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Illuminating the Place: A Hermeneutic Study of Breastfeeding

by

Maryann Dawn Patricia Kusmirski

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Abstract

An interpretive inquiry shows a process of what is possible, the possibilities for understandings embedded within the topic. An interpretive approach to this research was based on Gadamer's hermeneutic philosophy (1989). This work is about five mothers' experiences with breastfeeding and interprets the place where breastfeeding changed for some of them; where breastfeeding became nursing and the mothers moved from thinking about the 'how to' of breastfeeding to thinking about the 'art of nursing'. It explores the need for an understanding of what breastfeeding means to mothers. As well, this study offers a glimpse of a place of nurturance from the outside looking in and from the mothers' perspectives, the inside looking out. It weaves together the dimensions of where some breastfeeding mothers reside for a period of time.

Acknowledgements

The gifts that Denise, Ruth, Julie, Linda, and Susan gave me are priceless. Over conversations, they shared their experiences of breastfeeding including their challenges, their frustrations, and ultimately their sense of peace with breastfeeding. Embedded within this work is the expertise of my thesis committee. David Jardine, Sandra Tenove, and Sharon Oryschak shared their time, their experiences, and most importantly their knowledge of interpretive work and breastfeeding. Their questions offered me the opportunity for another layer of reflections and a deeper interpretation of this work. A special thank you goes to my supervisor Ardene Robinson Vollman who supported me throughout this journey, from choosing the research approach to illuminating the place. I would also like to thank my hermeneutic colleague Marjorie Mayers for her presence on this journey. Our conversations about hermeneutics, about how to conduct an interpretive work and how to write hermeneutically helped to guide my thinking. I would also like to thank my nursing colleagues, Lise Brisebois Blouin, Lynn Corcoran, Rosa DeWolfe, and Denise Taylor who shared their breastfeeding experiences and nursing expertise through conversations and reflections on my writing. Their comments were always both supportive and thought provoking. Most importantly, I would like to thank Ed. Without his presence and support, this journey would not have taken place.

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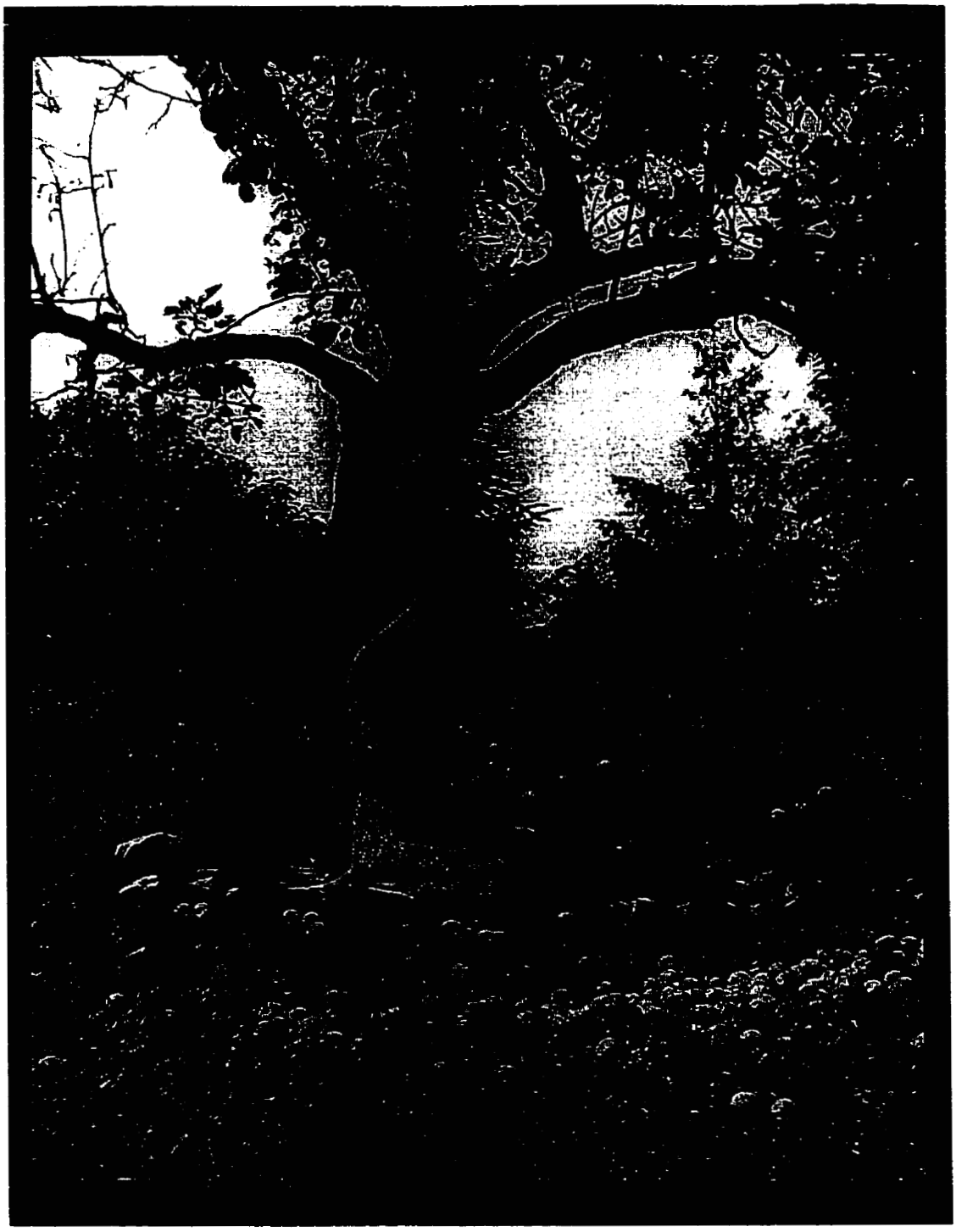
CHAPTER 1: FINDING THE PLACE

Somewhere
There's a place for us
Somewhere a place for us
Peace and quiet and open air
(Sondheim, 1957)

This thesis is about finding and describing a place - a nameless place. A place that beckons to many but only opens the door to a few. A place that is a world within itself, mysterious and marvellous to those who reach it, frustrating and forbidden to those who search for it. A place that allows only glimpses of it to be revealed. In this telling, I invite you to explore this place.

Gadamer (1989) says that photography can convey symbols or images of experiences which are captured in a moment of time. Within hermeneutics "a picture is situated halfway between a sign and a symbol" (Gadamer, 1989, p.154). Signs give direction, pointing to the route that one will travel. In order to point out a direction, a sign must also have the ability to bring attention to itself. Signs point out what is not present but what can lay ahead, a turn in the road, a new path, a new destination. "A symbol manifests the presence of something that really is present" thus it functions as a substitute (p. 154). Pictures have the potential to be meaningful, to be aesthetic and to convey remembrances of that place in time. Within that moment, they can be a reflection of one's horizon, one's place in time. I offer to you my vision of this place.

[1]



[1] Note. Consent to use this picture entitled The Tree of Life was received from Rachelle Ferguson, Photographer on June 8, 1998.

I came across this picture at a workshop depicting women in art. When I saw this picture, I experienced an immediate epiphany. Time seemed to stand still. I experienced a oneness with this picture as I realized that this image captured what I had been discussing in conversations and attempting to describe in words. Pictures can provide a visual insight into an experience. They can offer an image of the topic - a way into conversing the familiar and unfamiliar dimensions of the experience. Gadamer (1989) states: "The first condition of the art of conversation is ensuring the other person is with us" (p. 367). I offer this picture not as a finite description of what this place is, as if to imply that there is only one way of describing this place, but rather as an opening to a conversation. To me this picture epitomizes the peace and tranquillity that breastfeeding can bring to the lives of a mother and child.

I invite you to carry my image plus your own image of breastfeeding with you as you read this work. As this thesis unfolds, you will become part of the conversations that have circled around breastfeeding and this place. These conversations have offered me the opportunity to gain an understanding about breastfeeding mothers and their place and about myself. But this work cannot begin with the place - it has to begin where I began - in the clutter of trying to talk about breastfeeding and offering an understanding of how conversations about breastfeeding can be confusing. My beginning was the process of trying "to clarify the conditions in which understanding takes place" (Gadamer, 1989, p.295).

"What about formula feeding mothers?"

Silence

I struggled with this question and often reflected on its relationship to breastfeeding. I wondered if it was as Gadamer (1989) would say 'a true question' with the intent of seeking understanding? Or was it an attempt to stop the breastfeeding conversation and close the door to any further generation of understanding? Why did informal conversations with others (e.g., professors, graduate students, women, and men) regarding an interpretive study of breastfeeding often cause an initial response related to formula feeding? Why was it that I am always feeling that I am being placed in a defensive position?

The silence I experienced haunted me. Silence as a noun can mean peace, calmness, perhaps even a sense of tranquillity. As a verb, the intent can change to a form of opposing argument, to putting out of action the silenced person. An outcome of silence is that the other voices become stronger. The dialogue may continue but can the conversation continue? Is a conversation not something that occurs when the dialogue is interactive, alive, two way? When silence is used as a weapon to close the conversation and continue the dialogue, what has been protected? What has been lost (Fiumara, 1990)?

Gradually, over many attempted conversations, I began to wonder if the formula feeding question may have been an attempt to close the door to the breastfeeding room and open the door to another room - the ongoing debate between breastfeeding and formula feeding? I realized when I turned to the literature for answers that this dialogue has been going on for years and research has been used to strengthen both breastmilk and formula positions.

Dewey, Heinig, and Nommsen-Rivers (1995), Howie, Forsyth, Ogston, Clark, and du V Florey (1990), and Joneja (1992) have researched the benefits of breastfeeding, including its protective effect against respiratory and gastrointestinal illnesses. Walker (1993) gave voice to the overwhelming number of hazards of formula feeding. Conversely, Van de Perre (1995) has researched HIV breastfeeding mothers and this work resulted in the awareness of the risk of infecting these infants and their need for 'safe' breastmilk or formula. Multiple researchers including Losch, Dungy, Russell, and Dusdieker (1995) have addressed the factors involved in the infant feeding decision. Factors researched include ethnic background, maternal age, parity, years of education, income, marital status, prenatal education, and postpartum lactation education. Barnes, Leggett, and Durham (1993) measured femininity perceptions between formula feeding and breastfeeding mothers finding that women who choose to formula feed branded themselves as not having a clear sense of their identity. Dix (1991) and Gigliotti (1995) addressed the factors involved in the decision to formula feed. Reasons included having a negative attitude towards breastfeeding, conflicting responsibilities or scheduling issues, having a negative breastfeeding experience, and health or medical reasons. Eyer (1996) and Robin (1996) reported on how it feels to formula feed in a breastfeeding culture while Altshuler (1995), Kitzinger (1995), and Mulford (1995) have discussed breastfeeding in a formula feeding culture. Littman, Medendorp, and Goldfarb (1994) addressed the influence of the husband and Lothian (1995) discussed the infant's role in the success of breastfeeding. Moxley, Sims-Jones, Varga, and Chamberlain (1996) and Patton, Beaman,

Csar, and Lewinski (1996) addressed the issue of the lack of lactation management[2] in nursing education while Izatt (1997) and Newman (1991) gave voice to physicians' knowledge deficits in lactation management.

Beasley (1991) found that the majority of breastfeeding research to date has been dominated by a "biomedical perspective" (p. 7). Breastfeeding has been viewed as a biological process and researched from a cause and effect perspective. The physiology, nutritional benefits, demographics, social, and cultural variables have all been investigated in an effort to increase understanding of the process of breastfeeding.

> *I found this literature helpful in creating an understanding of the benefits of breastmilk and hazards of formula, the demographics of breastfeeding and formula mothers, the mechanics of lactation, and some health care professionals' breastfeeding knowledge deficits however it did not aid my understanding of the meaning of breastfeeding to mothers.*

In contrast, the work of Maclean (1989b, 1990), Schmied and Barclay (1999), and Van Esterik (1989) reflected a cultural approach that allowed for the examination of individual experiences within the mother's social context. Their work incorporates the perspective that decisions to initiate breastfeeding and the duration of breastfeeding can be affected by the family's social and cultural context. Breastfeeding is not a variable that occurs in isolation from the rest of a mother's life, it is a part of her life and of her family's life. The meaning of breastfeeding should be explored by linking it within the larger framework of a mother's experience (Beasley, 1991; Kitzinger, 1995; Maclean, 1990).

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[2] I have deliberately used the term lactation management as lactation from a biomedical perspective refers to the physiological process of producing milk (Lawrence, 1989). I believe that breastfeeding is a more holistic term that incorporates the process as well as the social and cultural factors involved in breastfeeding.

"Oh, you're pro-breastfeeding?"

Silence

Silenced again. Another conversation ended. Another room. Another struggle to answer this question. How is it that I become positioned in either the 'breastfeeding versus formula debate' room or the 'oh, you are pro-breastfeeding' room? Why is it that articulating the experience of breastfeeding results in a question of my stance on breastfeeding? What would it mean if I declared that breastmilk was the healthier choice?

> *I wondered how could I hold apart or separate my experiences from my conversations with mothers and others in the world? My beliefs and perspectives on breastfeeding are not the final words on the topic. They are a reflection of where I come from and where I wish to move toward. My internal conversations led me to hermeneutics as an approach that recognizes the traditions of the conversants. My beliefs about breastmilk and my history of working with families were what offered me the opportunity to bring forth my questions and conduct this research.*

Gadamer (1989) and Smith (1994) offer the premise that hermeneutics is not about separating and holding our beliefs, values and experiences away from the research; that it is precisely because of who I am and my history that I seek to ask the questions and bring light to the topic (Mayers, 1999). Gadamer (1989) states that the bringing together of personal knowledge, understanding, and experience is a fusion of horizons where we gather to find the topic's common ground. I would like to offer an understanding of this topic. We all carry with us a perspective that includes our beliefs, language and in fact, the history of our experience. There is no place in which to offer an unbiased perspective (Gadamer, 1989; Mayers, 1999). There exists multiple perspectives about breastfeeding and multiple images of the place. I offer one perspective. Hermeneutic interpretation is not

about reconstructing the topic as I see it, but about offering an approach to question and understand the meanings embedded within the topic. Gadamer (1989) discusses how it is important for the interpreter to be aware of biases in order to remain open to the participant's words

> as the horizon of understanding cannot be limited either by what the writer originally had in mind or by the horizon of the person to whom the text was originally addressed. To interpret means precisely to bring one's own preconceptions into play so that the text's meanings can really speak for itself (p.395, 397).

Gadamer (1989) refers to prejudices as "biases of our openness to the world. They are simply conditions whereby we experience something" (p. 9). All of us have prejudices and Gadamer suggests that the presence of prejudices does not mean that the interpretation is incorrect, as prejudices can also be enabling. The difficulty lies in that I cannot easily break apart the enabling prejudices that aid in my understanding, from those which hinder understanding. "Rather, this separation must take place in the process of understanding" (Gadamer, p. 296). This thesis is my opportunity to invite you to read how my history and perspectives have opened me to the possibilities of interpretation; possibilities that have emerged as a result of genuine conversations.

I came to the realization that these questions were not about me; perhaps they were about the questioners? Breastfeeding conversations can touch the inner core of our souls and bring forth an outpouring of emotions. I am cautioned by the conversations in which I have been a part and realized that I needed to tread carefully, being mindful of the emotions that can be a part of the breastfeeding story. But I am also aware that breastfeeding is a place where 'combat' occurs between breastfeeding advocates and

formula feeding advocates and is not the right place for this interpretive inquiry.

Maybe this breastfeeding versus formula feeding debate has been going on for so long that no-one is listening and as Fiumara (1990) says "we inhabit a culture that knows how to speak but not how to listen; so we mistake warring monologues for genuine dialogue" (p. x). I hope to find a place where we can open ourselves to remembering breastfeeding and where it came from and in these remembrances offer it the possibility of becoming present once more.

Breastfeeding has existed for centuries, weaving in and out of popular culture. Almost anyone you ask can comment about breastfeeding. Therefore, one might ask, "Why should we discuss something that is familiar to so many people?" Perhaps it is this very familiarity with breastfeeding that is the reason it becomes an important topic about which to converse. Familiarity with a topic does not necessarily connect to an understanding of the topic. Perhaps the time is right to consider the meanings hidden beneath the act and gain a new understanding of what it means to breastfeed.

"Hermeneutic work is built on a polarity of familiarity and strangeness" and a tension exists between the "text's strangeness and familiarity" (Gadamer, 1989, p. 295). This work is grounded in an understanding of what it might mean to breastfeed. The understanding does not end here, this is the beginning place as it is in the viewing of the familiar that we can open ourselves to the unfamiliar. Gadamer (1989) refers to this tension "as the true locus of hermeneutics" (p.295). The tension arises between the topic's strangeness and familiarity. In other words, my personal history working with breastfeeding mothers and the literature that I read on breastfeeding created layers of

inquiry. Conversations with my participants added new questions about breastfeeding, returning me towards reflection, the literature, and ongoing conversation. The questions and the understandings I sought continue today. Gallagher (1992) says that "interpretation is an attempt to responsibly bridge these two demands [what is familiar and what is unfamiliar], to resolve or in some way to deal with the tension between them" (p.150). Therefore I offer the possibility that

> By revisiting a familiar place we may hear: A fresh voice that we didn't know we needed until we heard it and it said something that we knew, in a way, but didn't realize we knew until we saw it down on paper. It provided a fresh way of looking at phenomena that many of us of thought we already understood (Fulton, 1991).

In this chapter, I have provided the place where breastfeeding addressed me, the challenges that I experienced as I listened, reflected, and conversed about my topic. As well, I have introduced hermeneutic tones illustrating the significance of conversation, prejudices, understanding, and interpretation. As you continue to read this work, I will proceed hermeneutically offering the richness of my understandings and the possibilities of interpretations. By sharing my beliefs, the literature, and my particpants' experiences, I hope to offer new understandings of breastfeeding. The voices of the participants, the mothers who shared their breastfeeding experiences can be heard through direct quotes, my reflections, and reflections on the literature. You may wonder about the use of the italic version of the font that appears throughout this work. This font offers a visual movement of my thoughts, reflections, and the belief that it is only through the parts that can one understand the whole (Allen & Jensen, 1990).

In Chapter two, I will outline the process of how the question arrived as well as lay

the foundation of my foreunderstandings and my history with breastfeeding. An overview of the tenets of Gadamer's (1989) hermeneutic philosophy and an accounting of the integrity of the research process are contained in Chapter three. In Chapter four, I will illustrate the contours of breastfeeding in order to provide a context for understanding how breastfeeding became lost and how women are seeking to understand breastfeeding. In the next chapter, I will discuss the aura of the place. Lastly, I will offer further reflections and possible implications for nursing.

CHAPTER 2: LISTENING FOR THE QUESTION

Anyone who listens is fundamentally open.
Without such openness to one another
there is no genuine human bond.
(Gadamer, 1989, p. 361).

Gadamer (1989) spoke about the world being constituted by images, which can be visualized as openings into conversations. This allows for an opportunity to question that which is ordinary, familiar or taken for granted. Breastfeeding is a case in point. As Fontana Hart, a new mother said: "breastfeeding is the most natural thing in the world" (cited in Wells, 1996, p. 51). Some mothers believe that because breastfeeding is natural, they and their child will instinctively know how to breastfeed. This lack of awareness that breastfeeding involves a learning component can result in a frustrating breastfeeding experience for mother and child. Other mothers do extensive breastfeeding reading as well as attend prenatal breastfeeding classes in order to obtain a comfort level with breastfeeding and have a pain-free breastfeeding experience (Health Canada, 1995). Julie[3] discussed how although she realized that breastfeeding was not a natural process, she was not prepared for the struggles she faced in breastfeeding her child.

> J: I had it in my mind that there might be some struggles but I did not think that it would be that big of a struggle, not even close to that. We had always thought we would breastfeed (Transcription note, January 27, 1998).

Breastfeeding presents an aura of both sentimental thought and potential frustration. Natural. Instinctive. Every woman can do it. Bleeding nipples. Pain.

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[3] An introduction to Julie and her child can be found on page 39.

Frustration. No one should have to do it. For some mothers, breastfeeding is difficult and for others, it is effortless and enjoyable (Lothian, 1995; Schmied & Barclay, 1999).

