heavily on Niles Newton’s research. The opiate-like endorphins

released by both mother and baby during birth, for example, induce a state of dependency; the high level of prolactin promotes ‘mothering’ behaviours and decreases sexual desire (meaning sexual desire for a male partner); and oxytocin promotes altruistic behaviour (p. 11). In turn, the altruistic and mothering behaviour of breastfeeding triggers the release of beta-endorphins, with levels peaking after twenty minutes of breastfeeding. As these are present in breastmilk, the baby also receives these ‘drugs’, which Odent argues can account for a baby’s sated look of bliss after feeding (p. 38). These hormones are the ‘reward system’ for our altruism, and can be found repeated in adult patterns: for example,

when we share a meal with other people, we increase our levels of the ‘Love hormone’. To share a meal is more than merely to be fed; it is also a way to establish links with your companions. (Odent, p. 10)

Michel Odent’s use of developments in science in the 1980s to further the ‘scientification of love’ specifically addresses his theory of the primal importance of mother–child relations during and immediately proceeding birth. He does this to the extent that he uses disruptions of the mother–child relation to account for later sociopathic behaviour in the child, including: criminality (p. 14), self-destructive behaviours including suicide and drug abuse, and autism. He also links unwanted pregnancies and the loss of fathers with excess aggression in the child and an impaired capacity to love (p. 18).

While Odent critiques the *cultural* practice of disrupting the relations between mother and child, his argument is similar in substance to that of John Bowlby in the 1940s, who attributed inadequate maternal attachment to later psychological problems and sociopathic behaviour (in Thurer, p. 276). Australian lactation consultant Maureen Minchin scoffs at such ideas in her pragmatic way, arguing that there is much more to love than neuro-hormonal reactions (most of which have only been tested on animals) and that most theories on the critical importance of maternal bonding serve only to raise levels of maternal anxiety. Minchin cites evidence to prove to us that the maternal relationship is one of many relationships and events on a developmental continuum

(*Breastfeeding Matters*, p. 173). In her work on the philosophy of science, Elisabeth Lloyd also argues that evolutionary explanations of female sexuality like those of Odent and Newton are limited: the evolutionary argument that female sexuality is solely linked to reproduction constantly constrains the way experiments and data are interpreted. Oxytocin, then, can only be partially explained through its biomedical function, partly because it frequently acts in excess of those explanations, in ways that have no apparent explanation. As Thomas Lacqueur reminds us, what is ‘at stake are not biological questions about the effects of organs or hormones but cultural, political questions regarding the nature of woman’ (p. 22).

#### ‘LET YOUR HUSBAND PLAY’

Sheila Kitzinger’s work emerges from the 1960s and 1970s with the sexual revolution, women’s liberation and the hippie movement all advocating a renewed interest in sexuality generally and female orgasm particularly. Kitzinger acknowledges her indebtedness to Newton’s ideas through dedicating her 1979 book, *The Experience of Breastfeeding*, to Newton. This was a time in which breastfeeding rates were low: as sociologist Kerreen Reiger notes, ‘The general consensus had become that it was good to “try” to breastfeed but, if it did not work out, then formulae were now just as good’ (*Our Bodies, Our Babies*, p. 240). The surge of books published about breastfeeding and parenting (and sexuality) in the 1970s was partially in response to this trend but was also due to the renewed respectability of sexuality and the rise of disciplines like sexual psychology.

Some parenting manuals of the 1960s and 1970s took up the idea of oxytocin as the ‘love hormone’ in quite enthusiastic ways. Doctors Penny and Andrew Stanway in their 1978 book, *Breast is Best*, devote a whole chapter to ‘breastfeeding and sex’, including a social history regretting the turn that saw women wanting to live their lives as men (that is, expecting an education and to work for at least part of their lives), rather than accepting a life ruled by hormones, which is as nature intended (p. 218). Despite or perhaps because of this turn of events, the Stanways emphasise the erotic potential of breastfeeding enabled by oxytocin, especially as it can contribute to the father’s enjoyment:

... her husband may not enjoy the baby's relationship with his wife. Until now he hasn't had to share his wife's breasts and he may resent the little intruder ... but he shouldn't be blamed. So many things make him think of her breasts as erotic that it's hardly surprising that he'll feel bad about somebody usurping his place ... The thing is to be positive. Show your husband you still love and want him ... Let your husband play with your breasts as he did before. He can even drink your milk if he wants to: he won't be robbing the baby of anything. Should you feel sexually aroused by breastfeeding, this can be pleasant for your partner too. (p. 220)

While the Stanways locate these practices in a quaintly chauvinistic and faintly Oedipal model, their promotion of the sexual potential of breastfeeding is surprisingly liberal by today's standards. Their normalising of maternal sexuality in an era of sexual liberation, however, quickly means that women who experience difficulties with breastfeeding are deemed to have 'sexual hang-ups' (p. 221). As a result of the understanding of married sexuality by these writers, the relation between breastfeeding and sexuality also involves potential relationship problems. Breastfeeding counsellor Máire Davies' *The Breastfeeding Book* (1982) takes a similar direction when it advises that 'Lactation and breastfeeding are part of women's sexual functioning and this association is probably the reason why some people see breastfeeding as lovely and sensuous while others think it distasteful' (p. 94). An earlier 1963 parenting manual written by an honorary paediatrician to Sydney's Royal North Shore Hospital similarly links failure to breastfeed with failure of 'sexual adjustment in marriage', maintaining that breastfeeding 'is partly an erotic pleasure and, like sexual intercourse, it is a relationship that has many difficulties and needs time, care, and love to develop to its full maturity' (Isbister, pp. 74–75). Breastfeeding is here characterised as sexual only as an extension of a woman's sexuality with her man, including the many attendant relationship problems. Sexuality is conceived only as within marriage, and this understanding places additional burdens and limits on a sexual understanding of breastfeeding that don't necessarily apply.

As sociologist Linda Blum points out, these sorts of understandings of sexuality accorded women agency as actively sexual beings, but this

was rendered ‘respectable, or well-adjusted, only if restricted within heterosexual marriage’ (pp. 38–39). Pam Carter reads a similar quarantining of women’s sexuality into normative grids in her analysis of breastfeeding and sexuality in popular baby-care literature:

breast feeding may well be important for women, and for children, and therefore to leave it within its various normative frameworks is to miss opportunities for women to occasionally experience their bodies outside of dominant heterosexual frameworks. (‘Breast Feeding’, pp. 114–15)

Because of the insistent cloistering of maternal sexuality into heterosexual patterns, Carter suggests that lesbian ways of experiencing the body, particularly the breast, may offer subversive new thinking about meanings of breastfeeding (‘Breast Feeding’, p. 116).

#### SPIRITUAL VIBRATIONS

While these examples show how quickly maternal sexuality can become defined as psychologically inadequate by its medical authors, other tracts of that time promoted maternal sexuality as part of a continuum of sexual and spiritual energy. Ina May Gaskin’s *Spiritual Midwifery* (1977) charts the home-birthing practices of a self-sufficient farm community from San Francisco living in Tennessee in the early 1970s. Stephen, Gaskin’s husband and inspiration, describes breastfeeding in this way:

They say ‘Man does not live by bread alone’. A kid that’s been breast-fed for the first few months of his life is not making it on just the milk, he’s making it on pure energy, which is being given to him in the form of – call it sexual if you like – vibrations. Those sexual love vibrations are a manifestation of Holy Spirit. When a child is nursing and soaks it up, it’s good for the child and it makes him prosper and it makes him fatter, just as if it had put something material on him. You can come up to any lady who has a new baby and who’s in love with that baby and you can tune into it and it’s just like those pictures called ‘Adoration of the Infant.’ To adore is to put your attention on somebody and become receptive to them, feel their vibrations in a telepathic and loving place, and it’s the way you

approach babies and Holy men and people like that. In religious art there are pictures of a bunch of people sitting around a baby and the baby has all these power lines coming out of his head and glows and has auras. You can see that on all new babies if you pay good enough attention and be pure in heart. (Gaskin, p. 259)

This is an extraordinarily powerful treatise which combines the sexual and the sacred in a way that few of us would consider in our current social worlds. The practical midwife Gaskin takes up Stephen's philosophy in a much more pragmatic way, stating that

nursing your baby is the way you make love to him or her, and it's supposed to feel good to everyone concerned. Your being turned on to your baby is what makes your milk flow abundantly. Nursing is a sexual act. If it makes you feel like an animal to do it, that's fine. You're a mammal. (p. 278)

She is one of the few authors to discuss mothers' different behavioural reactions to suckling a son or a daughter, but advises 'babies of both sexes need your free-flowing love. They have no value judgments about the sex of the person they vibrate with' (p. 278). Oxytocin is matter-of-factly mentioned, but it is the spiritual element of being ecstatically in love that is dominant in this book rather than the scientific basis.

Oxytocin, then, is mobilised in a number of ways as a pivotal player in discussing the pleasures of breastfeeding. In the 1970s, when Newton and Kitzinger were writing about the erotic factor of breastfeeding, sexuality was a topic gaining in respectability as it emerged from the radical ideologies of the 1960s. Women academics who lived through this period tell me they used to breastfeed wherever they were without a second thought: at protests on the street, or in the tutorial room. By the 1990s, breastfeeding seems to have become immured in a more conservative set of social values, so that an advertisement on television promoting breastfeeding in Australia was banned by the industry's regulatory body in 2002 for showing nudity and as unsuitable for children (O'Malley). Almost all debates around breastfeeding seem to hinge on the now muted discourse of sexuality and its social regulation.



## CENSURING MATERNAL SEXUALITY

There may be reasons for keeping such pleasures silent, however, as academics Lauri Umansky and Cindy Stearns remind us in the sobering case of Karen Carter, a pseudonym for a woman who had her child taken from her into protective custody for almost a year in the early 1990s because she rang a helpline about her feelings of mild arousal while breastfeeding. Umansky, who conducted a number of interviews with Carter, documents that the single mother of a two-year-old daughter living in Syracuse, near New York, was an adherent to the La Leche League policy of allowing children to wean themselves, so had no qualms about continuing to breastfeed her toddler, but did feel that the mildly sexual feelings were out of place in the largely evangelical Christian world in which she lived. Umansky continues,

Carter decided to seek reassurance. No stranger to the network of social services and hotlines serving parents under stress, she called the central volunteer hotline, which serves as a clearinghouse for all such services in her area, seeking the number of La Leche League. The central hotline forwarded the call, because of its 'sexual' nature, to the rape crisis center instead. The rape crisis center 'hotlined' her, that is, traced her number and turned her in to the police on suspicion of child sexual abuse. Taken to the police station for five hours of questioning, she was finally read her rights and charged with 'sexual abuse in the first degree.' Specifically, the charges mentioned 'mouth to breast contact' and 'hand to breast contact.' DSS took Carter's two-year-old daughter, Melissa, into protective custody, where she would remain for the better part of a year. (p. 300)

Although the charges were dropped after Carter spent a weekend in gaol, the department kept custody of the daughter and immediately filed charges of abuse and neglect in the Family Court. A series of administrative and governmental processes led to a number of court cases that centred on the mother's sexuality and psychiatric status and finally restricted her role as a mother while involving endless interrogations and physical investigations of her daughter for signs of abuse. Umansky attributes this debacle to the inadequacies of America's social service systems and the uncertain terrain of child sexual abuse discourses (p. 299).

Cases like Carter's, though, are not uncommon, and draw on a more general pattern of social values that censure sexual activity in the lives of mothers, especially single or divorced mothers (p. 299). Cindy Stearns interprets the case as indicative of the extent to which 'the construction of the good maternal body as being at all costs *not* sexual is taken very seriously by both the culture and the law' (p. 309).

In her study of the ways in which women 'manage' breastfeeding and its performance publicly in the early 1990s, Stearns concludes that

the major concern of women is that their breastfeeding is perceived as maternal and not sexual behaviour. To transgress the precarious boundaries of the good maternal body is to risk being labelled a bad mother and/or sexually inappropriate or deviant. (pp. 321–22).

While the 'good' and 'bad' mother is a slippery and shifting concept, the self-policing of women to accommodate perceived cultural approbation is clearly centred on separating maternity and sexuality: 'Sometimes women reported that the experience of breastfeeding was often greatly enjoyed when done alone or with supportive family or friends, while the demands of the tricky public performance of breastfeeding muted that pleasure' (Stearns, p. 322). Similarly, in a study in Turin, Italy, in the early 1980s, sociologist Franca Balsamo and her colleagues also find a muted discourse of breastfeeding pleasure among their cohort of interviewees, which is restrained by a severe institutional regime of breastfeeding schedules and the symbol of the Virgin Mary as an asexual mother in Catholic communities (p. 76).

Maternal sexual pleasure is obviously a potentially volatile issue subject to close social scrutiny and covertly informing debates around breastfeeding in public. Balsamo et al. argue that the potential eroticism of breastfeeding is purposefully discouraged because it threatens to disrupt the 'only erotic feeling allowed to the mother in a patriarchal society, that connected with the adult male' (p. 76). Philosopher Iris Young would agree with this. Drawing on psychoanalytic theories, she argues that 'If motherhood is sexual, the mother and child can be a circuit of pleasure for the mother, then the man may lose her allegiance and attachment ... she may find him dispensable' (p. 198). This situa-

tion is threatening to the satisfaction of men and masculinity. This is certainly evident in parenting manuals, which invariably include discussions on 'resuming' heterosexual relations with the father but can ignore the hormonally undifferentiated pleasures of breastfeeding the child.

There are clearly dangers in suggesting that breastfeeding can be an erotic sensation for women, especially keeping in mind the experience of Karen Carter and the currently heightened social anxieties around child sexual abuse. However, Young talks about the need for a radical shattering of the borders between motherhood and sexuality, which involves a kind of public 'coming out' about the pleasures of breastfeeding and the feelings of loss involved in weaning. More generally she suggests linking such pleasures to the self-sustaining act of giving and caring intimately for a loved one:

It means creating and affirming a kind of love in which a woman does not have to choose between pursuing her own selfish, insatiable desire and giving pleasure and sustenance to another close to her, a nurturance that gives and also takes for itself. (p. 200)

This last suggestion applies to all women, whether breastfeeding or not, Young argues, as women are all too often positioned as nurturing and self-sacrificing wherever they are.

#### LACTATION PORN

If promoting the potential erotics of maternity is one strategy of shattering the border between motherhood and sexuality, as Young suggests, another strategy from the opposite side is to introduce maternity to erotica. Writer Fiona Giles is a firm believer that this recent phenomenon has the potential to transform the way breastfeeding is made meaningful. Inverting the usual mantra that breasts have been appropriated by men as sexual objects, Giles claims that it could also be that breasts have remained unrecognised by both men and women in their erotic potential: that the breast is 'incompletely sexualized, that its intrinsic wetness has been repressed' ('Fountains of Love', p. 11). Her positive description of an American pornography magazine called *Juggs*, edited by a woman, is compelling:

Hanson [the editor] recognises a growing market of male readers who want women's breasts to ooze and spout milk and who are sexually aroused by such images. Hanson regularly includes photo spreads with headlines such as 'Heather Hooters: Milk Her Heavy Jugs!' or, in last December's issue, 'Harmony: Fresh Young Milk Squeezer'. One of her contributors ... submits short stories about wildly lactating busty babes. In *Revenge of the Cream Queens*, he has young women who unwittingly take a pill that causes them to lactate. A side effect is extreme horniness, so that they can't get enough sex or spill enough milk, to the delight of their drenched and satisfied boyfriends. ('The Nipple Effect', p. 10)

Giles interprets such endeavours as producing 'some of the most liberating images of lactating women' ('The Nipple Effect', p. 10), and she goes on to examine a series of pornographic videos known as *Lactomania*, in which 'women's milking scenes drive the show, so that their expression of milk becomes auto-erotic and the male ejaculation becomes a mirror of a new, female kind, that lasts longer, spurts further and tastes better' ('The Nipple Effect', p. 11). Giles celebrates these versions of breastfeeding because they are playful, athletic and fecund, rather than drabbily shawled in cures for mastitis and nutritional benefits. They celebrate the overwhelming wetness and fluidity of lactating breasts, rather than finding devices for keeping breasts dry, underwired and homogeneously lifted and separated.

Giles emphasises the wetness of breastmilk as a positive, as something to be celebrated. This is in keeping with feminist philosophies that critique the ways in which society encourages women to limit, dry up, hide, pathologise, remove and stem the flow of wet, juicy, bleeding, lactating bodies, which profoundly disturb our cultural ideal of controlled and therefore cultured bodily behaviour (Douglas; Irigaray, *This Sex Which Is Not One*; Kristeva, *The Powers of Horror*; Shildrick; Grosz, *Volatile Bodies*). Breastfeeding offers an example of women living on the edge of those limits on an everyday basis, especially when they claim public space in which to leak, spill and overflow, with another human hungry to suck it up, to ingest what comes out of our bodies. Giles argues that it is this exchange of fluids that becomes problematic in our culture at large. While I argue that breastfeeding

can shift the erotic dyad of male–female to female–child, Giles argues that breastfeeding can broaden the repertoire of male–female erotics in liberating ways.

### SHARING MILK

The idea of sharing milk with anyone but a baby is rarely spoken of now, despite an extensive history of wet-nursing over the last thousand years. A friend loves to tell the story of a woman who had a dairy allergy and suspected that her babies might also, so she frequently made custard for dessert from her plentiful supply of milk during lactation. It was a rare treat for her, as she couldn't normally eat milk products, and there was plenty for everyone, even her husband. Many listeners are repelled by this story, and the history of reactions forms a part of the story's repertoire and shock-value (such as, 'I'm never going over to her place for dinner'; and 'I wonder what's for dessert at Sheila's?').

Exemplifying the deep entrenchment of this current taboo, a public furore broke out in New Zealand in 1996 when a woman breastfed another's distressed baby. Both women were attending a parenting conference and had their babies in specially organised childcare to attend the conference dinner. The baby Natasha woke up and began crying. Although her mother had left instructions that she was to be fetched when Natasha needed feeding, no-one could contact her, so after a while another mother breastfed the distraught baby. Natasha's mother was furious, and she took her fury public by going on television and radio talk shows, threatening legal action and publicly demanding HIV and hepatitis tests from the surrogate milk-giver. She used the sexual aspect of breastfeeding as a potent analogy for the fury she felt when she found that 'a stranger put her nipple in my child's mouth' (Crawshaw, p. 46), comparing the experience to 'finding your partner in bed with someone else and being told, "Well, they needed it and you weren't here." Breastfeeding isn't just about feeding your baby. It's an intimate, dynamic relationship I don't wish to share with a stranger' (Crawshaw, p. 45). Interestingly, the breast-giver also drew on the language of maternal sexuality, this time in its psychological guise, to explain,

We were getting pretty desperate by 11 o'clock ... The child was obviously hungry and I said I didn't have any hang-ups about breastfeeding her. If I knew it would be an issue I wouldn't have done it, but I thought Pam would be happy we had done something to calm her baby. (Crawshaw 46)

By drawing on this argument, the mother suggests that Pam does have some 'hang-ups', that her maternal sexuality is 'mal-adjusted' as the 1970s psychology-driven parenting texts would say. The incident triggered a heated national debate, and shows the ways in which the erotics of breastfeeding can be used to mobilise moral debates around motherhood (Rhonda Shaw).

Giles is aware of the dangerous ground she treads in suggesting that pornography and erotica might be a source of empowering images for lactating women. She notes the 'fear that eroticizing motherhood could lead to incestuous relationships between mothers and their children' (p. 11), and cites examples in which these fears seem to provoke cultural and legal restrictions on women breastfeeding in the West, including the Karen Carter case. But she advocates that this fear has taken on extreme proportions. Citing Noelle Oxenhandler's book, *The Eros of Parenthood*, Giles maintains that narrowing definitions of sexuality has meant a loss of vocabulary and knowledge to describe sexual encounters other than intercourse: 'Non-orgasmic, but nevertheless intensely sensual forms of embodied connection are at the heart of loving parent-child attachment, and part of the spectrum of affectionate exchange between individuals generally' (p. 11). Giles' book, *Fresh Milk: the Secret Life of Breasts*, is an attempt to increase the vocabulary and knowledge through which we can talk and think about breastfeeding and sexuality, and to begin representing the wet breast in ways that 'might free women to feel more at ease with their breastmilk, and to more confidently take pleasure in the processes of feeding and lactating' ('Fountains of Love', p. 17).

#### KINK

On an electronic discussion list talking about Giles' ideas on lactation pornography, a lactation consultant wrote that she was often – about

three times a week – contacted by women wanting to induce lactation for their mate, or by the mate wanting to know how his woman can induce lactation, for sexual pleasure. The consultant decided to provide as much accurate information as she could to these requests, in the hope that more accurate information might mean more women have breastfeeding knowledge to share; that if a woman is willing to work hard enough to induce lactation for sexual pleasure, then if she becomes pregnant she may well share it with her baby; and maybe the positive experiences of lactating for sexual pleasure will motivate women to want to breastfeed.

In another unlikely postscript, national newspaper columnist, Emma Tom, writes about a group of women called Mothers in Kink (MINK), who combine maternity with their interest in fetish dressing and sadomasochism, bondage and discipline:

For those who subscribe to the antiquated sanctity of motherhood doctrine, the combination of mother and skin-tight rubber jeans is probably extremely disturbing. After all, women aren't supposed to be interested in sex or sex games once they begin reproducing. From impregnation onwards they're automatically transformed into super breeders – completely free from the base urges that rule the rest of the human race. Right? Well, no. Interestingly, many members of MINK became drawn to fetishism post-children. (No doubt plenty of orthodox parents would also attest that motherhood can bring out a masochistic streak.)

