

'No Bottles, No Pacies' and No Cupcakes: A Feminist Analysis of  
Motherhood in La Leche League

Taylor Livingston

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Approved By:

Patricia Sawin, Ph.D.

Silvia Tomaskova, Ph.D.

Amanda Thompson, MPH Ph.D.

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## Abstract

Taylor Livingston: 'No Bottles, No Pacies' and No Cupcakes: A Feminist Analysis of Motherhood in La Leche League  
(Under the direction of Patricia Sawin)

La Leche League constructs and produces certain types of mothers through its discourse. The discourse is built around the ideology of the white or middle class privilege of individual choice. This ideology is the scaffolding upon which the organization hangs its philosophy. It is my argument that La Leche League would actually fulfill its mission to help and support all women who want to breastfeed, if they shifted their theoretical frame from centering on white or middle class privilege of free choice, to recognizing that all women, often because of color or class, do not have this privilege. In addition, they could also fulfill their mission by using their status as the world's foremost authority on breastfeeding to advocate politically for cultural and societal changes that would support, help, and allow all women who want to breastfeed, to be able to do so.

To my mother and granddad for all their love and support. I love you a bushel and a peck  
and a hug around the neck.

## Acknowledgements

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Thanks are also due to the attendees, members, and leaders of the Chapel Hill La Leche League. Thank you for allowing me into your circle, and for sharing the details of your lives.

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## Abbreviations

LLL	La Leche League
LLLI	La Leche League International
DHHS	Department of Health and Human Services
WIC	Women Infant Children Program



## Chapter 1

### Introduction

#### Fieldnote Excerpt 1/13/10:

I arrived at the PM meeting of the La Leche League. The meeting doesn't start until 7:15 or 7:20pm—one of the leaders attributes the late start to “mommy time,” which is always 15 minutes later than the actual time. There are chairs set up in a circle and a few people are already present—mostly pregnant women who have not been here before, and La Leche League leaders, who run the meetings. The leaders greet me, and continue talking amongst themselves; a few also greet the pregnant women. Newcomers are given “welcome packets” that include a La Leche League brochure, “troubleshooting” breastfeeding sheets produced by the organization, a bracelet that is glow-in-dark and has “trust yourself” on it, and a sample breastfeeding product from *Lansinoh*, such as nipple cream for sore nipples, breastfeeding bags, or as I received in my bag, nursing pads. I sit in my usual spot below the check-in counter of the clinic and begin to sketch the layout of the room and number the seats on my diagram of the room. The chairs are set up in a circle so that all women can see each other and children during the meeting. However, more often than not, the meeting room, which is the waiting room of a birth center, runs out of space and chairs, forcing mothers and me to sit on the floor. Mothers continue coming in with their children, unwrapping them from their slings. I have only seen one stroller in all of the meetings I have attended. The woman had never been to a La Leche meeting before, and she never came back.

It is surprisingly quiet tonight—not a lot of toddlers or older children, just small babies. Usually, the meetings are *extremely* loud. Infants who can sit up and walk by themselves are placed in the center of the circle. In the center, there are toys and games with which the children can play. More often than not, a tiff ensues between two children wanting to play with the same toy or one child who takes a toy away from another child. Crying and screaming ensue. Often mothers have to intervene, but this intervention involves the League's notion of “loving discipline,” which means that children are not punished. Instead, they are

reasoned with, asked not to do it again, and often are just moved to another location to play with another toy. Older children, 3 and up, who come to the meetings with their mothers are told to sit and play by themselves or relegated to the back room where the library is kept (the League's approved books on child rearing and breastfeeding). Snacks are also kept in this room. Snacks are provided by the League for pregnant women, nursing mothers, and children. In keeping with the philosophy of the League, the snacks are nutritious, fresh foods. Usually the snacks are whole grain crackers and fruit. The older children often come to their mothers during the meeting asking how much longer they must stay and letting them know that they are bored. All children constantly come up to mothers, and sometimes me, and offer toys. Often they come to their mothers asking for something—a snack, a toy, to be held, to breastfeed. Thus, it is very hard to focus, much less hear what other women are saying.

There are only two people of color here tonight. Both are African American, and one is a leader, Audrey<sup>1</sup>. The small number of people of color is not unusual. In fact, this is the first time I have ever seen an African-American woman at the meeting who was not a leader or former leader.

The meeting starts at 7:15pm when there are 16 attendees present. Audrey is the leader for this meeting. The theme is “The Benefits of Breastfeeding”—the first in the series of four meetings. Audrey introduces herself and her children (she has four children; all four are with her tonight). Audrey gives the introductory statement they give every time, “Take things you hear and use them or store them for another time. Only the leaders speak for La Leche.” This means that while other women may offer advice on breastfeeding or parenting issues, the only officially sanctioned advice is provided by the leaders

We start around the circle:

(Audrey): I'm Audrey and this is Vivien [daughter in lap] she's the youngest and was born downstairs [in the birthing clinic]. Elysia is the oldest; she's 10. William is 7 years, and Trent is four. We'll go around the circle and introduce ourselves and your children. Also, in your introduction, include one of the benefits of breastfeeding.

(Seat 3; African-American woman): I'm Tara, and I am here because I am debating whether or not I want to breastfeed.

(Seat 4 Patricia; leader): I'm Patricia and I have three adult children. I'm here to tell you weaning never stops. They may not be at the breast or at your house, but they are never weaned from your heart. The benefit I would say is that breastfed babies learn to read sooner because you hold them on different sides, so they learn focusing and focus better.

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<sup>1</sup> All names have been changed to protect privacy.

(Seat 5): I'm Julia and I have a two-year old daughter. I like the closeness of breastfeeding, but I have a question about the closeness when they're weaned. I never want to stop [breastfeeding] and we aren't stopping anytime soon, but it's coming and she's my last baby.

(Audrey): But, it [the closeness] expands in other areas. You chase their hearts.

The vignette with which I begin this paper was noted during the course of my fieldwork with the Chapel Hill La Leche League in Chapel Hill, North Carolina. La Leche League is a world-wide organization with at least one chapter in every state of the United States and a presence in 65 countries. They are considered the foremost authority on breastfeeding in the world. In addition, they are the second-largest self-help organization in the world (Blum 2001), behind Alcoholics Anonymous.

While La Leche League is a household name to breastfeeding mothers and treated by many physicians and government agencies, including the United States' Department of Health and Human Services, as the world's foremost authority on breastfeeding, few people who are not members of the League or breastfeeding mothers know very much about the organization and what they seek to accomplish. I became interested in this organization while my sister was pregnant with my niece. As I am childless and do not plan to have children until later in life, choices on infant feeding practices was not an issue that occupied my mind. My sister became aware of the League because she was planning on breastfeeding, and was looking for organizations that provide breastfeeding support.

I had been introduced to the organization previously through my readings on breastfeeding controversies in the US. I became interested in this topic and breastfeeding

as larger cultural issue after reading *Mismatch: The Lifestyle Disease Timebomb* (Gluckman and Hanson 2006) as part of my first year core course on evolution and ecology. The book contains a section on the possible consequences of bottle feeding infants formula in lieu of what our species was evolved to feed infants, breast milk. The authors note that a possible correlation is early onset of puberty in girls. They hypothesize that this could be a result of the estrogen-like chemicals in formula and bottles, as cow's milk formula contains growth hormones, soy formula contains phytoestrogens, and plastic bottle contain BPAs that are similar to estrogen (Gluckman and Hanson 2006). I was particular interested in the early onset of puberty because my academic research at that point was focused on girls' studies, third wave feminism, and social movements. Thus, I was particularly interested in the social ramifications (disordered eating, risky sexual behavior, and body image issues) that may result from looking like a woman before a girl is psychosocially able to cope with being a woman in our patriarchal society. I began to investigate why women were not breastfeeding children if these correlations were known. One of the reasons noted in the literature was the taboo of breastfeeding in public. The La Leche League was mentioned as an organization that is particularly active in the promotion of breastfeeding, even holding nurse-ins to raise awareness about how breastfeeding in public should be lauded, not criticized. For these reasons, I decided this would be an interesting feminist social movement to study.

I began this fieldwork planning to learn more about the organization. What do they do? How are they organized? What is their history? What is their mission and

purpose? Are they effective in meeting their goals? But, through the course of my fieldwork, it became apparent that there is a contradiction between the League's mission and its practices. While the League's mission is to help and support all women who want to breastfeed, its practices prevent it from doing so because the practices are structured around an ideology based on the notion of individual choice. I will argue, following Patricia Hill Collins (1994), that this is a privileged position that usually only white and/or middle class women are afforded in this country.

The ethnographic vignette at the beginning of the paper gives a sense of the conduct of the meetings that are not the group's only practice, but are at the heart of the group's approach. This vignette highlights some of the issues I encountered in my study, specifically that aspects of the group's practice do not work for all the women who seek their help, and that the leaders and members are largely oblivious to this problem. In the case above, this is exemplified by Tara, a pregnant African American mother who is deciding whether or not to breastfeed. Instead of asking Tara about the challenges she perceives to being able to breastfeed, the group moves on to another woman, specifically a long-time leader of the organization, who introduces herself. No one asks Tara why she believes she may not be able to breastfeed. I believe that this failure stems from the perception of the League leaders and all the other women in the room that this decision is an individual choice one makes about how to nourish their child. A focus on individual choice precludes discussion of confounding factors, such as whether or not a woman has breastfeeding-supportive employment, economic security to spend the necessary amount

of time feeding her baby, cultural support or the support of family and friends, and thus glosses over the effect of race and class on her life.