My experience working with prenatal women is that they are often wondering about the experience of breastfeeding. Questions that they have asked me include:

> What is breastfeeding?
> How will I feel when I breastfeed my child?
> How will I know that my baby is receiving enough breastmilk?
> Is it okay to give my baby formula?
> How long should I breastfeed my child?
> How do you breastfeed in public?
> (Reflections, Prenatal classes, Health Department -1994-1996).

These questions reflect the possibility that women are familiar with the term *breastfeeding* but unfamiliar with both the process of breastfeeding and the societal context in which breastfeeding occurs.

The space that I want to explore is this living, troublesome phenomenon of breastfeeding. Some of the questions that have been running through my mind include: What is it about breastfeeding that raises questions within women? What images does breastfeeding evoke in others? Why is there unfamiliarity with a process that is considered natural? We have moved from a place in Cleopatra's time where she felt overwhelming happiness with breastfeeding

> that simple word cannot begin to convey the joy, the ecstasy, that filled my being. The baby was entirely himself but he was always and forever part of me as well. As I held him and nursed him, I had the overwhelming conviction that I would never be alone again (George, 1997, p. 153).

We are now at a period in time when mainstream magazines write about breastfeeding as a place of controversy, "Breastfeeding battles: Why has mother's milk become so

controversial?" (Wells, 1996, p. 51). They promote an association between breastfeeding and anxiety in mothers as well as inciting the breastfeeding versus formula debate (Glass, 1998; Lerner, 1998; Maynard, 1997; Wells, 1996).

An approach was needed that could take a topic that is ordinary, familiar, and full of contested places and allow it the opportunity to be shown in a new way allowing for the possibility of generating new understandings. As Gadamer (1989) states:

> But we do not understand what recognition is in its profoundest nature if we only regard it as knowing something again that we already know - i.e., what is familiar is recognized again. The joy of recognition is rather the joy of knowing more than is already familiar (p. 114).

Guided by the philosophy of Gadamer (1989), I have undertaken a hermeneutic approach to open a door into a conversation which was occurring before I arrived and which gives an opportunity to discuss the hidden traces that constitute how breastfeeding came to exist the way it is seen today.

Choosing A Way To Proceed

"Since its emergence in the seventeenth century, the word hermeneutics has referred to the science or art of interpretation" (Grondin, 1994, p.1). Hermeneutic inquiry is a way of finding oneself in the world, of asking questions and illuminating the conditions of possibilities of understanding (Gallagher, 1992). The task of hermeneutics is to open for the reader a new way of visioning the topic under inquiry (Smith, 1994). The goal "is not to pass on objective information to a reader but to evoke in the reader [sic] a new way of understanding themselves and the life that they are living" (Jardine, 1992, p. 60).

This interpretive inquiry seeks to understand breastfeeding, and the possibilities

inherent within it. Questions are an integral part of the hermeneutic situation and "the path of all knowledge leads through the question" (Gadamer, 1989, p. 363). Gadamer relates the essence of the question with the direction in which one can proceed. The key to the question is allowing it to be open to the possibilities that exist within the topic and working with it to "reveal the questionability of what is questioned" (Gadamer, p. 363). When proceeding hermeneutically, a research question is not posed as a problem that needs to be fixed or solved but rather as a means of facilitating possible understandings (Gadamer, 1989). My research question is "*What are women's experiences of breastfeeding*?"

Within this approach, the interpretive task is to generate understanding of the lived experience of breastfeeding within the context of women's lives. The question was designed to be open to all of the possibilities of the participants' experiences. As I met with my participants, my intent was to proceed with care, honouring their experiences and gaining an understanding of what it means to be a breastfeeding mother.

Why This Question?

The beginning of our journey involves becoming partners in a conversation, a joining to find the topic. The key tenet of a hermeneutic conversation is "ensuring that the other person is with us" (Gadamer, 1989, p. 367). The art of proceeding interpretively requires specific or concrete images that can assist in connecting the reader to the topography of the topic. In order to be culturally relevant, it is important that readers reflect on their personal remembrances of breastfeeding. To begin, I invite readers to take a moment and reflect on their first images and remembrances of breastfeeding, then take

another moment to reflect on how the reading of this text might engage you in this conversation. Contemplate how you will be reading this work: Will you be reading this work as a nurse? As a mother? As a spouse? As an educator? I ask only that the reading take place within a genuine spirit of openness (Gadamer, 1989; Jardine, 1998). My task as an interpreter is to find a way into the breastfeeding topography and create a place where conversation can occur and then to give a "good" account of this conversation (Smith, 1994, p. 107). It is important to question our knowledge of breastfeeding. Where did it come from: personal experience; other mothers' experiences; educational programs; family discussions; observations of formula feeding mothers; observations of breastfeeding mothers; or the media? My knowledge of breastfeeding has come from educational programs, observations of breastfeeding mothers, and practical experience working with breastfeeding families. My understandings of breastfeeding are that a complex web of factors influence a breastfeeding family's experience. Although I have not personally breastfed a child, I have worked extensively with breastfeeding families as a public health nurse and the last seven years as a lactation consultant[4]. I have witnessed the joy of breastfeeding when right from birth mother and child meet and start on their breastfeeding journey. Unfortunately for the majority of families[5] with whom I have been privileged to work, their journey started with detours leading to pain, frustration, and sometimes

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[4] Lactation Consultants receive their breastfeeding certification through the International Board of Lactation Consultant Examiners.

[5] The families that I counselled as a public health nurse were low, middle, and high income families. All families of newborns in a city in Ontario received information on the Health Department's Breastfeeding Helpline and the home visiting services of public health nurses.

disappointment as they introduced formula to their child. Initial latching problems can create a vicious circle of maternal self doubt related to their ability to make breastmilk, infant dissatisfaction with breastfeeding, and increasingly painful breastfeeding sessions leading towards supplementation with formula. For some mothers, the introduction of formula signals the end of a dream and grieving takes place. For others, formula becomes freedom from pain and a signal to move on to a new way of being.

A Showing of the Dialogical Journey

"The conversational quality of hermeneutic truth points to the requirement that any study carried out in the name of hermeneutics should provide a report of the researcher's own transformations undergone in the process of inquiry" (Smith, 1994, p. 120). When I reflect upon where my interest in this topic originated, I need to start at the beginning of my journey as a public health nurse in Ontario. In 1989, I started working as a public health nurse and a small piece of my day to day activities was working with new mothers. Sometimes they breastfed and sometimes they formula fed. I can recall thinking

> *It is so much easier for me when they formula feed, then I just have to assess and demonstrate formula feeding, but those breastfeeding visits, they can be so difficult. But easier for whom? Difficult for whom? What was it about breastfeeding that was difficult for me and for the mother? How did my feelings around breastfeeding become intertwined with my delivery of care? Was it my unfamiliarity with breastfeeding? What was I missing? (My reflections).*

I can recall that I attended an orientation on infant nutrition offered by the health department. I clearly remember hearing about the benefits of breastmilk and then we moved on to formula preparation. There was no workshop on how to help mothers who experienced breastfeeding difficulties.

Gradually, I realized that it was my difficulty with guiding the breastfeeding family that was interfering in the process of helping mothers who were breastfeeding. As the nurse, I was in a situation where I had no control. Although I could verbally tell the mother what she had to do in order to breastfeed, I could not latch the baby on to the breast and maybe it was easier to suggest formula supplementation as an alternative to breastmilk. I recall thinking, if only I knew more about how to help mothers latching their infants, then I could solve their problems and guide them in their management of their breastfeeding. This realization seemed to be related to an issue of technique and I decided to learn more about breastfeeding. I went to workshops and I took a breastfeeding certification course that covered the 'how to' of breastfeeding from prenatal nipple preparation to utilizing a syringe when the infant could not latch. Now I was in control and I could help mothers to breastfeed.

> *Thinking back to this place in time, I realize now that I was part of the breastfeeding 'fix it' discourse. There would be no problems with breastfeeding if we could fix the issues around latching. Solve the problem - end of conversation. I had been set up from the very beginning as I was positioned to counsel breastfeeding mothers with no educational preparation. Was I any different than the average nurse (My reflections)?*

A unique moment came in the form of a letter from a client sent to the Health Department. The client wrote about my professionalism:

> During Mrs. Kusmirski's initial visit she was courteous, personable, helpful and concerned - a true professional. . . I wish to thank you for the opportunity to have Mrs. Kusmirski as my health care advisor (Personal Communication, resident, 1990).

I can remember being truly shocked to receive this letter from a mother with whom I had spent many hours, helping her to breastfeed her infant only to see her arrive at a place

where she could not breastfeed her infant and switched to formula. I would often think about this client. As a nurse, I felt that I had somehow failed her as I was not able to help her breastfeed successfully. I knew I had strong breastfeeding management skills. Then why were some of my clients succeeding in breastfeeding and others quitting? What else was going on? These questions offered me the opportunity to reflect on the role of public health nurses.

> *Perhaps, I was still caught in the fix it breastfeeding discourse. My courses were all about lactation management techniques and very little about the art of breastfeeding. As a public health nurse, was I meeting my client's needs? I realize now that questions around how breastfeeding impacts the mother, infant, and the family as a whole were not being asked, leaving the art of breastfeeding as a gap (My reflections).*

Anderson and Gedan (1991) found that nurses have knowledge deficits in regards to breastfeeding management and may provide outdated information. Patton et al. (1996) in a study of attitudes of obstetric nurses found that education and personal experience influenced the nurses' attitudes towards lactation management. Moxley and Kennedy (1994) found that a lack of information on lactation management in nursing curricula has resulted in mothers receiving incorrect information. Professional ignorance of lactation can contribute to the failure of breastfeeding. Some nurses, such as myself, independently take courses on lactation management; unfortunately not all nurses have the time to increase their knowledge base (Moxley & Kennedy, 1994). This issue has been recognized. Health Canada Federal funding has been allocated to the University of Ottawa for a pilot project lactation course for undergraduate and post RN students (Moxley et al., 1996). The Calgary Regional Health Authority (CRHA) has recently implemented mandatory

Breastfeeding Support Skills Validation Group classes for nurses in labour and delivery, post partum, and neonatal intensive care units, and in public health offices. The content is geared towards the nurse's area of practice; however each class incorporates lactation management skills, informational, instructional, and emotional support needed by breastfeeding mothers (CRHA, 1999).

During the last 10 years, I have witnessed my own growth in terms of lactation management skills, an understanding of the art of breastfeeding, and an awareness of the complexity of issues surrounding breastfeeding within the mother's life, the family's health, and society's health. From a maternal and infant health perspective, breastmilk is the healthiest choice (Cunningham, Jelliffe & Jelliffe, 1991). From a family's perspective, breastfeeding is not always the healthiest choice for the family (Dix, 1991). From society's perspective, breastmilk is the healthiest choice for health and economical reasons (Health Canada, 1995; Breastfeeding Canada Committee, 1996). As a public health nurse, the key has become finding a balance between supporting the mother's infant feeding choice while also promoting, protecting, and supporting breastfeeding within the community and society as a whole.

I believe that I have come full circle as I moved from a need to have control, to a need to have an understanding. I believe that a gap exists for mothers and for nurses because without a common understanding of what breastfeeding means, it is difficult to implement effective nursing strategies or educational programs. Awareness of and an understanding of the whole of breastfeeding will aid health professionals in easing mothers' transitions to breastfeeding and help to start them on their journey.

The focus of this approach is to generate a broad open place to converse about breastfeeding. In this chapter, I have provided the history of my experience and my foreunderstandings related to breastfeeding. Lastly, the process of coming to the question: "*What are women's experiences of breastfeeding*?" was described. The next chapter will describe the tenets of hermeneutic philosophy.

CHAPTER 3: PROCEEDING HERMENEUTICALLY

The most powerful lessons about breastfeeding are lessons from lives
- our lives and those lives that we are privileged to share.
Many of these lessons start from telling stories of our experiences.
They help us to learn that breastfeeding is about love, women's knowledge ...
These stories help us to broaden our understanding of breastfeeding...
(Van Esterik, 1994, p. 71).

The Journey Begins

The journey of this thesis travels along a path through the world of breastfeeding. The previous chapters described the beginnings of how this research unfolded including the process that I undertook finding the place and listening for the question. My path lead me to the field of interpretive inquiry; a field where there was space to allow this work to be done and where I could explore and cultivate its pieces to form a picture or image of this place. This chapter will describe the hermeneutic approach and will close with a discussion of the integrity of the research process.

Part of the adventure of carrying out hermeneutic work is determining how one begins. In this research, I understand hermeneutics as the practice of illuminating the possibilities of understanding (Gallagher, 1992; Gadamer, 1989). Hermeneutics is based on the premise that understanding is our connection to the world. According to Smith (1994) "the mark of good interpretive research is not the degree to which it follows a specific methodological agenda but is the degree to which it can show understanding of what is being investigated" (p.125).

Breastfeeding is the topic of our conversation. I am planning to engage you, as the reader in a conversation that started before you picked up this text. This conversation

began with my internal reflections and encompasses the participants, the literature, myself and you as the reader (Mayers, 1999). A true conversation has as a key requirement an honest desire to seek out a communal place to converse (Gadamer, 1989). A word of caution in that, hermeneutically speaking, I am not seeking an identical viewpoint, because if that were to occur, there would be no need for conversation. Your viewpoint and mine would be the same. Rather I request that we seek a communal place where our similarities and differences can co-exist. Embedded within our conversations is a desire to arrive at a shared meaning (Jardine, 1990). The task of hermeneutics is to address and interpret understandings of the topic, in this case breastfeeding. The work of hermeneutics is "not to develop a procedure of understanding but to clarify the conditions in which understanding takes place" (Gadamer, 1989, p. 295).

If I were to go back in time to determine the starting point for proceeding hermeneutically, it would be when I had a desire to have a deeper understanding of breastfeeding, to when breastfeeding placed a claim on me to continue to move towards the possibilities for understanding. The 'address' of an event can be considered the opening up of a topic (Gadamer, 1989). As Gadamer (1989) states "hermeneutics must start from the position that a person seeking to understand something has a bond to the subject matter;" and there exists a connection to the topic under discussion (p.295). This thesis becomes a living document of the conversations that have occurred as it challenges the interpreter and the reader to become open to its nuances. Contained within this text are the multiple conversations that have occurred, among myself and the mothers, the literature, my journal reflections, and colleagues (Mayers, 1999). Aspects of this text may

evoke a sense of familiarity and perhaps even a remembrance of previous conversations around breastfeeding. This work may also evoke a sense of the unfamiliar. The interplay between these two dimensions creates a tension that one can describe "as the true locus of hermeneutics" (Gadamer, 1989, p. 295).

The Locus of Hermeneutics

The tension arises in the play between the text's strangeness and familiarity, between what is distant and that which is close to us. The beginning place for this inquiry was the familiar, my understandings of the topic of breastfeeding. This is what opened the door to the conversations. Reading the literature and entering into conversations with others led me to ask more questions and move into unfamiliar aspects of the topic. During a conversation with Denise[6] she talked about how breastfeeding was an "indescribable event" that changed her forever (Transcription note March 10, 1998).

> D: I think if anything my breastfeeding [experience] has exceeded its expectations. I think that I have been overwhelmed with how wonderful it really is and I am just amazed more and more with breastfeeding. When I am with him, I feel like a new person (Transcription note, January 13, 1998).

I was intrigued by how she was describing breastfeeding as a new way of being, a new way of connecting with her child. A myriad of questions arose for me during these conversations and during times of reflection. Some of these questions were related to this way of being. I wondered about this movement to a new way of being. What did it mean for Denise and for her child? Other questions related to the aura of this place she was describing.

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[6]An introduction to Denise can be found on page 39.

I still recall the moment when I saw the picture titled The Tree of Life. Conversations with my participants had placed an immediate claim on me and when I saw this picture I realized that I now had a visual image of what we were discussing. When I gazed upon this picture, I sensed that the mother was in this place - the same place as Denise, Ruth and Linda[7]. But what was this place?

Gadamer (1989) refers to how understanding begins when something addresses us, when something puts a claim on us to discuss, wonder, reflect, and create meaning. For me, this address began with conversations. The picture gave me an image to hold on to as I listened to and re-read my participants' words. Gadamer speaks to how

> a picture . . . is not destined to be self-effacing, for it is not a means to an end. This means first of all that one is not simply directed away from the picture to what is represented. Rather, the presentation remains essentially connected with what is represented . . . . it is the image of what is represented (1989, p. 139).

It felt like an odd claim, an unexpected and unanticipated claim. Part of me was surprised with its familiarity. I had witnessed mothers nursing their children or sometimes in conversations I had a sense that they went somewhere. At the same time its unfamiliar dimensions raised questions in my mind, primarily how was I to proceed, to enter into a place, if only for a moment, so that we could converse about this place?

I wondered about the picture, to me it represented the peace and tranquillity, the oneness or connection that nursing your child can bring to a women's life. When I visualize the picture what I notice is the aura of contentment and happiness not the breast. However, I recognize that this picture might bring different images to your mind. Its possible that you might wonder about the 'Madonna' influence "a mother with a body like that of all women, yet set aside in mystical specialness. . . . Other women could not hope to attain Mary's unique status" (Yalom, 1997, p. 31). Or perhaps the apples[8] brings forth a connection to 'Adam and Eve'? Or the [big] Mac, a modernism of breastfeeding emphasizing fast food (Van Esterik, 1999). I have shared this picture with breastfeeding mothers and the a typical response is silence followed by a gentle nodding of their head, a reflective smile

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[7] An introduction to Ruth and Linda can be found on pages 39 and 40.

[8] I contacted the photographer in the Fall of 1998 to inquire if there was any significance to the apples in this picture. She indicated that the tree was located on a farm belonging to the family and that there was no significance to the apples in the picture.

and a sense that they can relate to the image as they have been there or perhaps are the way to this place.

The playing and moving between the familiar and the unfamiliar allows for the tension to appear and it is in this space that the true work of hermeneutics occurs. Understanding exists in what Gadamer (1989) refers to as play. Our understandings are played at, played with and played out in the world over time. Understanding involves the historicity of the event (Gadamer, 1989; Jardine, 1998). Our understanding of the topic becomes the play of the topic and unfolds during the course of the game. In other words, you and I are players in the game of breastfeeding. Hermeneutically speaking, understanding has the character of an event. Hermeneutics does not require me to take on the role of an objective bystander watching the conversations unfold during the course of the game. Instead it asks me, as well as you the reader, to become active players in the play. You and I are caught up in the play and carried along in its excitement. As Gadamer says "play fulfills its purpose only if the player loses himself in play" (p. 102).

Just as one enters into the conversation and is carried along as a conversant so does the playing out of the event encourage the players to move along. The reading and conversations are played out during the course of the play. As players, we are not the subjects of play; instead "play merely reaches presentation through the players" (Gadamer, 1989, p. 103). Within our game, the task is not tied to a goal or the score that would bring the game to closure but tied to the "to- and-fro movement" between the familiar and the unfamiliar (p. 103). It is during this game, while we are involved in play, that understandings arrive. Almost as if, during the course of the game while we are playing, it

"lets down one of its walls" and allows itself to be revealed (p. 108). "Being at play is like being in a conversation" going beyond oneself to think as one with the other and experience the unfamiliar (Gallagher, 1992, p.49). Then at the end of the game realizing that as a result of your experiences you have emerged transformed with a new way of looking at the world (Gallagher, 1992; Gadamer, 1989).

Hermeneutically speaking, it is important to lay out the particularities of my experiences. Within my consciousness are my foreunderstandings and prejudices of the topic. Prejudices can be considered the beginning positions for our thoughts and actions (Smith, 1994). They can be considered part of my understanding of breastfeeding. Who I am, as well as who you are, is put into play. As Gadamer states

> I cannot separate in advance the productive prejudices that enable understanding from the prejudices that hinder it and lead to misunderstanding. Rather, this understanding must take place in the process of understanding itself and hence hermeneutics must ask how that happens (1989, p.295, 296).

Tension is created as I become aware of these prejudices and perceived notions imbedded in the conversations and readings of the text. This tension is the means by which the text becomes the questioner and challenges me to become aware of these prejudices. Gadamer (1989) states that all that is asked is that I "remain open to the meaning of the other person or text. But this openness always includes situating the other meaning in relation to the whole of our meaning" (p. 268).