Centred on a photograph of a six-month pregnant woman squeezed into a black latex outfit with studded dog-collar and Gothic make-up, with the caption 'Rubber with bubba', Tom's reportage positions this group of women as ordinary mothers with an unusual hobby: 'Like any mothers' group, the complaints range from babysitter shortages to the lack of decent maternity wear. "For instance, there's absolutely *nothing* in rubber or leather", a heavily pregnant [member] grumbles, tucking into a toffee slice'. Mostly discussing the negotiations involved in their children's desire for conservatively dressed mothers, the article collapses the easy separations commonly made between good and bad, virgin and whore, sexuality and motherhood, deviance and domesticity, as everyone

oohs and aahs over a new copper-pronged Bliss Whip over another pot of tea. Tom's final remark, 'It certainly makes a change from Tupperware and Huggies', insists that these women are more interesting because of their transgression of social values around maternity and sexuality.

Linda Blum notes that it is only mothers 'with greater resources and unquestioned respectability [who] have a greater chance of finding breastfeeding an enjoyable, pleasure-enhancing experience' (p. 12). Maternalist politics, she suggests, including the politics of pleasure, tend to exclude other 'less moral mothers'. But these recent examples of women exploiting the connections between lactation and pleasure hardly seem 'respectable' in terms of dominant social values: porn, erotica, fetish and kink form a subculture not commonly accessible unless by deliberate effort to join such groups. Why is it that the associations between maternity and sexuality circulate only among these subcultural groups? Why have the common hormonal links between orgasm, childbirth and lactation widely circulated in the 1960s and 1970s lost currency in maternal literature now?

Blum's analysis of meanings of breastfeeding in the United States would attribute this to the model of disembodied maternity promoted by experts and the State, and internalised by white middle-class Western women (p. 60). The competing demands of breastfeeding, professional work, social life and exercise mean that milk pumps more often nuzzle breasts than babies, while a nanny must be employed (often an immigrant and a mother herself) to care for the baby in the United States. And there can be no suggestion of sensuality or intimacy with a breast-pump, especially as it is increasingly designed to fit into the workplace (pp. 55–60). 'The mother in her body, her pleasures and needs, satisfactions and pains, have been largely erased', Blum argues (p. 55).

Feminist theologian Carter Heyward attributes this culture to a powerful Christian tradition of idealising sacred motherhood by emphasising the chaste and asexual in a heritage that still separates body from spirit, and still results in the social regulation of women's sexuality and the representation of maternity. According to Heyward, such conceptions of sexuality exercise social control by relegating particular forms of sexuality to pornographic subcultures in order to 'contain' them in 'particular parts of town, in books, on film, in fantasy' (in



Traina, p. 393). This accounts for the ghettoising of breastfeeding erotics into lactation porn, but leaves little room to move out of such insidious and massive cultural formations. To re-introduce the pleasures of breastfeeding into common parlance would seem a positive and enabling step that makes new meanings around breastfeeding of benefit to all women. However, the fact that such practices currently reside in subcultures that would generally be regarded as sexually perverse complicates those desires and discourses.

## ETHICS

As a feminist theologian and ethicist, Cristina Traina argues that ‘the experience of maternity as erotically pleasurable is not categorically perverse – that it can be, in fact, a moral good – and that we must revise our ideals and norms of mothering in order to account for it’ (p. 370). She clearly flags the moral dilemmas of arguing for a maternal sexuality in a society that is simultaneously preoccupied with sexual fulfilment and yet rightly wary of misuse of sexual relations between unequals (p. 371). And yet, she argues that a reconsideration of current meanings of maternity and meanings of sexuality has the capacity to transform both domains of meaning, as well as potentially providing some insight into the wrongs of paedophilia. It might also ‘furnish a language and a logic for dealing more adequately with the ethics of children’s sexuality, of the erotic dimensions of adult–child relations, and of sensuality in general’ (p. 371).

Benevolence is the key determining factor for Traina, and the benevolence of maternal eroticism rests on two convictions. Firstly, that all moral judgments and social practices be measured by their contribution to human flourishing. To flourish is defined as ‘to thrive socially, physically, intellectually, and spiritually’ (p. 370). Moral norms are therefore compatible to thriving; moral perversions are inherently opposed, and pleasurable breastfeeding is obviously conducive to flourishing. Secondly, she argues that if the capacity for maternal eroticism is universal and morally normal, then our conceptualising of human sexuality must accommodate such experience. To ignore the erotics of maternity renders our conceptualising of sexuality limited and our capacity to understand it diminished.

Traina's argument provides a way to bring maternal erotics out of the closet of pornography and sadomasochism and into the homes and shopping centres of contemporary Australia. It does the important work of rendering maternal sexuality 'respectable' and accessible even to those who don't have nannies and don't like breastpumps. Moral discourses are always in danger of being used to judge others, but it does sound like a remote proposition that Traina's moral position will be used to judge someone as a 'bad' mother if she is not aroused by breastfeeding. Neither would I want breastfeeding to enter the arena of sexual performance, against which some women might not measure up. Studies by academic midwives have already identified a tendency among some women to persist with breastfeeding through excruciating pain and conditions in order to achieve 'success' commensurate with their high-achieving professional identities (in Ferrari). But then, Traina suggests that one of the ways in which our understanding of sexuality might be reviewed around maternal sexuality is the assumption that sex is always pleasurable. This, she suggests, is a male-centred definition that ignores the fact that women's sexual lives are often accompanied by pain: 'ovulation, menstruation, intercourse, pregnancy, labour, childbirth, breastfeeding and weaning all are sexual events, potentially pleasurable but also potentially or necessarily (and potentially simultaneously) painful' (p. 383). This is not to say that women's corporeal experiences of sexuality are inherently masochistic, but that 'no adequate moral description of women's sexuality can celebrate women's sexual pleasure apart from consideration of the pain that may accompany it' (p. 383).

While Traina argues for the need to reconsider assumptions about pleasure and pain, and about the conditions under which they would both operate, cultural historian Riane Eisler reminds us of the risks to women in eroticising violence (p. 226). On the contrary, Eisler imagines a new sexual ethics in which 'people would find it more difficult to get pleasure from acts that deliberately hurt someone else, particularly someone with whom they have an intimate relationship' (p. 328). Following Traina's argument, however, the pleasure and pain of acts like breastfeeding, which are sometimes simultaneous and indistinguishable, confuse such categorical separation of pleasure and hurt, and do

not account for the women who want to continue breastfeeding despite the pain, because of an overriding love and desire to physically and emotionally care for their baby. To regard such women as masochistic or duped by a culture that eroticises pain is to deny their agency and desires, as well as the often overwhelming passion between mother and baby, and of course their neuro-hormonal patterns. Traina also makes the point that ‘love’ for a child is not only a ‘feeling’ that is pleasurable, but also entails an ethic of care which is at times difficult and painful (p. 395). The crucial point for making moral judgments about erotic relations remains in its capacity for human flourishing.

The other important element of Traina’s discussion is her theological enterprise, which excavates traces of maternal experience through a Christian tradition of acceptably combining the erotic and the spiritual. She is critical of the traditional separation of bodily pleasures from moral and spiritual subjectivity (through writers like Augustine and Thomas Aquinas), and then identifies the ways in which divinity itself is characterised as erotic. While the Virgin Mother as a model of asexual maternity is posed as a humanly unattainable ideal, Traina also draws our attention to an intense maternal passion steeped in sexual language in some accounts of Mary. She uses an example of fourteenth-century mystic Margaret Ebner’s writing about her relation with a statue of Jesus in the manger, because it directly relates to the erotic power of breastfeeding, even symbolically:

This was spoken to me by my Lord: ‘If you do not suckle me, then I will draw away from you and you will take no delight in me.’ So I took the image out of the crib and placed it against my naked heart with great delight and sweetness, and perceived then the most powerful grace in the presence of God so that I began to wonder how our dear Lady could ever have endured the continuous presence of God ... But my desire and my delight are in the suckling through which I am purified by his humanity. I am set afire by the ardent love coming from Him. (Ebner, cited in Traina, p. 379)

In this tract, the sexual is channelled into a narrative about mystical pleasure and it is theologically justified (p. 379). While Traina doesn’t mention them, there are also theological examples of Mary sharing her

breastmilk with adult males in images that could be compared with the lactation porn Giles describes. The most noted version of this is in the various depictions of the Cistercian monk, St Bernard of Clairvaux, receiving a stream of milk into his mouth in illustrations from Spain in the late fifteenth century. The painting *The Miracle of the Lactation of St Bernard* takes place in a context in which Mary and her breastmilk are symbolically characterised as the Mother of the Church and its sustenance, where the giving of breastmilk is a sign of intercession with God (Kunesh). As Shari Thurer notes, ‘the language used by the clergy in their worship of Mary merged with the language of the lover to such an extent that the art historian Kenneth Clark commented that one hardly knows if a medieval love lyric is addressed to the poet’s mistress or to the Virgin Mary’ (p. 110). She attributes this to the merging of the cult of the Virgin Mary with the cultural practice of courtly love, both traditions involving men venerating ideal women yet denying their sexuality.

While the historical and cultural differences of divinity and sexuality are important to consider in comparisons like this, Traina’s discussion of religious passion, or spiritual ecstasy, takes a direction decidedly similar to Stephen’s in *Spiritual Midwifery*. The difference is that Stephen is speaking about real women breastfeeding their babies, whereas the religious tracts deal only with the symbolic meanings of breastfeeding and the sainted who have access to those heights of ecstasy, often through bodily deprivation and certainly through censoring their corporeal desires.

I take up the impact of Western religious practices on breastfeeding in chapter 5, but to conclude here I still wonder what is at stake in denying that breastfeeding can be a sexual experience? In the 1990s, a moral conservatism at odds with social movements and scientific studies of earlier decades seemed to have a hold on breastfeeding being practised as a discreet, invisible performance of femininity, drawing on its modern medical benefits as much as its embedment in a tradition of ‘naturalness’ to persuade women to perform. But what would happen if breastfeeding were accepted as a form of maternal sexuality: would women want to experience it? Would ‘the public’ find it acceptable outside the home? Would we begin wearing our maternity underwear on

the outside of our clothes? Would we see advertisements of breastmilk being sprayed over the new Galaxy road vehicle to symbolise its universal power, sexiness, and all-terrain flexibility? If lactating breasts were considered sexy, would the value of mothers increase in our cultural economy? It's worth considering.



# PICTORIALISING BREASTFEEDING

models of maternity

The volatility of women's sexuality seems embedded in so many contemporary debates about breastfeeding, but is particularly fraught in the legacy of Christian iconography, which idealises the figure of the Madonna as an asexual mother. Visual culture is a rich and deeply affective medium that can shape our attitudes, opinions and beliefs in powerful ways. Art historians Marita Sturken and Lisa Cartwright argue that images are 'central to how we represent, make meaning, and communicate the world around us' (p. 1). And yet when it comes to representing breastfeeding mothers, there is one pose that endures: it involves soft focus and pastel colouring, daisies, and sunshine in a halo around the mother, who is looking adoringly at the baby held in her arm and suckling at her breast, which is demurely covered by lace or dreamy soft clothing. These images are pervasive in parenting magazines and manuals. They are neither 'natural' nor neutral, but perform a preferred version of motherhood and gender that is soft, calm, passive and idealised. It is a picture of sacred motherhood.

Visual culture, like any other form of culture, however, is neither static nor isolated. All images are invested with historical traditions and embedded in the political machinations of their time. In this chapter, I argue that these particular conventions of pictorialising breastfeeding mothers are adopted at times of manifest social anxiety around women's practices of breastfeeding. These images are iconic in function, and can be read as emblematic of the issues at the core of breastfeeding debates: the regulation and representation of women's bodies and sexuality.

These representational practices form a visual domain through which women must negotiate their own image of themselves as mothers. Visual culture also offers the possibility of more productive and enabling meanings for breastfeeding as those traditional values are contested and images remade.

### THE PHOTO

I first became interested in visual images of breastfeeding in 1999 when the *Weekend Australian* newspaper published a photograph of a woman breastfeeding on the front cover of its magazine. It was not just any woman, and not just any photograph. It was Jerry Hall breastfeeding her son, Gabriel Jagger, taken by celebrity photographer Annie Leibovitz (see page 126). The photograph dominates an unusually stark cover for the magazine, with the barest minimum of typescript restricted to one corner, as it promotes a new book of photographs by Leibovitz called *Women*.

Leibovitz's photograph is quite obviously staged. It does not purport to be a 'snapshot' of someone breastfeeding. The model is wearing a little black dress with a tiger-striped fur coat over it. She is fully made-up, wearing bright red lipstick, her long blonde hair loosely cascading over the fur. She is sitting, right leg over left, in a plush red upholstered chair, her body slightly side on, and we follow her long legs down to see gold stilettos, a gold chain attached with a heart around her beautifully curved ankle. It is a glamour pose, a scene of seduction. The interior of the room is richly furnished in red, black and gold. We can just make out a large gilt-framed mirror in the background, a candelabra, heavy red drapes and antique-looking furniture. It is a setting and a portrait position in which Jerry Hall might have been placed in her modelling career, but the big naked baby in the very centre of the photograph, suckling on a breast drawn out over the top of the dress, is uncannily out of place and yet at home. The baby is curled on her lap, one arm reaching up to the other breast, and looks across the mother's body. Hall has one arm around the baby's body, the other on the chair arm stroking his foot. She looks directly at the camera, seriously, almost surly, as if daring us to challenge her.

At first sight I didn't know what to make of this image. It was so obviously meant to be provocative, even scandalous, that I wasn't sure whether to resist or embrace it. It certainly has some unusual aspects. The composition of the photograph – its setting, the class signifiers and the gaze of the subject – confer a rare level of authority to the image of this woman breastfeeding. This authority is augmented on another level by the famous names that circulate around its production. We know that Jerry Hall is a famous model, partially through her association with the famous rock and roll celebrity, Mick Jagger. It is their son, Gabriel Jagger, in the photo. Susan Sontag, whose introduction to the book of photographs was reprinted in the magazine that week, is a well-respected social critic. Leibovitz is the highest-paid celebrity photographer in America. It was her image of nude and pregnant Demi Moore that became famously controversial when it was featured on *Vanity Fair* (for which she freelances) in August 1991. That image provoked unprecedented discussion about values around pregnancy, motherhood and femininity. It also began a trend of celebrities being photographed pregnant or with their babies. Art commentators Sandra Matthews and Laura Wexler contend that this 1991 image of a pregnant model as 'cover girl' was prescient. They argue that 'Leibovitz crossed a boundary at a ripe cultural moment, and with her image of the pregnant woman, pregnant pictures crossed over into the public visual domain' (p. 199). The image of Jerry Hall may also be prescient. It certainly departs from images in parenting magazines: it includes a woman's entire body; the composure is rich, regal and assertive; and breastfeeding is framed as dignified, cultured and sexy.

The cover graphic provoked a range of responses from other readers, some of which were published as letters to the editor the following weekend. Some praised the depiction of Jerry Hall ('after all she's been through') and the depiction of breastfeeding; others criticised the romanticising of breastfeeding. All the letters assumed the realism of the photograph, despite its quite obvious staging. On the level of symbolism, however, the photograph marks something much more powerful for women whose embodied experiences include breastfeeding. In the quite conservative regional town in which I lived, a number of women framed and hung the magazine cover on the walls of their



kitchen and office, and others propped up the magazine on the mantelpiece for some time. I took it to work.

The lack of visual representation that relates to women's lived experiences of breastfeeding renders this photograph important – not because it necessarily reflects experience but because it 'iconises' a woman breastfeeding as sexy and transgressive. This is not an image of a woman feeling like a cow, or a milk bar, or any of the other diminutive metaphors women use to describe their breastfeeding experiences. I want to argue that the power of this photograph hinges on its patent transformation of what it might mean to breastfeed: firstly, through its relation to the historical function of photography; and secondly, through its relation to a tradition of pictorialising mother and child as derivations of the Holy Madonna and Child and its attendant value system.

#### MODELS OF PHOTOGRAPHY

As an image in a book of photographs by a famous photographer, Leibovitz's portrait of Hall is imbued with its relation to the history of photography. The medium has a history of imagining women as models, but at the same time it also draws on a perceived relation to reality. In her ground-breaking book of 1977, *On Photography*, Susan Sontag provides a social analysis of the effects and meanings of photography adopted by Western culture, and in particular North America. Tracing the history of photography and its uses, she argues that photographic images have been automatically associated with ideas of beauty and of truth. Ideas of beauty are an aesthetic inherited from the fine arts. 'To photograph is to confer importance', Sontag writes, and 'there is probably no subject that cannot be beautified; moreover, there is no way to suppress the tendency inherent in all photographs to accord value to their subjects' (*On Photography*, p. 28).

Part of that valuing is implicit in the project of truth-telling. Photography has generally been promoted and accepted as depicting reality (as the letters to the editor about Leibovitz's photograph assumed it to be doing), rather than shaping it or manipulating it. The photograph is used to document evidence or presence or events. Sontag

regards this apparent passivity and ubiquity of ‘the photographic record’ to be part of photography’s ‘aggression’ (*On Photography*, p. 7). The kinds of truth that are authorised by photographic documentation are naïve, Sontag suggests, ‘measured not only by a notion of value-free truth, a legacy from the sciences, but by a moralized ideal of truth-telling, adapted from nineteenth-century literary models and from the (then) new profession of independent journalism’ (p. 86). Following the imperative to make visually ‘beautiful’ and to record ‘truth’ or ‘reality’, this tradition of photography is ultimately conservative; it is ‘to have an interest in things as they are, in the status quo remaining unchanged’ (p. 12).

In the 1970s and 1980s, out of which Sontag was writing, a new critical vocabulary derived from Marxist, psychoanalytic and cultural studies began to be applied to photography, highlighting the politics of representation in which photography was deeply implicated. Marxist critic Simon Watney writes of photographs being ‘no more, and no less, than fragments of ideology, activated by the mechanisms of fantasy and desire’ (p. 196). Ideas of beauty and truth began unravelling during this time, although they barely affected journalism or advertising. In the mid-1980s, Holland, Spence and Watney were arguing that

photographs do not simply offer us commodities for vicarious consumption – they also offer us identities to inhabit, constructing and circulating a systematic regime of images through which we are constantly invited to think the probabilities and possibilities of our lives. (p. 1)

The phrase, that photographs ‘offer us identities to inhabit’, is particularly redolent at a time when visual imagery (on television, at the movies) increasingly saturates our imagination with the possibilities for a life fulfilled.

In outlining the impact of feminist scholarship on photography, Laura Mulvey suggests that psychoanalysis provided ‘the language and concepts to expand the sexual politics of representation to include, for instance, desire, the look and fetishism. The photograph, in particular, lost its innocent one-to-one relation to reality’ (‘Magnificent Obsession’, p. 142). Her work on Hollywood cinema is applied to pho-

tography during this time, especially the notion of spectator pleasure, which is viewed through particular conventions and traditions especially when it comes to responding to images of women. Holland, Spence and Watney, for example, discuss the way photography ‘endlessly constructs women as compliant willing victims, and men as desired, natural predators’. In this way, ‘photography is seen not merely to reflect external power relations, but to be able to inscribe within its own compass the relations between power and desire, lived sexual experience and fantasy’ (p. 5).

It is from this emergent critical culture that feminist art practitioners began constructing an alternative visual culture that challenged and intervened in traditional fantasies of looking (Pollock). It is Susan Sontag who writes the introductory text for Leibovitz’s book, *Women*, positioning the collection as consciously engaged with these ideas of photography and looking at women:

Nobody scrutinizing the book will fail to note the confirmation of stereotypes of what women are like and the challenge to those stereotypes. Whether well-known or obscure, each of the nearly one hundred and seventy women in this album will be looked at (especially by other women) as models. (Sontag, ‘A Photograph’)

In this way, Leibovitz’s practice as a photographer is directly related to a conscious reframing of the medium’s history.

In her introduction, Sontag historicises the tradition of representing women as models by telling the story of Julia Margaret Cameron, a professional English photographer from the 1860s. Cameron photographed eminent men as themselves, for portraits, and photographed women (and these were mostly women she knew) as models ‘to personify ideals of womanliness drawn from literature or mythology: the vulnerability and pathos of Ophelia; the tenderness of the Madonna with her Child’. This story distinguishes between men being photographed as ‘someone’ and women being ‘something’, in order to place Leibovitz’s project in direct relation to those conventions. In her image of Jerry Hall, Leibovitz draws as much on the historical photographic conventions of picturing beautiful women and constructing

women as beautiful, as she does on the iconography of Madonna and Child. Jerry Hall is not only a model in her 'real' public life, but is also constructed here through a tradition of modelling motherhood. The photograph is called *Model and Her Son*.