La Leche League's mission is to "help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother" (LLLI website). However, my research questions whether the organization can fulfill this mission or if the League's ideology and consequent promotion of a specific kind of motherhood ideology. Based on individual choice the League excludes a substantial subset of women who would like to breastfeed or who seek the League's help.

La Leche League ideologically constructs a specific type of good motherhood and excludes certain types of mothers through its discourse, as deployed in its publications and meetings. This discourse promotes extended breastfeeding (ideally for at least two years or until the child self-weans). This goal is so highly prioritized that adherence to it essentially necessitates a mother not have paid employment for several years after each child is born. Other important aspects of this ideology include as corollaries feeding one's family only whole, fresh, healthy foods, gentle disciplining, homeschooling, baby-wearing, and in general, a family structure that involves a highly remunerated male single-breadwinner or subsisting off of a large inheritance, which makes it possible for the mother to devote herself to other tasks. This motherhood ideology is promulgated for all, but only possible for mostly white, affluent, and highly educated women.

My research in Chapel Hill, North Carolina suggests that La Leche League discourse is an interpellation<sup>2</sup> (Althusser 1972; Foucault 1990) mostly to women who have the privilege of choice because they hold more than a college education, and whose households whether through investments and/or income can afford: good healthcare, comfortable homes, more than one car, to live in “good” neighborhoods, can comfortably provide for their children, and have a wife who is a stay-at-home mom or works part-time; or women because of their class position are able to fit this paradigm. It appears that League discourse interpellates (Althusser 1972; Foucault 1990) to women who happen to be mostly white because the assumption that every woman is an autonomous individual who can make choices is a position of white privilege (Roberts 2003; Hill Collins 1994). I add to Collins’ (1994) and Roberts (2003) assertion that viewing every woman as an autonomous individual is also a position of class privilege. While these authors foreground race, I see the League’s particular situation as a matter of race AND class privilege. This ideology of motherhood is the scaffolding upon which the organization hangs its philosophy. It is partially a result of the women who founded the organization in 1956—American, white, college educated, middle class mothers. Furthermore, based on my research, it appears La Leche League cannot actually fulfill its mission to help and support all women who want to breastfeed, unless they shift their theoretical frame from centering on an inaccurate image of individual choice, to a focus on how the ability to breastfeed is conditioned by social and economic status. In addition, they could also fulfill their mission by using their status as the world’s foremost authority

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<sup>2</sup> Interpellation is a process where individuals acknowledge and respond to certain ideologies. The ideology “calls to” or beckons them. By responding, they become subjects of the ideology.

on breastfeeding to advocate politically for cultural and societal changes. This sponsorship could break down many of the barriers that prevent all women from acting as autonomous individuals. Resulting in support, help, and allowing all women who want to breastfeed to be able to do so.



## **Chapter 2**

### **Background and History on La Leche League**

La Leche League is an international breastfeeding support organization. The organization provides breastfeeding help, information, and encouragement through mother to mother support. This means that mothers exchange advice and ideas, as well as, answer questions about mothering at monthly meetings and through League publications. While the League commends healthcare providers, it recognizes the importance of mothers helping mothers in meeting the needs of her child. La Leche League believes breastfeeding is the best means of infant nutrition because of its physical and psychological benefits, including forming a strong parent-child relationship. Further, the League believes that good mothering through breastfeeding helps a woman understand her unique role as a mother and helps her grow as a human being (LLLI website, “Purpose”).

La Leche League was founded in 1956 in Franklin Park, IL by seven Catholic, middle class white women, all whom were patients of Dr. Gregory White, a family

physician. At the time of the group's founding, breastfeeding was considered "a poor second, a choice that was out of step with modern lifestyles and worse yet, an invitation to trouble" (Cahill 2001: vii). Medical professionals at the time told women that their human milk was too rich, too poor in quality, or insufficient (Wolf 2001). In addition to breastfeeding being out of step with modern lives, so too was natural birth. Most white<sup>3</sup> women were heavily medicated during labor—and not just given pain medication. When white women gave birth, they were given anesthesia, positioned flat on their backs, and remained unconscious while the baby was literally pulled out of them (Wolf 2009).

Dr. Gregory White disagreed with artificial infant feeding and medicated births. He was interested in doing things naturally. He had been heavily influenced by Dr. Herbert Ratner who taught preventive medicine when Dr. White was a medical student. In addition, he was also influenced by Dr. Grantly Dick-Read's book *Childbirth Without Fear*. In 1949, Dr. White, his wife Mary, and their family moved to Franklin Park, IL. He brought his ideas of natural childbirth and breastfeeding with him to his new practice. As the only doctor in town, White became the physician to all seven founding members of La Leche League (one was his wife) and they were heavily influenced by his beliefs in natural childbirth and breastfeeding (Cahill 2001).

Besides Dr. Gregory White, a major influence on the organization was the Christian Family Movement. All but one of the founders of the League were members of the movement started by the Belgian priest Joseph Cardijn. The movement encouraged a

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<sup>3</sup> I note white women here because African American women often gave birth at home and used midwives during this time because of Jim Crow Laws that would require an African American woman who wanted to have a hospital birth, do so in a sub-par "colored" facility.

reform of society over individual education and focused on social outreach. It emphasized the communal nature of Catholicism, making members conscious of their responsibility to help others especially the poor and oppressed. The movement stressed the reform of society through the formula of “observe, judge, act.” This formula was adopted by the La Leche League, who viewed themselves as observing a need in their society and judging themselves capable to act on it (Ward 2000). In fact, the idea for La Leche League emerged at a Christian Family Movement picnic.

According to their own foundational legend Mary White and Marian Thompson were casually breastfeeding at a July 1956 Christian Family Movement picnic. Other women at the picnic kept coming up to them, asking questions about breastfeeding. These women told White and Thompson that they had wanted to breastfeed, but had had problems and gave up. Later, reflecting on the day’s events, Thompson was bothered by these statements:

As I started thinking about this, it bothered me that women who wanted to do right by their babies, who wanted to breastfeed their babies, weren’t succeeding because they couldn’t get any help. So I said to Mary, “What if we would arrange a get-together with friends, women who breastfed, and share our experiences with women who are pregnant? (Cahill 2001: 23).

Mary White thought it was a good idea and the two called their friends and fellow church members who had breastfed. The women they called were Edwina Froehlich, Viola Lennon, Mary Ann Kerwin, Mary Ann Cahill, and Betty Wagner. All agreed to have a planning meeting to discuss the venture (Cahill 2001).

As mentioned above, for Mary White and Marion Thompson, as well as the other founders, both breastfeeding and starting an organization to support breastfeeding challenged the cultural ideals of the time. These women and the other founders began an organization that challenged doctors' promotion of artificial infant feeding and urged women to trust and have faith in their bodies.

The planning meeting was held that month at the Whites' house. At this meeting, the women talked about their experiences of birth and breastfeeding and decided the structure of the organization. The women decided that the first meeting of the group should be held in October, and it should be open to mothers in their neighborhood. The women were a little concerned that they did not have any resources on breastfeeding other than a few magazine articles and *The Child-Family Digest* by John and Charlotte Aiken. They led the first meeting with a discussion of an article on breastfeeding from *Redbook* entitled "Breast Fed is Best Fed." As no one talked other than Marian, who led the meeting, the women decided to change the format of the meeting because "mothers probably wanted adult conversation after being at home all day" (Cahill 2001: 30). The format was then changed to a four-series meeting, with a meeting held once a month. The first meeting was to be on the benefits of breastfeeding, the second on overcoming difficulties, the third on the arrival of the baby, and the fourth on weaning and nutrition (Cahill 2001). The same four-part sequence is still followed in every La Leche League chapter. Instead of an article and discussion format, the structure of the meeting was changed after the first meeting so that each woman sitting in the circle, introduced herself and her children, and asked any burning questions. Once this was completed, the topic of

the night was addressed. This same format is still followed at all La Leche League meetings, including those I attended.

The women faced an interesting problem in choosing a name for the organization, as they could not mention breasts or breastfeeding in newspaper advertisements about the organization. The women thought of numerous ideas, including “Milk Maids” and “Nursing Mothers Anonymous,” but the final choice for the name of the organization was suggested by Mary White’s husband, Dr. Gregory White. He suggested they name the organization after a shrine to the Virgin Mary in St. Augustine, Florida. The shrine was called “Nuestra Señora de la Leche y Buen Parto” (Our Lady of Plentiful Milk and Happy Delivery). All founders being Catholic women, they decided that it was the perfect name for the organization (Cahill 2001).

After organizing the first meeting, ironing out the structure of the meetings, and choosing a name for the organization, the women had to decide on a philosophy. As the Drs. Ratner and White were influential in the initial beliefs about natural childbirth and breastfeeding to the women, they continued their influence on the philosophy of the League. The women and the doctors decided that the focus of the organization should be on the superiority of breast milk, the strong supportive role of fathers, the promotion of natural child birth to help with good breastfeeding, the introduction of solid food after 6 months of age (a break from the common doctor practice of recommending babies start solids at three to fourth months of age), good nutrition including fresh foods and no sugar or preservatives, and the use of discipline without punishment, called “loving guidance”

(Cahill 2001). These were eventually distilled into the ten concepts that make up the core philosophy of La Leche League, which still guide the League today:

- Mothering through breastfeeding is the most natural and effective way of understanding and satisfying the needs of the baby.
- Mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply.
- In the early years the baby has an intense need to be with his mother which is as basic as his need for food.
- Breast milk is the superior infant food.
- For the healthy, full-term baby, breast milk is the only food necessary until the baby shows signs of needing solids, about the middle of the first year after birth.
- Ideally the breastfeeding relationship will continue until the baby outgrows the need.
- Alert and active participation by the mother in childbirth is a help in getting breastfeeding off to a good start.
- Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy.
- Good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible.
- From infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings.

