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Best for Baby:

Women's Reflections on Breastfeeding and the Return to Paid Work

by

Monica Crumrine

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Abstract

This thesis is an exploratory study of breastfeeding women regarding their experiences of the balance of motherhood and paid work. This research involved thirty in-depth interviews with breastfeeding women. Their accounts are used to highlight two of the contradictions mothers face. The first contradiction is the paradox of the opposing images of the sexual and maternal breast. The personal effects of this paradox for the mothers and its broader implications for breastfeeding women in general are discussed. The second contradiction around which the research is organized is the conflict of motherhood and paid work. The mothers' levels of internalization of breastfeeding ideologies are linked to their thoughts concerning their return to paid work. By integrating an analysis of the empirical data with the literature related to each of these contradictions, breastfeeding is used as a lens to illuminate the broader social issues confronting women.

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Chapter One: Introduction

The pressures for women to balance both motherhood and paid work have never been stronger. We are bombarded with popular culture images of women who have extremely successful careers yet are also, apparently, devoted mothers. Examples such as Faith Hill, Shania Twain, Celine Dion and even Madonna exemplify the ideal of having a productive professional life and time for a family. Media representations of superwomen who manage their time so effectively that they can participate in all aspects of their children's lives while climbing the corporate ladder create an unrealistic standard for working mothers. If women fall short of these idealistic images, magazines such as Redbook offer advice on how to incorporate work and family more efficiently. A recent article made these promises:

Leave at 5 P.M. sharp. Bring the kids to the dentist without taking a sick day. Catch the class play during work hours. You'll lose your job? Not if you follow the cheater's guide to the fast track! (Redbook June 17, 2001)

But just combining work and motherhood is not enough. Women are also pressured to mother in a certain way. For example parenting advice manuals frame mothers as naturally selfless, putting their children's needs first. Motherhood is constructed as all-encompassing and intensive. Ideological images of motherhood as a profound life-altering experience, as presented in the media and parenting manuals, often overshadow the difficulties of parenthood. One mother's story illustrates the influence of these kinds of normative assumptions regarding motherhood.

Two-month-old Ryan was finally napping. It had taken hours to soothe his cries and his mother, Raychel Cohen, was on the brink. She hadn't strung together more than two hours of sleep at a stretch since his birth, and she was feeling

overwhelmed, angry and incompetent. "I felt guilty for thinking so negatively because I love Ryan with my heart and soul," says the New York city artist. Cohen went to her bedroom crying, afraid her hyperventilating would wake the baby. She almost ignored the ringing phone, silently cursing another intrusion. It was a colleague asking how things were going. In a composed voice she said, "great. He's a joy. Best thing I ever did." (Maushart, September, 1999)

Combine these kinds of images of motherhood with the demands of the work world and many women face expectations they cannot fulfill. This issue is especially salient in Canada where working mothers are more common today than ever before. In 1999, 69% of all women with children less than age 16 living at home were part of the employed workforce, up from 39% in 1976 (Statistics Canada, 2000: 100). Social pressure for women to participate and be successful in the paid work arena does not fit with images of the devoted, child-focused mother.

The practice of breastfeeding brings these pressures into sharp focus.

Breastfeeding is an important element of devoted and child-centered mothering because it is advocated by medical authorities to be the best way to feed babies. Thus feeding babies in any other way puts a mother's devotion to her baby in question. Nursing one's baby is also romanticized and considered the ultimate bond between mother and child.

Paradoxically, however, breastfeeding for many women is difficult. For mothers who are in full-time paid employment, it is even more of a challenge. Breastfeeding literally and figuratively attaches mother and child. This inter-dependent relationship between mothers and their babies is considered out of place in most public arenas, especially the workplace. Breastfeeding is more easily done at home. But as I have just noted most mothers do not stay home but rather return to the paid labour force. Working mothers

must construct strategies in order to balance conflicts of work and family, especially if they are planning to continue breastfeeding.

This balance of the contradictions of breastfeeding, motherhood and paid work is the central focus of my research. Breastfeeding highlights the tensions of work and motherhood and “provides a wonderful lens magnifying the cracks and fractures in our construction of the twentieth century mother” (Blum, 1993:291). In 2001, it provides the same lens for the twenty-first century mother.

This thesis explores the experiences of thirty women who were breastfeeding for the first time and had worked full time up until they had their babies. I felt this was a crucial period in which they would be deciding on their return to paid work. Interviewing allowed me to explore the women’s experiences of breastfeeding, of motherhood and paid work, and their reflections on the tensions, joys and challenges in their lives as breastfeeding mothers.