Signs can be considered reference points giving one a sense of the familiar when one is in the midst of the unfamiliar (Grondin, 1994). My first signs were the questions "what about formula feeding mothers?" "Are you pro-breastfeeding?" In the midst of

these conversations, I had to continually ask myself how to proceed. The question then becomes, how is one to read the signs? "You are here." Where is here? Does it not depend upon your frame of reference, your past experiences, your language, culture and beliefs, in fact your horizon? Embedded within myself, buried beneath my current practices, were my preunderstandings and prejudices. Within hermeneutics, there is no place where one can assess the topic separate from the context in which the conversation took place. We begin from a horizon which contains our perspectives of the world. The text is about the interchange between experience and understanding and between situating the past in relation to the present.

The conversations about formula feeding mothers did not require an answer or a solution; rather, it was an invitation to challenge my beliefs and to proceed thoughtfully. They were signs; as Gadamer (1989) says "first drawing attention to itself. It must be striking" but they also point away from themselves - perhaps pointing out another direction in which to proceed (p. 152). The topic of breastfeeding was being denied the opportunity to 'speak'. I needed to open up the conversation about breastfeeding. Grondin (1995) refers to the interiority of the word as "an invitation to venture into what is said . . . as well as what is silenced" to convey that words leave behind hidden meanings and traces (p. x). In fact, the 'said' can only be understood if one takes into account the 'unsaid' and the 'silenced'.

> *I needed to reflect on what was being silenced and why before I could move forward. This internal reflection offered me the opportunity to speak to my participants and other colleagues and discuss the silencing of breastfeeding.*

This relationship between the said and the unsaid is what Gadamer (1989) refers to as the

speculative dimension of language. The Latin derivative of the term *speculative* is 'mirror' and conveys the belief that the said is "the mirroring of a meaning that has never been uttered" (Grondin, 1995, p. 13). Engaging in dialogue with others forced me to face my convictions, limitations, and desire to gain a deeper understanding.

Although this work is linked to me and at times reads with a connection to me, it is not about me and my past experiences as a public health nurse. Having exposed my past in my writing, laying out my understandings of breastfeeding and how I presented myself in the world lead me to a place of vulnerability. It was during the sharing of my writing with other public health nurses that I realized that this work was not directly related to me. Smith (1988) discussed this feature of interpretive work and how it "tries to show the way specificities of our lives, while in many instances unique to each person, are also participants in the full texture of human life as a whole" (p. 11). My colleagues found that in the reading there was a sense of belonging, a sense that they were reading the story of their lives not mine (Journal note, September, 1999). Jardine (1992) discusses how the interpretation is not about the writer but about that of which the author has some experience. As such, we play from our particularities within a tradition. There is my opinion and your opinion and during the course of the conversation there is a meeting as one. This allows for the possibility that the other person may be right. What emerges belongs to neither of us, it is the place upon which our dwelling occurs - the in between (Gadamer, 1989; Jardine, 1992; Jardine, 1998).

Interpretation occurs through language. "Language is the universal medium in which understanding occurs. Understanding is interpretation" (Gadamer, 1989, p. 389).

Gadamer speaks about how the playing of our understanding occurs within language.

> The weight of things we encounter in understanding plays itself out in a linguistic event, a play of words playing around and about what is meant (1989, p. 490).

The speculative dimension of language and the importance of the unsaid are intertwined to the logic of the question and answer. Gadamer (1989) suggests that we understand the spoken word as an answer to a question that may not yet have been asked. "There is no such thing as a pure statement i.e., an utterance which one could fully understand without taking into account its motivation, its intent, its addressee, its context, in a word its soul" (Grondin, 1995, p. 29). The risk is in forgetting to ask oneself to what question was this the answer?

> He must answer it as an answer to a question. If we go back behind what is said, then we inevitably ask questions beyond what is said. We understand the sense of the text only by acquiring the horizon of the question - a horizon that, as such, necessarily includes other possible answers (Gadamer, 1989, p. 370).

Hermeneutically speaking, I need to remember that "there is no such thing as a self-sufficient judgement . . . that would exhaust all there is to say about what is being said (Grondin, 1995, p.29). The topic which addresses me, invites me to question its horizon, the past and the present. "Questions bring out the indetermined possibilities of a thing" (Gadamer, p. 375). The very essence of questioning is that it opens both the topic under discussion and the interpreter (Gallagher, 1992). "Interpretation is structured as a question. . . . and the process of interpretation begins when the unfamiliar is recognized as the unfamiliar" (Gallagher, p. 147). The 'aura of this place' was an unfamiliar idea. The whole idea of this place was unfamiliar to me. Gadamer (1989) speaks to how

> the real nature of the sudden idea is perhaps less that a solution occurs to us like an

> answer to a riddle than that a question occurs to us that breaks through into the open and thereby makes an answer possible. Every sudden idea has the structure of a question. They presuppose an orientation towards an area of openness (p. 366).

Hermeneutically, there is no method for asking questions. The art of questioning can be contemplated as the art of thinking and can be referred to as "dialectic because it is the art of conducting a real dialogue" in fact, a conversation (Gallagher, p. 148).

The Horizon of Understanding

Participants in a conversation come from their own traditions which includes their history, culture, language, and beliefs. This cultivating of what it means to breastfeed, what it means to be a breastfeeding mother against the backdrop of becoming a mother is what Gadamer (1989) refers to as the fusion of horizons. During a conversation what emerges is a text that belongs to neither one; it is a shared version or understanding of the dialogue. The text, which can be considered the historical past, is posing a question and inviting one to enter into a new conversation. The text becomes a partner in the conversation with an ability to speak through the other partner, myself.

> Historical tradition can be understood only as something always in the process of being defined by the course of events. . . . By being re-actualized in understanding, texts are drawn into a genuine course of events in exactly the same way as events themselves. This is what we describe as the history of an element in hermeneutical experience (Gadamer, 1989, p. 373).

Understanding is not a complete act, it is partial and emerges from the event situated within the tradition and it carries the tradition forward. We can understand some of the pieces of the topic but not the topic in its entirety. The understandings that we generate are neither exhaustive nor complete. The next time this thesis is read, or a conversation

about breastfeeding occurs, it will have something to offer us and invite us to reflect on what the tradition has meant, what our previous understandings were and what we consider the topic to mean (Jardine, 1998). Therefore, it is always in the process of becoming and can be considered generative. Gadamer (1989) speaks about how "new sources of understanding are continually emerging that reveal unsuspected elements of meaning" (p. 298). The task is to bring the text alive, to give it language by allowing it to speak to the reader and, thereby, allowing for possibilities of understanding to become present.

Throughout the dialogue of question and answer occurs a re-creation of the question to which the text is the answer. Gadamer (1989) explains the horizon "as the range of vision that includes everything that can be seen from a particular vantage point" (p. 302). In order for this to occur, one needs to move beyond their horizon to include the historical horizon of the text. My horizon was utilized as a backdrop upon which prejudices, opinions, and possibilities are put into play with the horizon of the text. The fusion can be considered a means of integrating history with the present and attempting to place the motivation of the text into the context from which it came. Gadamer (1989) referred to this movement as the "fusion of horizons of understanding" in which the intent is to "understand the text itself" (p. 378, 388). The premise is that the horizon is not a static thing but moves with us through time; back in time to gain an understanding of the historical context in which the text was created and forward in time to the horizon of the present time which is "in the process of being continually formed" (p. 307).

The Hermeneutic Circle

The circle is often referred to as the metaphoric key to understanding hermeneutically. It can be visualized as a process for spiralling back and forth between question and answer rather than as having a beginning and ending spot. The interrelated process of interpretation and understanding occurs in the form of a circle which moves back and forth between the particulars and the whole of the experience. The image of the circle suggests how a tracing of the movements between part and whole occurs, continually enlarging the circle as we incorporate new understandings. This circle can be visualized by picturing a reconstruction of the text; "words acquire meaning in the context of sentences and sentences acquire meaning in the context of paragraphs and of the text as a whole" (Allen & Jensen, 1990, p. 243). The text is examined in terms of what is said, what is done in the saying, and what has not been said. As the text is read and reread, the interpreter attempts to project meaning which comes from both preunderstandings and prejudices. By placing one's prejudices within the metaphorical circle, they are placed at risk and challenged by the text. "All reading involves application so that a person reading a text is himself part of the meaning . . . and belongs to the text that he is reading" (Gadamer, 1989, p. 340).

The process of interpretation involves the working out of the tensions between the familiar and the unfamiliar. Understanding occurs as one moves back and forth between the parts and the whole. Premised within understanding is self-understanding, knowing your own way around the topic and allowing your world to play with the topic under inquiry. Some of the traditions that came to bear during this process included the breastfeeding literature, the cultural understandings of what it means to breastfeed and

what it means to have stopped breastfeeding, the role that public health nurses play in working with breastfeeding families, and my experiences: teaching prenatal breastfeeding classes; working in a hospital breastfeeding clinic; and working with breastfeeding families in the community. These are the traditions from which I come and these traditions play a part in the ongoing process.

Gadamer (1989) discusses how the element of understanding has to be worked out interpretively. In other words, the cultivating of working out the aura of this place and the working out of the understandings about this place developed through multiple conversations and writings. During the process of interpretation, these emerging meanings are worked out through an interplay between the projected meanings and the dual horizons. Over time, the circle is said to become generative in the sense that new understandings continue to occur indefinitely. Future researchers and nurses may read this work and through the same circular process evoke their horizons and offer a new understanding (Gadamer, 1989; Gallagher, 1992).

The Integrity of the Research Process

Throughout this whole process, it is my responsibility to maintain the integrity of the research. Koch (1996) indicates that I must show the ways in which a study addresses the issues of integrity and soundness of the research process. Clearly describing the philosophical approach, the interpretive frameworks, and the interpretation and generation of writing are essential aspects of the research process. As well, from inception to completion, careful consideration of my own horizons should take place. This includes preliminary foreunderstandings, prejudices, engagement to the topic, and the

transformations that have occurred. The path of decisions should provide the reader with an understanding of the process and establishment of trustworthiness. A "good interpretation" is that which gives a meaningful account of the topic under inquiry (Smith, 1994, p. 107). Contained within this premise is an overview of how I carried myself throughout the process, and that my own transformations should be 'put at risk' and included in the accounting (Gadamer, 1989; Koch, 1996; Walsh, 1996). But how will we know that a good interpretation has been offered? Before our journey takes us any further, this question need to be addressed (Smith, 1994).

Credibility or rightness of the understanding presented can be the criterion upon which the understanding of this study is evaluated. At this time, the credibility of the researcher can be established as a result of:

- completion of philosophical hermeneutic courses;
- completion of a literature review;
- having provided the study's theoretical and conceptual approach;
- having experience as a public health nurse working with breastfeeding families for eight years as well as an international certification as a lactation consultant for seven years;
- having a desire to explore this phenomenon; and
- providing documentation that the study was approved by the University of Calgary Research and Ethics Board.

Madison (1988) discusses how good interpretive work should follow the three 'Cs' containing a sense of coherence, comprehensiveness, and contextuality. The work needs to have *coherence*; it should provide a picture of the landscape and within this landscape, be harmonious. There should be a *comprehensiveness* to the work and a sense that it takes into account the wholeness of the work. Lastly, Madison refers to the *contextuality* of the work, that it was undertaken within the historical and cultural contexts

from which it came, and that the interpretation deals with the questions that arose from the text. The coherence, comprehensiveness, and contextuality of the work may affect the readers, evoking a sense of resonance within themselves and generating a new way of understanding breastfeeding. It may also invoke an invitation to continue the conversation and to continue asking questions (Gadamer, 1989; Madison, 1988; Smith, 1994).

This work is not about seeking the truth or laying a claim as to the validity of the participants' words. The term 'authority' illustrates the place where hermeneutics is located. The task is trying to find the authority in what was said not the authority of the person who said the words. This work is therefore not focussed on the words of the participants, but focussed on the topic itself. The task became drawing the participants into the place of the topic. Throughout this process, the goal is not the pursuit of one truth within the words of the participants but the pursuit of truth within the meaning of the experience. The participants become part of the text and not the authority of the text (Jardine, 1992).

> Indeed, authority has nothing to do with blind obedience but rather with knowledge . . . Thus acknowledging authority is always connected with the idea that what the authority says is not irrational and arbitrary but can in principle, be discovered to be true (Gadamer, 1989, p. 279-280).

Gadamer (1989) suggests that we take truth back to its historical beginnings to recall its original experience. *Aletheia* was the ancient Greek word for truth and meant unconcealing, uncovering or disclosing, as in the truth is to bring things out of concealment. As Smith (1994) states "one of the most important contributions hermeneutics makes . . . is in showing the way in which the meaning of anything is arrived

at referentially and relationally rather than absolutely" (p. 119). Hermeneutically, the truth exists in the conversations. This work on breastfeeding is a historical event. It is not a 'thing' which one attempts to pin down. It is a living piece of work and readers, nurses, and mothers will always add to its ongoing conversation. Each retelling of one's breastfeeding conversation is an event of its own and its gift may be that it offers something new. Ruth mentioned that she found it helpful to reflect on our conversations about breastfeeding with her husband, family, and friends. These ongoing conversations helped to clarify ideas in her mind. As she shared her reflections, they added to our understanding of the topic

> R: Since our last conversation, I talked to my husband and I do not think that he was feeling as included as I was thinking that he was. He mentioned that he felt like I was hogging him [her son] in the very beginning. We talked and now I realize that maybe I was and maybe he [my husband] was not feeling as included as I thought (Transcription note, January 30, 1998).

Partners in The Conversation

Invitations to participate took place during routine postpartum home visits of mothers in a local community[9]. If the mothers expressed interest, public health nurses would introduce the study by providing a letter from me (Appendix B). If the mother was receptive, I received her name, her infant' s name and date of birth, her phone number and address. The participants were then contacted and the study was explained to them. If she was agreeable to participating, a convenient time and location were arranged. For this

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[9] This study received certification of ethical approval by the Faculty of Nursing Subcommittee of the Joint Faculty Research Ethics Committee of the University of Calgary in November 1998. Copies of the certification and the participant consent form which were approved by the committee are located in Appendices A and C. The transcripts and audio-tapes have been kept in a locked file and will be kept for 7 years after which they will be destroyed.

study, the participants were: first time mothers; able to converse in English; breastfeeding at the time of the initial conversation; willing to examine and discuss their experiences of breastfeeding; able to sign a consent and verbally agree to participate during the ongoing research process; and willing and able to commit the time for up to four conversations. During the initial visit, an explanation of the study[10], answering any questions, and signing of the consent form took place prior to any hermeneutic conversation. In case mothers had any post visit questions or comments between conversations, I was available by telephone. Ongoing or process consent was obtained verbally prior to subsequent conversations. During our conversations, there was a sense that they were genuine as we remained open to each other's perspectives and views around breastfeeding. We became the 'players' in the game of breastfeeding. The essence of our game was the moving to and fro of questions and answers leading to more questions and answers leading to ideas both familiar and unfamiliar (Gallagher, 1992; Gadamer, 1989).

Participant Introductions

Over the course of five months, I met with five women who were willing to share their experiences and thereby participate in this study. Three women were informed about the study by their public health nurse while the remaining two women were referred by colleagues. Conversations were held with the mother in her home, often starting in the living room and over the course of two hours moving from the living room to the baby's room and usually ending up in the kitchen. During the conversations, interruptions

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[10] As part of the explanation of the study we discussed choosing pseudonyms to preserve their anonymity. All five chose their own names however some expressed reluctance to choose another name for their child. In order to protect the anonymity of the children, names were assigned.

occurred usually as the third partner in the conversation, the child, notified us of his or her presence, usually with smiles, gurgles and reminders that it was time to nurse. Infant care, breastfeeding, and sharing of refreshments were very much a part of the experience.

I will provide a brief contextual background of the participants which will offer a picture of the others in the conversation. All of the women began breastfeeding in the hospital.

Denise. When I met Denise, her son was ten weeks old. Keith was born one month premature and post delivery was supplemented with formula for 48 hours. Denise remained in the hospital with Keith in a 'rooming-in' bed. Upon discharge on day seven, Denise was breastfeeding with no supplementary formula. Denise felt that she had no breastfeeding difficulties and truly enjoyed breastfeeding. I visited with Denise and Keith three times over the course of five months, when Keith was ten weeks, four months and six months of age. Denise planned to continue breastfeeding until Keith was eight months old.

Julie. I met Julie when Kathy was five weeks old. Julie and her daughter experienced breastfeeding latching difficulties post delivery. While in hospital, she received assistance from a lactation consultant and the maternity floor nurses. Julie indicated that she only had one good breastfeeding session. Upon discharge, a public health nurse visited her and helped her with breastfeeding. Julie had public health nurses visit her at home as she continued to experience latching difficulties and sore nipples. By three weeks postpartum, Julie had stopped breastfeeding Kathy.

Ruth. When I met Ruth, her son was four weeks old. While in hospital, Ruth

experienced breastfeeding latching difficulties which lead to cracked nipples. At home, she saw the public health nurse, went to a breastfeeding clinic for assistance and was referred to a lactation consultant. Ruth felt that her problems and struggles with breastfeeding continued for weeks. By eight weeks she was comfortable with breastfeeding. I visited with Ruth when Evan was one month and three months old. Ruth planned to breastfeed Evan until he was one year old.

Linda. Linda was living with her sister's family when I met her. Her daughter was four weeks old. Linda delivered in a small rural hospital and initially had no breastfeeding difficulties. Post discharge, she struggled with latching and saw lactation consultants and public health nurses. Linda indicated that it was several months before she was truly comfortable nursing Monica. I visited with Linda when Monica was one month and three months old. Linda planned to continue breastfeeding until Monica was one year old.

Susan. I met Susan when her son was five weeks old. Susan had experienced a difficult pregnancy that included bed rest for ten weeks in the last trimester. She encountered no breastfeeding difficulties while in hospital or upon discharge but she was not confident with breastfeeding and continued to seek reassurance from the public health nurse and her doctor. Susan recalls that she experienced feelings of doubt that she could breastfeed her child. She introduced formula as a way of knowing that Adam was receiving enough milk. She eventually landed in a circle of supplementation leading to a milk supply issue and frustration with breastfeeding. She discontinued breastfeeding when Adam was five weeks old.

A Conversation with My Participants

With a hermeneutical approach, when inviting participants to take part in an interview the intent is to invite them to participate in a conversation. Gadamer (1989) refers to a "hermeneutic conversation" to illustrate that the topic becomes the threads that bind the partners in the conversation (p. 388). The statement "tell me about your breastfeeding experience" was pursued hermeneutically through a series of conversations. A conversational question involves a revealing of something held in common as opposed to an interview question which is an attempt to gather information. Questions can be visualized as a form of art work, a way of offering the topic the chance to stand or show itself (Gallagher, 1992).

Viewed hermeneutically, a research question is not positioned as a problem in need of a solution, as if to say that one finite solution exists, but rather as a means of creating awareness. Gadamer (1989) pointed out the need for "genuine conversations" that occur when the participants fall into the conversation as opposed to when one partner conducts or leads the direction of the conversation (p. 383). During our dialogue, a non-hierarchical relationship was formed as the participant became involved in sharing her story. The conversations were shaped by both of us through a circular process of questioning, answering, and reflecting (Gadamer, 1989; Grondin, 1994, 1995).

During the conversation, there was open dialogue reflecting the mothers' experiences of breastfeeding. Each conversation took on a spirit of its own. Open ended introductory questions were used to facilitate the discussion (e.g., "What comes to mind"; "Can you tell me about"). Probing questions (e.g., "Could you tell me more . . .") were used to clarify participants' comments. The mothers were encouraged to discuss all that

they could remember regarding their experiences and or all that they wished to discuss. All conversations were audio taped and transcribed following the conversation. As I reflected on our conversations, I often had questions triggered by them. These questions were flagged and connected to the transcriptions. A second careful listening of the tapes took place to offer further reflection. If a second or third visit took place, the conversation started with the participant's reflections and continued thinking around our previous conversation. The participants decided whether a second or third visit would take place. They determined the frequency based on whether or not they felt that they still had more to contribute to our conversations.

The participants were encouraged to record their reflections between visits - mentally or on paper of any part of our conversations, their breastfeeding experience, and the experience of being a participant in a research project. These verbal reflections became part of the contextual data and aided in further interpretation. Continued textual reflection occurred in order to generate understanding of the whole before moving to the particulars.