(LLLI website, "Philosophy")

Just a few short months after the first meeting, the meetings became so well-attended that a second group had to be formed. The original seven women divided themselves among two houses: Marian Thompson, Mary White, and Mary Ann Kerwin

continuing the meetings at the White's house, while Edwina Froehlich, Betty Wagner, and Mary Ann Cahill held meetings at Froehlich's house. Viola Lennon often could not attend meetings, as she was the only founder who did not live in Franklin Park, but in Chicago.

The founders soon became inundated with mail and phone calls as the word spread about the organization. They decided to develop a "course by mail," which would be information about each meeting topic sent out to subscribers once a month. However, the idea was soon abandoned because the founders did not know at what stage of a woman's pregnancy and/or nursing she was learning about the group, thus she might not receive the information that she needed that particular month in the course. The women decided to develop a manual of the most common questions asked to the group and they compiled the information into a 33 page bounded folder called "The Womanly Art of Breastfeeding" in 1958. The manual sold surprisingly well, selling over 17,000 copies in its first four years. Since the folder publication did so well, the women decided to publish an actual book in 1962 also entitled *The Womanly Art of Breastfeeding*. This edition sold 1,172,200 copies. Now in its seventh edition, the book has been translated into nine different languages (Cahill 2001). The seventh edition is strikingly similar to the first. All editions discuss the technical problems of breastfeeding, but not the cultural or social difficulties that women committed to breastfeeding may need to overcome. While the texts do emphasize the need for family support, especially the support of a loving husband, they do not mention the sociocultural support women may need to feel comfortable breastfeeding or acknowledge that all women do not have the advantage to

function as autonomous decision makers. This is very interesting given that the organization's founding was based on the observation that ideas on infant nutrition promulgated by pediatricians and society were incorrect and disempowered women by telling them their bodies could not adequately provide for their babies. One might expect the League to continue to be sensitive to cultural messages and practices that prevent women from breastfeeding.

At the same time that the manual was being sent out across the country, the League itself was also spreading across the country. In 1958, the first group outside of the Chicago area was formed in Cleveland, Ohio. By the early 1960s the League had become international with groups in French and English-speaking Canada, Mexico, Puerto Rico, the Virgin Islands, and New Zealand. In 1961, in order to recognize these chapters, the organization officially changed its name to Le Leche League International.

Today, the League is over fifty years old and still going strong. There is at least one La Leche League chapter in every state, and La Leche League has a presence in 65 countries. The founders still exert considerable control over the organization. Four of the seven members are still alive. Betty Wagner and Edwina Froehlich passed away in 2008, and Viola Lennon recently passed away in January of this year. However, Betty Wagner was the Executive Director until 1993, and Mary Ann Cahill is still the Chair of the Board. All founders serve on the special Founders Advisory Board, which has to approve any changes in any documents that the Board of Directors makes.



The history of the organization and specifically the economic and social profile of its founders had a substantial influence on the creation of this ideology of individual choice. All of the founders were white, college educated, affluent women, and they started the organization for women who were like themselves—1950s housewives who stayed at home to mother their children. As Lynn Weiner (1994) notes, these women emphasized the common bond of gender and overlooked the distinctions of class and race between women. In the more than fifty years since the organization was founded, this emphasis on gender over racial and class distinction, the basic tenets of the organization and its philosophy and mission have not changed. In important respects it has not taken into account demographic changes in the composition of American households, as many are now composed of single or divorced mothers or the dramatic increase in women's employment since the 1970s. Nor has the League's philosophy been influenced by women of color's feminist critiques either of stresses on women's lives or the ideology of free choice.

## **Chapter 3**

### **Methods**

In order to conduct an analysis of the organization, I performed six months of participant observation at local morning and evening meetings of La Leche League of Chapel Hill, North Carolina. I also carried out eight semi-structured interviews with meeting attendees, members, one leader, and one leader applicant of the organization. In addition to this ethnographic fieldwork, I conducted a textual analysis of La Leche League publications and scholarly works about the organization. While this research only focused on a local group of La Leche League, my findings are in keeping with the scholars who have done previous work on the League, and illuminate the specific practices of a local, suburban La Leche League group.

Five of the eight women I interviewed were stay-at-home mothers. Of the other three, one worked full-time, one part-time from home, and the last was a PhD student. All had attended college, and six of the eight women held at least Masters' degrees. Two

hold doctorates (not including the woman working towards her PhD). Most of the women I interviewed were in their early thirties, but the ages of the women ranged from 29-50. All of the women were married. Four of the interviews were held in public places, while the remaining three took place in the interviewee's home. The names of all women and their children have been changed to protect privacy.

*Information about the women quoted in this paper:*

Savannah is a 42 year old, married, mother of two. She has one boy who was 22 months old at the time of our interview still breastfeeding, and a girl who was 6 weeks old. She became a mother later in life, as she and her husband had tried to conceive early in their marriage, but were unable to do so. They resigned themselves to being childless, and bought motorcycles instead. She became pregnant with her son by surprise, and refers to him as her "miracle baby." Her daughter's conception was also a surprise. Savannah holds a Masters in Business Administration and works full-time running a software company. Our interview was conducted at a coffee shop.

Patricia<sup>4</sup> has been involved with La Leche League for 26 years. She is a leader of the organization and is the Southeaster Coordinator for the League. She has three grown children, who are 22 years old, 26 years old, and 29 years old. She has been a stay-at-home mom since the birth of her first son. She is married and has had some college. She teaches the prenatal breastfeeding courses at a local hospital and sells electric breast pumps out of her home. Our interview was conducted in Patricia's home. Before the

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<sup>4</sup> Her age is not mentioned because she did not provide that information in our interview.

interview started, Patricia showed me her large collection of LLL memorabilia and served me tea and banana bread she had made especially for our interview.

Barbara is a 33 year old, married, mother of a son who was 20 months old at the time of our interview. He was still being breastfed. Barbara holds a PhD in Reading Education, but is a stay-at-home mother. Barbara recruited people for me to interview. She also always included me in after meeting activities, such as lunches with the mothers, and generally regarded me as a younger, childless sister. Our interview was conducted in Barbara's home.

Christy is 31 year old, married, college educated leader applicant for the League. She has one son who is 2 ½ and is pregnant with a daughter. She is still breastfeeding her son. She has a college education and is good friends with Barbara. The interview was conducted in Barbara's home.

Allison is a 33 year old, married, mother of one. Her daughter was two years old at the time of our interview. She was still breastfeeding. Allison holds a doctorate in Pharmacology and a Masters in an unrelated area (she did not specify). She works part-time from home for a local Veteran's Affairs hospital. Our interview was conducted in her home.

Margaret is a 40 year old, married, mother of two. Her daughter was seven at the time of our interview, and her son was three. Both children are weaned. Margaret is the Treasurer for the Chapel Hill LLL group. She holds a Masters in Bioengineering. She worked part-time until her daughter was two years old. She has been a stay-at-home mom

ever since. Her mother was a LLL leader when she was young. Our interview was conducted at a restaurant.

## Chapter 4

### Literature Review

#### *Breastfeeding and Feminist Medical Anthropology:*

In recent years, breastfeeding has not been a heavily studied topic in anthropology because of the long masculine bias in the discipline or viewing the practice as natural. Indeed, the heyday of breastfeeding research in anthropology was during the late-1980s to mid-1990s, which was a topic of interest because of dead babies. This research, mainly performed by Katherine Dettwyler (1994; 1995) and Penny Van Esterik (1989; 1992), was greatly influenced by the Nestle Scandal. This scandal stems from the advertisement of Nestle formula as better than breastfeeding in developing countries without access to clean drinking water, which led to many infant deaths and a boycott of Nestle products in the US and other countries. Further, this research is from a biocultural perspective. While this research is very informative and integral in promoting breastfeeding over formula from an evolutionary perspective, and understanding the physiological aspects of breast milk production and feeding, my research seeks to address the topic of breastfeeding from feminist medical cultural anthropology standpoint, which examines breastfeeding as a culturally shaped practice loaded with symbolic meaning and significance, and how breastfeeding support services and the larger cultural system encourage and support some mothers to breastfeed, while disempowering others.

Motherhood and reproduction, or at least the process of conception and birth, has been an oft-studied topic in feminist medical anthropology, with ground breaking research performed by Teman (2010) on the relationship between intended mothers and surrogate mothers, Paxson (2004) on abortion and conception in Greece, Rapp (1999) on amniocentesis and how mothers from various backgrounds interpret the results and make decisions with this information, Ginsburg (1998) on the abortion debate in America contextualized in a focus on economic, cultural, and feminist developments, Davis-Floyd (1992) on the disempowerment of mothers through the medicalization of birth, and Martin's (1987) research on biomedical perspectives on women's bodies. My work expands the literature on motherhood in feminist medical anthropology by focusing on the postpartum aspects of motherhood, specifically breastfeeding and breastfeeding support, as these scholars work concerns various aspects of reproduction, but with little focus on what happens after the fetus is born.