What distinguishes this model from tradition, however, is the mingling of motherhood and sexuality and the confrontational look of the subject. Historically, it has always been the artist who has looked at his subject, and this 'gaze' has been assumed to be a masculine mode of visual pleasure known as the 'scopic'. Mulvey interprets the scopic as a predatory, voyeuristic and appropriative gaze of mastery ('Visual Pleasure', p. 87). In this image, however, both the photographer and the subject are women, and both are apparently looking directly at each other during the shot. As a consequence, Hall directly confronts the viewer. The head and eye positions also contravene the convention of representing a mother with head bent, looking down at the child in her arms, in a manner that is adoring and humble and deflects the viewer's gaze to the child, who is rendered centrally important. As Sontag remarks, 'Just as photography has done so much to confirm these stereotypes, it can engage in complicating and undermining them. In this collection, we see women catering to the imperatives of looked-at-ness' ('A Photograph').

I want to argue that Leibovitz's photograph is iconographic, insinuating its way between Christian tradition and contemporary cultural debates around breastfeeding. When one woman framed the Magazine cover and hung it in her kitchen, she recognised the transformative cultural meanings that the image manifested for her and sought to give it a continuing public presence in her living domain. Historically, icons have been images of devotion and didacticism. They embodied a belief in the 'power of paintings ... to convey the presence and qualities of what was represented' and they functioned as an 'example of behaviour' (Tinagli, pp. 156, 162). In a very real way these paintings offered identities for people to inhabit. They were particularly popular before literacy and texts were widely available, and developed a complex visual language to convey particular values. In this century, celebrity icons seem to proliferate as a new mode of worship, of identities we can aspire to, but these are also deeply indebted to their historical counter-

parts. In their book, *Pregnant Pictures*, in which they analyse a collection of photographs of pregnant women, Sandra Matthews and Laura Wexler identify a contemporary mode of looking they classify as 'iconic', which 'adheres to specific images of women that carry a collective cultural weight' (pp. xiv–xv). They maintain that, 'just as the pregnant woman as an individual constructs her sense of self in part from images of herself, so does our society derive a sense of collectivity from the images it constructs and circulates' (p. 2), and the same can be said of breastfeeding women.

What is characteristic of the iconic mode of looking is that it distils cultural meanings from particular images that connect individual viewers with a collective sense of social identity:

In this way, the icon works to bring together the private and the collective. The specifically photographic icon is rooted in an historical moment, but it expresses concerns of that moment in ways that reach beyond its historical particularity. (Matthew & Wexler, pp. 196–97).

Discussing Leibovitz's image of Demi Moore nude and pregnant on the cover of *Vanity Fair*, Matthews and Wexler claim that

the image of a pregnant woman achieved iconic status by publicly appropriating the visual vocabulary of glamour. Leibovitz's photograph mixes the representation of female reproductive power, for so long de-erotized and hidden, with the syntax of an image structured and positioned for voyeuristic, scopic viewing. (p. 201)

As this indicates, Matthews and Wexler are not altogether happy with packaging pregnancy as erotic viewing, going on to argue that pregnant bellies have become commodified, a fashion accessory, a brief blip in the 'normal' thin and even androgynous-looking female body in the world of fashion and magazines. Reading Leibovitz's image of Jerry Hall through the iconic mode, however, I prefer to think that it appropriates and contests a particularly disabling visual tradition of using the Madonna as the model mother, and that the sexuality of the image is vital to its contesting of motherhood as sacred.

## MADONNA AND CHILD

It's interesting that photographic practitioner and theorist Jo Spence also uses the example of the Madonna and Child as an archetypal image that she automatically sought to reproduce as a commercial 'High Street' photographer in the early 1970s. She writes:

Contrary to my belief that I was inventing my technique, I realize with hindsight that my work was totally of its period and influenced by the dominant trends in portrait photography. I had already internalised various ways of encoding photographs from watching others at work, from reading magazines and from the cinema ... I carried this repertoire of images within me, and lo and behold they came out of me in the studio. I can go through countless sets of negatives of sessions of mothers and children and pick out the Madonna and Child endlessly now. There's no way, though, at the time, that I would ever have identified it as such. (pp. 26, 43)

While many women might eschew such traditions now, remnants of this socio-historical inheritance remain strongly embedded in our cultural practices. The first Christmas after I gave birth, my mum sent me a Christmas card with the Madonna and Child adorning the front. She's not usually given to sending particularly religious cards, but this Christmas at which there was a child present for the first time it seemed particularly fitting, and it also drew on a tradition (one of the few) that venerates motherhood. What I hadn't realised before I began this research, however, is that there is also a tradition of depicting the Madonna breastfeeding. Breastfeeding is one of the few corporeal acts permitted of the Virgin Mary in association with reproduction, as Marina Warner notes (p. 201), and yet the tradition of iconising the breastfeeding Madonna is barely noticeable today.

The *Madonna Lactans*, or *Madonna del Latte*, became a hit during the Renaissance. It coincided with a peak of European devotion to the Cult of the Virgin Mary during the fourteenth and fifteenth centuries, and enjoyed a popularity rarely seen before or since. Work by art historians Margaret Miles (on paintings from fourteenth-century Tuscany) and Megan Holmes (on fifteenth-century art in Florence) form the most comprehensive commentaries on these paintings, and I draw on

their work extensively during this section, although the image appears in French, Dutch, German and Flemish paintings of the time as well (Yalom, p. 40). During this time images depicting the Virgin with one bare breast exposed feeding the baby Jesus flourished (see page 121). They could be seen in churches and monasteries as well as being kept for private devotional use.

The image thrived in this particular period in Catholic populations, and its popularity had a lot to do with medical, theological, political and visual preoccupations of the time. Medical theories of the period sourced the origins of breastmilk in the mother's menstrual blood, which had travelled from the uterus through a 'hollow vein' known as the *vasa menstrualis*, passing by the heart which warmed the blood to become white milk (Lacqueur; Price). Inextricable layers of religious and scientific imagery saw this transformation of blood into milk as merciful, 'a divine favour which avoided the repugnant sight of a child with its lips stained with human blood' (Price, p. 147). Breastmilk thus came to operate as an important symbol. In mystical and metaphysical narratives of the time the Virgin's milk could be regarded as a direct means of salvation, of nurturance from the Mother Church, or as a means of receiving intercessory favours from God, as it could also transform Christ's bloody chest wound into a source to suckle. Priests and nuns documented mystical experiences of suckling Jesus as a baby from their own spontaneously lactating breasts, while others described suckling from Mary and Christ. Some male clergy like Bernard of Clairvaux saw himself as a mother suckling his parishioners with the milk of doctrine (Bynum; Yalom; Traina; Williamson). These religious and medical doctrines are all implicated in the emergence of the *Maria Lactans* as an important image during the Renaissance.

Margaret Miles brings our attention to other social, cultural and political contexts pertinent to the period and to the representation of the Virgin. Firstly, she reminds us that there was much poverty and, from 1300 on, famine across Europe, so symbolic reminders from the church of its nourishment of the people through the mother-child relation were received as comforting and supportive. At this time there was also a concerted effort by clergy and 'child rearing manuals' to advise and even preach to mothers from the pulpit to breastfeed their own

infants, rather than give them to a wet-nurse. While this was obviously advantageous in times of famine, it is also linked to the scientific ideas of the time. It was thought that socially 'undesirable' traits of the working-class wet-nurse might be transferred to the infant through her milk/blood, a logic that also made the feeding of animal milk to an infant taboo at the time, lest the infant develop traits of that milk source (p. 198).

For the upwardly mobile middle-class Tuscan woman, however, having a wet-nurse was a sign of social mobility. For her husband, a wet-nurse also meant that sexual relations and fertility would resume more quickly. Marilyn Yalom also notes that a class-based aesthetic was at work as well:

Nursing, a praise-worthy occupation for ancient goddesses and the Virgin Mary, was not considered attractive when practiced by highborn ladies. Many upper-class women, subservient to the eroticised ideal of a youthful bosom, were thus obliged to entrust their babies to wet nurses. (p. 70)

Maternal breastfeeding was therefore met with ambivalence at least, and maybe even controversy, as its differing arguments generated different social meanings. The emergence of paintings and frescoes of the Virgin lactating during this particular period were therefore significant, and 'may have been a deliberate message to women, continuous with popular sermons, urging their emulation of the mother of Christ' (Miles, p. 200). Miles reminds us that, being

accessible to all members of Christian communities on a daily basis, religious paintings were the media images of medieval people, informing their self-images and their ideas of relationship, God, and world in strong and immediate ways. The function of these paintings in conditioning religious and social attitudes cannot be overestimated. (p. 201)

It could even be argued that Renaissance images of the Madonna breastfeeding were mobilised in direct response to these social issues.

While the social politics around the breastfeeding Virgin are important in accounting for the proliferation of the image, the icon was also



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This melon-like breast takes on a queer meaning for breastfeeding: *Melons (At a Loss)*, Patty Chang, 1998, as printed in *HQ Magazine*, March/April 2000.

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immersed in the politics of theology and fine arts, which resulted in the development of some quite specific aesthetic conventions. Theologically, the *Madonna Lactans* emerged from a movement to depict the Virgin as a humble peasant woman – the Madonna of Humility – who was dressed in ordinary clothes, often barefoot, kneeling or seated on the ground (Miles, p. 202), and with whom mortal women could visually identify. The Virgin's readiness to breastfeed indicated her exemplary 'lowliness' (Warner, p. 201), so the *Virgo Lactans* was in keeping with a shift in theology to give more focus to humanness and the human history of Mary and Christ (Kristeva, 'Stabat Mater'). The *Virgo Lactans* emerged in distinct contrast to the immediately preceding tradition of representing Mary as the Queen of Heaven: as an elaborately ornate, crowned, bejewelled empress attended by angels and worshippers. The new visual images of the Madonna humbly breastfeeding characterised her as an accessible, sympathetic model with whom ordinary women could identify. Bartolomeo Pellerano da Comogli's *Madonna of Humility* from 1346 demonstrates this movement (see page 122).

There was however a tiny problem in representing the Virgin with one bare breast, and that was the obvious temptation to view her partial nudity through an erotic rather than a devotional gaze. The potentiality of erotic attraction was not altogether detrimental, however, as it was understood that subliminal erotic associations could intensify the religious doctrine being presented (Miles, p. 203). Particular visual conventions were developed to try to separate the sacred from the sexual, the divine power of the Virgin from her mortal counterparts, her nourishing and sustaining symbolic function from the messy bodily act of breastfeeding. This was done by framing the image in gold so that it was clearly a religious *imago*. The Virgin's one bare breast was often partially covered by her gown, but never with any suggestion that her clothes are in disarray, as after an erotic encounter. The breast was often displaced, sometimes to the bizarre level of her collarbone, and was often distorted in size and shape (Holmes, p. 169). It often appeared detached from her body, rather like an appendage or a piece of equipment. This became known as the 'signed' breast, and the other side of her chest is absolutely flat (Miles, p. 204). A good exam-

ple of this is Lorenzo Monaco's *Madonna of Humility*, which is from quite late in the popular tradition, in 1420 (see page 123).

These conventions were prevalent until the mid-1420s, but then came under pressure when dominant art practices shifted to favour pictorial naturalism (Holmes, p. 175). Naturalism demanded that the human figure should be depicted as anatomically correct, which made the non-realistic markers of the devotional gaze difficult to sustain. It would hardly do to depict a 'naturalistic' Virgin with a 'signed' breast floating over her collarbone. Some male artists continued to paint the *Madonna Lactans* by extending the range of conventions, such as elevating her onto a throne, surrounding her with angels above and saints below, and increasing the gold background and framing. We can see this in Rogier Van der Weyden's *Virgin and Child*, which was painted around 1430–1440 (see page 123).

However these efforts were often at odds with the naturalistic style of the painting, and the popularity of the *Madonna Lactans* gradually dwindled as her representation became overdetermined by the increasingly complex politics of art and theology. At any rate, by the 1450s wet-nursing was generally accepted as commonplace and wet-nurses even began appearing in the background of paintings. As curator Melissa Katz reminds us, Protestant reforms of the 1500s 'dispensed with' visual art, often destroying it in preference to text and the oral word, giving rise to secular genres of art (p. 73). I find this history particularly interesting, especially as it rarely emerges today. With the history of pictorialising breastfeeding women unavailable in the public domain, breastfeeding is kept hidden as a private event, contributing to the outrage of breastfeeding in public. The contest between erotic and devotional spectatorship, however, is perhaps what still defines the continuing tensions of breastfeeding in public, which is still represented as scandalous in today's media.

#### SHERMAN'S HISTORY PORTRAITS

It is noteworthy, then, that another New York photographer, Cindy Sherman, momentarily revived the tradition of the *Madonna del Latte* in her series known as the History Portraits. It is the extremes of artifice involved in this tradition that Sherman, parodies. When awarding

Sherman the International Award for Photography in 1999, the Hasselblad Foundation described her work as ‘iconic in contemporary art’ (Hasselblad Award). Like Leibovitz, Sherman’s work is directly engaged with the concept of models, and with impersonating stereotypes of women. Using herself as the model, Sherman makes herself over using clothes, wigs, masks, prosthetics, backdrops, expression and gestural conventions. Sherman constructs modelling (and therefore the image) as a kind of performance, a staging or a mask: as artifice. In the History Portraits series, photograph *No. 216* mimics the conventions of pictorialising the lactating Madonna (see page 124).

The most notable feature is the ‘signed’ breast, which is quite literally disembodied as a prosthesis placed at the exact centre of the photograph with a prominent nipple. It is the unavoidable focus of the viewer’s attention, and yet it is neither erotic nor devotional. By picturing the breast as an actual appendage, Sherman highlights the artifice of photography and also satirises the conventions used to avoid the erotic gaze in the Renaissance era. The face is also a literal mask, as we can see the unhidden seam where mask meets skin, drawing attention to the divertingly fake high forehead. Critics often make the point that most of Sherman’s series are simulacra – copies without originals (Osaki). They are not based on actual film stills or history portraits but call up their conventions so closely that they look ‘authentic’. In the case of *No. 216*, however, Sherman parodies an actual historic portrait: Fouquet’s painting of *The Virgin of Melun* (see page 124).

By choosing Fouquet’s work as her model, Sherman is already questioning the conventions of the visual tradition and its entanglement in social and political issues of representation. This painting of the Virgin and Child is located at the end of the popularity of the *Madonna Lactans*, and exhibits some of the difficulties of viewing Christian iconography as more devotional than erotic. It caused much controversy in its time because of Fouquet’s model, Agnès Sorel. She was a famous beauty, reputedly the mistress of the king of France, Charles VII, and said to have had four children with him. Warner notes that the king’s treasurer, Étienne Chevalier, was so ‘bewitched’ by her that he commissioned this portrait (p. 276). It is Sorel’s reputation that

tarnishes the depiction of the Virgin and Child. Public knowledge of her sexuality and the depiction of her breast as erotically swollen and spherical made her modelling of the Virgin Mary blasphemous. What is more, she definitely has two breasts, rather than the singular symbolic breast. She is also represented in highly fashionable dress and with high-shaven forehead, as was the trend, rather than the humble clothing traditionally befitting the Madonna, and her throne is as richly and lavishly bejewelled with pearls and gems as her extravagant crown. This is no humble Virgin. It was Fouquet's representation of a real (desirable) woman as a highly fashionable model of beauty posing as the Madonna that transgressed art conventions of the time. The links between the sacred, secular and sexual are rendered much too intimate.

Other Sherman portraits are also concerned with the artifice of historical representations of maternity in general and breastfeeding in particular. The untitled photograph *No. 222* is of a wet-nurse with two hugely ponderous fake breasts; *No. 223* portrays a Madonna-like mother suckling a baby on a plastic dome; and *No. 225* shows a woman holding one bared breast between her first two fingers with a drop of milk dangling from an exaggerated nipple, and surrounded by the blue associated with the Virgin. As the critic Elisabeth Bronfen argues, 'Sherman deconstructs the tradition of Western iconography, which equates Woman with Image. She discloses the performance of femininity as a fake' (p. 51).

Two other contemporary photographic artists, Ros Coward and Jo Spence, discuss the visual representation of breasts and comment on the way that breasts are often still treated as though they are disembodied. They relate this to breastfeeding literature when they write that

weaning pamphlets show no real understanding of what breast feeding is like. The kind of demands the child makes around the breast are not always to do with food, but quite often to do with comfort and sexuality of a certain kind. But state literature treats the breast as something fragmented ... The state treats them as equipment. (Coward & Spence, p. 34)

Spence who, like Sherman, uses herself as a model for her photographic work, talks about using 'the camera as a weapon' in order to challenge

‘the kind of images we inhabit or are encouraged to inhabit’ as women (Coward & Spence, p. 24).

But while Sherman satirises the earlier visual depiction of the Virgin, her retrieval of the *Madonna Lactans* tradition is quite different to that of Leibovitz. Leibovitz quite decidedly incorporates markers of her model’s sexuality and yet the gaze is neither erotic nor devotional, but remains iconographic. While Sherman’s work is iconoclastic, Leibovitz is remaking new icons that are more relevant to contemporary values and yet retain reference to the visual tradition of representing mother and child. And yet, in the broader picture there is still something essentially conservative about the photograph: it models a code of heterosexuality that appeals to men’s fantasies, in a limited sense, and it also models relations between mother and son, in another kind of Oedipal fantasy. Relations of desire between mother and daughter, between women, and even maternal eroticism remain unarticulated, if not invisible, in this iconography.

#### A QUEER CONCLUSION: EATING BREASTS

For an even more provocative image of breastfeeding, the work of New York photographer and performance artist Patty Chang is worth pondering. *Melons (At a Loss)* was first brought to my attention when it was published in the March/April 2000 edition of the now defunct *HQ Magazine*. It is both a performance and a set of images of Chang eating her ‘breast’ (see page 125). Underneath the photo, it explains:

As she tells a story, she digs a spoon into her left breast which is half a melon, eating some spoonfuls and putting others on a plate balanced on her head. The performance is messy, she speaks with her mouthful, telling some family tale that you don’t get on the first listen. But it doesn’t matter, the image of a woman eating her own breast is arresting in its own right. (*HQ Magazine*, March/April 2000, p. 17).

Chang’s performance centres on the symbolic breast as a source of food, but never has it been considered a source of food for women. If it’s not babies being fed from the breast, then it’s men as sexual partners or as Christians in need of nurturance from the Mother Church. Metaphors

of fruit are often used to imagine and eroticise breasts and their qualities (Spiegel & Sebesta, p. 432), and for me Chang's use of melons has a curious resonance with Fouquet's *The Virgin of Melun*. But in Chang's image the usual association of melon-like breasts with pleasure or sensuality or even redemption is neglected. The armoured protection of the substantial bra slit open, the plunging action of her hand and the serious facial expression make this performance of breastfeeding much more ambivalent. The erotic gaze is denied incarnation, as carnality here borders on cannibalism.

Chang's performance at the Sydney Gay and Lesbian Mardi Gras, and her exhibition in conjunction with those appearances in 2000, can be read as 'queering' the meanings of breastfeeding. Film theorist Barbara Creed suggests that conventional, heterosexual narratives are contested by queer readings, which explore sexuality as 'a series of practices, discourses and social relations' (p. 156), often through strategies designed to shock and often through a visual medium. Chang's performance does question the usual practices, discourses and social relations of breastfeeding. There is no child involved in this act of breastfeeding, and so there are no social relations beyond the relation between viewer and image/performance. It deviates from any form of current breastfeeding narratives, so much so that we barely know what to make of it. It is 'queer' in its very broadest sense. In this regard, it can be linked to Pam Carter's conclusion, after a study of breastfeeding literature, that breastfeeding is an 'overwhelmingly heterosexual subject' ('Breast Feeding', p. 116). In contrast, Carter advocates that breastfeeding may well provide the chance for women to experience their breasts and sexuality in ways other than the usual dominant heterosexual understanding, and that research into the experiences of lesbian mothers may provide an important source of subversive thinking. In addition, she advocates further thinking around the lesbian gaze: 'The heterosexuality of both breasts and breastfeeding is significantly defined through the visual. Breasts have a central place in male-defined visual sexual pleasure ... Lesbian looking may suggest other ways of thinking about the sexuality of breasts' ('Breast Feeding', p. 116). Chang's queer breast may well be the beginning of such a proposal.

For the more ordinary woman, though, perhaps Jerry Hall is icon enough, or maybe even everyday photographs are enough to inspire us to challenge the image of motherhood as soft-pink humility through a Vaseline-smearred lens. Perhaps the photograph of Kirstie Marshall printed in Australian newspapers during February 2003 is inspiring enough (see page 127). Surrounded by the posh green leather of parliamentary benches and flanked by her mother waiting to take the ten-day-old baby girl, Marshall sits breastfeeding in her professional black suit and short blonde hair, face serious and gaze directed at the activities of parliamentary debate. This is not a staged photograph, in the sense that no-one is self-consciously 'modelling', but its conventions are as far from the legacy of the Madonna as Leibovitz's portrait of Hall. Perhaps this is why it is so compelling and created such a public furore (see chapter 3). It is the lived practice of such anti-conventionality that provokes so much social anxiety, as the power of symbols like the Virgin are diluted and remade by contemporary women. Photographs like these provide crucial images through which to imagine other possibilities and meanings for breastfeeding.