Journal notes were developed and maintained during the research process. My categories of notes consisted of:

- my theoretical reflections which included a recording of hermeneutic comments, questions, clarifications, and understandings;
- observation reflections which contained post interview notes; and
- a personal journal which allowed for recording ongoing reflections.

Observation notes were made during the interview and explanations were given to the participants as to why the comment struck me and why I needed to record my

reflections. Often, these quick notes became those quintessential hermeneutic moments when the unexpected came to greet me and offered a starting point for a deeper spiral of reflections (Jardine, 1998).

Reflective journaling added to the interpretation of the text. It also allowed for thoughtful consideration of my assumptions and biases. Self reflection became a critical piece of the process as my assumptions and beliefs were challenged during the conversation and throughout the process of interpretation and writing. This was done by reflecting upon my dialogue during the conversations with the mothers as well as conversations with colleagues. My journals were shared with my thesis advisor, and with breastfeeding and hermeneutic colleagues which resulted in ongoing reflections and writing. This circular process assisted me in remaining open to the possibilities and guided my awareness of the perspectives which were informing my interpretation. These ongoing conversations offered me the opportunity to understand something about breastfeeding mothers and myself (Annells, 1996; Gadamer, 1989; Koch, 1995; Walters, 1995).

The Art of Hermeneutic Writing

"Understanding a text involves building a complex set of bridges, between reader and text, text and author, present and past" (Gallagher, 1992, p.5). It is from these understandings that this writing became the text. Multiple questions and answers, as well as ongoing conversations have become interconnected to this text. The events of breastfeeding that I have sought to understand are events of conversations as well. Some conversations were unexpected, a spontaneous discussion of what it means to breastfeed. Other conversations were initiated by this text or other readings which generated more

questions. Some conversations were deliberately sought out as I needed to explore how my understandings of what it means to breastfeed reflected the experiences of my participants as well as other mothers.

The event of conversation continues in this writing. As I write, I am engaging in a dialogue with my participants and with the literature. I am asking questions and seeking understandings. During this journey I have been addressed by the aura of this breastfeeding place. As I played the game I had to move away from other questions, other threads that were discussed with the participants; for example: the challenges of breastfeeding in public; what it means when you give up breastfeeding; how to breastfeed while being the punch line of the family joke; how comments that compare breastfeeding to "being a jersey milk cow" can hurt (Susan, Transcription note, April 3, 1998). I was also surprised that we did not take up the role of public health nurses in teaching breastfeeding. In the interpretation and writing, choices are made and a quieting of the other threads occurs (Jardine, 1998). The place claimed me, and the conversations that helped me to illuminate the place are embedded throughout my writing. As I write, I am reading and listening and re-writing. Writing is both a mechanism to convey my understandings while at the same time it becomes a tool to inform my understanding. These conversations continue as I converse with you, the reader. Premised within these conversations is my task of offering an interpretation.

The interpretive tenets discussed in this chapter provide an overview of my trajectory. As I gained an understanding of hermeneutics, I have tried to convey hermeneutical meaning through the written word and perhaps, have touched the soul of

the reader (Grondin, 1994). The next chapter will provide an overview of the landscape of the breastfeeding terrain.

CHAPTER 4: SKETCHING THE CONTOURS

Time present and time past
Are both perhaps present in the future
And time future, contained in times past (TS Elliot, 1944).

In some respects, the challenges facing breastfeeding mothers hundreds of years ago are not that different from today's challenges. Then, as now, breastfeeding struggles to be heard. Its place on the horizon, a contested swirling arena of do this and don't do that (Quandt, 1995). Conversations with mothers, colleagues and the literature, often raises the question "How have we arrived in a society where breastfeeding is a contested subject?"

Breastfeeding is depicted in mainstream literature as involving battles, as noted in Wells' (1996) article entitled "Breastfeeding Battles" or as invoking guilt as in Robin's[11] (1996) work where breastfeeding mothers are characterized as members of a cult. Battles, cults, and frustration are terms connected to breastfeeding and yet I wonder how this occurred. It was during the conversations with my participants that I realized, in order to understand breastfeeding today, I needed to trace its historical past. The questions arising related to the acceptance of breastfeeding, the struggles to breastfeed, and the culture of breastfeeding. Ruth and Linda wondered why mothers struggle with breastfeeding, a natural act?

> L: I knew that I was not doing it [breastfeeding] right. They [the nurses] did come and help me but when I would do it on my own, I could not breastfeed. I did not know how to breastfeed, I did not know how to do it

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[11] Although Robin's work has been criticized by breastfeeding supporters for its negative portrayal of breastfeeding mothers and it may not provide the lyrics for my song or for your song, it offers another perspective to the ongoing conversations about breastfeeding and formula feeding.

[breastfeeding] (Transcription note, February 5, 1998).

Julie wondered why breastfeeding has received only limited acceptance in today's culture. Ruth, Linda, Susan, and Julie expressed frustration with their experience of learning how to breastfeed. As Julie says

> J: I also found that with a large portion of the nurses, there was a bit of attitude, of that is not my job to teach you how to breastfeed. There seemed to be somewhat of an assumption that well you should know how to do this (Transcription note, January 27, 1998).

A place to begin is by removing our imaginary sunglasses and exploring the breastfeeding topography of yesterday. Although a historical overview of breastfeeding[12] is worthy of a detailed examination, it is beyond the scope of this inquiry. Instead, the contours of the landscape are presented. You and I belong to a contested history of breastfeeding and I offer this chapter to speak to the traditions that have been, and continue to be, integral to the horizon of some breastfeeding mothers. As Gadamer states (1989) "we live in what has been handed down to us" which includes texts, documents, historical books, fictional writings and our cultural traditions (p.29). I begin with the Biblical beginnings of breastfeeding leading to a brief discussion of the rise of formula. This is followed by an overview of where breastfeeding is taking place and how breastfeeding became a lost tradition within society. Throughout this chapter, historical, fictional and modern women are introduced to illustrate the contours of breastfeeding. Lastly, this chapter concludes with a discussion of the culture of breastfeeding and offers an understanding of becoming a mother.

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[12] For a historical overview refer to the works of Baumslag & Michels (1995), Maher (1992), and Obermeyer & Castle (1997).

The Idea of Natural Breastfeeding

In a recent Health Canada study (1995) On Attitudes Towards Breastfeeding, findings indicated that "most women believed and expected breastfeeding to be a natural experience" (p.9). Obermeyer & Castle's (1997) work indicates that

> the idea of natural breastfeeding is a myth because everywhere and at all times, breastfeeding has become culturally defined. Infant feeding is subject to prescriptions and recommendations, and the primordial relationships between mother and child are shaped by the structure of kinship in a society (p.49).

It can be considered a romantic notion to believe that there has ever been a historical era when mothers instinctively breastfed. Although breastfeeding has been the cornerstone of infant survival throughout the ages, there has always been a learning component connected to breastfeeding (Maher, 1992). Hastrup (1992) recommends that breastfeeding be interpreted as a cultural act. Breastfeeding is natural from the biological perspective insofar as breast milk is a naturally occurring biological function; however it is transformed into a cultural[13] act when a mother is faced with the choice of whether to breastfeed.[14] In other words, how we take up breastfeeding depends largely on our cultural climate and personal experiences. Bhabha (1994) locates culture in the realm of the beyond, a timeless arc of the horizon between yesterday and tomorrow. We are not at the beginning of breastfeeding, at the time when the first child was nourished, nor are we

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[13] Culture can be defined as "a shared system of meaning that determined attitudes and behaviour" (Salmon, 1994, p. 247).

[14] Recent research illustrates that the decision to breastfed is embedded within women's cultural contexts. Demographic (e.g., age, marital status, parity, race, education, and income) and psychosocial variables including attitude, commitment, and motivation have been investigated to shed light on the decisions involved in initiating breastfeeding. For more information refer to the work by Fetherston (1995), Losch et al., (1995) and Gilen, Faden, O'Campo & Paige (1992).

at the end of breastfeeding's history, when there is nothing left to say about breastfeeding. This work is in the midst of it and by the very act of reading this work, you and I are in the midst of breastfeeding's horizon.

Remembrances of A Time Gone By

Biblical references to breastfeeding can be located within the scriptures of the Holy Bible including the book of Genesis, the book of the prophet Isaiah, and Gospel letters from Luke. Within these writings, references to breastfeeding are a sign of the esteem in which breastfeeding was held and offers clues on "attitudes towards breastmilk and breastfeeding" (Salmon, 1994, p. 247). This is particularly apparent in Genesis 49:25 when the blessing of the breasts occurs within the description of the richness of Joseph's land (Catholic Bible Press, 1988, p. 33).

> The God of your father, who helps you,
> God Almighty, who blesses you,
> With the blessings of the heavens above,
> The blessings of the abyss that crouches below,
> The blessings of breasts and wombs,
> The blessing of fresh grain and blossoms,
> The blessing of the everlasting mountains,
> The delights of the eternal hills.

Breastmilk was symbolized as loving nurturances from God, representing God's gift of grace. Breastfeeding a child while listening to a sermon was considered a way of obtaining a religious form of bliss. Archeological findings including pictorial references and infant feeding materials provide a glimpse of an era gone by. Literary sources dating between the fourth and seventh centuries BC reveal the historical value of breastfeeding as depicted in pottery figurines of lactating goddesses (Maher, 1992).

Although not found within the scriptures, the Church's position on breastfeeding appeared to be have been altered between the fifteenth and seventeenth centuries as a result of the widespread belief of the church and physicians that breastmilk was 'white blood'. Breastmilk was visualized as a life-sustaining fluid associated with an elevated state of being. Any form of excitement or overexertion was believed to be detrimental to the white blood (breastmilk) and therefore sexual activity between the couple was not advised. A secondary issue was the belief that intercourse would weaken the blood milk (Obermeyer & Castle, 1997; Salmon, 1994). This is believed to be part of the reasoning behind the recommendation of wet nursing[15]. This recommendation arose as a result of the church's apprehension that husbands might be unfaithful while the child was breastfed. Therefore, to protect the husband's soul and the health of the child, a wet nurse was recommended. This was seen as a means of allowing the parents to resume intimacy, thus preventing the husband from committing the sin of adultery (Fildes, 1995; Obermeyer & Castle, 1997; Salmon, 1994).

Leverenz (1980) includes a quotation from William Gouge, a Puritan writing in 1662. Gouge's comment "Husbands for the most part are the cause that their wives nurse not their own children" can be considered a reflection of the times (p.73). Husbands pushed their wives to discontinue breastfeeding and introduce wet nursing rather than

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[15] Wet nursing is a term used to describe the practice of having a surrogate woman breastfeed your infant child. The Book of Exodus in the Old Testament references that Moses had a wet nurse. The Koran also makes references to wet nursing. Wet nurses were used out of necessity as well as a result of societal expectations for upper class women which were concerns about the physical difficulty of breastfeeding, that it was a fashionable to have a wet nurse and fears about the effect of intercourse on the breastmilk, thus resulting in husbands objections to breastfeeding (Coates, 1993; Salmon, 1994).

discontinue their sexual privileges. Other reasons for introducing the practice of wet nursing included a desire for increasing family size, societal expectations of child rearing in which existed a belief that the constraints of feeding and caring for her child would lead mothers to neglect their social responsibilities, and situations where the birth mother was not available (Baumslag & Michels, 1995; Coates, 1993; Fildes, 1995; Obermeyer & Castle, 1997; Salmon, 1994).

Puritan literature from the 1600s to 1700s utilized images of the body, in particular the breast, to reinforce their words. Their stories were premised on a language of instruction to one another and were a reflection of living in the midst of historical change, primarily the movement of the family from agrarian village to urban settings. A primary belief was that the family and community required support in the face of the transformations in which they were living. Leverenz's (1980) work on Puritan history offers insight into this changing culture by tracing language. Breastfeeding was held in esteem within this society and was a symbol of good and tender mothering. For Puritans, the breast was associated with mothering, tenderness, naturalism, as well as a symbol for churches or ministers. References to ministers as the breast of God conveyed the image of the minister as a vessel sharing the wisdom of the Lord delivering the words to the congregation (Leverenz, 1980).

> *Reading this literature evoked many questions in my mind. Examples include: Why was the mothers' breastfeeding experiences sacrificed to ensure her husband's sexual monogamy? I wondered how mothers of this era internalized the demise of their breastfeeding experience? Has this Biblical history affected our current beliefs and understanding about both breastfeeding and sexuality issues related to lactation?*

By the mid-eighteenth century, breastfeeding data from nonmedical sources revealed that breastfeeding frequency was increasing (Fildes, 1995). Fildes (1995) and Baumslag and Michels (1995) indicate that this return to breastfeeding has been attributed to the writings of Cadogen (1748) and Rousseau (1762) who began to advocate increased parental involvement in child care and a return to the natural approach to breastfeeding. Rousseau was preaching that wet nurses caused a source of weakness to the French nation. It is interesting that Rousseau has been recognized as a contributor to the return of breastfeeding as he was not practising what he preached. His daughter Emilie had a wet nurse. It is possible that the act of wet nursing was the catalyst for his outspoken beliefs towards breastfeeding (Baumslag & Michels, 1995). The decline of wet nursing has also been attributed to concerns regarding: the moral character of the wet nurses; the care that the infants were receiving; fears that syphilis could be carried in the breastmilk of the wet nurse; and higher mortality of infant deaths when wet nurses were the primary caregiver (Fildes, 1995; Obermeyer & Castle, 1997). As a result of the decline of wet nursing, other means of feeding infants were needed for situations when breastmilk was not available. A variety of foods including mashed fruits, cereals, and boiled grains were often used as breastmilk replacement foods but lead to infant deaths. The high infant mortality rates created the need for a safe, commercial product that could replace wet nursing. Unfortunately, there was no safe alternative and the increasing infant mortality rate was of widespread concern (Coates, 1993; Fildes, 1995; Wolf, 1999).

The rise in breastfeeding did not last. In the late 1800s scientific advances and

technological changes resulted in the development of artificial infant foods[16]. Scientists became intrigued by the challenge of creating a product equivalent to breastmilk. By the early 1900s, formula distribution was widespread. The result was two-fold: creation of an industry to manufacture the required formulations and a medical speciality, the pediatrician who was required to calculate the infant's nutritional needs.

One might wonder why the production of a product necessary only when breastfeeding could not occur would result in the decline of breastfeeding? Breastmilk had become a product and its comparator (formula) was encased in science - a symbol of modern technology and progress. The medical profession carried within it power and prestige. By creating a product that needed to be closely monitored, physicians became more involved in the care of the infant, thereby scientifically monitoring the infant's growth. As the medicalization of formula feeding continued to gain cultural acceptance, changes occurred within the process of breastfeeding. Over time, women began supplementing with formula as a result of doubts of their own ability to breastfeed and meet their infants needs for survival (Apple, 1994; Greer & Apple, 1991; Fildes, 1995; Obermeyer & Castle, 1997). Medical knowledge had replaced mothers breastfeeding knowledge and confidence. Although Fildes, Greer and Apple have provided an accounting of the history of infant feeding and the rise of the formula industry respectively, it is important to keep in mind that their work represents the views of the experts of the day and not the voices of the mothers themselves.

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[16] For a more detailed description of the rise of the formula industry refer to Baumslag & Michels (1995), Fildes (1995), Greer and Apple (1991), and Obermeyer & Castle (1997).

Where In The World Is Breastfeeding Occurring

Between the 1940s and the 1970s, breastfeeding rates declined dramatically. Contributing reasons included the ideology of the scientific mother, increasing medicalization of childbirth, and the vast production of breastmilk substitutes (Greer & Apple, 1991; Blum, 1993). Corresponding with the increase in formula use was the transformation of motherhood. Women were now having to prepare themselves for motherhood - the scientific way. This included learning about the latest technological advances in child care, following written advice in journals and books, and relying on doctors' advice. Women became passive learners and lost their ability to be decision makers in both their lives and their children's lives (Apple, 1994). By the late 1930s, insufficient milk supply issues were causes for concern. Mainstream publications including Parents Magazine fuelled the fire with words such as

> You hope to nurse, but there is an alarming number of young women who are unable to breastfeed their infant and you may be one of them (cited in Lawrence, 1989, p.6).

These statements increased mothers' doubts of their ability to meet their infants' needs. These doubts can be understood by examining the rise of formula feeding. By the 1930s, the breastfeeding rate in the United States was 38%. By the 1950s, more than half of all newborns were fed formula exclusively while in hospital regardless of whether the mother intended to breastfeed or formula feed. By 1957, 63% were formula feeding upon discharge (Apple, 1994; Greer & Apple, 1991). Traditional breastfeeding knowledge was becoming lost. A source of literature written by Mary McCarthy in 1963 was chosen to offer another perspective of this time and to illustrate the impact of having lost cultural

breastfeeding knowledge.

The Group

Mary McCarthy's (1963) novel The Group, is an interesting fictional story of eight Vassar graduates of 1933 who learn to experience the whole of life including working, marriage, sexual freedom, breastfeeding, lesbianism, and suicide while maintaining a privileged lifestyle. As they grow older, they are forced to examine their beliefs and values moving towards an acceptance, openness, and respect for one another. One of the primary characters *Priss,* is portrayed as a liberal who marries a physician. Her character comes to the forefront of the novel when she struggles with breastfeeding. Priss illustrates how breastfeeding was viewed as a deficiency. She is the only one breastfeeding in the ward, her friends supply her with formula bottles, her mother is a staunch formula feeding advocate, and the nurses' view is that she should supplement with formula as "a bottle baby is socially superior" (p. 239). Priss believes that her breasts are too small to support nursing, her child is crying constantly and she is filled with tension every breastfeeding session. Priss knows that breastfeeding is not working and gives voice to the struggles within herself to breastfeed or to supplement with formula. Priss believes that most mothers do not consciously decide against breastfeeding. She feels that their belief is that their breastmilk is deficient. These are the thoughts she carries with her as she tries to breastfeed in the face of doubting words from the nursing staff. Priss introduces a supplementary bottle while in hospital and by discharge, she is no longer breastfeeding.

Priss's words to herself are an echo of the general sentiments of mothers living in this time period as they may have thought that breastfeeding was "the most natural thing in

the world" and at the same time that "it was completely unnatural, strained, and false, like a posed photograph" (p. 246). McCarthy introduces Priss's mother as a formula feeding advocate "The bottle was the war cry of my generation . . . we swore by the bottle, we of the avant-garde" who is not able to support her daughter's decision to breastfeed (p. 227).

The mother's words open the door to McCarthy introducing Priss's husband Sloan. His character is the breastfeeding advocate whose voice becomes one of reason: discussing the benefits of breastmilk and why there is a need to return to breastfeeding; that the nurses were not knowledgeable about breastfeeding; and that the infant's crying was due to hunger as a result of a four hour feeding schedule and not due to an insufficient milk supply. Priss's last words are that her milk ran out as soon as she introduced formula supplementation bottles. Whether Priss realized that the supplementation was the cause of her milk supply issue is not clear. McCarthy's writing does however illustrate how troublesome this era was for women as they struggled with feeding decisions and often influenced their own bodies to cease milk production.

> *Reading The Group raised questions in my mind as well as offering me the opportunity to reflect on my current understandings of breastfeeding. I wonder why McCarthy created the character of Sloan to be the breastfeeding supporter and advocate? Both in the 30s when the story takes place and during the 60s when McCarthy was writing this novel, physicians were not supportive of breastfeeding. Perhaps she had encountered a supportive physician or maybe she wanted to plant the seeds of supportive breastfeeding physicians. I wonder how many men have read The Group?*
>
> *I would also like to thank Mary McCarthy for Priss's mother's words regarding the acceptance of breastfeeding. "Medicine seems to be all cycles , , , like what's his name's new theory of history. First we nurse our babies; then science told us not to. Now it tells us we were right in the first place. Or were we wrong then but would be right now" (McCarthy, 1963, p. 228). These words are so familiar, so obvious in their simplicity yet so unfamiliar or complex in their wholeness. The*

most familiar aspect to breastfeeding is its circular nature, how it moves in and out of cultural acceptance. During the 30s, it was a novel but unacceptable practice. Since the early 1900s, childbirth, postpartum care including breastfeeding, was under the control of science and medicine. This can be thought of as an ideological transformation of the natural creating a cultural phenomenon. Priss was seeking advice from physicians and nurses who did not believe in breastfeeding and whose words guided her decision to introduce formula (Van Esterik, 1989).