In the last ten years there has been one piece of feminist medical anthropological scholarship on breastfeeding, Whitaker's (2000) *Measuring Mama's Milk*. In her thorough ethnographic work, Whitaker uncovers how current breastfeeding practices in Italy, including weighing the baby before and after each feeding, are rooted in the Fascist's government promotion of breastfeeding to decrease infant mortality as part of its pronatalist agenda. While this work examines breastfeeding from a cultural and public health perspective, it does so through exploring the connections between Italian fascism and ideas of modernity's effects on current practices of breastfeeding. My work too focuses on breastfeeding from a cultural and public health perspective, but I am interested in how breastfeeding support practices in the US context with our ideals or equality, yet yawning health disparities, encourage and value some mothers, but disempower others because of their social location.

#### *Social Medicine and Perspectives on La Leche League:*

Breastfeeding and motherhood have also been researched by scholars in the field of History of Social Medicine. Jacqueline Wolf (2001, 2009) and Rima Apple (1992, 1997, 2006) have researched the transformation of motherhood in the US from a focus on

“mother’s intuition” to the medicalization of infant feeding, infant care, and the promotion of “scientific motherhood” in the late nineteenth and early twentieth century. This information provides part of the historic framing for my work.

In addition to these anthropological and social medicine works on breastfeeding and motherhood, my analysis specifically builds on the scholarship on the La Leche League. Only a handful of scholars in any discipline have examined the LLL. Bernice Hausman’s *Mother’s Milk* (2003) devotes a chapter to La Leche League. Hausman focuses on LLL’s simultaneous promotion of heterosexual motherhood and the mother’s individual authority as a breastfeeding expert. She contends that while LLL is heteronormative, it is feminist because of its promotion of breastfeeding and its empowerment of mothers to decide what is best for their babies. Linda Blum’s *At the Breast* (2001), also devotes a chapter to La Leche League. Blum concerns herself with the incongruities between former (late nineteenth and early twentieth century) maternalist organizations’ activism and the League’s political inactivity. Blum’s (1993) article on the League uses her fieldwork on the organization to argue for an end to the equality/difference divide in feminism. This is the argument that women are either equal to men, or are different from men because of certain biological capacities and their corresponding association with nurturance and compassion. Blum argues that society should move past this distinction to transform the social context of mothering to advocate for a woman’s right to breastfeed. Blum’s article with Elizabeth Vandewater (1993) similarly focuses on the League’s political inactivity and also examines to what extent the League has changed in response to changing family norms. Lynn Weiner’s (1994) article on the League profiles the history of the organization and its intersection with the second wave of feminism. She argues that the League reconstructed motherhood in ways that were both liberating, because of their promotion of women’s control of childbirth and childrearing, and constraining, because of LLL’s philosophy that mothers should stay with their babies instead of going into the workforce. Christina Bobel’s article “Bounded Liberation” examines the conceptual paradoxes of redefining women’s bodies, validating motherhood, staying at home, and living with a baby. Kathleen Knafl article (1974) profiles the conflicting perspectives on breastfeeding between nurses and La Leche



League mothers around rooming in, feeding on demand, and nursing shortly after birth. League mothers would like all of these practices to occur so as not to prevent the establishment of a good breastfeeding relationship. However, nurses view these practices as hurdles to performing their jobs. Finally, Jule Ward (2000) has the only book on the La Leche League, which focuses on the League's strong connection with its Catholic background and how the influences of Catholicism can be seen in LLL today.

Two anthropologists have written articles on the La Leche League. Florence Kellner Andrews (1991) examines how the League's culture—it's insistence on keeping mother and baby together—leads to social control practices, such as revising, clarifying, and extending aspects of its culture, that influence League mothers' views on women who do not share this belief. She argues that these practices are a means of coping in response to changing social norms which have led to more mothers entering the workforce and a society that regards mothers who breastfeed for extended periods of time with disdain. In contrast, Elizabeth Bryant Merrill's (1987) investigation of the League is a structural-functionalist analysis, which argues that La Leche League has stepped up to fulfill a void in society by teaching women how to breastfeed and mother, since new mothers may be separated by great distances from their own mothers and may not have any family members who breastfed their children.

#### *Feminist Critiques:*

In addition to the scholarship of feminist medical anthropology, social medicine, and on La Leche League, this project also incorporates the theoretical lenses of Kathleen Jones' concept of unreasonable choices, Foucault's notion of discipline, and black feminist theorists' critique of the assumption of individual choice to analyze the data. Kathleen Jones' (2000) work is useful in analyzing my research because unreasonable choices, "being unable to reason in the face of choice (3)" because all the reasons one can think for choosing one thing, pull and tug on them from the other choice, are what many mothers seeking breastfeeding support face. They may want to continue to

breastfeed, but the treatments and recommendations for continuing to do so offered by the League, are incompatible with their lives. Discipline, in the Foucaultian sense, is useful to understanding how and if the discourse and practices of the League produces disciplines subjects. These practices could assume an appropriate ideology, such that if mothers do not fit this ideology, they must be disciplined into it or face having nowhere to turn for breastfeeding support.

Finally, the critique of the privileged notion of individual choice by black feminist scholars is used to analyze this research. These critiques are offered by Patricia Hill Collins and Dorothy Roberts. Patricia Hill Collins (1994) states that when speaking about motherhood, white individuals make, “two problematic assumptions: that a relative degree of economic security exists for mothers and their children [and] all women enjoy the racial privileged that allows them to see themselves primarily as individuals in search of personal autonomy, instead of members of racial ethnic groups struggling for power” (48). Further, Roberts (2003) echoes Collins’ thoughts when she defines choice as “more than the abstract ability to reach a decision in one’s mind. A true choice means an uncoerced selection of one course of action over another and the ability to follow one’s chosen course” (284). As Collins and Roberts note, women who are not white or not affluent may not have the privilege of true choice. Consequently, they may not be able to fully implement the support and advice offered by breastfeeding support organizations because they are especially likely to encounter barriers based on racism or economic situation that prevent true choices on how to feed one’s baby from being made.

## **Chapter 5**

### **Analysis: Discipline and Individual Choices**

To analyze the data gathered from my participant observation of League meetings, interviews with League members, and La Leche League publications, I employ Michel Foucault's notion of discourse that disciplines, the critique of white privilege from Patricia Hill Collins and Dorothy Roberts, and the notion that social change requires collective action. From these theoretical perspectives, I argue La Leche League creates through disciplinary practices a specific type of motherhood through its socializing discourse in the form of its publications and meetings. The League's type of motherhood is based on an ideology that assumes all women can freely choose whether or not to follow the tenets of the organization. This is a result of the assumed sisterhood based on gender without considering the intersectional effects of gender, race, and class on women's lives.

Borrowing heavily from Foucault, theorist Marsha Marotta (2005) argues that "everyday habits and activities of individuals include disciplinary practices which help

create environments and behaviors, which contribute to the construction of particular kinds of individuals who tend to be ‘ideologically appropriate’”(18). The League seeks to create through socialization or discipline, these “everyday habits” and “ideologically appropriate” individuals through its discourse in the form of League publications, particularly the *Womanly Art of Breastfeeding*, and its meetings. But the League also fails to transform those who don’t meet the “minimum requirements for admission.” Meaning women who cannot or will not fulfill all ten tenets of the League’s philosophy.

As the oldest and most widely known breastfeeding support group, League discourses of motherhood are taken to be “discourses of truth” by members of the healthcare profession, such as obstetricians, pediatricians, lactation consultants, and nurses, as well as by breastfeeding women. The discourse establishes the League’s practices as a norm, thus creating individuals who are “ideologically appropriate.” Individuals who are “ideologically appropriate” are those who follow all ten tenets of the philosophy of La Leche League. These women stay with their babies most of the time (either through staying at home or working part-time), nurse for an extended period of time, only eat healthy, fresh, and organic nutritious food, and raise their children through “loving guidance.”

The League is able to make their tenets and ideas appear to be the norm because the League is one of the only sources of breastfeeding support and information. As such, Elizabeth Merrill argues in her work on the League, the organization becomes a stand-in for mothers who would have, in earlier years, taught their daughters how to breastfeed. In addition, League is the only group that provides breastfeeding help and support for

free. Medical schools rarely spend time teaching medical students about “human milk consumption, lactation physiology, or the clinical aspects of breastfeeding” (Wolf 2006: 398). Today, it is possible for new mothers who need help getting started with breastfeeding to hire trained lactation consultants, but consultants are rarely covered by insurance, are exceedingly expensive and are mostly helpful in establishing, not continuing, a good breastfeeding relationship. One mother I interviewed confirmed these statements when I asked her what initially attracted her to the League:

After David was born, we had a lot of problems, so went to a lactation consultant, and it’s really expensive—it’s like \$100 per hour. And I went seven or eight times, and either because of the insurance or hospital policy, they wouldn’t tell me how many times I could come and it not cost me. But, I needed to go, right then. And we went four times before I got a statement, so it made me want to do something that was free. [laughs] (Barbara, interview)

In addition, lactation consultants can be perceived as “scary” because they are medical personnel, while La Leche League women are perceived as compassionate mothers:

I didn’t know much about lactation consultants, and it sounded really official and medical, and this is what you do if this doesn’t work, while La Leche League was ‘we’re just moms, we’ll help you.’ Now I know lactation consultants are a great resource, but at the time, it was like lactation consultant! What’s wrong with my baby?! What’s wrong with my body? (Christy, interview)

The library is another way the League socializes and disciplines mothers into its ideology of motherhood. Every La Leche League has a lending library with La Leche League approved books. These books are not only publications by the La League League and books on breastfeeding, but also books on Attachment Parenting, disciplining through loving guidance, and other aspects of mothering that the League supports. When I asked two mothers whom I interviewed if the League had influenced their mothering

style, they both responded that the library had greatly influenced their parenting decisions. Barbara stated:

Just, uh, the library. One of the best books, uh, two books—*Unconditional Parenting* and *Loving Discipline*. I was raised by loving parents, but they had very strong ideas on discipline, so there wasn't a lot of discussion, and it wasn't a big deal because I was pretty docile. So yes, La Leche League has changed how I mother, especially by introducing me to Attachment Parenting. I would have had no exposure to that without La Leche. Like that is not something going on in my family or with my non-La Leche friends.