# RACIALISING BREASTFEEDING

black breasts, white milk

I did not notice for some time that all of the images in the last chapter that I argue are so powerful in modelling maternity are of European or white women, except for Patty Chang's queer image, in which she is childless, so not necessarily maternal. When I did realise this, I wondered what that would feel like if I were a black woman: is whiteness an unacknowledged marker of ideal motherhood in visual culture? After some work I did in fact find a rich tradition of black Madonnas, although none are represented breastfeeding in the way of the *Madonna Lactans* and you really have to work to find them. If my Western heritage of the divine white mother as the Virgin Mary is so normalised, I wonder how this aspect of settler culture impacts on Indigenous women in Australia? This direction of my research is tricky because it raises thorny questions about personal understandings of race and racism, but when I started visiting Aboriginal and Torres Strait Islander health services and also migrant health services to see what kind of stories about breastfeeding were important, I realised that I couldn't ignore race relations in rethinking breastfeeding.

Because the Madonna is such a powerful model, the link the image makes between maternity and the sacred is probably quite fundamental. While Christianity is a tradition imported to Australia after colonisation, it is often noted that Indigenous populations in Australia assimilate missionary teaching into their own spiritual frameworks (McDonald), as do other colonised peoples (Anzaldúa). A newspaper reporter, for example, recently wrote a feature story on the Virgin as



‘a big strong woman’ according to ‘Mollingin’s Dreaming’ in the remote southwest of Australia (Toohey, p. 11). An *Aboriginal Madonna* oil painting now installed in the Catholic Cathedral in Darwin appeared on the cover of *Australian Book Review* for its Christmas edition in 1963, its French artist having faithfully reproduced patterns from Aboriginal bark paintings and artefacts. If the cultural associations that prevail over the Madonna as the idealised mother are racialised in various ways, then we can anticipate that the kinds of written texts about breastfeeding and its meanings are similarly racialised. And if Indigenous populations have a habit of transforming those Western stories to sit comfortably into their own cultural understandings, then I wonder what the story is with breastfeeding?

There are problems with using the term race, which I need to outline at the onset. Historically the term has been used to cluster together a disparate range of people who, it was imagined, share biological traits that affect their physical and cultural attributes (Hollinsworth; Alcoff). Race is now understood to refer neither to biological nor genetic similarities; rather, it is a social construction, an imaginary concept, which is often used to separate ‘us’ from ‘them’, and more often used as an index of power to bolster white superiority (Markus). While the concept of race is metaphorical rather than actual, racism nevertheless has real effects on real people, as Indigenous populations undergo massive deprivation and discrimination.

As a white Australian, my knowledge of Indigenous maternal practices can only ever be partial, and in this chapter I have drawn solely on textual sources, which themselves are limited. These sources, however, form the most widely available material about Indigenous breastfeeding, so it is important to see what kinds of stories they tell and what sorts of meanings they provide for white Australia about Indigenous maternity. I also acknowledge the disparate histories, practices and people that constitute Aboriginal and Torres Strait Islander populations over the continent of Australia. The kinds of documents and practices I use in this chapter are in many ways arbitrary rather than representative, but I use them because they add to the layers of contradictory stories and texts about breastfeeding and undo some of the common assumptions and values around maternity.

In Australia I have found that beliefs about breastfeeding and maternity intersect with other powerful stories of the nation's social history. I begin this chapter by reading Australia's formation as a nation through ideas of maternalism and race. These are then shown to have a prevailing presence in the medical literature produced for and about migrant and Indigenous women in not particularly helpful ways, thereby affecting race relations in contemporary Australia. As a counter-narrative, I gather some alternative stories documented from Indigenous sources about breastfeeding which seriously disrupt the dominant model and suggest new areas of meaning for the intersection of breastfeeding, race and gender in contemporary Australia. But firstly, let's briefly trace some of the connections between maternity and nationhood since 1901.

#### THE BREASTFEEDING NATION

Breastfeeding has often been linked to the project of nation forming. Literary critic Mary Jacobus traces the 'patriotic uses of milk' during the French Revolution, when the Republic was allegorically imagined as a breastfeeding mother, and breastmilk from the mother (rather than a wet-nurse) became a prevailing symbol of the Age of Reason. Jean-Jacques Rousseau's famous novel *Émile* remains the most enduring fiction from the time, exhorting women to personally nurture future citizens (see Blackwell; Wiseman; Lastinger). Journalist Barbara Sichtermann reminds us that breastfeeding was obligatory in Nazi Germany, and women were awarded a medal – the *Mutterkreuz* – for rearing four or more children according to the Nazi regimen. More recent histories of breastfeeding from the United States confront the country's legacy of employing black women as wet-nurses and slaves (Blum; Fildes), where reproduction was a commercial enterprise for slave owners or, as in Toni Morrison's powerful novel, *Beloved*, breastmilk was something else that could be stolen from black women. In Australia, the vestiges of racism as they relate to breastfeeding practices are not quite as clear or as blatant, but are nevertheless insidious and powerful.

The meanings of maternity in Australia are apparent in constructions of race since white contact (McGrath) but the constitution of the

nation at Federation in 1901 is generally used as a moment in which those attitudes were formalised into policy and legislation. For example, one of the first Bills to be passed was the *Immigrant Restriction Act of 1901*, otherwise known as the White Australia Policy, which limited the entry of non-white people into the new nation-state. At the time, white birth rates had dropped dramatically (warranting a Royal Commission in New South Wales in 1904), and social Darwinism prompted fears of the degeneration and decline of the Empire and imperial civilisation (Lewis). While historian Patricia Grimshaw and colleagues point out that this demographic, in which birth *and* death rates dropped, was later recognised as a trend in all modernising nations (p. 195), maternity was increasingly co-opted as a nationalist and imperialist project, as both Church and State implored all white women to go forth and breed in the interests of the nation and the health of the race (Lake; Philippa Smith).

At the same time, the first wave of feminist activists were arguing for women's right to control their own bodies and its fertility through the newly available mechanical contraceptive devices. Women's lobby groups saw the advantage of valorising motherhood, though, as a lever to acquire greater social and political capital for themselves at a crucial time in the development of the nation. In comparing the tactics of Australian and Canadian feminist writers of the time, Cecily Devereux suggests that these two countries may well have succeeded in gaining the vote for white women earlier than their British counterparts as a result of their 'use of a much more persuasive, race-based (and deeply racist) rhetoric ... Women made a bid for the vote in the settler colonies by arguing that they were needed to swell the ranks of the white electorate' (p. 180). The convergence of these fears around the establishment of Federation meant that they became enshrined as national culture. As Indigenous historian Aileen Moreton-Robinson states, 'Notions of race are closely linked to ideas about legitimate ownership and formation of the nation with whiteness and nationality woven tightly together' ('Troubling Business', p. 349).

Despite their success in gaining suffrage, white women were expected to participate in nation-building not through public affairs but as 'mothers of the race': the reproduction of fit, healthy, white

citizens to populate the new white nation was described as the patriotic duty of all women in official documents of the time (Grimshaw, p. 207). Citizenship was thus equated with maternity for white women during this time, a position which was ambiguously beneficial and yet confining (Grimshaw, p. 207). The pressure to populate became increasingly engineered through the mechanisms of government and science, with expert advice emerging from newly established child-welfare clinics, childcare professionals, women's hospitals and 'mothercraft' educators dedicated to what sociologist Kerreen Reiger calls a 'scientific and rational ordering of family life' (*Disenchantment of the Home*, p. 241). The exclusion of Indigenous women – in fact, all non-white women – from citizenship and expectations of motherhood was made manifest in the approval of the Maternity Allowance in 1912. Linked to campaigns about women's jobs and wages, the 'baby bonus' of five pounds for every live birth accompanied by a medical certificate (impelling women to use medical services) was restricted to white mothers. Aboriginal, 'Asiatic', Papuan and Pacific Islander mothers were not eligible for the payment, even though 'illegitimate' children of white mothers were controversially included (Grimshaw, p. 206).

Ongoing efforts to dilute blackness from the nation saw the forced and systematic separation of Indigenous children from their mothers. Aboriginal women were understood to be the teachers of Indigenous cultural, language and social identity, so official policy to separate mothers from their children was part of a systematic strategy 'to prevent the reproduction of Aboriginal forms of knowledge' (Brock, p. 135). The symbolic violence of this act is evident in the example of bottles of diluted black tea being substituted for mother's milk and fed to babies at the Moore River mission in Western Australia (Haebich, p. 391). All Aboriginal people were under strict regulation and severe limitation through acts like Queensland's *Aborigines Protection and the Restriction of the Sale of Opium Act 1897*, but women as (potential) mothers and transmitters of culture were the central figures around whom reforms were designed.

The White Australia policy did not go uncontested, as historian Fiona Paisley shows in her study of the activism of white women during the first half of the century who defended the rights of Indigenous

women through the common value of maternity (*Loving Protection?*). Campaigner Vida Goldstein's cry of 'Maternity is maternity, whatever the race' is emblematic of such lobbying for 'protection' from eugenic Commonwealth practices. White women's actions were often limited, however, by their own social understandings of race and nation. Moreton-Robinson points out the irony that 'Indigenous mothers, judged by the standards of white motherhood and deemed to be unfit, had their children removed from them, usually by white middle-class women who worked for welfare agencies' (*Talkin' Up*, pp. 166–67), and Paisley notes that the efforts of white women activists in the interwar years were towards ensuring the progress of white civilisation by encouraging Aboriginal women to adopt the 'high' standards of 'civilised' white living (p. 152). Anthropologist Margaret Jolly describes these changes in colonised countries as both a colonial and a modernist enterprise, which sought to 'clean up' birth, not just through hygiene and sanitation methods but also through the governance of women's bodies. This meant a changed maternal relationship,

to ensure that babies were only fed at regular intervals, that mothers did not spoil their children but inculcated discipline, that mothers concentrated their attentions on their 'own' children and did not disperse their maternal affections unduly. There was thus from the colonial period new forms of 'rationality' applied to maternity and Eurocentric forms of psychology promoted which proclaimed earlier forms of mother love as sloppy, deficient or irrational (and thus gave issue to 'the lazy native'). (p. 4)

Ideas and policy around race and reproduction in Australia during the first half of the twentieth century were therefore deeply embedded in the project of modernisation and rationality, of what was later to be called the 'racism of science'. Race was understood to be based on a set of behavioural and moral characteristics that were correlated to skin colour – assumed to be biological and genetic – and that functioned in the imagination of the colonisers to naturalise their social superiority (Markus). In this paradigm, Indigenous women were hailed as maternal because of their 'primitivism' (Paisley, *Loving Protection?*

pp. 70–93). Their ‘indulgent’ child-rearing practices, however, in which the child is given whatever it wants and is breastfed for three years and beyond, was deemed as ‘neglect’ when compared to the current Western practices.

In Western culture at the time, social psychology and medical science were increasingly diminishing the idea of maternal love being natural or instinctual, instead promoting medical regulation and surveillance and timetabled regimes for dosing out motherlove and breastmilk (Grimshaw, p. 228; Paisley, *Loving Protection?* p. 79; Reiger, *Disenchantment of the Home*). As anthropologist Annette Hamilton argues, this European model of parenting assumes that ‘there are objective needs of children, which can be determined scientifically’ (p. 128), directly contradicting the Aboriginal forms of parenting she documents, which assume that the child knows its emotional and physical needs and will ask for those needs to be satisfied (p. 129). ‘Maternal neglect’ thus became a justification for state intervention in maternal relations. Mary Bennett was one of the few outspoken white critics of child removal policies in the early 1930s who defended Aboriginal women as caring mothers:

Many children are parted from their mothers, whose love and care they miss. They feel that they are never safe from police interference, for they may be removed at any age. Aboriginal mothers, before their children are born, go in fear of having their half-caste children taken from them and their children bear the marks of such fear. (Bennett 1933, cited in Paisley, *Loving Protection?* p. 82)

There is also irony in the fact that while Aboriginal women were excluded from government allowances and maternity hospitals and grieved the forced removal of their children, white women were seeking to restrict their own fertility and avoid motherhood (Grimshaw, p. 228; Huggins, p. 27). Paisley argues that ‘the point to be emphasised here is that childhood, motherhood and womanhood under White Australia, cannot be viewed outside of racial constructions of difference’ (‘Feminist Challenges’, p. 269). The White Australia Policy underwent changes until it was finally abolished in the late 1960s, but while the

government introduced alternative policy, shifting already established assumptions about race was more difficult.

Assimilation policies introduced in the 1950s sought to integrate Indigenous and migrant Australians into mainstream society and services, but this still meant that lighter-coloured Indigenous children were removed to white foster homes to be integrated into the dominant culture. It also meant that having been banned from maternity hospitals during the first half of the century (Grimshaw, p. 228), Indigenous women were then compelled to attend to the requirements of Western medical culture and hospital policy, often being transported hundreds of kilometres from their land and communities in order to comply. Women from the Torres Strait Islands, for example, were transported to Cairns, about 800 kilometres away, to have their babies, despite the recognised importance of birthing on homelands.

Almost all aspects of reproduction were increasingly medicalised over this period, and access to medical services now meant that Indigenous women were newly designated as patients in another form of colonial relations. A later change in government policy in the late 1970s towards self-determination meant that the Aboriginal and Torres Strait Islander Health Service (ATSIHS) was established to carry on the project of Western medicine, often training and employing Indigenous health workers as conveyors of medical culture. During this time migrant health services were also established, and breastfeeding itself became increasingly medicalised. It is no surprise, then, that texts about breastfeeding and race are dominated by medical discourse.

The depth of trauma involved in the nation's race relations in the twentieth century was brought to public white attention with the controversial 'Stolen Children Inquiry' by the Human Rights and Equal Opportunity Commission (HREOC), whose report, *Bringing Them Home*, was published in 1997. Historian Jackie Huggins says that her position as Queensland Co-Commissioner for the Inquiry was the hardest job she has ever done, besides being a mother (p. 142). She writes that

We Aboriginal people are all products of the stolen generations, whether we were taken directly from our parents or not.

Being shunted around and incarcerated on Aboriginal missions and reserves meant that people were stolen from their country, which in many ways is just as devastating as having been stolen from your parents. (p. 136)

The report also stressed that ‘the past is very much with us today’ (HREOC, p. 3), with one submission noting that ‘children are still being removed from their families at an unacceptable rate, whether by the child welfare or the juvenile justice systems, or both’ (pp. 3, 425). Paisley notes that the reaction of many was to regard this recorded past as evidence of ‘the wrong-thinking of Old World Australia – evidence of its misguided humanitarianism, misinformed biology, or a combination of both – representing a regrettable chapter in a larger, more glorious story’ (*Loving Protection?* p. 2). She suggests, however, that ‘we resist the desire to artificially separate the apparently transparent wrongs of the past from what appears in contrast to be the opacities of the present’ (*Loving Protection?* p. 3).

Dispossession in its many facets has been acknowledged to have had a dramatic impact on Indigenous culture and contemporary lives, but how are women affected by a century or more of being denied maternity, or having its worth doubted (through the removal of children or enforced sterility)? How is maternal identity affected and shaped by such historical legacies? In what ways is the embodied experience of maternity affected? While current policies (including health services) seek to enhance the prospects of Indigenous lives, many still represent black women’s bodies as deficient, suggesting the continued reproduction of colonial power relations. This is manifested particularly in medical and nursing texts that discuss breastfeeding and race.

#### WAYS OF EMBODYING WESTERN CULTURE

Breastfeeding is generally narrated as a practice that dwindled in Western nations from the 1940s (coinciding with the need to rationalise and measure milk intake) and then began increasing in popularity from the 1970s (coinciding with women’s revaluation of their bodies). These patterns are generally the same for Indigenous and non-Indigenous



women. While government policy now seeks to increase breastfeeding rates and duration nationally, this is said to be even more urgent for Indigenous women. The Commonwealth published a review in 1998 of breastfeeding and infant nutrition services provided for Aboriginal and Torres Strait Islander communities, undertaken by the Office for Aboriginal and Torres Strait Islander Health Services (OATSIHS). This review summarises that Indigenous Australians have lower rates of breastfeeding than non-Indigenous Australians, except where they live a traditional lifestyle (OATSIHS, p. 1). Statistics supporting this statement are stark: the review cites a Western Australian study by Gracey in 1983, which reported that in remote communities 100 per cent of babies were breastfed at three and six months and 90 per cent were still breastfed at two years, a finding supported by other studies. In contrast, studies in Victorian and Northern Territory *urban* areas in the mid-1990s indicated that between 85 and 93 per cent of Indigenous babies were initially breastfed; this dropped to between 50 per cent (Victoria) and 39 per cent (NT) by three months (OATSIHS, p. 5).

Statistics like these continue to position Indigenous women as neglectful mothers, unconsciously carrying on the kinds of ideas used in the first half of the twentieth century. The dangers of introducing solid foods early and giving inappropriate fluids were also widely noted in the reports, another ironic reminder of that era of bottled black tea. As well as being constantly represented as having lower rates of breastfeeding than non-Indigenous women, or of ‘failing’ to continue breastfeeding, Indigenous women as a race are characterised as ‘failing to comply’ with appointments for ante- and postnatal care, continuing the figure of the ‘lazy native’ that Jolly identifies and dismissing any possibility of agency or resistance. Studies often suggest that further education is the key, assuming that Indigenous mothers haven’t yet learned the appropriate lessons of how to be a proper patient in the medical system.

The OATSIHS review also notes that Indigenous women are over-represented in high-risk groups (with mothers prone to diabetes and low-birthweight babies). Maternal embodiment is thus told in terms of racial predispositions (for diabetes and infections, for example). Even if an identifiable group of white mothers were prone to low-birthweight

babies (just as cigarette smokers are in some studies), it is unlikely they would be categorised as ‘high risk’ according to their race. This becomes particularly enduring in discussions of urban Indigenous mothers, who seem caught between the ideas of rationality and primitivism that revolve around culture and bodies. The disparities between urban and rural rates, however, highlight the limited usefulness of the idea of race, as breastfeeding rates in these instances are more dependent on location, or on urban and rural cultures, rather than on innate qualities of race. This is supported by research in Victoria which suggests that Koori women stop breastfeeding for reasons similar to those of non-Indigenous women in the same region (Holmes, Phillips & Thorpe). This is surely a convincing argument for understanding breastfeeding as a cultural practice.

In making these points, however, I don’t want to understate the medical issues that pose real threats to the survival of babies: a much higher proportion of Indigenous to non-Indigenous babies encounter infections, hospitalisation and even death in the first years of their life, with infant mortality rates still three times higher than the national average (OATSIHS, p. 9). While the idea of race might be used unsatisfactorily in medical texts, the impact of a racist colonial history continues to be played out on real bodies. My interest in these texts is to do with the way they continue to support an imagined set of assumptions about black women’s bodies. There is, for example, an unexpected relation between breastfeeding and infant mortality: in traditional communities, where breastfeeding is high, infant mortality is generally high also; in urban areas, where breastfeeding is low, infant mortality is lower. This correlation is not addressed in the OATSIHS review; its objective is to promote breastfeeding, so it cites research that links breastfeeding with the reduced incidence of infection and other disease in support of its argument. Hamilton, however, suggests that in north-central Arnhem Land where she worked,

the combination of constant lactation and a high infant and child mortality results in the maintenance of a more or less steady population ... the consequence of ceasing lactation, e.g., through the introduction of bottles and tinned milk combined with the provision of medical assistance, which reduces

the level of infant mortality (even though it still remains relatively high, and for reasons different to the pre-contact period) at one step removes the natural controls on population growth, and the result is a massive expansion of population in a relatively short period of time. (p. 129)

This complex site of bodies, histories, cultures, and even structures of knowledge, is thus oversimplified in medical disciplines, as it can be in any discipline. The potency of the idea of race, however, renders this simplification easier because it complies with historical colonial understandings. Health worker Adele Murdolo suggests that the media discussion about the current ‘population crisis’ caused by women delaying or even deciding not to have babies is only significant because it is about white women – that it is still a debate about white civilisation decaying and that the capacity of Indigenous and migrant women to have children in Australia has always been limited and confined.

#### CLASS AND MIGRATION

Some medical studies have focused on the pernicious effects of poverty by linking the commonalities in breastfeeding practices between Indigenous women and women in lower socioeconomic groups; these studies also correlate lack of education, obesity, teenage mothers and mothers with short intervals between children to low breastfeeding rates. The OATSIHS review also states that Indigenous women are over-represented in these groups. Negative assumptions about class, however, often lead to stereotypes that are just as disabling as race. Linda Blum and Pam Carter, in the United States and United Kingdom respectively, suggest that public health texts oversimplify reasons for low breastfeeding rates amongst working-class women (Carter, *Feminism, Breasts and Breastfeeding*, p. 104; Blum, p. 120). They suggest not only the practical provocations that might accompany a decision to stop breastfeeding, but also a more culturally inculcated understanding of maternity that hinges on middle-class resources and ‘respectability’ (including stable relationships and marriage), and how this becomes quite literally embodied. Blum describes working-class

women who perceive that their bodies ‘fail’ them in maternity, while middle-class women maintain a more positive sense of their maternal embodiment, even if they struggle or ‘fail’ to breastfeed. Blum also notes that health professionals ‘not only advise [working-class] women *to* breastfeed, but often advise, or even order them, *to stop*’ (p. 120), contributing to defining a particular kind of (neglectful or successful) maternity for particular women. Even though social historian Janet McCalman argues that ‘class has almost disappeared as a determinant of women’s reproductive health in Australia, leaving only Aboriginal women whose health remains that of women in the Third World’ (p. 366), the intersection of class and race if you are poor and black will exaggerate the contradictions around breastfeeding and maternity (see Tice; Abel). Even for high-status, professional, educated, middle-class Indigenous women, maternity is still embodied through complex and intersecting histories and assumptions about race and nation in ways that are invisible for and to most white women.