Bronwyn Davies (1992) talks about how we know ourselves through stories that we are a part of and the stories that we share. Stories can play multiple roles in our lives, offering the reader an escape from life and by providing morals and inspiration to the reader. They can also provide a mistaken version of reality. Davies refers to real and fictional stories as the beginning place where one makes life choices. However, if the choice is based on a mistaken reality (for example that formula supplementation will not impact on breastfeeding), trouble looms when the actual reality is revealed. Priss was breastfeeding in the formula reality of timed feedings, not in a breastfeeding reality. The actual reality was a hungry child whose cries were a request for more milk. Priss struggles and her turn to formula were the end of her breastfeeding reality. Davis recommends that in order to move forward, we need to understand the dynamics of the story and then disrupt the narrative. She discussed imaginary narratives which can be created when a story is read with new light, adapting, converting or transforming the hidden power structures that are constituted within the words. I would like to reread McCarthy's story changing Sloan's character to one of the primary group members - a woman who takes on this persona and challenges the existing establishment, and who offers support and knowledge to Priss, whose breastfeeding experience becomes one of joy and satisfaction. What messages would readers take with them and, in their reading, would this piece of the novel become more powerful?

Insufficient milk supply is a complex phenomenon that is addressed frequently in the literature. The connections between supplementation and milk supply are circular as a low milk supply is often the reason for introducing supplements as well as the reason for the low milk supply. Questions can include: was the supply low prior to the start of supplementation due to infrequent feedings; or is it a perceived low supply? The answers lie in considering the whole of the experience not just the amount of milk contained within

the breast (Baumslag & Michels, 1995; Obermeyer & Castle, 1997). For the past 100 years, insufficient milk supply issues have remained a frequent reason cited by mothers for introducing formula and discontinuing breastfeeding (Health Canada, 1999; Obermeyer & Castle, 1997). It is interesting that insufficient milk supply issues began to appear in the literature at the same time as formula utilization increased (Baumslag & Michels, 1995).

Susan's experience highlights how invasive this belief of insufficient milk can be and how the outcome can be devastating. Susan believed that she was not able to produce enough milk to meet Adam's needs. This belief existed prenatally:

> S: I always had it in the back of my mind that I wasn't going to be upset if it did not work because of course, what I got, the feedback from my sisters was that you will not produce enough milk (Transcription note, April 3, 1998).

Susan indicated that she carried with her this sense that she might not be able to produce enough breastmilk. Breastfeeding began on a high note for her and Adam.

> S: He latched on right away and from that moment we did not have problems. The nurses' said that he was doing great and gave lots of support. The lactation consultant was thrilled with me because I was one out of all of the mothers on the whole floor that was actually breastfeeding successfully. I thought wow, good, I am doing it [breastfeeding] right (Transcription note, April 3, 1998).

This feeling of "doing it right" changed once Susan went home. She began to question the frequency of Adam's feedings and related the frequency to not having enough milk. She started giving Adam formula to supplement the feedings and when Adam was five weeks old she discontinued breastfeeding due to milk supply issues. Susan indicates that

> S: I think that I could not believe that it was going well so psychologically maybe I brought it on (Transcription note, April 3, 1998).

During subsequent conversations with her physician, friends and myself, Susan began to realize that it was her lack of experience in reading normal infant cues coupled with a knowledge deficit of the physiology of lactation that lead to her perceiving and subsequently experiencing insufficient milk supply.

One City's Story

The year 1912 was a turning point in Minneapolis history when Julius Parker Sedgwick, a Chief in the Department of Pediatrics, instigated a breastfeeding promotional community campaign in which public health nurses followed every new mother for nine months. As part of the campaign, he publicly decried the milk supply issues to doctors and the general public. In Sedgwick's own words:

> Success or failure at breastfeeding is largely a question of psychology not physiology. Prolonged sucking was a continually neglected factor in the establishment, maintenance, and reinstitution of breast feeding. . . . The pernicious practice of dropping a nursing [session] and replacing it with artificial feeding is one the most frequent causes of the breasts drying up and the loss of milk (cited in Wolf, 1999, p. 102).

To initiate his campaign, a Public Health Nurse (PHN) visited each postpartum family. During the visit, breastfeeding was assessed, and breastfeeding literature was left with the mother. Each month, a questionnaire and breastfeeding information was mailed to the mother. If no response was received, then the PHN made a home visit As well, home visiting occurred every time it appeared that the mother was having difficulties breastfeeding. This practice continued for eight months and the personal attention of the nurse and the delivery of stage-appropriate information were believed to be the key reasons for the success of the campaign. The campaign's focus was two pronged, aimed at

initiation as well as duration of breastfeeding (Wolf, 1999).

In 1924 when the campaign ended, 97.9% of mothers were breastfeeding at one month postpartum and 78.7% were breastfeeding at nine months. There were three key principles that the new mothers learned: mother's milk is best for the baby; every mother can nurse her baby; and breastfeeding, if stopped, could be re-established. Also, breastfeeding knowledge was passed on to the next generation. The Minneapolis experience illustrates that even as feeding practices were transformed due to the introduction of formula, breastfeeding could flourish with individual support, reassurance, and education (Wolf, 1999).

The Rise of Breastfeeding (again)

Between 1973 and 1978 and during the early 1980s, breastfeeding appeared to become popular as shown by increased breastfeeding rates (Health Canada, 1999). Contributing factors to the increasing breastfeeding rate included disillusionment with technological lifestyles, a desire to return to conservation and ecology, scrutiny of the formula industry[17], increasing knowledge of the health benefits of breastmilk, and the

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[17] The marketing campaigns of formula companies in third world countries resulted in a decline of breastfeeding, increase in formula feeding and an increased infant mortality rate in these countries. The mortality rate has been attributed to lack of sanitary facilities for formula preparation and storage, mother unable to read and follow the directions for preparing formula and the cost of purchasing the formula was a financial hardship to the family. In 1977 the mortality rate spearheaded the international community to form coalitions, including the Infant Formula Action Coalition (INFACT) which promoted the boycotting of Nestle, a formula company. Their argument was that formula should not be promoted in countries which have a tradition of breastfeeding and do not have the appropriate technology for utilizing formula. This action eventually lead to the World Health Organization's (WHO) involvement and the development of the International Code of Marketing of Breast Milk Substitutes in 1991 (Greer & Apple, 1991). Enforcement of the code is at the discretion of the individual country's government. In 1987, Canadian formula companies set their own guidelines to enforce the code. Unfortunately, there has been no change in practice (INFACT, 1992).

promotion of breastfeeding by health professionals (Jelliffe & Jelliffe, 1981; Health Canada, 1999). It is somewhat ironic that the same scientific and medical culture that created bottle feeding was partially responsible for the increase in breastfeeding. The components of breastmilk were analysed to determine its health benefits and they became part of the key evidence in the movement towards breastfeeding (Cunningham et al., 1991; Dewey et al., 1995; Howie et al., 1990; Joneja; 1992).

The La Leche League, created in 1957 in the United States by breastfeeding mothers, was part of this return to nature. The League's moral core exalts maternal nurturance through breastfeeding. The La Leche League has become a support group for breastfeeding mothers. It has both connected with and clashed with feminist discourse as it has been said to both empower women and constrain women depending on one's ideological perspectives on women (Blum, 1993; La Leche League, 1997).

Between 1981 and 1982, the initiation rate for breastfeeding in Canada was 69.4% (Health & Welfare Canada, 1993). The most recent national breastfeeding data are from 1994, showing an 73% initiation rate at birth (Health Canada, 1999). Several recent regional studies across Canada have shown initiation rates to range between 80% and 85% in central and western Canada. In the Atlantic provinces, initiation rates are 53 to 54% (Chomniak & Hubay, 1992; City of Toronto, 1993; Health Canada, 1999; Williams, Innis, & Vogel, 1996). This regional trend has been apparent since the early 1980s. To date, no research has occurred to determine why this variation exists (Health Canada, 1999).

The breastfeeding trend decreased over time and the 1990 Ontario Health Survey found that 54.9% of postpartum mothers were breastfeeding at four months (Nolan &

Goel, 1995). This is slightly higher than the national data of 31% breastfeeding between three to six months postpartum (Health Canada, 1999). The 1996 statistics for Calgary revealed that 68% of postpartum mothers were exclusively breastfeeding by one week postpartum (88% with supplementation). By four months 35% of mothers were exclusively breastfeeding and at six months 44% were breastfeeding with supplementation (Calgary Health Services, 1998).

The rise in breastfeeding appears to have levelled off with initiation rates in the mid 80% range. (Health Canada, 1999). There comes a point when initiation rates are of less significance. It would be devaluing of women if one were to believe that every women is going to breastfeed. Throughout time, there have always been mothers who choose not to breastfeed; therefore a safe alternative[18] is necessary.

> *I wonder at what point do initiation rates lose their significance? In other words, when do we stop worrying about how many women are breastfeeding and turn our attention to the whole of the experience, the duration of breastfeeding?*

Health Canada's goal for breastfeeding is exclusive breastfeeding for the first six months (Health & Welfare Canada, 1993). The Canadian Pediatric Society recommends that infants should receive breastmilk only "for at least the first four months of life" and to continue breastfeeding with supplementation for up to two years (Canadian Pediatric Society, Dieticians of Canada, & Health Canada, 1998, p. 3). Breastfeeding statistics

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[18] The safest alternative for infants is expressed breastmilk from milk banks. Canada has one milk bank, located in Vancouver (INFACT, 1992). "In 1999, approximately 322,700 ounces of milk were processed and distributed by 7 banks across North America" (Tully, 2000, p. 235). Milk was delivered to hospitals for infant which were preterm or who had medical problems as well as for older babies, and some adults with medical problems including metabolic disorders, and cancer (Tully, 2000).

clearly indicate that this is not occurring, although initiation and duration rates give health professionals only part of the picture of what is occurring. Researchers, including Janke (1993), Fetherston (1995), Lawson and Tulloch (1995), and Piper and Parks (1996), have studied duration of breastfeeding and found that a variety of factors including prenatal intent to breastfeed, maternal age, marital status, parity, attendance at prenatal classes, hospital practices, and personal attitude and beliefs are associated with continued breastfeeding. From the La Leche League perspective, the key components of continued breastfeeding are maternal self-confidence and a supportive cultural network (La Leche League, 1997). A successful breastfeeding experience is often measured by health professionals in units of time - the length of time that a mother is exclusively breastfeeding rather than in terms of the whole of the experience. Auerbach (1994a) cautions against qualifying breastfeeding in terms of success particularly as when we qualify breastfeeding we are judging the experience.

> *Questions that arise from the literature include "Why do some women stop breastfeeding when they have barely begun to breastfeed? Why do some women continue to breastfeed and others switch to a combination of formula and breastmilk? How do we define what is a successful breastfeeding experience?" The simple answer is that we do not know. Missing from the breastfeeding puzzle are mothers stories.*

A Lost Tradition

Breastfeeding-positive attitudes, knowledge, and skills have been hidden or lost in today's culture and need to be woven into the fabric of everyday life to benefit women who choose to breastfeed. Breastfeeding has been described as "a lost tradition" by Health Canada (cited in Wells, 1996, p. 60). How can we look to the previous generation for

advice if very few of them actually breastfed? Van Esterik (1988) stated "the infant feeding style" of a community refers to its "fundamental cultural assumptions underlying infant feeding decisions" (p. 192). A formula bottle feeding culture exists in North America as the bottle has become a symbol for baby and is seen on candy, balloons, gift wrap, children's books, and toys. Breastfeeding on the other hand is an invisible culture.

Within today's society, a close connection is maintained between babies and formula particularly as a result of advertisements.

> Babies and bottles are linked in the public mind in all sorts of ways, from birth announcements . . . to tiny bottles of milk. . . . At the same time, it is unusual to see mothers breastfeeding their babies in public settings and in most instances those who do so remain on guard for fear of offending people around them (Altshuler, 1995, p.293).

The advertising of the bottle has become so invasive and connected within society that in public facilities, a baby bottle is used to designate child care areas (Baumslag & Michels, 1995). This has resulted in a paradigm shift in which knowledge, assumptions, and beliefs about breastfeeding are based on the bottle feeding process (Altshuler, 1995; Mulford, 1995).

Wells (1996) wrote about one woman's struggles with the process of becoming a breastfeeding mother. Fontana Hart, a Canadian mother living in Toronto went into labour June 3rd, 1995. Andrew was born by caesarian section 36 hours later. Her first nursing session occurred 14 hours after delivery without any nursing guidance or support and Fontana clearly recalls that "it was awful" (p. 51). She remained in the hospital for four days during which time she became increasingly frustrated with receiving conflicting advice from nurses regarding how to improve her breastfeeding sessions.

Fontana's problems originated within hours of delivery as a result of her son's inability to breastfeed in the correct position, her exhaustion, and poor advice and support from the nursing staff. By day four, her nipples were raw and bleeding and this initial problem was not corrected for several weeks, resulting in painful nursing sessions, supplementation with formula and an overwhelming sense of frustration with breastfeeding. Fontana's first pain free nursing session occurred six weeks postpartum primarily as a result of her determination to continue to breastfeed while experiencing pain. In Fontana's situation, mismanagement of breastfeeding by nurses coupled with her lack of breastfeeding knowledge, no family knowledge of breastfeeding, and limited community breastfeeding support resulted in prolonged difficulty.

In her book Beyond the Breast - Bottle Controversy, Van Esterik (1989) refers to the concept of the medicalization of infant feeding as an explanation for how infant feeding was transformed from an everyday process into a biomedical event. Perceptions of normal breastfeeding processes were redefined as medical problems in need of health professionals.

The body has been reconstructed. It has been fragmented into parts and the medical professionals have focussed on the breast, the lactating gland. Normal breastfeeding processes are medicalized requiring interventions that occur to the part and not to the whole of the body. The whole of the self has been lost, leaving a fragmented view of the body. The treatment of breastfeeding issues occurs to the part not to the whole. In other words, the treatment of the nipple can occur in isolation to the rest of the breast, the rest of the mother's body, the breastfeeding sessions, and the whole of her

existence.

> *I believe that breastfeeding should be considered an intrinsic part of a woman's self rather than as an occurrence in a part of the self. A more holistic approach to working with mothers is needed (Maclean, 1989a, 1989b, 1990; Van Esterik, 1994).*

A woman's perception of breastfeeding is influenced by the dominant cultural values within her society. A woman's body is both a physical object and a subject, the place where physiology and social values are interconnected. The meaning of the breast has varied throughout history as "symbols of both religious and political nurturance . . . The meanings we give our breasts will always be bound up with societal values and cultural norms" (Yalom, 1997, p. 276, 277). In other words, a mother's perception of her breastfeeding experience is influenced by the cultural values that are embedded in her every day life. Cultural issues of her body can define, manage, and place constraints on breastfeeding activities connected to breastfeeding. An example of how cultural attitudes affect breastfeeding can be found in the struggle related to breastfeeding in public (Dettwyler, 1995; Maclean, 1990). Ruth and Linda struggled with the idea of breastfeeding in public. Prior to becoming pregnant, they had not notices mothers and infants breastfeeding in public and were not comfortable with the idea of breastfeeding in public.

> R: If you look at society in general, I think that breastfeeding is still a place to be done in a backroom versus being open [with breastfeeding] (Transcription note, January 30, 1998).

Their initial definitions of public included their living room if family or friends were present. They both expressed frustration when they left a living room of family and friends

in order to breastfeed discretely.

> L: When at the mall, if Monica became hungry, I went to a fitting room and fed her because I could not do it [breastfeed] discreetly (Transcription note, February 5, 1998).

Linda was not sure if she would ever breastfeed in public and wished that she could see other mothers breastfeeding so that she could observe and learn from their practice. Ruth, also struggled with this issue and felt that having a relative sit with her while she breastfed Evan was a turning point for becoming comfortable with breastfeeding in public. Ruth described her first experience breastfeeding in public at the mall:

> R: I think that I would have gone to my car and just fed him there if I was alone. But when my relative suggested sitting on the bench, I said Oh, okay. I was sitting on this little bench but I still felt people were staring, kind of like "Oh, what is she doing?" I just felt kind of weird doing it [breastfeeding]. Having someone there, I think, it made it easier it did not seem too unusual then because we were sitting and chatting together. I think that I will be more likely to breastfeed him again on the bench (Transcription note, March 11, 1998).

Learning to breastfeed has become fraught with trouble as the 'rules for breastfeeding' are a translation of the rules for formula feeding. Imagine a woman who has never visualized breastfeeding trying to breastfeed her own child. Denise recalls that she never had "a real conversation about breastfeeding with somebody" (Transcription note November 25, 1997). To whom does she turn to if no one in her immediate world has ever breastfed? Filled with uncertainty, Denise looked for the rules of breastfeeding. Julie mentions that next time she would do things differently

> J: I would ask for more help or I think that I know how to do it now, you know reading a book on how to breastfeed doesn't exactly cut it in terms of the actual experience of it (Transcription note, January 27, 1998).

Mulford (1995) talked about "bottling the breast" which is a way of visualizing the unfamiliar (breastfeeding) on the more familiar process of formula feeding (p. 469). An example would be how breastfeeding became scheduled on the same frequency as formula. This advice was premised on the belief that breastfeeding and formula feeding shared the same trait - a beginning and an ending to the feeding. Trouble looms if a mother tries to follow this advice and the infant decides to cluster feed (frequent short feeds). If she views cluster feeds as an indication that she does not have enough milk, she may start supplementing with formula. An alternate explanation would be that they are a series of appetizers or snacks during a banquet meal. By packaging the process into language with which she is familiar, the mother does not experience problems with the activity. Fontana's story, although tragic, is typical of the experience that many breastfeeding mothers have and reflects a culture where breastfeeding is not the norm (Wells, 1996).

The Culture of Breastfeeding

Recent Canadian and international initiatives to protect, promote, and support breastfeeding have placed breastfeeding on a priority list for public health programs. Since 1983, Health and Welfare Canada has made the promotion of breastfeeding a primary program goal (Health & Welfare Canada, 1993). The promotion of breastfeeding has received this national and international recognition as a result of scientific research that breastfeeding has numerous health benefits for mother and child (Cunningham et al., 1991; Labbok & Koniz-Booher, 1995).

In 1994, Health Canada launched a five year social marketing campaign (1994-1999). The campaign's goal was "to encourage and support more mothers to breastfeed

by endeavouring to make breastfeeding socially comfortable" (McKilligin, 1994, p. 122). One of Health Canada's breastfeeding messages was the slogan "breastfeeding - anytime, anywhere, a normal part of life" created to increase societal awareness of breastfeeding (p. 122). The issue of breastfeeding in public has become a controversial issue and appears to cause discomfort for both breastfeeding and formula feeding mothers, and at times for the broader community. What is considered to be public can range from breastfeeding in the presence of family and friends while in the privacy of one's home to breastfeeding in restaurants, parks and other public establishments. Health Canada's Study Of Attitudes On Breastfeeding (1995) indicated that many mothers were initially uncomfortable breastfeeding in the presence of family and friends but gradually over time they became comfortable breastfeeding in front of others while in their home. The majority of mothers did not become comfortable breastfeeding in public establishments. Their discomfort appeared to come from the mother's self-image and her perceptions of the behaviour of others around her (e.g., stares and or negative comments), and society's idealization of breasts as sexual objects not as a means of providing nourishment.

Some mothers, who were formula feeding, appeared to be uncomfortable with this slogan "breastfeeding - anytime, anywhere, a normal part of life" and as well the campaign by Health Canada promoting breastfeeding in malls, restaurants, and parks (Health Canada, 1995; McKilligin, 1994, p. 122). Their objections were that men and children were present and might observe part of the breast and that breastfeeding is an embarrassing activity and should be done in private locations. Breastfeeding mothers had a different perspective, as they were pleased with this theme. Their belief was that

breastfeeding is a part of life and should not have to occur in isolation. They acknowledged that they were not always comfortable breastfeeding in public (Health Canada, 1995).