Allison, one of Barbara's friends and a fellow La Leche League member also commented on how the library had influenced her mothering style:

I changed mothering because they have the library of La Leche League approved books, and so many of the books, really affected me. The original books I got from Babies R Us are very different from La Leche League books. They all are gentle discipline books, but at Babies R Us are about how to make the parents' life easier<sup>5</sup>.

In addition to the library, the meetings shape and reproduce the League's ideology of motherhood. The meetings are a type of what Foucault called an "examination." Examinations "make the individual 'a case' [...] the individual may be described, judged, measured, compared with others, in his very individuality; and it is also the individual who must be trained or corrected" (Foucault 2005: 191). At the meetings, women are a case "on display" in the circle, as every story they share or act of mothering they perform is available for scrutiny. If a woman does something the League does not approve of, she is not corrected outright. Instead, leaders or other participants may later steer discussion toward the correct means of handling a situation similar to the one she did incorrectly or the mother may discover her "error" when the "correct way" is covered at a future

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<sup>5</sup> It interesting that Barbara does not consider parents who have commitments beyond child care, may need information on how to balance these roles and "make their lives easier."

meeting. An example of the latter is described by Savannah when she recounts the story of the first time she brought her son to a meeting:

My son was 6-8wks old, and I'd never seen anyone breastfeed. If my friends did, it was only for a short time, so when I got over there [the meeting], I think 'I want baby to behave, but don't know anything about babies,' so I took a pacifier. Well, I nursed a little bit, and then he cried, so I gave him a pacifier. A couple meetings later they were talking about how bad pacifiers were and how they can diminish your milk supply and I thought, 'Ah, I was wrong, I brought in contraband,' and that's sometimes how I feel when I go in there, 'oh, no I did a wrong' ... and no one says it, but it's like they set a standard, and I've fallen short of that standard.

In Savannah's recounting, the discipline was tacit. No one directly said to her, "Savannah, pacifiers are bad, and we don't approve of them." However, several meetings later, she learned just that, she had comforted her baby in a way the league finds incorrect. In addition, by stating the pacifier was "contraband," Savannah displays how quickly League ideals of motherhood are internalized, and how bad those who do not or cannot comply are made to feel.

I also observed this in my ethnographic work. One meeting held in October was entitled "Trick or Treat." At this meeting attendees picked an item out of a bag and noted whether or not the item was a breastfeeding "trick or treat." The bag contained items that the League does not consider a breastfeeding treat, such as bottles and pacifiers. Whenever an attendee selected one of these items and identified it as a breastfeeding "treat" she was met with other women discussing why the item was a "trick." For instance, when one woman selected a pacifier and noted that for her breastfeeding relationship, it was "treat," a leader, Patricia, chimed in and stated that you had to use pacifiers in "emergency situations only." She added that they can be disastrous to a breastfeeding relationship because they can cause nipple confusion, "so you really have

to be careful because one bottle or pacifier and that can be it” (fieldnote 10/14/09). Others seconded Patricia’s opinion.

An additional example comes from a meeting on solids. At this meeting, attendees were asked to select a vegetable from a bag and tell which food group it was a part of and their favorite way to prepare it. One woman selected nuts. She stated it was a member of the meat section of the pyramid. She was informed that she was right, but it is now in the oil section. The leader commented that she liked that the new food pyramid stated that oils should come from vegetables and nuts, not butter or margarine. In response to her comment, an attendee asked if Smart Balance, a type of margarine, was acceptable. A leader responded that the whole form was better; “the closer to the cow, the better” (fieldnotes 12/9/10).

In all three of these situations, the mothering practices of a woman were critiqued and corrected. However, none of these corrections were done outright. Instead the mothers were instructed via a leader’s comments that their practices and beliefs were not in keeping with the League’s philosophy.

The La Leche League ideology of motherhood is problematic because it assumes that all women have the free choice whether or not to follow the League’s tenets and philosophy. Although the League is one of the only sources of breastfeeding support, and the only free support organization, it cannot help women who do not have the privilege of conceptualizing themselves as autonomous individuals capable of making independent choices or acting freely. Thus the League cannot help nor socialize these women because they cannot adhere to the tenets of the organization. Even though they may come to the meetings or pick up a LLL book, the League discourse and meeting is not an



interpellation (Althusser 1972; Foucault 1990) to them because they cannot adhere to the tenets of the League's motherhood ideology. Thus, they are made to feel guilty (although not intentionally by the leaders) and uncomfortable at meetings, just as those mothers above were when they strayed from League tenets. Because the League structures its discourse in this way, it leads, as Patricia Hill Collins (1994) notes, to:

Two problematic assumptions. The first is that a relative degree of economic security exists for mothers and their children. The second is that all women enjoy the racial privileged that allows them to see themselves primarily as individuals in search of personal autonomy, instead of members of racial ethnic groups struggling for power (48).

As Collins notes, women who are not white or not affluent may not have these privileges. Consequently they cannot be fully socialized, and thus believe that the help and support that La Leche League provides is applicable to them because they are especially likely to encounter barriers based on racism or economic situation. This prevents them from fulfilling the ten tenets of the organization's philosophy because they cannot do all of the things the League promotes, such as staying at home with the baby and buying butter straight from the farm. As a result, these women are left feeling as if League help and support is not applicable to them, but only women who can fulfill all the tenets of the League.

Furthermore, League members are so unaware of their white or middle class privilege that most members do not even realize that they are making these two problematic assumptions, and that these do not apply to all women. This is not the "fault" of the League members, because "white or middle class individuals are taught to think of their lives as morally neutral, normative, and average" (McIntosh 1998). This is best

illustrated in the League's publication, *Of Cradles and Careers*, and in an interview I conducted with a long-time leader of the organization.

*Of Cradles and Careers* was published in 1984 by La Leche League. The book states that "this is not a book about whether to work or whether to stay at home. Nor is it a book questioning the value of full-time mothering or comparing one style of mothering to another" (Lowman 1984: xi). However, the book shifts back and forth between providing ideas and advice on how to combine working and mothering with reinforcing the League tenet that mothers and babies need each other often. For example, the book notes that women can suggest to their bosses that they switch from full-time to part-time or flex-time positions. Yet, in a following chapter it notes, "mothers and babies need each other. Even though the umbilical cord has been cut, they are still emotionally and physically dependent on one another, just as nature intended them to be. Intense feelings of maternal attachment have been responsible for safeguarding the survival of the human race for 2,000 years" (Lowman 1984: 88).

The book contains advice on how to combine careers and a woman's role as a mother through flex-time, part-time, extended maternity leave, working from home, being self-employed, being able to bring their children to work, and is peppered with stories of women who have done just this. However, all the women profiled have highly paid and well-respected professional jobs, most are married, and only one woman profiled is not white. In addition to this, the book puts the onus on individual women to bring about change, while reinforcing the La Leche League tenet that mothers need to arrange their lives so as to spend as much time as possible with their babies.

The message throughout the book is that if enough individual women make the changes in their own lives and advocate for these, then more women will benefit. For example:

As more and more women acquire specialized skills and move into positions of responsibility and influence, and as more and more of these women opt to start a family during the peak years of their careers, the simple economics of the situation dictates that alternative work options will become increasingly commonplace throughout the next decade (Lowman 1984: 134)

The text also addresses the issue of extended maternity leave. The author believes that “the doors to the right to an extended maternity leave are beginning to crack open, and as more and more women request this option, the resistance on the other side will continue to lessen. The ultimate gain is well worth the effort involved” (Lowman 1984: 140). However, this has not happened. As of 2010, only the Family Medical Leave Act is in place. The act guarantees 12 weeks of unpaid leave and does not assure that a woman who takes advantage of that provision will have the same job when she returns to work. Additionally, the act is only applicable to employers with more than 50 employees.

These messages are problematic because the author, and thus the League, does not take into account the situation of women who are not able to secure full-time employment, do not have bosses who are supportive of breastfeeding, and cannot afford to miss 12 weeks of unpaid work even if they work for a company that provides these benefits. The text operates on the assumption that all of these options are available to all women, makes the assumption of privilege Hill Collins mentions, and simply does not mention those who do not fit this model because of race or class. The book does not mention that 9.9 million women are single mothers (US Census “Facts for Features”2010) who must work full time to support their children, that many women cannot afford to work part-time or that many

are not in the position because of race, class, or the intersection of both, to argue for maternity leave, flex-time, and bringing their babies to work. Furthermore, few women, like those who employed as supermarket cashiers, bus drivers, and factory workers, have the free time and financial cushion that would enable them to start their own business in order to work from home. Additionally, the text only mentions insurance in passing. However, how is a single woman or a woman whose company provides better insurance benefits than her partner's supposed to have health insurance for herself and her children if she works part-time or flex-time? The text answers this question by stating that if enough skilled women fight for fringe benefits, then eventually, the situation will improve.