Similar plots are written into recent studies of Asian and Middle Eastern immigrants and refugees to Australia. Nurse educator Joh Chin Rossiter’s study in the early 1990s found that most Vietnamese-born women bottle feed in Australia, as they believe that this is the Western thing to do and that infant formula available in Australia is superior to that in Vietnam, and because they expect to return to paid work quickly (Rossiter, p. 81). The adaptation in Australia of the practices of Hmong, Turkish and Filipino women and of Chinese, Malay and Indian rites of childbirth and lactation have also been noted (Rice; Yelland et al.; Fok). Despite these studies being undertaken by ethnic women, the dominant medical framework still looks for ways in which women can be more successfully coerced into breastfeeding for longer, while respecting their ‘traditions’. Ironically, their ‘traditions’ often involve breastfeeding well into toddlerhood, but the transformation of their identity into Australian immigrants has meant they have adopted the dominant paradigm, which is ambivalent about breastfeeding. Yelland et al. note that their reasons for giving up breastfeeding are the same as those of non-immigrant women – not enough milk, or not ‘good enough’ milk (p. 254) – indicating the dexterity with which immigrant women have adopted the script of their new culture.

Recommendations for ‘cultural sensitivity’ among health workers may therefore be misdirected, as it is the lessons of their *adopted* culture which are mitigating against breastfeeding for these migrant women. Neither is ‘education’ the solution. As Blum notes, the North American women she worked with knew that ‘breast is best’ and did not exhibit a ‘knowledge lag’, despite their low rates and short duration of breastfeeding (p.120). Carter similarly addresses what she calls ‘the racism in health provision’ in Britain, arguing that ‘efforts to address higher infant mortality rates [of black women] are often based on racist thinking and assumptions about cultural pathology’ (*Feminism, Breasts and Breastfeeding*, p. 96). She cites Anne Phoenix’s work on the representation of all Asian immigrant mothers in Britain as being ‘at risk’ which, she argues, ‘is oversimplistic and reinforces the tendency to see “blackness” in itself as the problem’ (Carter, *Feminism, Breasts and Breastfeeding*, p. 96).

By quoting overseas examples I do not mean to compare the representation or the experience of Indigenous Australian women with that of other black women, but to highlight the inevitability that medical studies are framed by the assumptions of medicine and its (white middle-class) practitioners as normative, when both medicine and practitioners are deeply embedded in ideological and cultural paradigms. Neither is my reading meant to condemn the efforts of those who seek to enhance the prospects of Indigenous mothers and babies in Australia, but to analyse the kinds of representations that continue to draw on colonial and modernist understandings of race and maternity. The second half of this chapter turns to some alternative texts that document specific practices of breastfeeding by Indigenous women and collapse some of the dominant assumptions about race and maternity. It’s not surprising that these narratives operate outside and on the margins of the medicalisation of reproduction.

## OTHER STORIES

So the social history of Australia documents a preference for white maternity, and medical studies continue to use ‘race’ as a mitigating factor to account for the failure of mothers to breastfeed and babies to thrive. How then do Indigenous women talk about their

breastfeeding practices? In looking for alternative stories, and stories told by black women, I've accessed written texts publicly available. These offer only a limited range of stories, mostly because they are often written to satisfy government reporting agencies or as conference papers, but they do comprise the public record of Indigenous breastfeeding practices.

Despite their cultural limitations, though, even these documents have quite a different story to tell from those historical and medical narratives I've used so far. They position breastfeeding and its rituals as a tradition and a symbolic part of the entire birthing process, and often combine traditional and Western methods seamlessly. Anthropologist Margaret Jolly notices this trend in many colonial cultures and suggests that 'the meanings of birthing ... are in the process of being reconfigured in a complex pattern of past-in-present' ('Colonial and Postcolonial Plots', p. 19). They offer alternative narratives to counter the common medical versions through their representation of Indigenous bodies and culture as capable and enduring, as belonging and knowing. Alongside the ideas of race and breastfeeding this chapter has considered so far, these representations may be read as postcolonial or postmodern, insofar as they are narratives that are comfortable with contradiction and change, with desire, ambiguity and hybridity. It is in the stories of services initiated and controlled by Aboriginal women that this overlaying of past-in-present practices emerges most strongly. The examples that follow are mostly self-representations by Indigenous women of breastfeeding practices and programs, often embedded in larger narratives about birthing, culture and politics.

It is probably not surprising that these stories emerge from outside of metropolitan areas, where cultural assimilation is less intensified, or maybe only where cultural difference is more visible and transparent to the white eye. Catherine Bridge, for example, regards the experience of birthing in the Kimberley region as a combination of Aboriginal and white medical methods and ceremonies. As a medically trained Aboriginal midwife, Bridge tells the birthing stories of four generations of mothers and daughters, emphasising the changes introduced by Western medicine and the potential for misunderstanding. She stresses

the way knowledge about birth and breastfeeding is transmitted through looking and learning from other Aboriginal mothers and grandmothers, rather than by asking questions, which is what ante- and postnatal clinics expect.

In another example, the Strong Women, Strong Babies, Strong Culture program initiated in East Arnhem Land amongst Yolngu women in 1993 is described by the then coordinator Boyan Yunupingu as a response to the low-birthweight and health problems of Aboriginal babies, *and* as a program that trains local Strong Women based in communities who take on the role of the grandmothers in passing on knowledge about birth and breastfeeding:

The East Arnhem traditional support includes providing information on appropriate bush food and medicine during pregnancy and after as well as for practices such as attending the 'Smoking Ceremony'. This ceremony helps protect mothers and babies from problems and takes place when the mother comes out of hospital. It is extremely significant as the first stage in a new life. The program combines this sort of information with check-ups at the local clinic similar to those that all pregnant women have, so that the important parts of both cultures complement each other. (Yunupingu)

The Strong Women program has been extended to other centres in the Northern Territory as well as to the Pilbara, Kimberley and Cape York areas (OATSIHS, p. 76). It is regarded as successful largely because it can be measured in two ways: as an improvement in medical statistics (Mackerras) and as the legitimisation of complementary cultures, which is what Yunupingu does when she says that 'In East Arnhem Yolngu (local Aboriginal) women experience very few breastfeeding problems. In the communities where this program has been run, women still usually breastfeed and have very few problems, dealt with using bush medicine' (p. 255). Even if it is the Western medical practices that are credited with improving 'success rates', the combining of Western and Indigenous practices in an environment controlled and implemented by Indigenous bodies is obviously potent, as these stories indicate.

The smoking ceremony emerges in many reports as a significant part of Indigenous breastfeeding culture. Catherine Bridge describes it

in the Kimberley region as both symbolic and functional: the mother's breasts would be rubbed with white clay and 'smoked' to 'increase and ensure her milk supply', and also to protect the mother and her baby 'from harm and bad feeling from the spirits and [it] signified the child's responsibility to her family and to the tribal culture' (p. 8). But Bridge discusses it as part of birthing four generations ago. A report from the Central Australian Aboriginal Congress (CAAC) in Alice Springs states that smoking ceremonies are still practised after the 'interruption' of hospital (CAAC, p. 7), and describes it as part of women's Law:

We dig that hole, put that medicine leaf, put fire, put that leaf, that smell, then we put baby there, with baby lying down and smoke coming up through the baby – baby can't get sick. After baby we put mother, lying down. First she head, her back, then her tummy and her leg. She can't bleed much now. Smoke stops that bleeding and makes strong. Law way we doing it. (CAAC, p. 6)

Situating the ceremony as part of a continuation of traditional Law that accommodates the Western medicalisation of childbirth may validate the argument that colonised Indigenous communities are much more selective about which aspects of modernity they adopt, in contrast to the settler culture (Ram, p. 139). But such collective agency is not a simple matter of 'choice', but a complex negotiation over time and via the power hierarchies around gender, ethnicity and class (Jolly, 'Colonial and Postcolonial Plots', p. 1). As Moreton-Robinson comments, 'the cultural specificities of ... Indigenous women's lives are enmeshed in historically constructed relations with white people that continue to inform processes of inter-subjectivity in Indigenous and white cultural domains' (*Talkin' Up*, p. 14).

## CONGRESS ALUKURA

Congress Alukura in Alice Springs is probably the most ambitious example I have found of the ongoing negotiation of Indigenous and Western maternity practices, of past-in-present. While first-world feminists are warned against the tendency to mythologise and romanticise traditional childbirth practices (Rozario; Jolly), Congress Alukura



insists on the legitimisation of ‘Grandmothers’ Law’ and the revitalisation of Indigenous knowledge. It began in the early 1980s by consulting Central Australian Aboriginal women from over sixty communities, covering more than 30 000 square kilometres and eleven languages, and found that they were concerned that young women were ‘going to hospital without learning traditional birthing practices and ante-natal and postnatal care according to the Grandmothers’ Law’ (*AIHWJ*, pp. 29–30). A Central Australian Aboriginal Congress (CAAC) report detailing the consultation emphasises the politics of maternity care:

From a medical perspective the problem [of high rates of Aboriginal infant mortality] has been narrowly defined in terms of Aboriginal women not presenting on a regular basis for antenatal care, their practice of bush births and their high absconsion rates from hospital. (CAAC, p. 3)

When women were asked, however, their experiences of antenatal clinics and hospital were ‘lonely frightening and shaming’ due to the form of obstetric care, male personnel, lack of a common language and removal from family support and ancestral lands (p. 4). Hospitalisation also disrupted ‘traditional midwifery and related ceremonial practices’ (p. 4). Antenatal care, which is characterised in the medical literature as pivotal to the ‘education’ of Indigenous women and the reduction of mortality statistics, is found in this report to be a

violation [and] a form of malpractice against their traditional Law. Their fear and bewilderment shapes their non-compliant behaviour and high absconsion rates. Ultimately, what the Aboriginal women are saying is that there is no traditional law in the Alice Springs Hospital. (p. 8)

The use of the third person pronoun suggests that white women may have written this report, but I was told that it was urban Aboriginal women who conducted the process. The report nevertheless repeatedly documents requests for ‘a place where grandmothers can help deliver babies’ (p. 10), ‘our own hospital and our own doctor’ (p. 9), where we can ‘teach them both ways, our own way and the white way.

Two. We've got two lines now' (p. 9). It points out that healthcare delivery has been a one way process (p. 3), with the result not only that Western health providers remaining ignorant of Aboriginal women's culture, but also that Aboriginal knowledge has never informed health provision (p. 5). The 1984 report, *Borning*, redefines birth the Aboriginal way, in that 'borning is not equivalent to Western birthing, but refers to a much wider and symbolic process' (in *AIHWJ*, p. 30). Attended only by women, borning involves having babies 'on the ground': 'their camp, hearth, country, everlasting home token place, life source, spirit and centre and much else all in one' (CAAC, p. 6).

Despite the insistence on traditional practices and philosophies, there is an acknowledgment of change and the need for health services. One respondent noted how in 'the olden time way they can't do anything for things like high blood pressure' (CAAC, p. 10) and if 'I was sick properly, then I'd like to go to the hospital' (p. 9). Another noted that 'in the early days, hospital meant death for Aboriginal people, but today they are happy!' (p. 8). The shift in diet from high protein 'bush tucker' to manufactured carbohydrates, in body image from valuing 'fat and healthy' to 'real skinny with narrow hips', and the secondary effects of living near the Emu Junction and Maralinga nuclear test sites (Carter et al., p. 14) were also cited by Aboriginal women as irrevocable corporeal revisions that now require Western medical attention. Carter et al. note, however, that 'in part, this acceptance [of change] has been compulsory' (p. 13), as one of the Aboriginal women also points out: 'How can we go back our own way, the old way? Nearly all of us, we've got diabetes, we've got lung troubles, blood diseases ...' (in Carter, p. 14). Alongside this measure of acceptance for medical treatment, there were also respondents who insisted on the role of subjectivity, saying 'Technology doesn't help Aboriginal people – it's their self well being that makes things better' (p. 9), and another who linked improved statistics to government policy change towards self-determination:

In the 60s, one in four babies died. Aboriginal people were a depressed society then with the Government running everything. Over the last ten years Aboriginal people have come forward and have started their own organisations – health, welfare, legal and land councils – that's the reason why figures

[statistics] have bettered themselves. It's because of what Aboriginal people have done for themselves over the last ten years that has bettered their health and now with the Congress Alukura it is going to be even better. (CAAC, p. 9)

Congress Alukura was built as a birthing centre on five acres of bushland on the outskirts of Alice Springs in 1992 (Gyia, p. 30). It allows women only onto its grounds, and has provisions for women relatives to reside, Aboriginal women health workers, midwives and a female doctor as well as services to outlying communities. The first birth in 1993 of Corey Whittaker was reported in the *Bulletin* as a mixture of excitement around the birth of the baby and the baptism of the centre: 'we were all crying and hugging and congratulating one another, saying "We've done it"' (Stephanie Bell, in Chryssides). By 1997 the OATSIHS *Review* reported that there had been twenty-one births and records of four thousand women who had used the service, from the original thirty-four clients in 1984.

From these documents, Congress Alukura seems to be exemplary in negotiating the needs of Aboriginal women in a modern medical framework, and yet, the story does not end with ongoing joyous birthing and breastfeeding. As Jolly reminds us, the complexity of making meaning of past-in-present is no simple storyline of improvement or deterioration ('Colonial and Postcolonial Plots', p. 19). In 2001 it was reported at a women's health conference that there had been no births at Alukura since 1997 (Ah Chee, Alley and Milera). There were a broad range of reasons for this, including a lack of funding to provide twenty-four hour seven-day care, which has partly been due to Alukura being seen as an unnecessary repetition of services by government bodies. There were also difficulties finding Indigenous midwives to employ, and with maintaining their level of skill and competence and even their professional status, as the small number of births at Alukura meant that they might not be able to sustain the annual minimum of ten birth attendances required by the Australian College of Midwives to remain accredited professionals.

As well as these bureaucratic and resourcing difficulties, Ah Chee and her colleagues from Congress Alukura identify some shifts in Aboriginal attitudes and desires, including a preference for birthing at

Alice Springs Hospital rather than Alukura so that the male partner can be present, or because they have already had their other children there, because it is centrally located in town, and for other personal reasons. Other sources suggest that at the time the project was a satisfactory meeting of medical and cultural needs, but the women in remote communities chose either to birth on their own land or in the hospital if they wanted medical services; Alukura was a compromise of both. As a result of this shift in Aboriginal women's desires, Alukura sought and made an agreement with Alice Springs Hospital in 2002 for Indigenous midwives to provide continuous healthcare for Aboriginal women in the hospital (McLean; Northern Territory Government).

The original vision of Congress Alukura as a place to revive traditional practices and women's law can perhaps be seen to be diluted because Indigenous midwives now operate within the mainstream hospital, and yet continuous care from the same midwives is a service many other hospitals cannot offer. In addition, there is the suggestion that Aboriginal women are able to practise some of their traditions from within the mainstream hospital. One of the hospital's Aboriginal liaison officers named Linda speaks of incorporating elements of the traditional smoking ceremony into the hospital stay. Concerned that 'lots of young girls wasn't getting their milk through ... we took them down a creek and lit a fire and it made their milk come on quicker. Just went down a creek, gathered some leaf and special grass, just sat around did what we had to do' (Linda, cited in Branagan). The mainstream hospital could thus be a potent site in which to carry out such traditions in terms of modifying medical contexts and institutional regimes to better suit Indigenous mothers.

## CULTURAL MYTHS

If these examples of individual and community practices can be called upon as other stories of competent and cultured black maternal bodies, then they also converge in a another story which reverses usual ideas about knowledge, bodies, maternity, and meanings of breastfeeding. While the *Borning* report spoke of medical care being a one-way process imposed on Indigenous women, a recent program on

Australia's Radio National claimed that Aboriginal women's culture has had a significant impact on the breastfeeding practices of white women in central Australia.

Program producer Leslie Branagan says that when she moved to Alice Springs, she noticed a lot more women breastfeeding in public, while a local lactation consultant claims that rates and duration of breastfeeding in the Northern Territory are higher and more sustained than the national average, not only because Aboriginal women are included in the statistics and usually have more success at breastfeeding and for longer, but also because of the impact of their practices on those of white women. This claim contradicts the statistics cited in the OATSIHS review of only five years ago, but I don't think this matters because of the ways in which those figures are made meaningful. One interviewee for the program suggests that this has taken on the proportions of folklore or popular myth when she says that 'one of the midwives at the hospital did say to me that it was easier [to breastfeed] in Alice Springs because of the tradition of breastfeeding with the Aboriginal women and even though I haven't seen many Aboriginal women feeding in public, in town, I'm sure that that is true' (in Branagan). This mother did not need to see Aboriginal women breastfeeding to accept that it was therefore easier for her to perform similarly in that location.

In this reversal of the usual script in which white subjects are represented as the embodiment of knowledge, Aboriginal women are understood to be a cultural force whose heritage has an impact on white culture. New cultural mythologies are here in the making. One particular story told to Branagan seems emblematic of this revision. Yvette Storey, a Congress Alukura midwife, narrates an incident at a remote community hospital:

There was a non-Indigenous woman that was there who was having considerable trouble breastfeeding and the trouble seemed to come from lack of supply, getting enough milk for the baby. Now, one of the Indigenous practices is smoking, of the baby; they also smoke the breasts to increase the milk supply. Now when the Indigenous women found out that this woman was having trouble breastfeeding they offered their services to assist her in feeding her baby. They embraced this

woman, they took her out and they smoked her breasts. Very soon after that the woman had milk. The Indigenous women would often go in and see that she was doing alright and in the end the woman went home successfully breastfeeding her baby. I feel very honoured to have been able to witness the fact that there was a common bond between these women ... but also within the hospital environment, which is often seen as a negative environment, to see the two different cultures being able to accept each other for a positive outcome. (Storey, in Branagan).

This situation is probably fairly unique, but I find the script reversal compelling. In these stories Aboriginal culture is a powerful and living cultural force, whose performance is capable of transforming the embodiment of maternity. It makes for a very different version of the meta-narrative commonly available to white readers about racial predispositions and low breastfeeding rates, about non-compliance and vulnerability.

These stories suggest that, at a local level, narratives about the meanings of breastfeeding and maternity are being forged in ways that are not generally part of common perceptions, perhaps because they disturb the usual meanings around race and its intersection with gender. In addition, self-representations by Indigenous women produce quite different accounts of breastfeeding practices from those generally available for white readers. Moreton-Robinson privileges such self-representations, claiming that the 'self-presentation disclosed in Indigenous women's life writings unmask the resilience, creativity and strength of Indigenous women and the continuity of colonisation in discursive and cultural practices' (*Talkin' Up*, p. 30). If this is true of the life-writing Moreton-Robinson discusses, it applies also to the papers and reports about breastfeeding practices I have found. Contrary to historical and contemporary medical texts, Indigenous women's accounts act as counter-narratives which can be read through their negotiation of competing cultures and institutions, and they are much more potent in their representational possibilities. It seems that understanding breastfeeding as a cultural practice can only be an advantage in rethinking breastfeeding and race in contemporary Australia.



# ADVOCATING BREASTFEEDING

choice, choice, choice

Choice is a premium commodity in the Western world today, and breastfeeding has become part of an array of choices to be made when you have a child. But this was not always so. The idea that breastfeeding is a choice has only been around since the 1990s, when patients became consumers and clients. But what sorts of choices are really on offer and being made? About two-thirds of the way through *Borning*, a report on Aboriginal women's birthing practices, a state medical worker talks about Indigenous mothers' choice to have their baby in hospital or not: she says,

If they don't want to come here [to hospital], it's their choice. They don't have to and no one forces them ... They can have their babies out bush if they want to. But if they want a healthy baby, they choose to come into hospital. It's their choice. They can choose. (In Carter et al., p. 21).

To choose, or make a choice, is repeated four times here, and while the writers of the report comment that the 'choice' offered here is between fear and death (p. 21), the primacy of the issue of 'choice' in the quote tells us much more about the speaker and their culture than about the choices available to Indigenous women. In another quite different situation, Dr Miro of the Makerere University Medical School of Uganda uses irony to respond to a United Nations shift in policy, which now insists that HIV-positive women are informed about the risks and benefits of breastfeeding. He says,

‘Oh sure ... I would love to counsel every HIV-positive mother about her choices in life. I would love to tell her about breast milk and about formula. Then I would love to have a conversation with her about what would happen to her in her village if she stopped breast-feeding. What would her mother-in-law say? What would her husband do? And of course I would love to make sure she understood the rules for keeping formula sterile and that she complied with them. I would love to do all that,’ he concluded wearily. ‘But then I wouldn’t be living in Uganda and I wouldn’t be talking to my own people. I would be living in America and I would be talking to your people ... Twenty-seven percent of babies born to infected mothers become infected from breast-feeding,’ he said. ‘In rural areas 85 percent of babies will die from dirty water used in formula ... you don’t need a medical degree to figure out which of those odds to take.’ (Specter)

As this quotation indicates, choice is a central tenet of the Western concept of the autonomous individual, and yet it’s often illusory. Perhaps it’s our desire for more real choices in life that makes the idea of choice such a powerful talisman. The ‘choice’ to breastfeed becomes central to debates about making meaning of breastfeeding, as well as in the implementation of breastfeeding policy. Breastfeeding advocates who received criticism from women feeling guilty for not breastfeeding are now careful to respect individuals by talking about breastfeeding as a choice. And yet, there is quite obviously a right and a wrong ‘choice’. In this chapter, I identify some of the terms through which the decision to breastfeed or not is constructed in contemporary debates and policies, and the positions available for women to occupy in making choices. My discussion is largely targeted at the compromised ‘choices’ available to white middle-class women in Australia today, but it’s worth bearing in mind that if these choices are so difficult for this privileged population the additional concerns of race and class render choice an even more difficult concept for other women.