> *Health Canada's 1995 Study indicated that prior to breastfeeding occurring anytime and anywhere, breastfeeding parents required a more realistic picture of breastfeeding as opposed to promoting breastfeeding as natural and instinctive (Health Canada, 1995). We also need to contemplate what is our perspective of breastfeeding success? Fontana, by breastfeeding for six months, would meet part of Health Canada's goal however in her own words her experience was not a success "It makes me crazy to think about what happened" (Wells, 1996, p. 52). How are we to measure success?*

Between 1970 and 1984, Harrison, Morse and Prowse (1985) found over 140 articles related to successful breastfeeding. The key criterion for a determination of successful breastfeeding was duration of breastfeeding. This pattern has continued during the 1990s because success has become qualified in terms of the mother's personal characteristics and social situation, quality of her experience, infant characteristics, longevity, and exclusivity of breastmilk (Auerbach, 1994a; Isabella & Isabella, 1994; Lothian, 1995; Shelton, 1994; Rentschler, 1991). Other researchers have addressed the impact of nursing support and health care system factors that contribute to breastfeeding success as defined from the mother's planned duration of breastfeeding (Albernaz, Giugliani & Victoria, 1998). These authors (1998) found that public health planned home visits and ongoing telephone calls primarily to discuss the mother's experiences to date with breastfeeding resulted in a 44.1% increase of women breastfeeding at three months postpartum.

A Calgary Regional Health Authority Regional Breastfeeding Study (Kusmirski & Bunnah, 1999) described the impact of the hospital experience assessing the quality of

breastfeeding support perceived by the mothers. "Breastfeeding support includes providing informational, technical (skills), and emotional (encouragement) assistance" to mothers (Bernaix, 2000, p. 202). Kusmirski & Bunnah's (1999) findings indicated that a health system factor affecting the success of breastfeeding was the mother's perception of positive breastfeeding support while in hospital. The support was characterized as consistent information, access to a lactation consultant, and supportive nurses (e.g., the nurses gave information, encouraged breastfeeding and were perceived as helpful with breastfeeding). In a recent study, Bernaix (2000) found that nurses continue to have lactation physiology knowledge deficits. Bernaix states

> what makes this finding even more alarming is that the nurse is relying on her knowledge about breastfeeding to guide her as she provides support to breastfeeding mothers (p. 208).

If Fontana had planned to breastfeed for four months and she was successful in reaching her goal, she would be classified as a breastfeeding success story from a health professional's perspective. Would Fontana classify herself as a success story?

I realize that in this writing I have talked about experiences related to being a breastfeeding mother and the implications of breastfeeding in a formula feeding culture at the macro level. In my writing, I have isolated breastfeeding from the whole of the mother's experience in order to illuminate breastfeeding. I recognize that being a breastfeeding mother is not separate or distinct from becoming and being a mother. I wanted to illuminate a tiny aspect of becoming a breastfeeding mother.

Bergum (1997) recommends that research on mothering needs to search for understanding about what a mother goes through as she becomes a mother."New

motherhood is characterised by profound change, a sense of loss, isolation and fatigue"(Rogan, Schmied, Barclay, Everitt & Wyllie, 1997, p. 877). Rogan et al. have theorized that in becoming mothers women progressed from an initial phase often described as this isn't my life anymore to a state identified by women as being in a certain tune with their baby" (1997, p. 881). There can be a sense of almost overwhelming change as every day offers unfamiliar challenges. New mothers often reflect on how exhausted they are by the constant nature of child care and the need to constantly learn new tasks. Susan talked about how tired she was as a result of not receiving enough sleep at night and making the decision to introduce formula so that there would be a longer time interval between feedings.

> S: Everything was normal and perfect, but then I think that what happened was after going through three weeks with no sleep at night and getting up twice during the night, I was getting quite cranky and I was hearing of a friend who was supplementing and breastfeeding. I thought that I could have the best of both worlds. I would breastfeed him during the day and I would supplement at night and that way I would sleep through the night (Transcription note, April 3, 1998).

Infant feeding concerns and maternal fatigue in the early postpartum period can become overwhelming for mothers. Wambach (1998) found breastfeeding difficulties resulted in increasing levels of maternal fatigue. The interconnection between the two appear to feed off of one another until either the breastfeeding improves, the mother introduces formula supplementation, or the mother discontinues breastfeeding. Susan's introduction of formula decreased the fatigue that she was experiencing. One week later she was feeling rested and "ready to take on the world" however she was also no longer breastfeeding. In hindsight, she wishes that " I would have known the tiredness was short-term and that

supplementation would affect my breastfeeding. I would have done things differently (Transcription note, April 3, 1998).

Barclay, Everitt, Rogan, Schmied and Wyllie[19] (1997) speak to several pieces of the transition of becoming a new mother including realizing the reality of what it means to become a new mother, feeling drained as a result of the physical, mental, and emotional demand on herself and working it out as she develops skills, gains confidence and becomes in tune with her child. Becoming a mother takes time for the mother to realize and integrate what motherhood means and the reality of her experience. Although many prenatal mothers prepare for their impending motherhood by reading, discussing with friends and observing how other mothers care for their child, there is no way to prepare for the reality of mothering. "I found out that mothering is only learned by doing. Learning to respond flexibly to baby's needs . . . are lessons learned only by living them" (Ann Van Norman cited in La Leche League, 1997, p. 14). During this transition to becoming in tune with her child, mothers often question their ability to mother, they lack confidence in their decisions and they experience decreased self esteem (Rogan et al., 1997). This is the same time period in which the new mother is learning how to breastfeed. Susan now realizes that "the supplementation is what basically killed by breastfeeding capability" (Transcription note, April 3, 1998). Julie recognized her struggles; her one wish was for more time

> J: I just started well, it is such a sensitive time so I remember I just started crying. There were just so many contradictory suggestions, opinions and

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[19] Their work discusses six categories of becoming a new mother; realizing, unready, drained, aloneness, loss and working it out, with the core category becoming a mother.

> judgements and you are already feeling you know, pretty vulnerable as it is and I just thought . . . this is not where I need to be right now. . . . If I could have her and then start breastfeeding six weeks later, it would be perfect (Transcription note, January 27, 1998).

This chapter provided a picture of the topography that is a part of the breastfeeding horizon in which we are living. The past of breastfeeding was discussed illustrating the interconnections of our past to the present. Fictional characters from the book The Group and the experiences of Fontana, Denise, Julie, Ruth, Linda, and Susan were offered to shed glimpses of breastfeeding past and present. They represent the experience of breastfeeding in a formula feeding culture. Lastly, I introduced the work of Barclay et al. (1997) and Rogan et al., (1997) highlighting that within the experience of becoming and being a new mother is the experience of breastfeeding. In the next chapter, I will speak to the breastfeeding understandings generated by this work illuminating the aura of this place.

CHAPTER 5: INTERPRETIVE TRACES

Someday ... Somewhere... We 'll find a new way of living
We 'll find a new way of forgiving, somewhere
There 's a place for us. A time and a place for us.
Hold my hand and we are halfway there
Hold my hand and I will take you there.
Somehow, Someday, Somewhere
(Sondheim 1957)

A Time For Us

Sweeping away the coverings, the dust that covers all of us, I was brought to the place that was created during the conversations that I shared with Denise, Ruth, Linda, Julie, and Susan. Individually, they added a piece to the process of understanding and collectively their words became the portal to the topic. Through this process, I began to realize that their words were their stories, contextual, personal, and brimming with details of their experiences. I needed to become part of this place, if only for a moment.

During this chapter, I will share with you how conversations with my participants, and the literature opened the door into a new way of conceptualizing breastfeeding. I will offer a glimpse of the place and include a discussion on what this place means to breastfeeding mothers. I will begin with a discussion of the prenatal reservations of breastfeeding and then move to a discussion of the art of breastfeeding. This is followed by an overview of the language of breastfeeding and an introduction to the place of nurturance. This chapter concludes with a discussion of the temporality of nursing.

I wondered how to present this topic. It is not as if this place is a real location with a physical dimension or a geography, as if it were a village. I wondered does the word *place* adequately capture what was occurring? I wondered and stewed over this for a long

time until I realized that there is more than one way of thinking about a place. Place can also mean "a particular portion of space" (Tulloch, 1997, p. 1159). Thinking about our conversations and research by Schmied and Barclay (1999), Maclean (1989b, 1990) and the writing of Wiessinger (1995, 1996), I realized that they had spoken of this place. Their participants' descriptions of their breastfeeding experiences located within their writing reveals this although they did not write specifically about a place.

Conceptualizing this place came about because of my conversations with my participants, the image of a breastfeeding mother and child, my experiences working with breastfeeding mothers, and the literature. A conversation with Denise first illuminated the place for me. Denise had made this transition in her thinking about breastfeeding and her breastfeeding language. She moved from thinking about breastfeeding as reservations of the unknown, to describing it as a way of being.

> *I realized that I had been witness to this change with other mothers but never stopped to reflect on the meaning of this change. I wondered why? Was it because I was not ready to honestly hear what they were saying? Was I too busy fixing their breastfeeding experience?*
>
> D: I was not, you know before I had him, I was not a strong advocate of breastfeeding. Prenatally, I could not honestly say that I would have breastfed. When I decided that I would try, I was not going out and saying everybody must breastfeed. I did have some reservations about it because of the unknown sort of thing and maybe being on the fence about this whole thing.
>
> M: What were some of the reservations of the unknown?
>
> D: I think that, until you have, I mean, I was never even a baby person before I had him and it is hard to relate to the act of breastfeeding. You get that feeling of, well that this is your own body and it is not use to it. And so you are thinking do I really want this little baby sucking on my breast? I was really going in there pretty blind (Transcription note, November 25,

1997).

In fact, they all shared reservations of breastfeeding. In the following segment of conversation, Susan makes a reference to her prenatal thoughts on breastfeeding.

> S: I always had in the back of my mind that I was not going to be upset if it didn't work because the feedback that I got from my sisters was that you will not produce enough, none of us produced enough.
>
> M: Did your sisters try to breastfeed?
>
> S: No, they were just under the assumption that they would not produce enough milk.
>
> M: Where did they get that idea?
>
> S: I don't know.
>
> M: So going into breastfeeding, did you have the sense that you might fail?
>
> S: Maybe, I had that sense that well, maybe a little bit, maybe somewhere in the back of my mind but I really thought that I had the perseverance. I am a very determined person and I am a very stubborn person and I didn't want to think that I would fail. I don't like failing, at anything (Transcription note April 3, 1998).
>
> *I can't believe that I used the word fail. I wonder what was I thinking? Am I so desensitized by reading breastfeeding research that I automatically qualify breastfeeding as a success or failure. I wonder if by my using this word, if I set Susan up to use the term fail? Would she have used another term, perhaps difficulty, if I had not introduced failure into the conversation? But perhaps more importantly did I introduce a connection between Susan's breastfeeding experience and failure?*

I wonder about how a mother may sound ambivalent when speaking about her impending motherhood (Bergum, 1989). I wonder if the same thinking can be applied to breastfeeding? In a sense, there is this "leap of faith" that they have to move through (Bergum, 1997, p. 45). A sense that they have to open themselves up to the possibilities of

breastfeeding and the meaning or non-meaning that it will have in their lives. Schmied and Barclay (1999) found prenatal mothers spoke about breastfeeding on a continuum from willing to "give it a go" to a "deep commitment to breastfeeding" (p. 328). Bottorff (1990) found that women may conceptualize breastfeeding "as a project, a chosen way to act in and on the world" (p. 202). Breastfeeding can be connected to their feelings about being a good mother and there was a sense that it was a task that they could "control or master" (Schmied & Barclay, 1999, p. 328).

Prenatally, all five participants planned to breastfeed, although the possibility of not succeeding was present. This sense of not succeeding with breastfeeding appears to be, as Susan eloquently suggested, always present somewhere in the back of her mind (Transcription note, April 3, 1998). I continue to wonder: how is it possible to be self-confident about the unknown? At the point in time when women are thinking about breastfeeding, they may never have seen a mother breastfeed or even had a conversation about breastfeeding. Denise never had a breastfeeding conversation with anyone until she was pregnant (Transcription note, November 25, 1997). Ruth mentions how, when she became pregnant, she would have conversations with women about breastfeeding and she would hear preconceived ideas as to why some women cannot breastfeed, for example "they run out of milk" (Transcription note, January 30, 1998). Denise recalls conversations with mothers who stated that they could not produce enough milk due to the size of their breasts and she recalls thinking "Oh, I am small too" and worrying whether she would be able to breastfeed (Transcription note, November 25, 1997).

Denise, Julie, and Susan talked about how they read about the benefits of

breastfeeding but they did not read about the how to of breastfeeding. I found it interesting that they could cite the immunity benefit of breastmilk, the cost, convenience, and the health benefits of breastfeeding to mother and child but they had not realized that it would be beneficial to read about the how to of breastfeeding. As well, although all three had attended prenatal classes none of them attended prenatal breastfeeding classes. Perhaps it is the sense that breastfeeding is natural. Julie indicates "I knew that it was not going to be as natural a process as some people indicate, but it is natural" (Transcription note, January 27, 1998). Maintaining a conviction that they will be 'successful' with breastfeeding when the stories prenatal women hear are laced with myths, frustrations, and descriptions of how breastfeeding did not work for others was a difficult experience for them.

I found Stainton, Harvey, and McNeil's (1995) work on the uncertainty of mothers in high-risk perinatal situations helpful for reflecting on these mothers' convictions of breastfeeding. Their findings indicate that the uncertainty was more than just about the perinatal outcome of the infant, it was about becoming a mother to this child. They found that in low-risk pregnancies uncertainty is present but in the background (Stainton et al., 1995). They were already uncertain about becoming and being a mother and breastfeeding seemed to form a small piece of this uncertainty.

> *I wonder if prenatal conversations about breastfeeding myths and potential difficulties result in mothers' having difficulties conceptualizing themself breastfeeding? Perhaps these conversations can bring this uncertainty to the foreground. Denise, Linda, Ruth, Julie, and Susan all shared the experience of participating in prenatal conversations in which breastfeeding myths and difficulties were key components of the conversations. I wonder if the uncertainty that is generated within the mother may in some situations being carried forward*

into the postpartum period.

The Art of Breastfeeding

A dimension of this place is related to the transition from the science of *lactation* to the *art of breastfeeding*. As Baumslag and Michels (1995) indicate, breastfeeding "is an art. The art of breastfeeding hasn't changed since the first cave babies were suckled under fur skins" (p. xxiv). Reflecting on my public health nursing practice, working with breastfeeding mothers, I have found that postpartum mothers may live in the science of lactation, always thinking about the technique of breastfeeding. They can become overwhelmed with thinking and worrying about the how to of breastfeeding. Ruth and Linda struggled with breastfeeding for weeks before they could let go of the rules of breastfeeding and start to enjoy their breastfeeding sessions. As Ruth indicated "I find it easier. I am much more relaxed with it than I initially was" (Transcription note, March 11, 1998).

During these weeks, they persevered with breastfeeding. There was no sense that breastfeeding was enjoyable or pleasurable for mother or child. It was a task, a way of feeding their child. They were not at peace with breastfeeding, every nursing session was a challenge.

> L: I kept thinking that it would get better and I would take her off and try again. It was a long time before I could breastfeed her and not think about the latch and not cry throughout the feeding (Transcription note, February 5, 1998).

They were caught in the dynamics of how to breastfeed. Ruth expressed frustration with her early breastfeeding experience as her child was always coming off and crying. She

struggled with latching and felt that she was awkward, "all hands" (Transcription note, January 30, 1998).

The key partner in the breastfeeding experience is the infant. Their temperaments can range from flexible and easy going to unsettled and upset. Temperamental responses related to breastfeeding can range from happy, content, or sleepy to screaming and fighting the breastfeeding session. When infants do not behave as mothers expect them to behave (for example, a happy temperament, regular naps, content with life), there becomes a belief that the reason for these behavioural deviations is breastfeeding. As Auerbach (1994b) says the issue is normal infant "expectations, not breastfeeding" (p. 223). That is, the baby is crying, not sleeping, and fussy because I am breastfeeding. Mothers internalize this behaviour and can relate it to a sense of rejecting 'me'. Sullivan (1997) indicates that mothers need to learn the "ability to perceive and interpret their babies' behaviours" (p.21). The majority of new mothers need time to learn how to read and understand their infant's cues and become comfortable with soothing techniques. Sullivan (1997) found that new mothers often believe that they need to know the reason their baby is crying before they can determine what soothing or caring techniques to use. During this period of time, mothers and babies are also learning how to breastfeed. An example of a potential area of frustration is not understanding that the infant can have a need for nutritive and non-nutritive sucking at the breast. If the mother is not aware of the normalcy of 'non-nutritive' sucking, she may attribute the infant's desire for sucking is a result of hunger and perceive that she has a low milk supply.

This partnership between mother and infant is tenuous since difficulties on either

side can quickly escalate to breastfeeding problems. Leff, Gagne, and Jefferis' (1994) findings indicate that when the mother cannot characterize the infant as a happy nurser, the mother's perception of satisfaction with breastfeeding can decrease. There is an intertwining between the baby's participation in breastfeeding and the mother's satisfaction with breastfeeding. Lothian (1995) found that the infant's sucking competence was a key influence on duration of breastfeeding. What is sometimes forgotten is that breastfeeding is a learned art for infants as well as for mothers (Lothian, 1995). As Linda states

> L: I had to pretty well concentrate on how it felt throughout the whole feeding. You latch her and you take her off and then you put her back on. I just kept trying and crying. Sometimes she will do it [breastfeeding] right but most of the time I have to take her off and start over (Transcription note, February 5, 1998).

When asked why they continued to breastfeed in the midst of struggling with every session, Linda and Ruth indicated that they knew the breastmilk was healthier for their child. There also was a sense that if they could just hang on, they knew it could only improve.

> L: I just kept trying, I kept telling myself to do it [breastfeed]. I wanted to succeed [with breastfeeding] (Transcription note, February 5, 1998).

Reference was made to the fact that one has to get through the difficult times and remain committed to breastfeeding in order to experience the joy of breastfeeding. Bottorff (1990) found that when "a mother persists with breastfeeding, she persists not only for herself but more importantly for her child. . . . Breastfeeding becomes a way of validating our womanliness and motherhood" (p. 204). Ruth talks about how she was still learning

and she knew this because there would be times when her child was latched and it would be a good session and then the next feeding would be a struggle.

With time, they reached a place where each session felt right and the struggles seemed to disappear.

> L: Now when I breastfeed, I am relaxed and I am enjoying it (Transcription note, February 5, 1998).

There was a sense of trust, trusting one's body to produce milk. There was a sense of perseverance, waiting until it works (Bottorff, 1990).

The Rules of Breastfeeding

Denise, Ruth, Linda, Susan, and Julie discussed how difficult and frustrating it was to learn the rules of breastfeeding. These rules were learned from the nurses in hospitals and in the community.

> J: It was like nobody was on the same page and I understand that everybody is going to have their own opinions, which is fine, but you would think that if you are working within the same environment that you would have one belief system. I mean, it is pretty important so this is what we as a collective believe in terms of what is best for breastfeeding (Transcription note, January 27, 1998).

By the very nature of nurses questions to mothers, there is a sense of them keeping the mother in the science of lactation, how to breastfeed, concentrating on the rules space. When was the last time you breastfed? How long was the feeding? Did you hear swallowing? Did you feel pain? Are you using a soother? These are examples of commonly asked questions. Nurses' question mothers on the frequency of feeds, length of feeds, what is occurring during the feeding, urinary output, color and consistency of bowel movements and then wonder why the mother is always questioning herself and her

progress of breastfeeding. Nurses and lactation consultants have become the 'experts' in breastfeeding. Implicit in this notion of expert is control. It is possible that some mothers want the nurse or lactation consultant to assume this position. But has this occurred as a result of expectation or is it something that mothers need? The mother and child are the experts of their experience. Perhaps the nurses' role is to nurture and support the mother's breastfeeding experience (Pessl, 1996).

I have noticed that sometimes mothers even take on the role of the nurse or lactation consultant asking themselves questions after each breastfeeding session, recording the length and frequency of feeds. Nurses and lactation consultants have created home monitoring record forms so that the mother can accurately record her breastfeeding progress (Tobin, 1996). I wonder who is really benefiting from these forms? Ruth constantly questioned herself during and after each feeding until she was at the point where she was analysing the whole of her breastfeeding sessions. This is not to say that the answers to these questions are not needed. In order to work effectively with mothers, nurses and lactation consultants do need to create an image of the breastfeeding history and experience. My issue with the questions is not that the answers are sought, it is that the questions are asked in the first place. By the very nature of the questions, we are encouraging the mother to stay in the how to space. I wonder how different the conversation would be if the nurse or lactation consultant discussed how breastfeeding is going and concentrated on the relationship. What if we asked the mother "are you having fun with your baby?" (Lee, 1997, p. 149). If we became tentative in our conversations for example, "I wonder about; I was thinking; it is possible that . . . ." This re-languaging

invites openness and multiple perspectives of the situation. Then if we take on the role of non-expert and offer the mother the opportunity to be an expert of her own situation. Then if we asked her what she was thinking and what she was feeling, it might validate her knowledge. Open questions can create space for a conversation as well as give enough answers to create an image of the breastfeeding session (Pessl, 1996).