In addition to glossing over the fact that many women cannot afford to work part-time, ask for extended, paid maternity leave, or do not have supportive bosses, even if these women were to read the book, it would possibly have the effect of making these women feel guilty about having to work. The text repeatedly states the aspects of League philosophy that babies and mothers need to be with each other. It also mentions that most babies go through a period of separation anxiety, and even that babies may exhibit the traditional characteristics of grief if their mother goes back to work and leaves them with another caretaker (Lowman 1984: 159). Further compounding the guilt created by these statements is the text's statement on childcare:

We know that when, for whatever reasons, mother returns to work, everyone involved has to make adjustments. We also know that infants and babies need to be with their mothers, and so we urge you to explore every means of staying with your baby full time until he is old enough to handle the separation, whatever age that might be for your individual baby. Our premise, then, is that the best child care is the least child care. The longer you can extend your maternity leave and postpone your return to work, the fewer total hours you can be gone, and the shorter you can make each period of separation, the better for you and the baby (Lowman 1984: 161).

These statements create an almost unbearable situation for women who are not afforded the privilege of viewing themselves as autonomous decision makers, able to choose between staying at home with their children and working. These comments presumably make these women feel guilty about having to work to support their children, which forces them to consider making the impossible “choice” of providing food, shelter, clothing, and healthcare to their children or leaving them in the care of another causing separation anxiety and the symptoms of grief.

Women who do not have the financial security to stay at home with their children, and thus are subject to this guilt, face what feminist political scientist Kathleen Jones<sup>6</sup> (2000) calls unreasonable choices. An unreasonable choice puts a person in a situation characterized by:

“Being unable to reason in the face of choice. Being unable to reason, you are unable to believe, once and for all, that one purpose for living is much better than another. All of a sudden all the arguments you can muster for going in one direction or another start to pull and tug at you equally and turn you inside out with indecision until you feel, quite literally, as if the edges of your world have disappeared. And you want nothing more than to be freed from having to choose at all (2-3).

The unreasonable choice these women face is the “choice” of working to feed, clothe, and shelter their children or breastfeeding their baby, which they are told by the media, La Leche, and doctors, is best. Many women because of race, class, or intersection of both do not have paid maternity leave, pumping breaks and/or rooms to pump in. Nor do many of them have the money and benefits to be able to stay at home or work part time.

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<sup>6</sup> Interestingly, Jones discussion of unreasonable choices comes from her work on domestic violence; however, it is also applicable here.

An unreasonable choice would be the choice between providing shelter and clothes for her child or staying at home to be with her baby. In this situation, a woman must choose between working to provide for her children and knowing that she must stay at home to do what is best for her baby. This is not a choice. This is not a choice because choice, as defined by feminist scholar Dorothy Roberts (2003), “means more than the abstract ability to reach a decision in one’s mind. A true choice means an uncoerced selection of one course of action over another and the ability to follow one’s chosen course” (284).

The same assumption that all women enjoy choice and can act as autonomous individuals who can advocate for change, evident in *Of Cradles and Careers*, was echoed in an interview I conducted with long-time leader of the organization, Patricia. Patricia has three grown children and has been involved with La Leche League for over 27 years. When I asked Patricia if there was anything she would like to change about the organization, she said no, but she mentioned increasing the number of African-Americans involved in the national organization, as a whole. However, she believed La Leche League as an international organization and as a local chapter was doing their best to encourage diversity. She stated:

We have sessions at conferences to help us learn about people who are different from us, but of course, in Chapel Hill, it’s easy to get a little smug, because we have a pretty diverse group. Have you met Tonya? It’s sad she had to leave. It’s fun to have people who are different. We’ve had people who grew up in different backgrounds, women from different countries...just like Chapel Hill is diverse, that’s what the college gives us, so I wish more of it was like that. Different kinds of people that need support. I always think, and my co-leaders and I always talk about African-Americans. Audrey is kind of our ambassador, because she is part of Mocha Moms, so whenever there is someone who is pregnant, or talking about breastfeeding, they know she is going to talk to them about breastfeeding, and give them information and encourage them to come to meetings. I know there is a

lot of information that needs to be gained on people who are different from us, because not everyone learns the same, and I don't pretend to be knowledgeable about that, but I strongly believe in the mother-to-mother, and I believe it transcends all that, that we are all mothers. That's another thing I love about La Leche, the fact that we are the same, even though we are all very different.

When she made this statement I was struck that she thought the Chapel Hill La Leche League was a diverse group. Besides Audrey, only five women of color were ever present at the six months of meetings I observed. Meetings usually draw up to twenty women or more, and assuming that half of all the attendees are members; only 2.5% of all women attending local La Leche League meetings over the course of my six month participant observation were women of color. Patricia assumes that since Audrey is a person of color and a leader of the organization, she can convince other women of color to join the group. However, she does not consider the effect that class or the interaction between race and class can make fulfilling all of the ten tenets of the organization difficult. In addition, I was struck by her comment that she enjoyed that La Leche mothers "w [ere] all the same, even though we are very different." This is making the same assumptions that Hill Collins (1994) points out, and that *Of Cradles and Careers* and the founders are also culpable of assuming. Patricia is assuming that all women have the luxury of white and/or middle class privilege and free choice that the League assumes, but as Collins notes, this is usually only possible for white or middle class women.

Furthermore, Patricia also has the privileged position not to consider whether all women have the economic security to be able to advocate for flex-time and be able to work part-time. When asked how she had personally benefitted from involvement with the League, she answered:

[Through tears] To know that I have the ability to help things change and help moms talk to their employer, to have more time off, to have flex time, or to have a place to pump, a place to bring their baby to nurse. All of that is really cool. Even something that seems as simple as jury duty, and moms believing they had no choice, but to leave their small baby, and how traumatic as it may be for both of them. But, I've helped moms get different times by telling them who to get in contact with, who to write, how to word it, or get different times, so they can do it later. And bring that empowerment to all women.

With this statement, Patricia channels the assumption behind *Of Cradles and Careers* that all women have the privilege of economic security to advocate for these changes. In another portion of her interview, excerpted below, Patricia once again echoes these assumptions through her statements discussing her decision to be a stay-at-home mom:

Maybe it's easy to see me in my home [she has a very large home], and that it was an easy path to leave my job and stay at home. I was a paralegal, and when I chose to leave that to be at home with my children, it was a sacrifice. I remember scraping together change on the weekends so we can have potato chips and watch a movie, because it was really uncomfortable financially. So, at lot of times people say yeah, you can stay at home and breastfeed or yeah, you can breastfeed because you stay at home, but that's not what it's like in the real world, which is so untrue. And once I realized I needed to be at home, I had to think of ways to make it work. It's not only that breastfeeding saves money, and it didn't have to be, 'oh, woe is me can't afford anything.' It's that the sacrifice was totally worth being at home with our kids. And when our oldest was getting into school things, we could be a part of that. I worry that people think if you're going to be a stay at home mom, you're going to be poor, drudgery, and you're missing out on life, but that was life.

[But do you think everyone can be a stay-at-home-mom?] No, but I wish people could make decisions without money being an option, and it just gets harder and harder. But, I'd like to hope that everyone would want to, and I would like to think that everyone would like to, but maybe that's my rosy world. And one thing that has gotten better is people, especially employers understanding that moms want to be with their babies, um, with flexible hours, and computer work, so people can work from home, and understanding that if your baby needs you, it's ok to take a day off from work, and knowing that breastfed babies are healthier, so you'll have a happier worker, those things have gotten better, so that's good.

What Patricia neglects to mention in the first quotation is that her husband is a lawyer, and makes and did make at the time, a very sizable income. Further, while Patricia indeed



faced hard financial times and had been financially uncomfortable, scraping together extra change so that her children could have potato chips on the weekend, she never faced race or class oppression. Thus, her situation of scraping together change so that her children can have “extras” is a very different situation than scraping together change so your child can have basic necessities. For some women, it *does* have to be “Oh woe is me, I can’t afford anything.”

In her answer to the next question, Patricia displays that she is assuming a highly skilled and educated worker. She does not consider that some women do not have social capital to ask if they can take a day off to be with their babies or be able to work from home. In addition, while things may have improved for some women who have understanding bosses, this is certainly not the norm. What *Of Cradles and Careers* and the interview with Patricia indicate is that white privilege blinds us to our position of assuming that others receive the same benefits as we receive—it’s an unconscious bias. Unless privileged, relatively wealthy women have exposure to people whose lives are different, it is hard for them to address and realize their white privilege. However, this is unlikely at La Leche League meetings because League discourse does not address the issues that women who are affected by race and class oppression—or the intersection of both—have to deal with on a daily basis. Thus, as long as the women of La Leche League are doing well, and concessions and exceptions are being made for them, there does not need to be a political movement of women advocating for these guaranteed changes.

The text and the League fall victim to assuming, as Patricia Hill Collins (1994) notes, that all women have the privilege of free individual choice, ignoring the reality that many women may not have the advantage of “choice” to decide whether to stay at home,

work part-time or flex-time, or argue for extended, paid maternity leave. It also makes a second false assumption that Collins (1994) mentions in supposing “all women enjoy the racial privilege that allows them to see themselves primarily as individuals in search of personal autonomy, instead of members of racial ethnic groups struggling for power” (48). Patricia and *Of Cradles and Careers* presupposes it is addressing women who have the privilege of considering themselves autonomous individuals, who do not face unreasonable choices, who are using this privilege to do what’s best for themselves and their babies, and who in doing so, are “cracking the door” for other autonomous individuals seeking to do the best for their families. They do not realize that in order for the door to be open for all women, instead of just those who are fortunate, collective action through means of culture change and legislation needs to be enacted.