Best for Baby

Even though the women discussed many reasons why they chose to breastfeed, in general the most important reason was because they felt it was best for their babies. Again the cultural images arose of mothers as self-sacrificing, giving whatever they could of themselves to their babies. The women explained that their babies were their first priority and thus they would do whatever was in their babies’ best interests. There is an extensive body of literature which emphasizes breastfeeding as the best way to feed babies which probably informed most of the mothers’ decisions to nurse. I have divided this literature

into three categories: material for medical professionals, material related to breastfeeding cross-culturally, and breastfeeding advice materials.

Materials for Medical Professionals

There is a tremendous amount of medical research in existence which supports the immunological benefits of breastfeeding for babies (for example Labbock, 1985; Short, 1985) and even the physical benefits for the mother such as reduced risk of breast cancer (Neville and Neifert, 1983). I centered my review of this literature on the materials which were directed at medical professionals because this seemed most relevant to the experiences of the women with whom I spoke. They had probably experienced the advice provided in these materials through the recommendations of their doctors or nurses.

Much of this literature advised medical professionals on the importance of breastfeeding for babies and discussed strategies to aid women with the difficulties they may experience with nursing. Concerns regarding the introduction of solid food within a baby's diet were addressed, as well as other issues such as supplementation of breastmilk with formula (Armstrong, Latner and Sage, 1977; Health Canada, 1986). Nutritional aspects such as the amount of breastmilk taken in and babies' growth rates were also discussed in these materials (British Columbia Ministry of Health, 1977; Neville and Neifert, 1983).

Physical descriptions of the breast and how to position babies when breastfeeding were also common themes (Neville and Neifert, 1983). Some of the materials I found were directed specifically at midwives because advice to mothers about breastfeeding is an integral feature of midwifery. The only additional advice I found in the materials directed

to midwives was a focus upon practices which would encourage mothers to breastfeed, and an emphasis upon prolonged professional care for mothers in the first few weeks after they had given birth. This was advocated in order to assess the mother's success with nursing (Henschel and Inch, 1996). Although these materials all stressed the benefits of breastfeeding many also included sections on alternative infant feeding strategies.

Breastfeeding in a Cross-Cultural and Global Context

Another category of the literature places breastfeeding within a global or cross-cultural context. This literature outlines the controversies related to the benefits of breastfeeding versus bottle feeding (Van Esterik, 1989). Cross-cultural studies of breastfeeding and infant mortality rates are used to promote nursing. Emphasized within most of this literature is the importance of breastfeeding in areas of poverty where inadequate water purification systems lead to contamination of formula. However in many Third World countries bottle-feeding is a symbol of social status.

A common theme in the advocacy literature on the infant feeding controversy is that bottle feeding and use of breastmilk substitutes have acquired meaning beyond functional value and have become status symbols in the process of westernization and modernization in third world countries. (Van Esterik, 1989:155)

Strategies to increase breastfeeding rates in Third World countries are also a central theme within this literature (Hull and Simpson 1985).¹

¹

Other important cross-cultural studies of breastfeeding are those of Stuart-Macadam and Dettwyler (1995) and Maher (1992). Stuart-Macadam and Dettwyler's contributions relate to the differing levels of emphasis placed on the biological and cultural aspects of breastfeeding cross-culturally whereas Maher's insights center upon the gender and

Breastfeeding Advice Literature

The focus of the parenting advice literature was on informing mothers on how to correctly breastfeed their babies (Eiger and Olds, 1999; Huggins, 1999; Lambert-Lagace, 1992; Graham, 1993; Moody, Britten and Hogg, 1996). Tips and tricks on positioning and other techniques constituted much of this material. The benefits of breastmilk were emphasized in all of the breastfeeding manuals I reviewed. Mothers were encouraged to continue to breastfeed even when they encountered physical or emotional difficulties. However these difficulties were presented as “temporary roadblocks” which mothers could easily overcome (Woessner, Lauwers and Bernard 1991:75). Most of the breastfeeding manuals included sections on how to involve partners in breastfeeding. Ways in which to gauge whether mothers are breastfeeding correctly, such as baby’s gaining or losing weight, appeared in most of the manuals. Recommendations regarding mother’s diet and nutrition were also a common theme in these materials. Some of the breastfeeding manuals (Eiger and Olds, 1999; Woessner, Lauwers and Bernard, 1991; Graham, 1993) addressed the issues breastfeeding mothers could confront at work. Tips on how to pump breastmilk discreetly and where to pump at work were the major focus of the manuals on this topic. Also included in some of the parenting advice literature I reviewed were strategies on how to travel with breastfeeding babies (Huggins, 1999:155). These examples provide a brief overview of the mechanical, child-centered orientation of the material presented in the manuals. Most of the manuals did not go into depth regarding the feelings or experiences of the breastfeeding women themselves.

sexuality issues surrounding breastfeeding in non-western areas.