## BODIES OF CHOICE

In a book about national diets, sociologists Alan Warde and Lydia Martens provide a critique of the notion of ‘choice’ when it comes to



food. Their discussion stems from a suspicion of choices as ‘pre-programmed’, whereby ‘people have dispositions that they have learned from others in their social network, whether that be a peer group, an ethnic group, a social class, a local community or a nation’ (p. 129). Choices, they argue, are about learned values, and these become culturally defined:

Such entities form the bases of cultures, and people sharing a culture will tend to behave in similar ways, governed by the orientations, preferences and sanctions authorised by it. Material constraints, moral codes, social pressure, aesthetic sensibilities and situational logics all steer consumer behaviour along predictable paths. (p. 130)

So what does it mean when we ‘choose’ to breastfeed? Funnily enough, I can’t remember a particular moment when I ‘chose’ to breastfeed. Perhaps choice becomes an issue when we are dubious or doubtful about what we’re expected to do? Perhaps this is when choice becomes a valuable commodity?

There is an overwhelming onus to present everything in life as a choice, and the removal of that choice function is increasingly seen as an erosion of civil liberties. The ‘freedom’ to choose becomes a right that is seen as a crucial part of being a responsible citizen. Warde and Martens propose that the direction of policies and indeed political rhetoric about choice has been shaped by an ideology that became dominant in the 1980s and that equated ‘private ownership, markets and freedom of choice. Choice became perhaps the most powerful talisman justifying state policy ... [and] the consumer became a key figure’ (p. 130). While a dictionary provides a variety of meanings for the word choice, Warde and Martens argue that in the 1980s several of its disparate meanings were conflated, so that selecting from a range of decorator items is a choice set alongside the freedom to determine one’s fate in a kind of consumer heaven: ‘To connect closely shopping and existential freedom’, they argue, ‘appears to misrepresent both: Sainsburys does not offer the ultimate form of personal autonomy’ (p. 130). In this context, breastfeeding becomes a choice made by parents *not* to consume. Formula *is* a consumer choice, as it requires constant

purchasing of manufactured goods like formula, bottles and sterilising equipment. But material goods are not the only things available for purchase, and a decision to breastfeed or not is also a decision to adopt a particular lifestyle, consumption of time and labour, as well as a particular body. As sociologist Susan Maushart comments, ‘like most choices in life the decision to breastfeed will close off at least as many options as it will open’ (*Mask of Motherhood*, p. 227).

The 1980s seem to have been a crucial social moment in the advocacy of choice. As well as being dominated by a late capitalist economy of increased marketing and free trade, this period also heralded an era in which the body beautiful became a commodity. Philosopher Elizabeth Grosz notes that ‘it seems as though 1980s culture exploded around a celebration of the body (-beautiful): the gym (or at least talk about it), body piercing, dance culture, and safe sex’. She also comments that ‘while presenting itself as a celebration of the body and its pleasures, this fascination bears witness to a profound, if unacknowledged and undiscussed, hatred and resentment of the body’ (*Space, Time and Perversion*, p. 1). So while the body can be made over into something newer and more desirable, there is an assumption that the body we already inhabit is imperfect and in need of constant renovation. In discussions of whether or not to breastfeed, body image is often perceived to be important, and breastfeeding advocates target this anxiety by stressing the advantages to the mother’s body, which include toning the uterus more quickly and soaking up extra calories so that a pre-baby body shape is more quickly restored. The emphasis on ‘restoring’ body shape stresses the social concern with maintaining and controlling the body, something that Grosz argues is a legacy of the 1980s, in which

The preferred body was one under control, pliable, amenable to the subject’s will: the fit and healthy body, the tight body, the street-smart body, the body transcending itself into the infinity of cyberspace. A body more amenable, malleable, and more subordinate to mind or will than ever before. Just pick the body you want and it can be yours (for a price). (*Space, Time and Perversion*, pp. 1–2)

Grosz notes that this body was always seen as a passive object to be manicured, toned, operated on; it was inconceivable as a subject, as an

active or knowing agent (p. 2). Such values defy the dynamic process of pregnancy, birth and lactation, in which the female body actively stretches and bulges, pulsates and grows to unforeseeable and uncontrollable proportions, and ‘acts’ without conscious consent or free will. Lactating bodies tend towards anarchy. They are volatile, in the sense that Grosz talks about dynamic and shifting corporeality, involuntarily leaking or refusing to be milked, constantly on call and subject to a bewildering array of pain and pleasure. These bodies are active and knowing agents, quite the opposite of the clay-like bodies being moulded and shaped in the gym scene. Choosing an actively lactating body goes against the dominant imperative to be in control of musculature and bodily definition. By extension, choosing to breastfeed when your body or baby refuses also makes a mockery of bodies of choice.

Breastfeeding also goes against the social requirements which regulate the ways in which bodily fluids are disposed of. The legacy of Western philosophy’s dependence on binary oppositions means that our socially imagined body is one which requires clear boundaries that distinguish between what is inside the body and what is outside. Our ability to regulate the ways in which we rid ourselves of faeces, urine, menstrual blood, semen, vaginal secretions, spit, vomit, farts, blood, snot and all other emissions from ‘inside’ our bodies defines our association with the clean and proper social body, the law-abiding and ‘civilised’ body that is culturally acceptable (Grosz, *Volatile Bodies*, p. 192). It is these ‘outlawed’ secretions that form the basis of humour and other aspects of carnival, in which the usual order is momentarily overturned and also affirmed as belonging to the underside of culture.

Breastmilk is not often the butt of jokes in this manner, and its movement between bodies – from the woman’s breast through the baby’s mouth and often vomited up again partially digested – occupies something of a unique position. While other bodily fluids can be and are ingested (like snot, semen, blood or urine) their swallowing is not given the same broad social approval outside of their private social spheres (of childhood, or sexuality for example, religious ritual or health regimes). Breastmilk leakage from unexpected spontaneous lactation is expected to be regulated, however, as the commercial availability of breast pads and maternity bras confirms for us. The visible

evidence of breastmilk in public and especially in the workplace is experienced as embarrassing because it transgresses the required image of public and professional success. When women are breastfeeding (as when they are menstruating or pregnant), they are often actively participating in other areas of public life. For women who expect to participate in public and professional life, however, the lived experience of lactation can heighten their feeling of difference from the ideal of the Western liberal subject and their distance from the proper social body. To choose a lactating body is to take the more difficult path of either challenging preferred images of professional or public bodies, or trying to mask lactation to appear as if everything is ‘normal’, or as if lactation were not normal.

#### CHOOSING IDENTITIES

Autonomy and self-identity are highly valued attributes of what we understand to make up our identity as twenty-first century Western subjects. Other valued attributes include rationality, mobility, money, power and knowledge. Breastfeeding eludes this narrative of acquisition and success, being more likely embedded in narratives of domesticity, co-dependency, routines, restrictions and even parasitology, in direct opposition to the preferred and valued states of independence, freedom, work and wealth. Breastfeeding women are often constantly on call, must be available to sit for hours at a time while the baby suckles, lose sleep during night feeds, and often endure physical discomfort and pain. Some women experience trauma when they cannot lactate on demand and will go to heroic lengths to embody this measure of sexual difference. It’s hardly surprising that mothers like journalist Kathryn Lomer decide to ‘get off this merry-go-round and switch to a bottle so I can have a few hours to, well, feel like myself’ (p. 49). ‘Myself’ is an identity we’ve been used to and to which it is constantly expected that we can revert, as we similarly are expected to aim to adopt our ‘pre-pregnancy figure’. If living in a body affronts our aspiration to be autonomous individuals, as Grosz suggests (*Volatile Bodies*, p. 94), then this is surely writ large in the lived experience of lactating bodies.

In their interviews with new mothers, researchers Virginia Schmied and Deborah Lupton found that ‘the breastfeeding relationship between mother and infant was difficult to reconcile with notions of identity that value autonomy, independence and control’ (p. 234). Breastfeeding was often described as ‘chaotic’, ‘distorting’ and ‘alienating’ as women’s bodies changed in shape and feeling in unexpected ways. Women felt a ‘loss of self and agency’ and a marked schism between public and private life not previously experienced. While some women embraced the pleasure and chaos of maternal time and identity, others were profoundly distressed by it. Schmied and Lupton describe women who sought

to ‘disconnect’ from the infant, striving for separation and individuation from their baby ... they used metaphors of intrusion and devourment, talking of being ‘suck[ed] dry’ and the baby as ‘the rotten sucking little leech’, the ‘child from hell’. (p. 243)

These expressions of rage and anger insist on the difficulties of breastfeeding in a culture which strives towards individuation in adults. The researchers suggest that these mothers

felt as though they existed only for the use of this antagonistic, parasitic creature. The demands of the ‘uncivilised’ infant for constant attention and proximity encroached on these women’s sense of self, their autonomy and independence. (p. 243)

These ‘intolerable’ and ‘mutilating’ experiences of breastfeeding are not surprising given the social imperative for individuality, for a stable, fixed identity and a body over which we can exercise control. As Maushart comments, ‘having been raised in the historically and sociologically novel belief that our bodies do in fact belong to us’, breastfeeding on demand devastates that sense of control (*Mask of Motherhood*, p. 220).

## THE VALUE OF EXPERIENCE

As Schmied and Lupton’s work suggests, women’s experiences often form quite a different story from the official rhetoric of policy and health campaigns, and can prompt painful questions about the efficacy

and effects of such policy. On the one hand, governments and non-government agencies alike are at a loss as to why the breastfeeding rate in Australia and around the world is not higher and more sustained (Day), despite decades of promotion and policy directed at educating the public in order to influence the mother's 'choice'. On the other hand, women can be profoundly disturbed by the schism between policy and experience, between pre- and post-maternal subjectivity and corporeal experience. As Schmied and Lupton conclude from their interviews,

even if on a 'rational' level women strongly believe in breastfeeding, they respond with extremely strong reactions to the actual embodied experience that have little to do with 'rationality' but more to do with deeply-felt emotions and sensations. These reactions, if negative, are surprising and distressing for the women involved. (p. 246)

If breastfeeding policy and promotion aim to persuade women to voluntarily adopt breastfeeding as best for baby and themselves, then women's distressing experiences of breastfeeding provide a counterpoint that opens up the limited efficacy and appeal of policy.

In the mid-1990s, a debate about women's choice to breastfeed or not was played out in Victoria in this very way. An article by ethicist Leslie Cannold called 'Bottlefeeding Sinners and Breastfeeding Saints: the Erosion of Choice in the Infant Feeding Decision' was published in *Healthsharing Women*, the newsletter of the Women's Health Resource Service, prompting an 'enormous' response from women, and leading to national radio and television debates including a story on the ABC's *The 7.30 Report*. As the debate is performed in the newsletters of that year, it centres on 'free choice', and on the pressures of policy (or governmentality) versus experience. Cannold talks about governmental regulations (like those of the World Health Organization, International Codes, and specific hospital policies), and then juxtaposes these with examples of experience from women who have difficulty breastfeeding, who don't want to breastfeed, or who go to heroic lengths at much personal cost to satisfy breastfeeding advocates. By valuing women's experiences, Cannold questions the apparently benign impact of policy, especially when individual healthworkers are shown to seek women's compliance

through coercion, intimidation and disrespect. As in the *Law and Order* episode discussed in chapter 1, the health professionals are shown to be fanatical, to overstep the mark. From a governmental position, the women who choose to use formula are recalcitrant because they have not voluntarily adopted the regulative functions of government, and so coercive measures become overt. The experience of the individual women is that their right to make and take responsibility for their 'choice' has been transgressed: the rhetoric of choice has not been practised.

The idea of 'rights' occupies an ambivalent position within such a debate, as does the idea of choice, as if choice were outside or prior to cultural representation or social pressure. Historically our concept of 'rights' emerges from classical liberal theory, which assumes a universal masculine subject. For any section of society to demand their rights, as the early women's movement demanded women's rights, it alerts us to that group's deviation from the 'norm' of an assumed masculine subject (Ahmed, p. 35; Gatens, *Feminism and Philosophy*, p. 44). In this case, Cannold draws on feminism's rhetorical legacy of the right to control our bodies (and therefore our selves) to argue that feminists 'need to champion a woman's right to choose her infant feeding method in the same way they have championed women's right to choose abortion' ('Bottlefeeding Sinners', p. 7). Cannold calls on 'rights' discourse to champion the right not to breastfeed. This is a form of resistance against governmentality and a direct result of her own and other women's distressing experiences of breastfeeding.

The rejoinders to Cannold's article by well-known breastfeeding advocates Wendy Holmes and Maureen Minchin ('Saints and Sinners Revisited') both bring in aspects of community and social good to counter Cannold's emphasis on individuals and their victimisation. Holmes uses social culture and the normalisation of bottlefeeding images (on *The Simpsons*, in parenting rooms and in doll advertisements) to temper the idea of 'free' choice. Both rejoinders take up Cannold's term 'informed choice' to find common ground, arguing that women need to be 'provided' with enough information, education and support to make this 'choice'. Both also highlight the benefits beyond the individual. Writing in *Feminist Economics* Judith Galtry has also argued that the emphasis on personal preference and individual

responsibility in breastfeeding decisions denies the broader benefits that society accrues through breastfed infants, which she catalogues. Indeed, the Australian Breastfeeding Association (ABA) appealed to this concept of social cost in a submission to the Federal Government in 2000 when it quantified formula feeding in monetary terms:

Research indicates that increasing the rate and duration of breastfeeding in Australia has the potential to save over \$7 million per year in Government health expenditure. Individual households spend over \$105.5 million on buying formula and the cost to the education system of formula fed preterm infants is \$2.7 million per year and \$31.2 million for the life of these babies. (ABA website)

This decision to quantify the national benefit is obviously strategic when seeking government resources, and philosophically it values the work of women in an environment of economic rationalism (see also Smith et al.). The argument Holmes and Minchin make for the social good of the community appeals to Cannold's sense of moral agency (she argues that we need 'to trust women's capacity to make *moral* decisions' about infant feeding); however, it also silences the experience of Cannold and others she cites. Experience is rendered secondary to the public good, again threatening our aspiration towards liberal individuality but also confirming the authority of governmentality through public health discourse.

Despite finding common ground in the notion of 'informed choice', Cannold's comment on the rejoinders points out that the risk of making the 'wrong choice' still pervades the debate. She finally asks, 'what is more important? Respecting the autonomy of individual women or promoting the best health outcome for all women and their babies regardless of the personal costs to some women?' ('Individual Autonomy', p. 15). Here, personal choice is set against collective social benefits, but remains a particularly difficult point when individual autonomy and responsibility for rational decisions are socially dominant. Cannold gives some ground in her final word by admitting that she doesn't know the answer.

I find this debate particularly interesting, and want to tease it out further. The structural difficulties women experience in combining lac-



tation and the demands of contemporary subjectivity at the turn of the twenty-first century are already evident, but I'm also interested in the ways in which breastfeeding promotion, or advocacy rhetoric, can be read as a form of governmentality that women may want to resist. Because the rhetoric is based on a voluntaristic notion of choice, it impels women to use their agency to choose breastfeeding; and yet, because 'failure' to choose breastfeeding subjects women to various judgments as maternally deviant (Murphy, 'Breast Is Best'), their agency is always already diluted, as women recognise. I would not want to dispute that breastfeeding is the best health outcome for mothers and babies, a 'fact' that poses an impasse for Cannold's argument. However, I am sympathetic to her desire to resist those forms of governmentality that use expert knowledge to deny women's experience in order to produce compliant subjects who will breastfeed because it is public health policy. Before offering some alternative forms of counter-narrative, which look towards resistant practices of breastfeeding, I want to briefly critique the public rhetoric used in breastfeeding advocacy that might arouse such desires.

#### REASONS TO RESIST: ADVOCACY RHETORIC

Advocacy rhetoric works on a number of levels to persuade women that 'breast is best'. Firstly, it assumes that women don't breastfeed because they don't realise the benefits, so a principal aim is to educate women. In her book *Feminism, Breasts and Breastfeeding*, Pam Carter articulates this 'dominant construction of infant feeding problems as involving an irrational, if natural, woman who needs to be told again and again why breast is best' (p. 1). This is still the case, as education is always a key component to policy campaigns. Almost every study about breastfeeding attitudes, however, shows that women know that breast is best (Schmied & Barclay, p. 325). Carter in the United Kingdom and Blum in the United States both found that even working-class women – whose low breastfeeding rates are typically attributed to ignorance – did not exhibit a 'knowledge lag' (Blum, p. 120). Ignorance, however, continues to be assumed by promotional material, even more so if it is directed towards working-class, indigenous and migrant women.

Educating women largely involves outlining the medical benefits. And yet, studies have shown that medical benefits are not a persuasive factor for women choosing formula (Wilson, ‘Breastfeeding’). Bernice Hausman suggests that this is because medicine uses an outdated model of maternity which is essentially modernist (‘Rational Management’). She finds that the sole breastfeeding manual designed for the medical profession, Ruth Lawrence’s *Breastfeeding – a Guide for the Medical Profession*, draws strongly on evolutionary and biological arguments, using ‘a speculative ideal of prehistoric infant care practices’ to persuade contemporary women to ‘adjust’ to their biological role (‘Rational Management’, pp. 273–75; see also Büskens). These arguments are heavily invested in a 1970s conception of sex roles, to become part of a narrative about the erosion of women’s traditional social role as housewives, which is correlated to low breastfeeding rates. As Hausman points out, however, ‘breastfeeding rates are highest among white, middle-class women with a college education who are older mothers ... such women are hardly the standard bearers of the traditional female role’ (‘Rational Management’, p. 281). While purporting to provide women with information about breastfeeding so that they can make the right choice, then, advocacy rhetoric is inevitably invested with moralistic prescriptions of maternity and displays anxiety around women’s social position in contemporary culture. Murphy’s longitudinal study with women interviewees concludes that infant feeding is a ‘moral minefield’: ‘such choices are irreducibly moral and ... the ways in which women can be judged, or indeed judge themselves, to be deviant are legion’ (‘Breast Is Best’, p. 187). Such moral attributes are dichotomised into binary oppositions based on:

good : bad  
 breast : formula  
 natural : artificial  
 self-sacrificing : selfish  
 responsible : irresponsible  
 assured bonding : risked bonding  
 proven health benefits : health compromised  
 caring : negligent.

These moral judgments are also strongly representative in terms of race and class, and inevitably come to represent those imagined categories.

The notion of risk is also prescient in public health rhetoric generally and breastfeeding specifically, as it becomes incumbent upon individuals to assess their risks and responsibilities. Murphy writes of ‘modernist, technical risk discourses’, which are applied to a range of behaviours and consumer options and which ‘position individual actors as choosing between health-enhancing and health endangering behaviors’, including smoking, exercise, diet, sexual practices and infant feeding (‘Risk’, p. 293). Within this egalitarian discourse in which we all have infinite choices and an equal capacity to choose, we are also expected to ‘exercise prudence in the light of expert assessments of risk’ (p. 293). Breastfeeding policies, Murphy argues, are an example of ‘actuarial calculations of relative risk’ being translated into expert advice (p. 294), holding mothers accountable for the future health and intelligence of their offspring, despite the multiplicity of other health, social, economic, structural and cultural factors that will also influence such outcomes. Formula feeding, then, is

potentially interpretable as imprudent behaviour placing at risk a highly vulnerable other to whom one owes a particular duty of care, where strong actuarial evidence can be assembled to support breast feeding as the rational choice for responsible mothers. (pp. 297–98)

Murphy then goes on to examine the way mothers who formula feed negotiate this ‘threat to their identity as moral, responsible, prudent, and neoliberal persons’ (p. 298). Their methods included: going along with breastfeeding while in hospital just to placate the advocates; making observations that formula-fed babies they knew had thrived; noting the advantages of formula for paternal involvement in baby care; and highlighting their wish to observe codes of personal modesty and avoid the risk of offending people in public when breastfeeding. All the women were ‘concerned to establish themselves as knowledgeable rather than ignorant’ (‘Breast Is Best’, pp. 19–22). ‘Playing dumb’, Murphy notes, ‘was not a strategy that these women used’, as this was an open invitation to re-educate the mother (‘Breast Is Best’, p. 8). The

high rates of women who choose breastfeeding while in maternity hospital and then choose to cease once they leave is often accounted for by pointing to a lack of support, but can just as easily be explained as women acting out their agency when they emerge from the pressure of the maternity ward. A number of women seem to consciously adopt such a method, determining to 'give it a go' and then 'changing their mind' after a short while. Murphy concludes that the idea of 'choice' was far too limiting in accounting for the process-like nature of those decisions and also the material and cultural contexts within which women act (Murphy, Parker & Phipps, p. 265). Interestingly, Marquis et al. similarly conclude that 'decisions' about weaning are easily reversed owing to a number of joint factors between mother and child even after weaning (prompting re-lactation).