Indeed, this is the only way that social change does occur. As sociologist Michael Schwalbe notes, “we may think that change results mainly from individual moral heroism, [however] change occurs through organized, persistent, collective action by ordinary people” (2010: 1). Feminist historian Susan Glisson supports this argument by noting that “ordinary individuals have accomplished extraordinary victories against oppression. And they did so through persistent, organized, bottom-up work” (2006: xv). While La Leche League argues that if enough individuals fight for rights, then these doors will be open for all women, history has shown that is not the case. Schwalbe argues that collective action was necessary for labor reforms, and Glisson demonstrates that it was also necessary for African Americans to achieve civil rights. In addition, Collins (1994) argues that even operating under the assumption that individuals alone can change society is a racial privilege.

## **Chapter 6**

### **Benefits of La Leche League**

The League does provide help and support for some women. The League is the only free organization that provides comprehensive support and information on breastfeeding. The League is considered by many scholars of maternal and child health to be a better source on information about breastfeeding than many doctors (Miriam Labbok, personal communication). Medical students rarely receive training in lactation (Wolf 2006). In a study conducted in 1999, the American Academy of Physicians found that most pediatricians agreed with or had a neutral opinion about the statement ‘breastfeeding and formula feeding are equally beneficial infant feeding methods,’ even though mounting evidence of scientific studies proving the superiority of breast milk have been produced since the 1970s. In addition, the survey also indicated that physician’s lacked knowledge of even the most mundane aspects of breastfeeding, and

that the best determinate for whether or not a physician recommended breastfeeding was whether or not the physician or their partner had breastfed (Wolf 2006: 368).

In addition to being the most authoritative, as well as free, source on breastfeeding, the League has also challenged the cultural ideas about women's bodies. For example, as Linda Blum (2001) notes, the League's "model of confidence in the maternal body rejects or at least revises the dominant medical metaphors analyzed cogently by anthropologist Emily Martin, of women's bodily processes as failed production, with female bodily secretions seen as evidence of waste and degeneration" (71). Further, the League celebrates women's unique ability to grow and feed children.

Many of the interviews I conducted also illustrate the supportive and beneficial nature of the League. Many women argued that because of recent cultural changes where people no longer live around family for support of childrearing and exposure to breastfeeding, the League is the only place that provides this information. Additionally, it appears that participants often feel that the League is one of the only places where mothers can commiserate about the difficulties of being a mother. As Savannah noted in an interview:

I remember this one meeting, and this speaks volumes to me about that group. We started the meeting about seven-ish, you know, and everything is kind of going on, and start going and go in order, and then, this lady...you know, some people when they are new don't want to ask questions, and some are just so overwhelmed with what's going on, they can't help it, this lady was like this. Her baby was young, probably, less than two months—she didn't have her baby with her that night. She appeared fine when the meeting started. She was talking to her neighbors and all. And then, we got to her, and she introduced herself and told about her baby, and Patricia asked if she had any questions, and it didn't seem like she was going to, but then, she did. She didn't really ask questions, she just started to talk about what was going on. She was just talking and getting very emotional, and she started to cry, because it is a very

emotional thing, but as a 40 year-old mother and business woman, and my husband, I've watched him remove his emotions. He's a probation officer and not on the social services side. So you know, I've watched him and learned to do that. But in La Leche, the connection with your child is so emotional and so intense, and just you see all these moms who had been where she has been, and want to help her. So, all of sudden, the meeting comes to an abrupt halt, and everyone focused on her, and encouraging her, to help her figure out what she was doing. You know, 'try this, try that. What about this.' And it wasn't just about breastfeeding; it was about 'how this makes you feel?' and trying to confirm her as a good mom. [...] And helping her be confident in what she was doing. Figure out what was wrong, and let her know she'll get through it. To me it was just a real coming together, where this woman and her problems were the focus of the hour, and if you had problems, well, you can wait until next time. Real supportive that way.

Savannah's statements show that the League is supportive of certain types of mothers. In addition, the League may be the only place where a woman can get support about breastfeeding as well as being a mother in the current cultural climate where she may be separated by great distances from her friends and family.

## Chapter 7

### Critique

The League does provide support and help to a specific type of mother—those who only have to worry about a certain type of gender oppression and not race and class, and have the privilege of making real choices—and enables these women to meet their goals of breastfeeding exclusively and breastfeeding for over a year. In this way, as well as the ones mentioned above, LLL could be seen as a feminist organization. However, the League is inadequate according to the definition of feminism taken from Bonnie Dill Thornton and bell hooks. Thornton (2009) believes that “sisterhood as an element of the feminist movement which serves as a means for political and economic action based upon the shared needs and experiences of women” (26). Hooks (2000) adds:

Feminist sisterhood is rooted in shared commitment to struggle against patriarchal injustice, no matter the form that injustice takes. Political solidarity between women always undermines sexism and sets the stage for the overthrow of patriarchy. Significantly, sisterhood could never have been possible across the boundaries of race and class if individual women had not been willing to divest their power to dominate and exploit subordinated groups of women. As long as women are using class or race power to dominate other women, feminist sisterhood cannot be fully realized. (15-16)

From these two definitions of feminist sisterhood, feminism, as the title of hooks' work suggests, is for everybody. Using these definitions of feminism, feminism is not about doing what's best for certain individuals, it is about guaranteeing that all individuals regardless of race, class, and every other type of oppression are free from these oppressions, have the ability to make free choices that are not unreasonable or constrained, and overcome all types of injustice.

While the League is certainly beneficial in assisting those who can conform to its ideology with concrete advice and support on the mechanics of breastfeeding, I would argue that it would be more effective in achieving its stated goal of helping and supporting all women who want to breastfeed, if it recognized and examined its white privilege and changed its discourse to focus less on having women meet the tenets that assume everyone is capable of making free choices. By changing its discourse, it would need to revise its philosophy, deemphasize the heteronormative ideal of a mother-father-baby-centered family, and take up political causes that would create social structures to allow many more mothers and babies to be together for extended periods of time as well as to help mothers have the employment, cultural, and legislative support to breastfeed. In this way, the League would fulfill its mission of helping and supporting women who want to breastfeed by being political and fighting for these rights of *all* women.

As the foremost authority on breastfeeding and an organization to which many organizations, including the US Department of Health and Human Services<sup>7</sup> turn for

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<sup>7</sup> The League serves as a consultant on the 2004 US DHHS campaign to increase breastfeeding rates. This campaign used posters, TV ads, and radio commercials that compared not breastfeeding to risks taking during pregnancy that could lead to miscarriage, such as log rolling and riding a mechanical bull.

expert advice, the League could use their cultural capital to advocate for employer support, longer maternity leave, paid maternity leave, safe and private spaces at work in which women could pump breast milk for feeding to babies later, higher minimum wage based on livability, highly paid part-time and flex-time with guaranteed insurance coverage, and other policies that would support all mothers.

La Leche League states that it does not advocate for these changes because its purpose is distinct: “this singleness of purpose does not prevent interaction with other organizations with compatible purposes, but La Leche League will carefully guard against allying itself with another cause, however worthwhile that cause may be” (LLLI website, “Purpose”). However, I would argue these policy changes are not distinct from the purpose of the organization to help and support all women breastfeed. As these policy changes have “compatible purposes” with the League—the purposes being to help and support women breastfeed—they do not prevent the League from interacting with other organizations for these changes. Indeed, these policies will enable the League to meet its mission and purpose by putting in place policies that will allow mothers to meet the main tenets of the organization, and truly support and help all mothers breastfeed—not just mostly white, married, middle class women who have the privilege of individual choice.

But political inactivity has not always been the stance of the organization. Before the landmark decision of the Supreme Court in *Roe v. Wade*, Mary White, one of the founders of the organization distributed anti-choice literature to all attendees at the League’s national convention. This sparked a huge controversy as pro-choice attendees left the meeting. An emergency meeting of the League’s Board was called. It was decided



at this meeting that the League would not ally itself with causes other than breastfeeding (Cahill 2001).

Further, as Linda Blum (2001) notes, the League has previously been involved in causes not directly related to breastfeeding, which could be regarded as outside of its purpose. While in most of these cases, the League just showed support for the individuals involved, in two cases the League has put out a public message regarding breastfeeding.

In those instances where the League has shown support for individuals, the League has provided financial support for breastfeeding mothers seeking divorce and employment schedule modification due to mothering responsibilities (Bloom 2001: 94). In addition, the League has become involved in two public cases. One occurred in 1976-1977 state of Michigan, where PBB (polybrominated biphenyl), a highly toxic fire retardant that accidentally contaminated animal feed, entered the food chain and was found in human milk. The League was called on by the press and took a reassuring stance that the benefits of nursing outweighed the risks (Blum 2001: 95). More recently, the League became involved in the case of Denise Perrigo. Blum (2001) details that

Perrigo, according to press accounts, was alarmed at her sexual arousal when nursing her two-and-a-half-year-old-daughter; she called a community volunteer center and asked to be put in contact with La Leche League. Instead, on hearing of sexual arousal, she was put through to the local rape crisis center, where counselors heard this as sexual abuse. Rape crisis counselors contacted the county's sexual abuse 'hot line,' which dispatched local police; the police arrested Perrigo and put her daughter in foster care. Criminal charges referred to inappropriate "breast to mouth" contact. Though criminal charges were dropped, social services filed charges of sexual abuse in family court and Perrigo was only allowed biweekly supervised visits for one year. La Leche League assisted Perrigo through this ordeal by providing expert testimony and lawyer referrals, as well as local leaders' emotional support. The League's magazine also assured its members that Perrigo's feelings of sexual arousal were 'normal, natural.' (96)

These instances are not exactly political action, since the League did not address the structures of power and social situations, such as using pesticides and allowing them to enter human and animal food supplies and the sexualization of the breast, which made these situations possible. However, it did take a public stance on these issues that are not exclusively related to breastfeeding.