Auerbach (1994a) and Pessl (1996) have both voiced concerns that lactation consultants and nurses are moving towards the formula model trap - creating rigid rules and a need to control the breastfeeding mother's experience. During the 1980s and early 1990s, breastfeeding supporters critiqued institutional policies for treating breastfeeding like formula and for a need to control the mother's experience. Postpartum and nursery nurses encountered the majority of criticism usually as a result of supplementing the breastfed infant with formula, providing inconsistent and incorrect information, and promoting breastmilk and formula as equivalent products (Losch et al., 1995; Newman, 1991). Moxley and Kennedy (1994) found that a lack of breastfeeding management in nursing curriculum resulted in new mothers receiving incorrect breastfeeding information. In a study of attitudes of obstetric nurses, Patten et al. (1996) found that education and personal experiences influenced the nurses' attitudes towards breastfeeding management.

This issue of nurses' breastfeeding knowledge base has been approached at the personal, institutional and educational level but remains an ongoing issue. Jack Newman[20]

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[20] Jack Newman is one of Canada's leading breastfeeding advocates. He originated the breastfeeding clinic at the Hospital for Sick Children, has written numerous journal articles and lay person handouts on breastfeeding and is an internationally recognized speaker. As well, he is a INFACT board member and a member of Canada's Baby Friendly Hospital Initiative Appraisal team.

went as far as sending personal letters to nurses and physicians detailing their errors in breastfeeding management and the outcomes for the mother and infant. Although this approach created awareness of the issue, an unfortunate result was that those who received the letters became defensive and often negative towards breastfeeding. Some hospitals approach this issue by mandating that nurses attend one day breastfeeding workshop classes. While no formal evaluation studies have taken place, a recent descriptive study of Calgary Regional Health Authority programs indicates that mothers continue to receive incorrect or conflicting messages from the nurses. Breastfeeding management workshops were suggested by mothers to increase nurses management skills (Kusmirski & Bunnah, 1999). Moxley et al. (1996) have implemented a lactation course for undergraduate BN nursing students, post RN students, and other health care professionals.

While I recognize the need for ongoing breastfeeding management education for nurses, I wonder if we have not reached the point where that particular conversation has ended. We continue to evaluate nurses' lactation knowledge base and attitudes about breastfeeding and the consensus seems to be that there are deficits. Nurses do rely on their personal experience and attitudes toward breastfeeding when working with breastfeeding mothers (Bernaix, 2000). Gadamer (1989) refers to the art of having a conversation and suggests that embedded within conversation is a quest for seeking an understanding of oneself and the other. Therefore we should look at the unsaid and allow these words to become present and part of the conversation. What are the unsaid words of nurses who work with breastfeeding mothers? Perhaps it is time to consider another approach: an in-

depth analysis of the experiences of hospital and public health nurses to gain an understanding of their beliefs, experiences, and issues surrounding breastfeeding and breastfeeding education.

As Pessl (1996) suggests, it may be time to look within the world of breastfeeding advocates. A control issue is evident in the breastfeeding 'fix- it' language of lactation consultants, nurses and other breastfeeding supporters. What has been created is "absolutism in lactation management" (p. 271). Words such as never, always, and only have become part of the language of breastfeeding. Never use a pacifier with a breastfed baby; always support the breast with the C hold; no one will have sore nipples if she latched and positioned the baby correctly. I have heard these words, usually from neophyte nurses and lactation consultants in the breastfeeding world, who feel more comfortable with rules or absolutes. As novices in the breastfeeding world, they are learning to become comfortable with offering breastfeeding support. During this process, they constantly reference what they see with theoretical knowledge. There is an expectation that "while care remains specific to the individual, the general approach to each situation is based on evidence from the scientific literature or expert consensus" (Heinig, 1999, p. 183). Eventually these novices will move to a higher level of expertise and they will feel more confident in suggesting alternatives to the rules. But will they also focus on the art of breastfeeding?

There has been a tremendous growth of breastfeeding knowledge within the last 15 years and as techniques arise they quickly become the only way of handling the situation. Pessl (1996) suggests that by "creating our own rules, we can absolve ourselves [nurses

and lactation consultants] of any responsibility in breastfeeding outcomes" (p. 271). These rules are shifting the blame of breastfeeding failure to the mother. What has been forgotten is that some of these techniques are ideas that have worked in some cases but are not stand alone suggestions for every case. As an example, consider the issue of nipple shields. There was a period of time of when nurses or lactation consultants who suggested nipple shields were treated with hostility. Nipple shields were considered bad tools and the words were removed from lactation consultants' lists of recommended breastfeeding suggestions. The lactation world has now backtracked to a realization that nipple shields may be appropriate in some situations (Clay, 1996). Denise mentions how "mothers can become confused as nurses change the rules" and implies that it is difficult for mothers to stay caught up with the rules (Transcription note, November 25, 1997). The result is that we have created our own mythology of breastfeeding, myths that continue to confuse new mothers. There needs to be a balance between creating scientific protocols for every breastfeeding situation and delivering care based on the individual mother and infant dyad (Heinig, 1999).

A Glimpse Of The Place

I noticed during subsequent visits with Denise, Ruth, and Linda that they appeared to be at one with breastfeeding. In the beginning, there were the two of them, mother and child working together to learn how to breastfeed. Breastfeeding was no longer a reservation or a struggle, it had become a new way of being. Denise refers to it as a oneness "I am with him, I don't think of it as my own. We are one" (Transcription note, November 25, 1997). The presence of the two of them become intertwined as one, an

overlapping of self.

> D: I think that I am just overwhelmed with how wonderful it is. It has exceeded my expectations. I never dreamed that it would be like this. You just don't realize the type of relationship that you are going to have with your baby. And for somebody who was not a baby person and was sort of on the fence about this whole breastfeeding thing, its like, you know I just love it (Transcription note, March 10, 1998).

When asked about her dreams of breastfeeding, she indicates that she had really only thought about breastfeeding in terms of giving it a try. She never pictured herself becoming a mother who could breastfeed. This conversation about dreams invited me to question whether this is because she did not want to think or live with the possibility of not being a breastfeeding mother. Perhaps it was easier if expectant mothers think 'I will give breastfeeding a try but if it does not work, that is okay'.

Denise relates how the intensity of her breastfeeding experience caught her off guard.

> D: It was funny because I could hear myself thinking that where is this coming from? The person who, never even knew whether to do this or not, you know that I will try it out and if it works, it works and if it doesn't, it doesn't. But boy did that ever change. I treasure the times breastfeeding, it is an indescribable event with Keith (Transcription note, March 10, 1998).

I asked Denise if she recalls how her thinking about breastfeeding changed.

> M: When do you think it changed from sucking on your breast to something else?
>
> D: I don't know. For me, as soon as we established breastfeeding. Because he was mine, so it went from not having a baby and knowing nothing about the relationship, that feeling, that I would have. . . . Definitely, you know, in no time and its something that keeps getting stronger and stronger (Transcription note, March 10, 1998).

Kerry talks about how "she felt as though she was in another world when she breastfed" (cited in Schmied & Barclay, 1999, p. 228). Linda felt that for her breastfeeding had become a way of connecting with her infant:

> L: I would say that we were created to breastfeed and that it is a relationship between your child and you. I mean, it is a closeness between your and you. I do not know how to describe it. Before [prenatally] I did not see much value in it but now I see more value in it [breastfeeding]. Breastfeeding is like a miracle (Transcription note, March 11, 1998).

Schmied and Barclay (1999) found that breastfeeding was a "wonderful experience" for some of their participants[21] (p. 328). Similar to what Denise, Linda, and Ruth were experiencing, it is a feeling or experience that is difficult to put into words. "I don't think that there is a word that does it justice" (Denise, Transcription note, March 10, 1998). There is a sense of not being able to describe the experience because words do not capture the intensity of the experience. "None of these women had been able to imagine or prepare for the embodied nature of breastfeeding" (Schmied & Barclay, 1999, p. 328).

While thinking about images and places, I came across Giorgi's (1987) work on phenomenology and imagination. One of the participants discusses how "I just like gave myself over to the image. It was kind of withdrawing from one world and putting myself into another one, imaginatively" (p. 35). Giorgi discusses how the "acts of putting or trying" can result in imaginary feelings that one's perception of reality can be true (p. 43). He talks about how one can move from a current experience to a past feeling or memory

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[21] In their study of 25 participants, breastfeeding could be described as a wonderful place for 8 of their participants. The other mothers struggled with "the ambiguities and contradictions between the embodied experience of breastfeeding, the pro-breastfeeding discourses of professionals and public rhetoric" (Schmied & Barclay, 1999, p. 329).

or to a future memory or act (1987).

This rang true for me as I recall how Linda shares that when she was struggling with nursing Monica, she visioned that breastfeeding could be better. She constantly reminded herself that if she gave breastfeeding (including Monica and herself time), breastfeeding would improve (Transcription note, February 5, 1998). But something was missing. When Denise describes her feelings around breastfeeding, they were not imaginary. It was a true reality for Denise. The feelings are true but the place is imaginary. I wondered if this place that breastfeeding mothers arrive at, or land in, was similar to what Giorgi was describing. Perhaps a piece of it is that they become so connected to their breastfeeding, so caught up in the experience, that it is almost as if they let themselves go to, or move into, this place.

> *I wonder if the struggle to find the words to describe breastfeeding could be a result of breastfeeding resisting being imaged. Perhaps this is part of the mysteriousness of breastfeeding and this place and it is recognizable only to a few not to all. Part of the struggle may also be related to the everyday language of breastfeeding.*

The Language of Breastfeeding

Our language serves as the medium through which conversation and ultimately understanding occurs. Words and language itself, exist within its own historical context; the meaning of the language can change depending upon the context of the situation. We give meaning to our experiences through our interpretation of the event. In other words, meaning is produced within language (Gadamer, 1989). The physical act of breastfeeding does not change between countries but the interpretation and subsequent meaning of the act can change depending on the context of the event.

Where did the word breastfeeding come from? Is it the most appropriate word? Gabrielle Palmer, an internationally recognized expert on breastfeeding believes that the term breastfeeding does not capture the whole of the experience. "Breastfeeding is really an inadequate word because it is not merely supplying food, it also encompasses bonding and an involvement in an almost magical process" (cited in Baumslag & Michels, 1995, p. xxxi). The original beginnings of the term to breastfeed was the verb "to nurse" (Murray, Bradley, Craigie, & Onions, 1982, p. 234). This verb came into English from a French word *norice* which was a derivative of the Latin word *nutrire* which meant to nourish (Murray et al., 1982). Within North American culture, we have moved away from the imagery and common language usage of breastfeeding as nourishing or nurturing their child. However in Japanese culture, the breastfeeding translation is "are you raising your child on mother's milk"? The term breastfeeding is not commonly used as it is onerous in everyday language and does not convey the essence of the act. Instead the word *oppai* is often used, which literally translates "to drink breast". Within Japanese culture, the cultural meaning is that it conveys a loving meaning for nursing one's child (Personal Communication, N.J. Shennk, Oct 23, 1997). The German word for breastfeeding "*sillen* means to quieten and soothe rather than to give food" (Baumslag & Michels, 1995, p. xxxi).

Within the whole of the word breastfeeding, there is a lack of consensus - one word or two. The appearance of *breast feeding* can convey a subtle impression that breast is one method of feeding. In this usage *feeding* appears to receive the emphasis. The space between the words demonstrates the separation between the act and the product. Is there

also an equivalence that is created with formula feeding? Whereas *breastfeeding* implies an intimate connection between the breast and the feeding. The breast part of the word seems to imply a container or method of nursing and does not carry within it a broader connotation of nurturing the child.

> *I wonder if this is why new mothers will often state that "I am breast-feeding or I am bottle-feeding" as if they are discussing containers and a process rather than the substance.*

Tracing the path of breastfeeding, it is interesting that an illustrative example for the word breast is to "contend with / or face as in prepared to breast the difficulties of the journey" (Tulloch, 1997, p. 173). Perhaps conversations around infant feeding options should move towards breastmilk and formula - the whole of the substance and then move towards the whole of the experience.

Wiessinger (1996) offered a cautionary note as to how breastfeeding is communicated to the public. The lactation consultant says "You have the chance to provide your baby with the best possible start in life, through the special bond of breastfeeding" (Wiessinger, p.1). There is the tendency to refer to breastfeeding as the ideal, perfect milk, optimal food, a special way of being. By creating the illusion that breastmilk is perfect, above optimum, it leaves formula as normal. If however breastmilk is normal, then does formula not become deficient or incomplete as it does not contain the same ingredients as breastmilk? By indicating that breastfeeding creates a special relationship, what does special mean? Special denotes exceptional, rare, unusual, out of the ordinary (Tulloch, 1997, pg. 1489). How many mothers have the time to create a special event, this usually involves creation of extra work. It is not a part of everyday life.

How then should breastfeeding be discussed? Wiessinger (1996) suggests that we reframe how we language and promote breastfeeding. If we language breastfeeding as normal then would formula feeding become "incomplete, insufficient, and inferior (p.1)? I wonder if this would relieve some of the pressures of breastfeeding from mothers?

> *As I reflect on this article I do wonder about the implications of this way of languaging breastfeeding. I think, that for a moment we do need to reflect on mothers who chose to formula feed their child. How would they feel knowing that they are giving their child an incomplete, insufficient, and or inferior food? What would this mean to them particularly during the transition to becoming a new mother? Wiessinger (1996) indicates that the belief that we need to protect formula feeding mothers from feeling guilty is what is holding breastfeeding from becoming truly accepted in society. I sense that we do need to relanguage breastfeeding and find another way of discussing it but I think that we need to be careful and thoughtful about how we proceed in order to meet the needs of all mothers.*

Within the last twenty years, breastfeeding has been portrayed as the optimal food, a means of creating a special relationship with your child. Perhaps the time has come to reposition breastfeeding as normal (Wiessinger, 1996). Maybe breastfeeding is a transitional word until we have another way of expressing the oneness of the experience.

Reconceptualizing Breastfeeding

I noticed that once mothers have become comfortable with breastfeeding, their languaging of the act of breastfeeding may change. I would hear them say, "I am nursing my child" (Journal reflections, March 15, 1998). Denise talks about how she came to a place where she treasured her nursing time with her son and in the telling of the story I became aware of how her language changed as her feelings evolved (Transcription note, March 10, 1998). I wondered to myself, when did the act of breastfeeding become the act of nursing for Denise? During our conversation, we struggled with articulating what was

occurring.

> D: In the beginning, its not quite as strong as it gets and you might still be, you know maybe on the fence.
>
> M: On the fence?
>
> D: Yes, but definitely, you know it is something that just keeps getting stronger and stronger.
>
> M: Can you tell me more about what you are feeling?
>
> D: Yeah, I don't know. There's that part about how breastfeeding them in the beginning is really just feeding and fighting your own tiredness and your own recovery from giving birth and giving to the baby but somewhere, I think it changes but I just don't know where it changes and how it changes (Transcription note, March 10, 1998).

As I reflect on this part of our conversation, I wonder if Denise was unable to speak to the changes because there was not a specific moment where she conceptualized breastfeeding differently. It was more a gradual transition. Wiessinger (1996) talks about how during the transformation from 'I am breastfeeding' to 'I am nursing,' there is a forgetting of the dynamics of breastfeeding and an emphasis on the relationship of breastfeeding. She discusses how

> long-term breastfeeding involves forgetting about the 'breast' and the 'feeding' (and the duration and the interval and the transmission of the right nutrients in the right amount and the difference between nutritive and non-nutritive sucking needs, all of which forms the focus of artificial milk pamphlets) and focuses instead on the relationship (Wiessinger, p. 4).

Bausmlag and Michels (1995) write "nursing is not just about the action of feeding a child with one's breasts, it is about nurturing for mother and child (1995, p. xxi). Bergum (1997) found that

> the most pristine image of nurturance one can think of is a mother nursing her

> child. The mother and child are comfortably meshed together in an experience of mutual participation and interaction (p. 152).

It is interesting that the root of the word nurture means to suckle and flow. A giver and a receiver of the milk (Morris, cited in Bergum, 1997, p. 152). The back and forth motion between mother and child can challenge the notion that the mother is always the giver and the child the receiver.

> While the mother gives her milk to her child, the child takes the milk from the mother. While the suck of the child causes the milk to be produced and flow, it is the presence of the mother that stimulates the action of the infant to suckle. As the baby receives the milk, the mother receives comfort and physical well-being. The image of breastfeeding as nurturance shows giving and receiving as concrete and embodied, interactive and engaged (Bergum, 1997, p. 152).

Perhaps this place should be called the place of nurturance?

A Moment in Time

When talking to mothers about breastfeeding, I noticed a change in the tempo of breastfeeding. In the beginning there was a connection to the clock for Denise, Ruth, Linda, Julie, and Susan. A sense of always thinking about how long it has been since the last feeding, wondering if you should feed him again. At times, they described almost a sense of foreboding, how much time do I have before I have to breastfeed again. A sense that they needed to rest. Ruth discusses how at times it was a mindless act

> R: Sometimes, I felt like, okay, here we go, feed again and no feelings toward it, like okay, baby's on, away we go (Transcription note, March 11, 1998).

But at some point, the tempo changed.

> R: I definitely now try to sit down and relax and enjoy it while I can (Transcription note, March 11, 1998)

Ruth talked about how her earlier struggles seemed to disappear from her mind almost as if "it becomes background and this [place] becomes foreground" (Transcription note, March 11, 1998). The nursing sessions became something to be cherished.

> R: I just feel like sitting and relaxing, we will just do that and it is really nice, like I have never done that before. And I think maybe that's what some mom's think well, that's the treasure part (Transcription note, March 11, 1998).

In thinking about how *time* changes for some mothers, I came across a book about the interconnection between moments and time. Although the book was about images of exemplary nursing care of patients with cancer, I felt a connection to it. Perry (1998) talks about how time can become moments

> Each of us is a collection of significant moments. If life could be distilled down to one hour in time, this hour would include a cluster of significant moments. A moment is that which recurs when needed; it is that recurrence which magnifies the significance. These moments fill our memory banks. They are our resource files, our warm fuzzies, the emotional adhesive that holds us together. They are us (p.10).

For Denise, the time she spends nursing became moments to be cherished. She tries to distinguish the type of time in the sense that she did not feel that she was losing time. Instead it was that she wanted time to slow down, to stop so that she would have more time nursing her son. We have all experienced brief moments that seem to last for hours and as well, brief but everlasting moments which live forever by those who have experienced them. In this place, there was a sense that time slowed and contained a unique meaning for them.

From The Outside Looking In

Denise once mentioned looking at someone else's family and wondering if it would

be the same for you. I think we all do this, I know that I have been doing this as I write this text. I am on the outside looking in on this place of nurturance. Thinking back to the picture that I carried with me throughout this writing, I really feel that this image conveys the essence of this place. There is a sense that nursing really is a miracle, a sense of nurturance connected to this image of mother and child nursing. The peace and tranquillity that nursing can bring to mother and child's lives.