Any decision to breastfeed or not must entail much more than individual choice and practice. As this book argues, breastfeeding proliferates meanings which are constantly negotiated by individual women in their social and cultural relations with others over time and place. It is naïve to suppose that breastfeeding is simply something one can choose and perform without reference to these factors and their impact on the mother and her baby. Rather than continue to imagine that women's breastfeeding choices are individually devised and practised, we need to acknowledge the cultural meanings associated with breastfeeding or with not breastfeeding, and imagine the consequences of breastfeeding as a cultural practice. To ignore such consequences will mean that advocates and professionals continue to position women as individual failures, either in their choices or practices.

Halfway through her book, *The Mask of Motherhood*, Susan Maushart argues that 'we need to understand how ridiculous, how shallow and how ultimately dishonest are most of our attempts to sell breastfeeding to a naïve and unsuspecting public' (p. 228). I understand Maushart to be saying that breastfeeding rhetoric is inadequate and that its audience ('the public') is far from naïve and unsuspecting, given a generation of 'free' higher education, critical thinking and media literacy. Women now are quick to identify rhetoric that may be patronising or coercive ('brain-washing', as Maushart calls it), and may look for positions of resistance and agency available to them. While the body is the medium on which

understandings of governance are practised (Foucault), it also provides a means of resistance to such powers. Rather than reading the rate of formula feeders as representing women who fail to comprehend the benefits of breastfeeding, it could also be read as a form of cultural resistance to the pedagogic project being imposed on mothers. Women might choose to reject the moralistic and dutiful discourse of breastfeeding because of the kinds of meanings that campaign attaches to breastfeeding and maternity. Moreover, this is a culture in which ‘bad girls’ are consistently shown to have more fun, more agency, more power and more options, and it is entirely valid in late capitalism to choose individually satisfying options. Commentators have suggested further discrepancies between current readers and writers of advocacy rhetoric, which appeals to modernist values. Modernism values the unified and essential self of liberal political theory who will exercise moral agency, while postmodernism accepts a more fluid and dynamic process of subjectivity whose lived embodiment is more attuned to pleasure, desire and fantasy (and often technology) in a global economy that is constantly negotiating change. When current motherhood books and ezines have titles like *The HipMama Survival Guide*, *Blundstones Bellies and Babies*, and *Brain Child: the Magazine for Thinking Mothers*, appeals to educate women about maternal duty and health benefits do appear out of date and irrelevant.

#### REASONS TO BREASTFEED

As a feminist, I also resisted injunctions to breastfeed because it’s good for everyone, including myself. I looked for more profoundly active reasons to (continue to) breastfeed, imagining narratives that appeal more satisfyingly to women like myself. In what ways can women exercise agency when it comes to breastfeeding, besides deciding not to? How can breastfeeding be imagined as a postmodern practice? And what incentives are there for women to breastfeed, beyond the public good? In this section I let go of the traditional knowable advantages of breastfeeding and draw imaginatively on forms of knowledge and experience that suggest other ways in which breastfeeding might appeal to contemporary women. Some reasons to breastfeed are:

Because it seriously disrupts the 'neoliberal autonomous unified Western subject'  
Because I can still be a 'neoliberal autonomous unified Western subject' if I want  
Because it feels good  
Because it hurts  
Because it transforms our understanding of breasts  
Because it objectifies our breasts  
Because my breasts lead the way  
Because my breasts have never been so huge  
Because it's sacred  
Because it's sexy  
Because leaky bodies are radical  
Because it's easy to disguise any unwanted leaks  
Because I like offending people in public  
Because it's a private thing  
Because it's political to do it in public  
Because I can do it wherever I need to  
Because it's convenient  
Because it's inconvenient  
Because it's cheap  
Because it's anti-capitalist  
Because it's anarchic  
Because it's ordinary  
Because it's miraculous  
Because it's heroic  
Because I'm a martyr  
Because I don't care  
Because I do care  
Because it's easy  
Because it's hard  
Because it's hard to stop  
Because I can stop if I want to  
Because I don't want to stop  
Because I like it  
Because I like all the hormones  
Because it's like being on drugs  
Because it's an alternative state  
Because it's spiritual, a zen meditation

Because it gives me fifteen minutes to put my feet up and stop work  
 Because it gives me two hours four times a day to put my feet up  
 Because I can watch TV when I'm doing it  
 Because I can watch my baby's face while I'm doing it  
 Because I can read philosophy when I'm doing it  
 Because I can work on the computer while I'm doing it  
 Because my body knows how to do it  
 Because his body doesn't know how to do it  
 Because my baby knows how to do it  
 Because it's a secret between us  
 Because everyone knows about it  
 Because my boyfriend doesn't want me to  
 Because my boyfriend wants me to  
 Because my midwife wants me to  
 Because I thought you had to  
 Because it's public health policy  
 Because my sister did  
 Because my mum didn't  
 Because I've got gallons of milk  
 Because I've hardly got any milk.  
 Because I wouldn't know how much milk I've got  
 Because I don't have to know how much milk I've got  
 Because it doesn't matter  
 Because I can't do it and that's why I want to.

### MILKING POSTMODERNISM

If postmodernism can be characterised as embracing contradictions and change, then the multitude of women's experiences of and reasons for breastfeeding (or not breastfeeding) should be able to sit alongside each other as equally valid. Indeed, it is in the meeting of those contradictions that points of tension emerge as symptomatic of cultural anxieties. The social regulation attendant to these anxieties is what renders breastfeeding such an excruciatingly contradictory experience for many women.

As the meanings of breastfeeding proliferate, the experience also develops corresponding layers of complexity that rarely cohere.

Currently, breastfeeding advocacy can accept only a binary decision as the choice between exclusive breastfeeding and everything else, including a range of combinations of breastmilk and formula. As a result, arguments like Cannold's emerge whereby women are dichotomised (again) into 'saints' or 'sinners'.

Instead, if breastfeeding were understood as a cultural practice rather than an individual choice, and that women breastfeed or not according to how they understand a range of viable meanings for breastfeeding, then the dichotomy collapses. The points of tension where two contradictory arguments clash can be met with vigour and their contradictory nature exploited for spaces in which women can more comfortably operate.

Postmodern readings embrace such ambivalences. For example, the apparent division between the sexual and the maternal is placed under pressure when read beside the pornography industry, which features pregnant and lactating women as highly desirable, as discussed in chapter 4. Fiona Giles' postmodern analysis of erotic images of the 'dripping wet breast' emphasises the importance of pleasure, play and desire of the mother-subject as motivating factors that link representation and practice. When women speak of inducing lactation for sexual pleasure without any thought of a child or pregnancy, current narratives about the 'choice' to breastfeed become destabilised. Indeed, lactation can be located on a continuum over a lifetime of initiation, waning, re-lactation or weaning any number of times and outside of the reproductive cycle. Similarly, the separation between the sacred and the sexual aspects of maternal breastfeeding are nicely collapsed in Gaskin's *Spiritual Midwifery* when Stephen describes breastfeeding as 'sexual love vibrations [which] are a manifestation of Holy Spirit' (p. 259).

In making meaning of breastfeeding in contemporary Western culture, it seems advantageous that dichotomies like these are undone, which also means relinquishing the imperative to 'choose' or make a 'decision' to maintain one side or the other of the binary options. The remainder of this chapter discusses in detail two further examples of points of tension that emerge for lactating Western neoliberal subjects: the 'problems' of thinking and of time for breastfeeding women.



## MILKBRAIN

Before I had babies and my brain leaked out through my nipples, I used to be interested in the relationship between words and things. (Nowadays I struggle with the relationship between chewing gum and walking.) (Maushart, 'If That's Dinner')

Susan Maushart presents popular folklore when she claims that 'virtually any breastfeeding mother formerly accustomed to using her brain will tell you, lactation produces a dense hormonal fog that can cloud reason, judgement and recall ... to an alarming extent' (*Mask of Motherhood*, pp. 221–22). I doubt this cultural narrative would relate to women who lactate for sexual pleasure, even if they formed a visible social presence. 'Brain mush', as it is also called, is usually reserved for mothers. While Maushart characterises her brain leaking out of her nipples, another academic, Professor Mary Black, considers her breastfeeding brain to have been an expansive experience. She sees having her babies 'late' in life and at the peak of her career as being responsible for her setting new priorities in her workplace, new ways of organising life and work, and new research directions:

Reading recently published work on the effect of lactational hormones on behaviour – oxytocin makes you both more passive and more open to social engagement – I began to see how breast feeding itself might affect the way that I interacted with my working environment. Although I continued to swim with the sharks I no longer wanted to spend ridiculous amounts of time engaged in endless territorial circling activities. I got back my brain [after weaning my youngest] but with a reformatted hard disk – enlarged and irrevocably changed by the experience of breastfeeding.

Black published this 'personal view' in the prestigious *British Medical Journal*, after campaigning for breastfeeding facilities in workplaces and coordinating a comprehensive review of Indigenous breastfeeding services and best practice sponsored by the Office of Aboriginal and Torres Strait Islander Health Services in 1997. Black advocates that breastfeeding women have 'newly acquired skills and understanding to build the

kind of diverse workforce that our world must have'. In this regard, she reasserts Adrienne Rich's suggestion from 1977,

In arguing that we have by no means yet explored or understood our biological grounding, the miracle and paradox of the female body and its spiritual and political meanings, I am really asking whether women cannot begin, at last, to *think through the body*, to connect what has been so cruelly disorganized – our great mental capacities, hardly used; our highly developed tactile sense; our genius for close observation; our complicated, pain-enduring, multi-pleasured physicality. (p. 284)

And yet, there is very little written on breastfeeding as an embodied experience, as a thoughtful intelligence, as a creative corporeal model.

This was a model that I yearned to read during my first baby-days. Mine was a baby who happily breastfed for an hour (or sometimes two) at a time, and then slept for only a couple of hours afterwards. The long periods of time I spent in the rocking chair before I returned to work were largely consumed with a desire to make sense of my transition to motherhood. Friends sent me much-wanted books: *Motherlode*, *Family Pictures*, *The Mask of Motherhood*, *MotherLove*. I wondered if I was reading differently now I was reading as a mother, and yet I kept getting confused when books referred to a mother, as I automatically thought of my own mother rather than my daughter's mother. And I wondered how this shift in identity and social position would affect my professional work: how does being a mother fit into my academic writing practices? How does academic writing fit into my version of motherhood? How are our maternities implicated in our research and writing? These ideas bubbled up as I sat for hours rocking and reading and thinking and breastfeeding, as my mind wandered between the profound and the trivial while engaged in that most profound and trivial of activities, that most corporeal of activities that insinuated itself into the most unimaginable places in my thinking. And so I took my breasts to work, and started writing about them.

The effects of breastfeeding on work, and especially on writing, have been considered by other mothers. Novelist Sue Woolfe wonders

whether the effect of having a baby was exclusively to domesticate a woman. I could see that it could also make a mother more passionate, more creative in her work outside the home in a way that has nothing to do with her children. ('Calculating the Madonna', p. 85)

While most women accept that pregnancy and lactation hormones impede intellectual expression, novelist Louise Erdich poetically writes about the creative space enabled by breastfeeding to the extent that she compares it to the sublime, a transcendental state revered by writers from the Romantic era onward:

'Milk brain,' a friend calls these maternal deep affections that prime the intellect. Milk wisdom. Milk visions. I exist, I simply breathe, I do nothing but live.

One day as I am holding baby and feeding her, I realise that this is exactly the state of mind and heart that so many male writers from Thomas Mann to James Joyce describe with yearning – the mystery of an epiphany, the sense of oceanic oneness, the great *yes*, the wholeness. There is also the sense of a self merged and at least temporarily erased – it is deathlike. I close my eyes and see Frost's too peaceful snowy woods, but realise that this is also the most alive place I know – Blake's gratified desire. These are the dark places in the big two-hearted river, where Hemingway's Nick Adams won't cast his line, the easeful death of the self of Keats's nightingale. Perhaps we owe some of our most moving literature to men who didn't understand that they wanted to be women nursing babies. (Erdich, pp. 147–48)

Even reading this passage requires an embodied shift: a slowing down, an expansion, as the rhythm shifts the breath. In thinking through breastfeeding, perhaps the 'dense hormonal fog' effect is a revaluing of priorities, a revaluing which does not respect the rational and profit-driven economy of late capitalism. Perhaps it is the product of a thickened and expanded world view, which could be regarded as purposeful for thinking outside of usual parameters, for thinking in ways out of the ordinary, in ways which the autonomous liberal Western subject's life cannot incorporate.

Science has even begun to corroborate some of the intelligences of lactational bodies. Research by Samuel Weiss has found that the presence of the hormone prolactin during pregnancy and lactation actually causes neurogenesis, or the production of new brain cells (University of Calgary). Psychologist Dr Ros Crawley conducted a study to scientifically quantify whether pregnant women had reduced memory and mental abilities as popular myth dictates, but found it to be a fallacy: their performance in tests did not differ from that of women who were not pregnant (Ananova). Neuroscientist Craig Kinsley has identified a phenomenon he dubs ‘maternal induced neural plasticity’ to describe ‘a more adaptive brain, one that’s generally less susceptible to fear and stress’ (Fox). Kinsley’s results are from experiments with rats, but humans share similar mammalian brain functions, so ‘the findings almost certainly apply to human brains’, he says. Writing in the prestigious science magazine *Nature*, Kinsley et al. claim that ‘neural activity brought about by pregnancy and the presence of pups may literally reshape the brain, fashioning a more complex organ that can accommodate an increasingly demanding environment’ (p. 137). This appears to be both neurological and environmental, as ‘the stimulation that comes from suckling in particular probably reorganises connections in ... the hypothalamus’, but adoptive mother rats also showed ‘neural plasticity’, leading to the conclusion that ‘“rich sensory events” generated by caring for young are likely to affect brain structure as well as hormones’ (BBC).

These very recent scientific findings indicate that the possibilities of lactational intelligence are becoming considered by science as worthy of study. As they should be: why wouldn’t the profound event of birth have an impact on our experience, understanding and knowledge, and be physiologically evident in the brain?

There is in fact a long associative history between breastmilk and wisdom. While Erdich connects her milkbrain to the literary sublime, science historian Londa Schiebinger reminds us of the ongoing association between breastmilk and knowledge in philosophy and religious thought. In her book, *Nature’s Body*, Scheibinger has collected illustrations of lactating women represented as Nature, as the font of wisdom, and as the fountain of regeneration. One fifteenth-century German

manuscript illustrates Sapienza (the personification of wisdom) as a woman suckling two male philosophers simultaneously from her breasts (p. 63), from which spurts the milk of knowledge and moral virtue. While men of science sought Nature's secrets from within her bosom, Goethe also represented the scientist's desire as imitating the nourishing power of breasts, lamenting 'Infinite Nature, where are thy breasts, those well-springs of all life on which hang heaven and earth, toward which my withered breast strains?' (*Faust*, cited by Schiebinger, 'Why Mammals', p. 146).

While the symbolic value of breastmilk and breastfeeding bodies has been of the greatest significance, embodying the mysteries of the universe, scientific and philosophical knowing and the source of life, it has also represented spiritual salvation and the ultimate in democracy. During the French Revolution the Republic was allegorically represented as a breastfeeding mother (Jacobus, p. 214). Monuments of gigantic nursing mothers remain in France with generously spouting waterfalls coming from their breasts. In the Catholic imaginary, the Madonna's breastmilk has symbolised her nurturing not only of Jesus but of the Church and its parishioners. Visionaries, mystics and clerics (male and female) sought out Mary's breasts, or documented mystical experiences of giving suck to the baby Jesus from their own spontaneously lactating breasts. Some male clergy, like Bernard of Clairvaux, saw themselves as a mother suckling their parishioners with the milk of doctrine (see Bynum; Traina; Williamson; Yalom). For hundreds of years, breastmilk has been represented as embodying particular kinds of knowledges that belong to the most elite and valued realms of life and its meaning.

After such a rich history, to reduce our understanding of the production of milk to having the effect of turning the brain to 'mush' is devastatingly limiting. Characterising breastfeeding bodies as sources of potential and possibility, of creative thinking, would revalue that period of a woman's life (which can amount to many years with extended breastfeeding and successive children). In valuing the intelligence of the lactational body, women's experience of breastfeeding may very well be transformed, women themselves may be transformed, and milkbrains may well transform knowledge itself.

## MILK TIME

Women who succeed at breastfeeding demonstrate a heroic capacity to defer gratification, and to survive repeated violations of deeply held cultural assumptions about the proper regulation of time and space. (Maushart, *Mask of Motherhood*, pp. 227–28)

Maternal time often contravenes dominant expectations of productivity and efficiency in an industrial world. While commentators like Maushart chart the very real experiences of breastfeeding women who are sleep-deprived for months and sometimes years, the crisis in women's maternal identity can partly be accounted for by the changes of the last forty years in which women have gained unprecedented access to education, work and the public sphere – that is, to the traditionally male, capitalist economy – without a simultaneous valuing of women's subjective experiences and bodily events. In crucial ways our contemporary sense of time and efficiency has been defined by the industrialisation of the West, valuing output and production, and accepting machinery and tools as substitutes for human handling. Feminist anthropologist Emily Martin maintains that the impact of such a shift in production has increasingly affected expectations and therefore the experience of reproduction (p. 143). Martin, however, sees women as active agents who challenge such a world view because they are involved in profoundly corporeal activities which defy quantification, time-efficiency strategies and even birth plans (p. 143). Living out aspects of our sexual difference, such as reproductive events, challenges the social formations which have been structured around an assumed universal male body.

Some commentators have argued that women's relation to industrial time differs according to class. Drawing on the work of Sayers, Pam Carter argues that middle-class women have sought to eradicate the 'problems' associated with menstruation, using chemical means so that their employment is not interrupted by their bodies, whereas working-class women have at times relied on menstrual distress to gain rest periods and paid leave:

Hence, where women are part of production, and have little individual control over, or ultimate responsibility for, work,

the need for privacy and time out can work to women's advantage. The need for privacy and time out are not always disadvantageous for women. (*Feminism, Breasts and Breastfeeding*, p. 123)

Carter quotes Bryan, Dadzie and Scafe, who assert that some Black American slave women used extended breastfeeding as a means of passive resistance to obtain time out from slave labour, and to defer their fertility (as exclusive breastfeeding has contraceptive effects) and further exploitation as breeders (*Feminism*, p. 122). In these instances, women's corporeality enabled the reclamation of private time away from those masters who claimed ownership and control of time and labour. Even for women not involved in production labour, breastfeeding has been identified as a chance to rest (Waring, *If Women Counted*, p. 209). But economist Marilyn Waring warns that women are devalued if they are considered to be producers while they are lactating (*Three Masquerades*, pp. 157–60), as their time and product is not considered if it is not given an economic value (see also Smith et al.).

Philosophers also regard time as an important factor in defining our inherent value as subjects. Elizabeth Grosz, for example, argues that time is a crucial element to be transfigured in 'refusing self-evident concepts and "natural" presumptions about the body' ('Notes', p. 10). Temporality as it is presently modelled on spatiality – a regular sequence of discrete measured units – fundamentally values linear, chronological narratives of teleological progress and development, which Grosz argues are unsuited to representing women's bodies and life experience (p. 11). She suggests that an understanding of time as cyclical, modelled on rhythms and repetitions generating difference may be more useful (p. 11). In an essay entitled 'Women's Time', French psychoanalyst Julia Kristeva similarly proposes that 'female subjectivity seems to offer [time] a specific concept of measurement that essentially retains *repetition* and *eternity* out of the many modalities that appear through the history of civilization' (p. 352). Kristeva calls these two modes of temporality 'cyclical' and 'monumental', and associates them innately with the maternal body. This measure, she writes,

preserves cycles, gestation, and the eternal return of biological rhythm that is similar to the rhythm of nature. Its predictability

can be shocking, but its simultaneity with what is experienced as extra-subjective and cosmic time is a source of resplendent visions and unnameable *jouissance*. (p. 352)

*Jouissance* is a resplendent and unnameable term itself, but one that seems useful in trying to articulate something as elusive as milk time. Philosopher Elizabeth Grosz gives this definition for it:

*Jouissance*: The term tends to remain untranslated in English texts because of its ambiguity in French. The term refers undecidably to pleasure understood in orgasmic terms, and a more generally corporeal, non-genital pleasure. Sometimes translated by ‘bliss’, the term does not, however, carry the religious associations of the English term. (Grosz, *Sexual Subversions*, p. xix)

A dictionary of literary definitions adds the following:

*Jouissance*: refers to sexual as well as textual pleasure or, more precisely, to a feminine, linguistic *jouissance* grounded in women’s sexual potential and pleasure. As French feminist critic Luce Irigaray has argued ... not only is a woman’s *jouissance* more diffusive and diverse than a man’s – she writes that ‘woman has sex organs just about everywhere,’ unlike men, whose *jouissance* is concentrated in the phallus – it cannot be expressed by the dominant, masculine language. (Murfin & Ray, p. 229)

*Jouissance*: I can’t help but think of juice, juice-ance, wet and sticky, tasty, sweet, reviving lubricant. The fruit association can only enhance the image. And there must be joy: joyousness. It seems perfect for describing breastmilk.