I have observed occasional indications, however, that attitudes of some members differ from the orthodoxy. One member whom I interviewed acknowledged policies such as the ones stated above as changes she would like to see in the organization. Even though she is aware of her privilege, she has been socialized and disciplined into viewing the League's ideology of motherhood as the correct way to mother, to the extent that she questions whether changes would be better with "I don't know." When I asked Margaret if there was anything she wanted to change about the organization, she stated:

I am not sure La Leche has caught up with, but I get really upset about everything being put on the mom instead of social support. It's like La Leche League is there to say "Rah! Rah!" once a month and I don't know how strong La Leche League is as an organization, [mentions DHHS campaign<sup>8</sup>] something really awful, I think like that, [was LLL involved in that?] Not really, but things come through La Leche for expert opinion and they didn't think of it, someone got paid to, but... I think if they have power as a special interest group or a well-known, respected authority and stuff, I personally feel, that they should be pushing for, what do we need so that we can breastfeeding not... because I think a lot of times we say, "you should, you should." And it's like, "I should, but I have to work and when can I..." and it end up piling on individuals. I guess I don't know

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<sup>8</sup> This is a reference to the Department of Health and Human Services (DHHS) campaign begun in 2004 to increase national breastfeeding rates. The campaign consisted of TV commercials, radio ads, and posters displayed in physician's offices and at health departments. The campaign commercials depicted pregnant women engaging in risky behaviors, such as getting intoxicated at a bar and riding a mechanical bull. Over these images, an announcer stated, "You wouldn't take these risks before your baby was born, why take risks afterwards? Recent studies show babies who are breastfed are less likely to develop ear infections, respiratory illnesses and diarrhea. Babies were born to be breastfed" (Office on Women's Health 2010).

specifically about what La Leche League can do. [...] and like what do families need, so as opposed to 70s when it was about letting people know how good breast milk is good for you babies, I don't know. Maybe start in Hollywood, like people on "Law and Order" taking time off to pump in the squad car. I think that the message is still breastfeeding is so beneficial, and the perfect food for your baby, but it's more than that. It's not which decision should I make and my life will be pretty much the same either way, it's um, it's working. It's really the big thing; it's working. I feel like they've done one job. Maybe there are people who live in Nebraska, who need to know, but maybe because I am in Chapel Hill, I want to broaden it. I don't know what I'm asking. It's that same line, "you really should breastfeed, but if you can't..." That's an easy out, instead of saying "We know you can, and we are going to help you." It's just the breastfeeding part, not the 'your life part.' I don't know. I don't know.

Margaret touches on many of my critiques of the organization and points out areas where the League can make improvements and "keep up with the times." However, even Margaret, who recognizes the faults of the organization, constantly questions going against LLL tenets with "I don't know." While the League's faults have penetrated her doxa (Bourdieu 1977), she is not yet able to escape the disciplining of the organization to advocate for these changes.

It is interesting that only Savannah and Margaret criticize the League. These women do not entirely fit the ideology on which the League is structured. Both women are older mothers who had established strong careers before they became pregnant. In addition, both women worked full-time and breastfed. While Margaret eventually quit her job to be with her children, she did struggle to balance working and mothering, and did not find the League's publications particularly helpful in her time of need. Savannah is still a full-time working mother. It seems that having or still having to work full-time and breastfeed allowed these women to break out of the disciplining of the League and question some of its practices.

## **Chapter 8**

### **Conclusion**

From my analysis of La Leche League publications, my observations of meetings, and analysis of interviews, I argue that the La Leche League does not entirely fulfill its mission of helping all women breastfeed because while it creates a discourse around gender, it does not consider how race and class shape women's lived experiences. This causes the League to assume that all women have entirely unrestricted choice about child rearing practices and can meet all LLL tenets. This ideology and discourse prevent the League from reaching women who fall outside this paradigm. This can be seen in the vignette opening this paper. While Tara came to the meeting ambivalent about wanting to breastfeed her child, no one asked her what barriers she perceived to breastfeeding and why she might not be able to breastfeed. Instead, they moved on to the next person in the circle, assuming that Tara's decision whether or not to breastfeed was based on her autonomous, individual choice about nourishing her baby.

Another illustration of League members' and leaders' lack of sensitivity to real-world challenges occurred at the same meeting. A pregnant Eastern European woman came to the meeting and upon introducing herself mentioned that she was deciding

whether to breastfeed her child. Again, the women did not ask her what she perceived as preventing her from breastfeeding. The woman asked a question about the “logistics of breastfeeding”— for how many months or years she would need to nurse her baby. The leader of the meeting told her that the world average was 4 ½ years. Appalled the woman exclaimed, “4 ½ years! But they have teeth by then!” The response by another leader was that “babies don’t use their teeth to suck.” No answer or advice was given as to how she was logistically supposed to nurse for 4 ½ years given her employment, economic situation, or the negative cultural reaction to nursing toddlers and older children. Again, her decision was seen as an individual choice, and it appeared to be assumed that this woman would have the ability to choose to stay-at-home to breastfeed her child for over four years.

During this portion of the meeting, I was so stunned by what the leaders were telling Ezra that I violated the tenet of anthropological research of observing and not participating to intervene in the dialogue. I told Ezra she did not have to breastfeed for that long, and that the World Health Organization and American Academy of Pediatrics recommended six months of exclusive breastfeeding, and complementing other foods with breastfeeding for one year or more or for as long as mother and baby were comfortable. From this experience as well as the lack of intervention with Tara, the group was not helping these women meet their breastfeeding goals. Further, at the beginning of the meeting where attendees were asked to list the benefits and Tara was not list the benefits, is another example of how the League sets up a model that few women can meet. Of course Tara did not as she was not socialized to the LLL notions of normal

motherhood. She was a newcomer to the meetings and had not been disciplined by the group to provide the correct answer. Of course Ezra was horrified at breastfeeding for 4 ½ years, she had not been disciplined into the ideology of breastfeeding for as long as the child wants.

Until the organization recognizes that it bases its tenets and discourse on a privileged position, which assumes every woman has the ability to make a choice, it will never succeed in fulfilling its mission. Until this happens, the League does a type of “horizontal violence” (Flo Kennedy as cited in de Lauretis 1986) against women who do not have the privilege of individual, autonomous choice on which the League’s discourse is based. Thus, the women who do not fit this model cannot receive help and support from the League because they have not come to see the practices and discourse of the organization as truth, since they cannot fulfill all the LLL tenets. Thus, even if they do attend meeting or read a League book, they will be left with feelings of guilt and/or a feeling that LLL is only for white or middle class women.

## Chapter 9

### Epilogue

Since performing this research and writing this paper, I have come to question if the Leche League is the only organization that bases its practices on a notion of white privilege and individual choice. It is my belief that this is not the case, and that all, if not most, breastfeeding support organizations including the Women Infant Children Program<sup>9</sup> (WIC) peer counselors, lactation consultants, and the leaders of public health campaigns sponsored by the US government, are blind to the ways in which race and class impact women's decision to initiate and continue breastfeeding. In an attempt to answer this question, I will undertake participant observation with these organizations in Jackson, MS for my dissertation.

Through ethnographic fieldwork undertaken with the US' largest sources of breastfeeding support (La Leche League, Women Infant Children Program, and lactation consultants) and the women advised by them, this project will explore and advance possible explanations for why the rates of initiation and continuation of breastfeeding have not risen for all women, despite public health campaigns.

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<sup>9</sup> Women Infant Children (WIC) is a federal organization that provides food and nutritional services to low-income pregnant women and their children until the child is five years old.

In addition, this research aims to explore: 1.if the ideology of free choice is endemic to all breastfeeding support organizations 2.how women do/do not apply the advice of support groups to their lives 3.how the discourse of support organizations intersects with the larger political/economic/cultural/social system. This project will examine why certain groups of women are less likely to breastfeed, and if this is due to a larger stratified system, which enables some women to apply these recommendations to their lives, and others to not. In order to explore this aim, I will conduct participant observation and interviews with breastfeeding support providers and receivers in Jackson, MS a particularly problematic area, as Mississippi has the lowest breastfeeding rates in the country and the highest rate of infant mortality.

My choice of the LLL, WIC breastfeeding program, lactation outpatient practices, and the women they serve, is crucial for my research hypothesis. Each of these support programs serves a different sector of the Jackson population. This research in Chapel Hill, NC, a suburban, affluent, liberal, college town, showed that LLL meetings are generally attended by white, middle class, highly educated stay-at-home mothers. Outpatient lactation consultations are sought by wealthy, highly educated, working mothers, as their services are not usually covered by insurance agencies, and charges are around \$100/hour. By contrast, the WIC breastfeeding support program is only available to lower income women.

It is my hypothesis that most mothers know that breastfeeding is best for their babies; however, because of the intersection of opportunities available to mothers because of class, race, ethnicity, and other systems of oppression, and stratified breastfeeding support practices, certain mothers have the means and support to meet the AAP and government recommendations for breastfeeding, while other mothers do not. Thus, public health and breastfeeding support organizations' discourse is problematic, but is also intersects with the larger political/economic/cultural/social system that is also based around the idea that breastfeeding is an individual free choice. As such, breastfeeding practices are differently valued, rewarded, encouraged, and supported based on hierarchies of race, class, and ethnicity, and structural forces.



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