I am also aware that this place only offered a glimpse of its world. As I reflect on this place, a writing by David Abram (1996) came to my mind

> The clay bowl resting on the table in front of me meets my eyes with its curved and grainy surface. Yet I can only see one side of that surface - the other side of the bowl is invisible, hidden by the side that faces me. In order to view that other side, I must pick up the bowl and turn it around in my hands or else walk around the wooden table. Yet, having done so, I can no longer see the first side of the bowl. Surely I know that it still exists; I can even feel the presence of that aspect which the bowl now presents to the lamp on the far side of the table. Yet I myself am simply unable to see the whole bowl all at once.
>
> Moreover, while examining its outer surface I have caught only a glimpse of the smooth and finely glazed inside of the bowl. When I stand up to look down into that interior, which gleams with curved reflections from the skylight overhead, I can no longer see the sunglazed outer surface. This earthen vessel thus reveals aspects of its presence to me only by withholding other aspects of itself for further exploration.
>
> There can be no question of ever totally exhausting the presence of the bowl with my perception; its very existence as a bowl ensures that there are dimensions wholly inaccessible to me - most obviously the patterns hidden between its glazed and unglazed surface. If I break it into pieces, in hopes of discovering these interior pieces or the delicate structure of its molecular dimensions, I will have destroyed its integrity as a bowl; far from coming to know it completely, I will have simply wrecked any possibility of coming to know it further, having traded the relation between myself and the bowl for a relation to a collection of fragments (p.51).

For a brief moment in time, I was honoured to step into this place. Our

conversations helped to illuminate not only the meaning of breastfeeding for Denise, Ruth, Linda, Julie, and Susan but also the meaning of this place. Throughout their breastfeeding experience, their way of talking about breastfeeding changed. This was illuminated through our conversations. There was also a mutual changing of who we are and how we conduct ourselves in the world. By the very nature of our topic and the questions that emerged during the conversations, they gave rise to reflection - moments of quiet contemplation as to what breastfeeding did mean to them. As they struggled to find the words to describe what they were feeling, we shared a sense that our words might not be adequate. That they leave something behind in the telling. It was this realization that helped the mothers to realize that they had changed. They were no longer the same, during their breastfeeding experience, during their struggles to breastfeed, during their transition from the how to space to the art of nursing, during our conversations, and during their learning to become a mother - something had changed. For them, this something may have been the realization that they had become a mother. For me, this something was crystallized in the telling and the describing of this place.

CHAPTER 6: THE GIFT

We shall not cease from exploration
and at the end of our exploring
will be to arrive where we started
and know the place for the first time.
(TS Elliott, 1944)

Illuminating The Place is a gift; a gift to the mothers who have shared their experiences so openly and honestly. But it is not my gift to give as it does not belong to me; it belongs to you and to me and to the readers of the future. As with all gifts, it comes with responsibility. "It realizes itself, then, not just in self-fulfilment but to the extent that others are drawn into a consideration of its broader, deeper, and inner meaning (Smith, 1994, p. 205).

An interpretive inquiry shows a process of what is possible, the possibilities for understanding embedded within the topic. In cultivating this place, we are invited to come to a deeper meaning. Perhaps at this point, a fair question to ask is "How are you? Are you feeling unsettled as you arrive at a realization that our knowledge about a particular topic is never complete? That what can be said is never finished?" As Jardine (1994) says "the whole of one's life is never given to us but always on the way so very often we will find that we are precisely mistaken about our experiences and its place" (p. xxi). We will never have access to all there is to say about this place, about breastfeeding, about what it means to be a breastfeeding mother yesterday, today, and tomorrow.

I started this work with a concern that this topic might be too familiar to everyone, that we knew all there was to see and say about breastfeeding. The familiarity of the topic was my concern. I have attempted to take you to the place where the interaction between

the familiar and the unfamiliar comes to play. Gadamer (1989) speaks of the in-between as the locus of hermeneutics. You and I live amidst and among these dimensions. We live in the possibilities that are created in this space. Hermeneutics is about dwelling here in this interplay where new understanding can emerge. Multiple possibilities can emerge and be offered for consideration. In order for understanding to occur, Gadamer asks "that we remain open to the meaning of the other person and the text" (p. 268). I realize now that the familiar is not always understood and that many times its very familiarity is accepted, leaving one without knowledge of its true nature (Fiumara, 1990). Our understandings about breastfeeding are not complete and each time we have a conversation about breastfeeding a reflecting and a relearning can take place.

Standing At the Window: My Reflections

It is a result of this dwelling, this continual reflection of what it means to breastfeed that I have realized that I have grown and changed throughout this writing. During this writing, I learned how to translate "experiences into expression" (Smith, 1994, p. 109). I wanted to create a text that reflected the conversations that I shared with mothers and offer the journey as I experienced it. In this writing, I have acknowledged my history within the world of breastfeeding. I have remembered events that helped to shape who I am today and how I conduct myself in the world of breastfeeding.

> *As I went back and reread chapters one and two, I relived the vulnerability in my words and revisualized the excavating of my landscape which brought to life this experience. Now as I reread Denise, Ruth, Julie, Linda, and Susan's words, I feel that collectively their words offered insight - an opening allowing a deeper discussion of breastfeeding (Journal entry, July 10, 2000).*

I had expected that throughout this process, I would grow, because when trying to

understand the particulars, there is also a requirement that we contemplate how it is that we understand anything at all. There is a sense of coming to a self understanding, a growth in inner awareness (Gadamer, 1981). Jardine (1994) refers to this as "lovely agonies" and how sometimes "the bad news turns out to be the good news" (p. vii). It can be challenging to reflect on where we have come from, almost overwhelming at times. It certainly might feel that it is bad news. I believe the bad news can be extrapolated from my reflections of my past. When I re-examine my past, there was no intention to not care for the mothers. I think that it was more a lack of awareness about the meaning of breastfeeding to mothers. I wonder if this is similar to how nurses care for post partum mothers, possibly carrying with them a lack of awareness about what it means to be a becoming mother, about what it means to be a mother who breastfeeds, and about what it means to be a mother who formula feeds. I believe that the good news is that this self reflection can be reframed and considered an opening to a new way of conducting oneself in the world. Gadamer (1989) speaks about how one's journey can be conceptualized as a trial from which you can emerge with new understandings or possibilities; a "changed being" (Gadamer, 1981, p. 110). These understandings have helped to guide my thinking as I illuminated the place of nurturance. Denise, Ruth, Julie, Linda, and Susan have also changed as a result of our conversations. Their reflections on our conversations and their ongoing conversations with family and friends helped to highlight breastfeeding in the world. Collectively, they came to a deeper understanding of what it means to breastfeed.

The experiences that they shared with me have been woven throughout this writing. Stories can become the link between the past, present, and the future, revealing

the lived experiences and becoming a moment in time that lives again in the retelling. To be able to present the whole of their stories is beyond the scope of this work, but their words can capture pieces of their stories. Embedded within their stories is the language that they used to communicate the meaning of the experience. Previously, I indicated that I would use questioning and reflecting to further my inquiry of this place of nurturance. I tried to do this by hearing, listening, and asking questions of the mothers, my colleagues, and of the literature. I tried to show the flow between the particulars and the whole during this writing. Although the particulars were unique to each mother and may not be duplicated in other work, there was a sense of familiarity in the whole of their experience. Similarly, I hope that there is a sense of familiarity in the understandings of this place.

In the beginning, I raised the issue that this topic and the questions contained within it were not to be considered as problems that needed to be solved but as a place to reflect upon creating an understanding of what is happening and about understanding what it means to be a breastfeeding mother. In my telling, I have tried to show how the history of breastfeeding affects present day understandings and how mothers' experiences can be fraught with problems as they journey towards this place. I have offered for your consideration the aura of this place. Just as Abram's (1996) writing about the clay bowl reveals the challenges of viewing pottery, my writing reveals the complexities of the topic. I have not been able to offer the whole of the place because in the offering, I might destroy the place. The challenge was at times daunting as I struggled to find the words to create the meaning of this place. I articulated the meaning that this place can hold for mothers and discussed how the temporality of time changes throughout the breastfeeding

experience. I realize that I have only seen glimpses of this place and I think that this is how it should be as I do not belong in this place.

There are moments when I feel that
I have stepped inside your world.
For just a flash
I feel your joy and
I sense what it is like to be part of this place.[22]

I offer an understanding that this place itself is living amidst its own horizon and is a strand in the web of breastfeeding. Illuminating this place conveys something about our lives and about how we conduct ourselves in the world. "To imagine that one would ever attain full illumination is to imagine something impossible" (Gadamer, 1981, p. 108).

I acknowledge that the question "*What does it mean to be a breastfeeding mother?*" is still present. This question is ongoing and will always be in the process of revealing itself to interested parties. Other pieces remain to be considered. Questions around who gets into the place and who does not as well as the conditions under which arrival takes place. These questions were not amenable to hermeneutics. I did not complete a detailed discussion of the infant in the breastfeeding process and the intricacy of becoming a breastfeeding mother while becoming a mother. I also did not provide an overview of the interconnection between femineity, breastfeeding, and women's sexuality. There are multiple, conflicting constructions of the female body and there is a need for further dialogue on this topic. Clearly further exploration would provide light on these topics and perhaps this work can be considered as a place to begin to ask new questions.

Throughout this offering, I have raised questions that have given me cause to stop

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[22] This poem has been adapted from Perry (1998) Stepping Into Your World page 103.

and reflect. They are also a place for future exploration. I wondered about the art of breastfeeding. I wonder if the difficulty breastfeeding has in showing itself is because it has been transformed into structure and technique leaving behind the art and the humanity contained within the act. I questioned the language connected to breastfeeding and how it has become the language of *how to* as opposed to the language of *doing*. I wondered if breastfeeding was the right term and offered nurturance as a new possibility. Reflecting on the path that I have travelled, I wonder if this whole topic of breastfeeding is not interconnected to the difference between *the profound and the design* (Personal Communication, Dr. James Talbot, August 18, 2000). I offer that the design can be visualized as the science of lactation and the profound can be visualized as the art of nursing. Connected between these two dimensions is a way of being for the mother - the design is how breastfeeding works and the profound is how breastfeeding makes you feel.

Implications For Practice

In order to meet Health Canada's recommendation for exclusive breastfeeding for the first six months, breastfeeding needs to become an accepted part of Canadian culture. What is apparent is that initiation rates have improved, but a key factor influencing duration rates is the mothers' breastfeeding experiences within the context of their culture. If society moves forward to a breastfeeding friendly culture, duration rates may improve as mothers have an understanding of breastfeeding experiences; family members support breastfeeding mothers; health care professionals have a knowledge of the meaning of breastfeeding, and current breastfeeding management skills; and local communities support breastfeeding families (Maclean, 1990). I believe that at this time nurses need an

opportunity to reflect on their role in the world of breastfeeding.

I believe that the understandings and the questions generated through this interpretive work can contribute to nursing practice. As nurses, we need to carefully consider the impact that our language of breastfeeding can have on a vulnerable new mother. I am a Lactation Consultant and a Public Health Nurse and still I used the word *fail* in a breastfeeding conversation. I wonder how my unconscious practice of qualifying breastfeeding may impact how mothers are feeling about breastfeeding particularly during their transition to becoming a mother?

> *I believe that I will always carry this question with me. As a result of my new understandings about what it means to be a breastfeeding mother, I believe that in future conversations with mothers, I will offer a new way of being and thinking about breastfeeding.*

The topic of breastfeeding contains many value-laden terms and opportunities for nurses to become the experts of the mother's breastfeeding situation. As a nurse however, I need to ask "Is it in the best interests of the mother for nurses to become the expert"? When the nurse leaves the room or the mother's home, our expertise walks out the door with us. Mothers need to have a "sense of mastery about their lives" which includes breastfeeding and their understanding of infant behaviours (Auerbach, 1994b, p. 224). As Pessl (1996) says "our opinions have great value, but they are only our opinions. If we use our opinion as authority, without qualifying our information, we diminish" the mother's ability to have a sense of mastery of her situation (p. 272). I think that it is important to reflect on whether nurses and lactation consultants contribute to a mother's breastfeeding barriers and her arrival in this place. Do we offer too many rules, too many restrictions

around breastfeeding for her to become comfortable with breastfeeding? Are we guiding her towards having a sense of mastery over her breastfeeding experience or do we try to master the breastfeeding as if it were a problem? Is there another way that nurses can deliver breastfeeding care to mothers?

The relationship between the breastfeeding mother and child can be a reciprocal one, the giving and receiving being interconnected and an integral part of the relationship. Embedded with in the relationship is the nurturance between mother and child. As I reflect on my past experiences working with breastfeeding mothers, I find it interesting how sometimes in the offering an intimate relationship was created between myself and the mother. It seemed as if our relationship had transcended boundaries and we arrived in a safe place. I believe that this safe place is a place of trust and mutual understandings between the mother and the nurse.

The Profession of Nursing has an old and honourable history. There is an interconnection and a shared history between breastfeeding and the Profession of Nursing and to trace their past, we would arrive at the words nourishing and nurture (Tulloch, 1997). Contained within the practice of Nursing is the dimension of nurturing and caring for mothers. I wonder if the Profession of Nursing needs to reflect on the relationships that are created between mother and nurse. Possibly during these reflections, nurses will examine their delivery of care to breastfeeding mothers. Nurses have several unique roles connected to breastfeeding including advocates, educators, and researchers. Embedded within these roles can be a genuine desire to care for the mother and infant. This relationship between the mother and nurse can become integral to the breastfeeding

experience as the mother integrates learning how to breastfeed into her repertoire of skills.

I also reflected on the interconnection between transcending this place and the role of nurses. I sensed that nurses and lactation consultants also try to arrive in this place of nurturance and by this very act can sometimes halt the mother's arrival. I offered a consideration of another way of conducting themselves by facilitating the mother's arrival and reframing their breastfeeding language and questions.

> *I realize that by sharing this work with my colleagues, it is possible that they may become a "changed being" (Gadamer, 1989, p. 110). That the act of reading this work may result in a period of reflection and possibly a reconsideration of how they deliver care and language breastfeeding to women, to new mothers, and to families.*

It is possible that one of the barriers to helping mothers with breastfeeding is time. Nurses often voice that they do not have the time to help mothers with breastfeeding. Mothers reflect that nurses do not genuinely appear to be helping them with breastfeeding. The result can be that mothers are unhappy with their breastfeeding care and nurses feel disconnected, rushed, and possibly frustrated with their delivery of care (Kusmirski & Bunnah, 1999). Perhaps we need to take the time to reflect on how we deliver our breastfeeding care to mothers and infants. As well, to reflect on how the nursing profession supports nurses who are working with breastfeeding mothers; how do we support the telling of these nurses' stories? I present the idea that the time has come to research nurses and their intimate connection to breastfeeding by asking them about their experiences. Allowing them an opportunity to give voice to what it means to be a nurse working with breastfeeding mothers.

This work offers a place to reflect on how our practice impacts mothers and

reciprocally about how the experience of being a breastfeeding mother impacts our nursing practice. We must ask ourselves - are we not responsible to do more for breastfeeding mothers even if the more is simply reading this work and reflecting on its meaning and how we act in this world? As Gadamer says "practice is conducting oneself and acting in solidarity" (1981, p. 87).

As the reader of this thesis, it is my hope that you have come to an understanding of the meaning that this place can hold for breastfeeding mothers. An understanding that the journey they travel can be fraught with difficulties and how once they arrive, time can take on new meaning for them. I am on the outside looking in and I have written these words to offer the possibility that others in the reading may glimpse this place. This writing does not claim to be definitive, the last words on the topic of this place or of breastfeeding, but offers possibilities for understanding and an opening for further conversations.

For my last writing, I offer a gift. A gift of words.

The time so short
The gift so great
While I am young
The milk you make
Will help me grow
So well and strong
Its part of you
How I belong
This gift you give
Will last far longer
Than realized by you.
Anonymous

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APPENDIX A

Certification of Ethics Approval

THE UNIVERSITY OF CALGARY

Faculty of Nursing

November 23, 1997

Maryann Kusmirski (MN Candidate)
Faculty of Nursing
The University of Calgary

Dear Ms. Kusmirski;

RE: ETHICAL APPROVAL - "The Experiences of Brestfeeding Women"

Your master's thesis proposal entitled "The Experiences of Breastfeeding Women" has been reviewed by the Faculty of Nursing subcommittee, Joint Faculties Research Ethics Committee, and approved.

A copy of the thesis report must be submitted to the Faculty of Nursing, Graduate Programs office

Sincerely,

Lorraine Watson

Lorraine A. Watson, RN, PhD
Chair of Faculty of Nursing subcommittee for Joint Faculties Research Ethics Committee,
Associate Professor, and
Associate Dean, Research & Graduate Programs

cc A. Vollman (Supervisor)
N. Shrive (Chair, Joint Faculties Research Ethics Committee)

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4
Telephone (403) 220-6262 Fax (403) 284-4803
World Wide Web: www.ucalgary.ca/UofC/faculties/NURS/

APPENDIX B

Breastfeeding Study Information Sheet

Title of Study: The Experiences of Breastfeeding Women

Researcher: Maryann Kusmirski, R.N., BScN, IBCLC
Graduate Student, Masters of Nursing
University of Calgary
251-2870

I am a student in the Masters of Nursing program at The University of Calgary conducting in-depth interviews with breastfeeding women as part of my thesis requirement. This study has been approved by the University of Calgary and Headwaters Regional Health Authority. The purpose of this study is to explore the experiences of women who are breastfeeding. This project will help increase knowledge and understanding about the breastfeeding experience.

I am seeking breastfeeding mothers to be a part of this project. If you: a) are a first time mom, b) have been breastfeeding your baby for four to eight weeks (breastmilk only or a combination of breastmilk and formula), c) live in the Region of Headwaters d) are able to meet and share your experiences with me, and d) speak and understand English, you qualify to participate. Please consider volunteering.

If you are interested in participating, please inform your public health nurse. Your name and phone number will be forwarded to me and I will call you to answer any questions and to set up a time to meet. I anticipate that we will meet up to four times to discuss your breastfeeding experience. The meetings will be arranged at a time and location convenient to you. I will be pleased to come to your home if this is best for you. The length of the meetings will be determined jointly during our conversation and your need to take care of the baby will not be a problem during our meetings.

If you agree to participate, you may still withdraw from the study at any time. Your responses, our discussions, and my transcription of the discussions will be used in the project report. Your name will not be recorded and will be kept confidential. Participation will not influence any services you receive from Headwaters Regional Health Authority.

You may not directly benefit from this project except for the fact that the sharing of information will increase nursing knowledge about the experience of breastfeeding. Health care professionals will benefit from an understanding of what women need in order to enjoy their breastfeeding experience.

If you have any questions or would like further information, please feel free to contact me at any time. You may also contact my thesis supervisor Dr. Ardene Vollman at 220-8053 or Lora Hindman, Public Health Nurse, Headwaters Health Services at 938-4911.
Thank you for your consideration.

Sincerely,

Maryann Kusmirski, RN, BScN, MN (graduate student)

APPENDIX C

Breastfeeding Research Project Consent Form

Research Project Title: The Experience of Breastfeeding

Investigators: Maryann Kusmirski RN, IBCLC, MN (candidate), Dr. Ardene Vollman, RN, PhD (Nursing Professor)

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Please take the time to read this form carefully and to understand any accompanying information.

The purpose of this study is to generate understanding about the experience of breastfeeding. I hope that by increasing our understanding of the breastfeeding experience health professionals can implement services and programs that meet the needs of breastfeeding families.

If you agree to participate, I will arrange to meet with you at a mutually agreed upon time and location. Each interview will take 60 to 90 minutes and we can stop anytime that you need to in order to care for your baby. I anticipate that there may as many as four visits over a three month time span. I will be asking you to share your reflections related to your breastfeeding experience. Throughout our conversation, I may ask questions to ensure that I am understanding what you have told me. Our conversations will be audiotaped to ensure that all of your reflections are captured. At any time during the conversation you are free to stop the recording. I will then transcribe our conversations using a code name to obscure any identification information. Your name will remain completely confidential and known only to me and my thesis supervisor, Dr. Ardene Vollman. All consent forms, coded names, audio-tapes, and transcriptions will be kept in a locked facility when not in use. The data will be kept for a period of five years and then destroyed.

This research is part of my Master of Nursing requirements under the supervision of Dr. Vollman, RN, PhD. When the results of the research are summarized and reported, no names will be used and the location of Headwaters Region will be kept confidential. The findings will be presented as themes from women's experiences with breastfeeding. No costs will be incurred by you as a result of this study nor will there be any financial reward for your participation.

Your signature on this form indicates that your have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Maryann Kusmirski at 251-2870

If you have any questions concerning your participation in this project, you may also contact the Office of the Vice-President (Research) and ask for Karen McDermid, 220-3381 or contact my supervisor, Dr. Ardene Vollman, 220-8053.

_____	_____	_____	_____
Signature of Participant	Date	Investigator	Date

A copy of this consent form has been given to you to keep for your records and reference.