Simultaneously, however, its distance from ‘normal’ linear time means that milk time can be experienced as alienating and foreign, so that the very term ‘temporality’ can feel alien (Kristeva, ‘Women’s Time’, p. 352). Breastfeeding certainly can generate anxiety and alienation when women are expected to mesh two contradictory time grids: industrial time and milk time. One demands progress, production, accountability for each hour, while the other involves being in the moment and part of the monumental.



While alternative models of ‘women’s time’ as cyclic are often associated with standard menstrual rhythms (which can be spectacularly arrhythmic) or with a lifetime archetype of virgin–mother–crone, milk time involves far more flexibility and unknowability. Its repetition is cyclical and yet inconstant, rhythmic and yet unpredictable. Time can stretch unbearably or dissolve in an instant. Time seems to bend and bulge, to extend and wither in much the same way as maternal bodies dynamically shift shape, and breastmilk changes its constitution with each feed. Such understandings of time disrupt dominant industrial expectations, and yet they are akin to the type of time use understood on the stock exchange, or in advertising, in time travel theories or science fiction, where time is volatile or creative, certainly unpredictable and slippery, and uneven in its spurts of idleness and busyness, passivity and action. Kristeva, however, attributes cyclic and monumental temporality to women in general, not just maternity. She notes that female subjectivity ‘poses a problem’ to particular conceptions of ‘time as planning and linear development’, which is also the temporality of language, of sentence construction (beginning middle end, verb adjective noun). This type of time also mimics the structure of slavery in our relation to the ‘mastery of this time’ (‘Women’s Time’, p. 353). While we are slaves to the clock and calendar, breastfeeding can only be seen as violating our understanding of time and space.

Kristeva was writing this before the advent of the internet, though, when computers took up entire rooms: has technology made a difference to how we conceive time and its violations? More recent writing on time by philosopher Joan Tronto suggests that industrial concepts of time as commodity are essentially modernist, based on an assembly-line image of regulating time, space and labour for productivity and profit outcomes. Current global financial dynamics can depend on a more flexible, unpredictable and even volatile kind of time in which profit is gained not from controlled production but from taking advantage of particular financial situations that can intensify the turnover of capital exponentially (p. 121). Tronto summarises postmodern time as something that ‘cannot be controlled; but a clever capitalist can take advantage of its volatility’ (p. 122). It may have similarities to milk time in being unpredictable, in its subjects being available ‘24/7’, and in its

flux of intensity and idleness. Perhaps an increasing orientation away from the modernist assembly-line model towards a postmodern model of fluid time will be advantageous to breastfeeding women, who are more often alienated from workplaces because their experience and needs of time differ so radically. Workers in postmodern times are still enmeshed in the architecture of profit and consumption of late capitalism, however, while lactating women's work is not recognised by the market economy. Indeed, its value may be immeasurable with the tools we currently have available. In asking how an ethic of care fits into postmodern times, Tronto finds that the 'compression of time-space might make capitalists richer; it makes human lives of care poorer' (p. 123).

Thinking through the breastfeeding body as monumental, thoughtful, or timely, offers several alternatives to making breastfeeding meaningful in a contemporary postmodern economy in ways that differ from currently available (and deceptive) narratives of choice, agency and consumption. Such work intervenes in current cultural meanings of breastfeeding and, while at this stage it serves to trouble dominant narratives of Western subjectivity, it also has the capacity to refigure the possibilities of breastfeeding experience. Valuing of breastfeeding life must take place at the level of thinking and representation in order to make the link between cultural representation and practice. Indeed, if as Grosz claims 'the body is an un- or an inadequately acknowledged condition of knowledge', then revaluing the lactational body may also have the capacity to transform knowledge itself. Perhaps this may soon be realised, with the University of Technology, Sydney, announcing a policy to award women academics returning from maternity leave a \$10 000 research funding incentive in order to think after, if not think through, birth and breastfeeding. I only wish we all worked there.

## CONCLUSION

In this book, each chapter has performed a movement from modernist to postmodern readings, from events, spectacles and stories to theorising the social values enmeshed in current breastfeeding practices and their representation. My gestures towards postmodern readings are tentative, however, and sometimes speculative, even fantasy. It has become obvious, though, in the writing of this book, that current debates, policy, values and narratives around breastfeeding that have emerged from a modernist paradigm are increasingly limiting and in urgent need of conscious revision. Women's lives and the world have changed dramatically over the last four decades, and yet the values associated with breastfeeding remain almost untouched, or else more conservative. It is no wonder breastfeeding presents such a contradictory and often alienating experience for women today, and it is also no wonder that women are passionate about the topic, whether for or against. In the meanings of breastfeeding a number of deeply held cultural assumptions remain embedded: about gender, about bodies, about the private/public spheres, about citizenship and about science. Rethinking cultural meanings of breastfeeding through feminist and cultural discussion renders those values and their effects transparent, and has the ability to refigure them through alternative stories and to create alternative realities.

In New Zealand recently, a public health campaign did just this when it used actor Michael Hurst in an advertising poster to bring attention to breastfeeding at work (see page 128). Sitting in front of a stark red wall, a man dressed in a blue suit has his shirt open and a baby

at his breast, defamiliarising the gender of such work but placing it (and him) in a familiar work setting. The poster was intended to be sent to employers and businesses around New Zealand to support breastfeeding in the workplace, but was banned by the Ministry of Health for reasons that were unclear. Auckland-based Women's Health Action, which created the image, maintained that if it had been a woman in the poster the topic would have been ignored by men as being a women's issue. Director Jo Fitzpatrick said that the poster was deliberately provocative: 'Posters tend to be very mumsy and old-fashioned. We need to use images that relate to people today' (Garner).

The use of actor Michael Hurst in the poster and its planned release during World Breastfeeding Week 2003 follows an innovative trend in New Zealand advocacy, which used *Xena, Warrior Princess* actor Lucy Lawless in a previous year's poster (Rhonda Shaw). In fact, you can see the Lucy Lawless poster in the background to the Michael Hurst image. The use of actors, and the displacement of dominant gender and sexuality markings make these posters extremely contemporary and in line with current advertising trends. They are also a refreshing change from the pastel-coloured soft-focus posters sentimentalising mothers and babies. The use of actors rather than 'real' mums and babies also gestures towards conceptualising breastfeeding as performance, as cultural rather than natural or instinctive.

If advocacy promotions like this indicate a willingness to redress the terms of breastfeeding rhetoric, they are also evidence of an institutional reticence to proceed. And yet, the women in highly public positions who encounter social opposition when they breastfeed their babies at work are on the front line of social change. They are part of a generation who have been told they 'can do anything', and they expect to be able to retain their professional reputation and positions after giving birth. They are quite often surprised when they meet with social opposition to combining breastfeeding and work. When Kirstie Marshall breastfed her ten-day-old baby in state parliament at her very first sitting as a Member, she was highly embarrassed when asked to leave in accordance with an ancient rule about 'strangers in the house'. The news scandal and feedback on radio, television and websites that followed was predictably mixed, and while breastfeeding advocates used

the event to champion their cause, Marshall was reticent to make a political issue of it. The rule, however, was formally changed to allow babies into the ‘house’. The briefing paper to the national parliament on the issue in fact brings to the foreground the broader issue of the structural inequities to women’s participation in parliament when it states that,

The main issue will be whether parliaments are going to become more ‘family-friendly’ workplaces generally. Are they going to have hours of operation, facilities, procedures and a workplace culture that accepts that any person elected by citizens should not face further barriers to being able to represent those citizens effectively in parliament? (Holland)

This ‘finding’ affirms Gatens’ suggestion that ‘it is not so much that women are biologically unsuited to political participation, as that political participation has been structured and defined in such a way that it excludes women’s bodies’ (*Imaginary Bodies*, p. 50).

In another public forum later that same year (2003), Kate Langbroek, a member of the television talk show *The Panel*, which offers current affairs commentary, took six weeks’ maternity leave to have her baby and on her first show back she breastfed live on television (see page 126). This was an unscripted and unprompted act, spontaneously decided when her baby backstage became hungry. The television station received about ten calls that evening, all supporting her public performance of breastfeeding, but news coverage reported that male radio talkshow hosts the next day condemned it (Dasey). Following this decision by the arbiters of social taste on talkback radio, more listeners and viewers felt compelled to ring the television station to complain. However, another story emerged in an online newspaper discussion group when one of the respondents noted that ‘the only breasts I saw were those in a clip of a woman washing the windscreen of a car with her own soapy breasts. This footage prompted no public comment. However, when Ms Langbroek discreetly nursed her hungry child with not a breast to be seen by the audience the public is outraged’. Leaving aside the hypocrisy, the more women like Marshall and Langbroek expect that they can combine milk time with parliament time and television time, the more it will become commonplace.

Representation is a key site in which meanings of breastfeeding are constituted. Until we can acknowledge from the very depths of our cultural imagination that women's bodies are more literate than we can ever write about, until women can feel confident in their body's ability to breastfeed without censure, we will always be inventing arguments to deploy in our defence for failing to do so. Inventing narratives that empower women's corporeality, on the other hand, may change lives, knowledge and meanings in ways that we cannot yet imagine.

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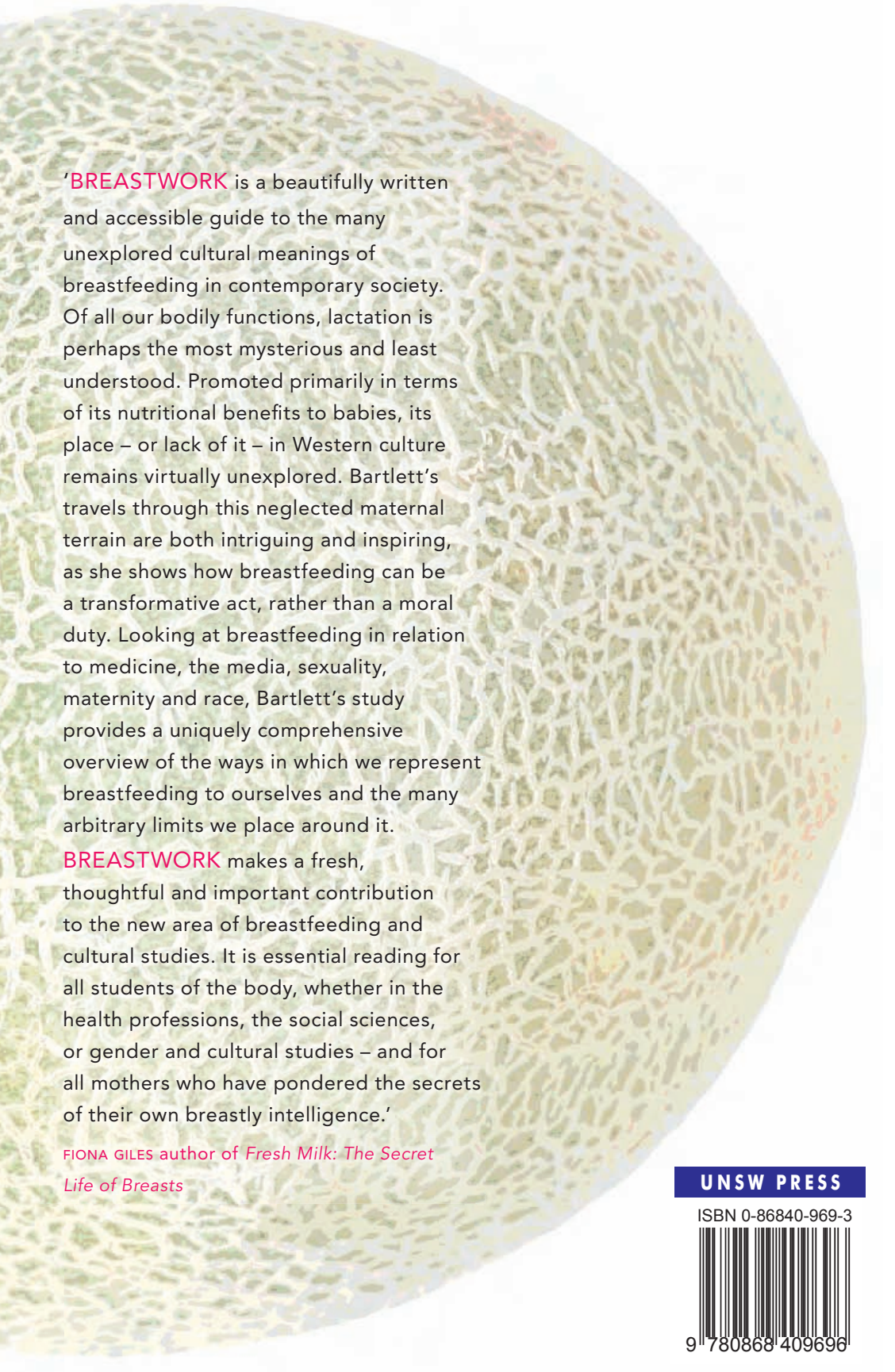
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# INDEX

- adoptive mothers 57  
agency 23, 107, 163, 169, 172–73  
anger 165  
anxiety 54, 92, 110, 162  
Australian Breastfeeding Association  
(ABA) 52, 77, 168  
Australian Medical Association (AMA)  
69, 71
- Birke, Lynda 19, 20  
Black, Mary 177  
Blum, Linda 95, 104, 147, 149, 169  
Boston Women's Health Collective 17,  
53  
brain 59–60, 62, 176–77, 180  
brain, breast 60, 177  
brain mush 177  
bras 26  
BreastFest 66–67, 73, 83  
Bridge, Catherine 150, 151  
Browning, Barbara 25  
Butler, Judith 22–23, 30, 36
- Cannold, Leslie 167–68, 176  
Carter, Pam 17, 95, 134, 147, 149,  
169, 182  
celebrity 112, 116  
Central Australian Aboriginal Congress  
(CAAC) 152–55  
Chang, Patty 8, 133–34  
choice 8, 159–76  
cities 68, 79–82  
citizenship 6, 68, 72, 83, 140  
Cixous, Hélène 39–40  
class, middle 5, 8, 67, 77, 80, 104,  
120, 147–48, 160, 182  
class, working 147–48, 169
- Congress Alukura 152–57  
Coombs, Margaret 35  
Coward, Ros 132–33
- dance 24–25  
Darwinism, social 139  
Descartes 42, 46, 50  
Devereux, Cecily 139  
Diamond, Jared 49  
discretion 77, 87, 108
- Eisler, Riane 106  
endorphins 91–92  
Enlightenment 9  
Enright, Anne 37  
Erdich, Louise 38, 179  
erotics 84–97, 99–105, 107, 176  
ethics 105  
ethnicity 8, 147–49, 169  
excess 57–59
- feminism 71, 100, 114, 115, 173  
*Friends* 30–34
- Gallop, Jane 2, 3  
Galtry, Judith 167  
Gaskin, Ina May 17, 53, 95–96, 108,  
176  
Gatens, Moira 42, 81–82, 189  
Giles, Fiona 4, 99–102  
Goldstein, Vida 141  
Grimshaw, Patricia 139–40, 142  
Grosz, Elizabeth 3, 41–42, 50, 64,  
81–82, 162–64, 183  
guilt 160
- Hall, Jerry 111–13, 135

- Hamilton, Annette 142, 146–47  
 Hausman, Bernice 170  
 heterosexuality 68, 89, 95, 99, 133  
 Holmes, Megan 119–20  
 Holmes, Wendy 167–68  
 hormones 44–50, 53–55, 90–96, 174  
 Hrdy, Sarah Blaffer 49, 81  
 Huggins, Jackie 17, 143–44
- icons 8, 110, 116–17, 131, 135  
 Indigenous women 8, 58, 67, 136–58, 169  
 Irigaray, Luce 86
- Jacobus, Mary 138  
 Johnson, Louise 68  
 jouissance 184  
 Jolly, Margaret 141, 145, 150, 155
- Katz, Melissa 130  
 Kirby, Vicki 62–64  
 Kitzinger, Sheila 74, 89, 93, 96  
 Klassen, Pamela 18  
 Kristeva, Julia 35, 183–85
- Lacqueur, Thomas 14–16, 20, 119  
 lactation consultants 28  
 language 19–22, 40, 55, 60–62, 86, 88, 105, 107–08, 114  
 Law and Order 27–30, 34  
 Leboyer, Frederic 87  
 legislation 70–71, 73, 75  
 Leibovitz, Annie 7, 111–17  
 lesbian experience 79, 95, 134  
 let-down reflex 53–54, 91  
 Llewellyn, Kate 21, 36  
 Lupton, Deborah 165–66
- Madonna 7, 14, 98, 107–08, 113, 116–32, 136, 181  
 Madonna, Aboriginal 137  
*Madonna del Latte* 121  
*Madonna of Humility* 122, 123  
 male breastmilk 15  
 mammal 16, 19, 48, 96  
 Marshall, Kirstie 73–74, 77–79, 81, 135, 188–89  
 Martin, Emily 182  
 Masters and Johnson 90  
 maternalism 138  
 Maushart, Susan 34, 162, 165, 172, 176–77, 182–83  
*Melons (At a Loss)* 125, 133–34  
 men lactating 48–50  
 migrant health services 143, 147  
 migrant experience 147–49, 169
- Miles, Margaret 119–20  
 Milky Way 1  
 Minchin, Maureen 167–68  
 mind-body split 42, 51, 54  
*Miracle of the Lactation of St Bernard, The* 108  
*Model and Her Son* 111, 116  
 modernism 9, 10, 141, 149, 152, 170–71, 173, 185, 187  
 modesty 77, 171  
 Morrison, Toni 138  
 Moreton-Robinson, Aileen 139, 141, 152, 158  
 Mulvey, Laura 114, 116
- natural 13–19, 76  
 Newton, Niles 90–93, 96  
*No. 216* 124  
 non-lactating women 50
- Oakley, Ann 52  
 Odent, Michel 90–93  
 Office Of Aboriginal And Torres Strait Islander Health Service (OATSIHS) 143, 145–47, 177  
 orgasmic 89, 91, 102, 104  
 Ostriker, Alicia 4  
 Oudshoorn, Nelly 45  
 oxytocin 53–54, 90–96, 177
- pain 58, 60–61, 106, 163  
 Paisley, Fiona 142, 144  
 Palmer, Gabrielle 44, 47, 58  
 Panel, The 189  
 Parkins, Wendy 72  
 parliament 69, 70, 73, 77, 79, 81, 83, 135, 189  
 performance 5, 6, 13, 22–23, 72, 83, 85, 98, 106, 108, 134, 188  
 pleasure 88, 90, 91, 98–99, 102–03, 105–06, 115, 163, 165  
 policy 52, 165–66, 175  
 pornography 99–101  
 postmodern 9, 10, 68, 81–82, 150, 173, 175–76, 185–86
- queer 8, 134
- race 8, 58, 67, 136–158  
 Reiger, Kerreen 72, 93, 140  
 resistance 169, 173  
 Rich, Adrienne 60, 177–78  
 risk 146, 168, 171  
 Rousseau, Jean-Jacques 1
- sacred 7, 110, 117

- Schiebinger, Londa 16, 19, 180  
 Schmied, Virginia 165–66  
 sensuousness 87–97  
*Sex in the City* 80  
 sexual abuse 47, 97, 99, 105  
 sexuality 7, 67, 79, 85–108, 116  
 Sheridan, Susan 10  
 Sherman, Cindy 8, 130–33  
 Sichtermann, Barbara 87–89  
 Silverton, Louise 46  
*Simpsons, The* 167  
 Sontag, Susan 112–16  
 spells 47  
 Spence, Jo 118, 132–33  
 stories 2, 63–64, 158, 190  
 Strong Women, Strong Babies, Strong  
 Culture program 151  
 subjectivity 44, 46–48, 81  
 Swanson, Gillian 79, 81
- television 27–34, 189  
 theatre 12, 24–25  
 time 9, 87, 165, 182–86, 189
- Tom, Emma 103–04  
 Traina, Cristina 86, 105–07  
 Tronto, Joan 185
- Virgin and Child 126  
 Virgin Mary 7, 14, 98, 107–08, 113,  
 116–132, 136, 181  
 Virgin of Melun, The 123, 131
- Warner, Marina 131  
 Waring, Marilyn 183  
 weaning 91, 99, 132, 176  
 wet nursing 101, 120, 130, 138  
 whiteness 137–39, 147, 157, 158  
 Wilson, Elizabeth 79  
 Wilson, Elizabeth A. 55, 61  
 witch's milk 49  
 Women's Health Action, NZ 188  
 Woolfe, Sue 38, 178–79  
 workplace 74, 78, 104, 182–86
- Young, Iris Marion 26, 66, 85, 99  
 Yunupingu, Boyan 151



'**BREASTWORK** is a beautifully written and accessible guide to the many unexplored cultural meanings of breastfeeding in contemporary society. Of all our bodily functions, lactation is perhaps the most mysterious and least understood. Promoted primarily in terms of its nutritional benefits to babies, its place – or lack of it – in Western culture remains virtually unexplored. Bartlett's travels through this neglected maternal terrain are both intriguing and inspiring, as she shows how breastfeeding can be a transformative act, rather than a moral duty. Looking at breastfeeding in relation to medicine, the media, sexuality, maternity and race, Bartlett's study provides a uniquely comprehensive overview of the ways in which we represent breastfeeding to ourselves and the many arbitrary limits we place around it.

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