La Leche League Literature

The breastfeeding advice book which did focus on mothers' experiences specifically was the La Leche League publication *The Womanly Art of Breastfeeding*. La Leche League is an international support group for breastfeeding mothers. While the chief emphasis is upon the benefits of breastfeeding for babies, La Leche League emphasizes breastfeeding as a fulfilling experience for women. *The Womanly Art of Breastfeeding* couches nursing in very romantic terms, describing it as "special journey" (1991:6) for mothers. Mothers are encouraged to focus on breastfeeding as a special time for mother and baby and are steered towards an intensive family-oriented style of parenthood.

Best for Mother?

Not all scholars are so persuaded regarding the benefits of breastfeeding for mothers, however. The common concern among feminist scholars is how this method of infant feeding impacts women in terms of their social position. Recognizing the generally subordinate relationship of women compared to men, this literature highlights the place of breastfeeding in a patriarchal social order. On the one hand, breastfeeding can be liberating for women in that it allows women to make autonomous decisions regarding their bodies. But breastfeeding is also seen to disadvantage women. Breastfeeding restricts women both physically and socially. From the feminist literature on breastfeeding, the writers who are most central to my analysis are Blum (1993), Carter (1995), Wall (1999) and Maclean (1990). All discuss the broader implications of breastfeeding for women, from the perspective of the mothers themselves.

Maclean (1990) studied the implications of breastfeeding for Canadian women. For example she discussed the physical and emotional difficulties of the women she interviewed, especially when breastfeeding in public, and also described the anguish they experienced because of these difficulties. She found that many of them were disillusioned with their experiences of breastfeeding as their idealized images did not match their everyday realities. Maclean's study documents experiences of breastfeeding mothers; she also contributes a useful acknowledgment of the social forces and personal factors which affected them.

One of the contributions of Wall's (1999) research is her deconstruction of the images of breastfeeding mothers as presented in Canadian health education material. Her most important discussion in terms of my research treats the cultural constructions of motherhood and the ways in which breastfeeding fits into these constructions. Wall highlights passages in Canadian health literature which encourage mothers to breastfeed because it is the most natural and best way to feed their babies. She argues that because breastfeeding is embedded within ideologies of good parenting it has become the only choice for "moral" mothers.

Another important insight for my research comes from British sociologist Carter's (1995) consideration of how sexuality complicates the experiences of breastfeeding mothers. Carter's analysis of how the dimension of sexuality is embedded within the contradiction of paid work and motherhood is fundamental to a deeper understanding of breastfeeding women's experiences. Carter also places an emphasis on women's bodies and uses breastfeeding as a substantive example of how women's bodies are controlled

through patriarchal social relations. Because breastfeeding is deemed to be an activity which is out of place in the public arena women are required to confine their mothering to private spaces. Carter illustrates the consequences which emerge from this public/private division through the accounts of women who experienced difficulties breastfeeding in public.

My analysis also draws on Blum's (1993) research on the experiences of breastfeeding mothers in the United States. Blum analyzes ideologies relating to breastfeeding; she also uses ideologies of the capitalist workplace to point out the contradictions mothers face. A central insight for my study comes from Blum's discussion of women's bodies. She argues that women's bodies, especially those of nursing mothers, are out of place in a work world which values workers who are physically and emotionally autonomous and independent. Blum expands her theorizing to motherhood in general and explains how breastfeeding can be used as a tool to deconstruct idealized images of mothers.

Even though I have only briefly highlighted the insights of these feminist scholars here, I apply their arguments and expand upon them in my analysis and discussion. In particular two themes emerge from the feminist literature, which provide the focus and organizational framework for this thesis. Carter outlines the first theme: the paradox of sexuality and motherhood. I explore this paradox through the women's experiences of the conflicts related to images of the sexual and maternal breast. Blum highlights the second, but not unrelated, theme: the tensions between paid work and breastfeeding. I apply Blum's arguments on using breastfeeding as a tool through which the broader social

contradictions of motherhood and paid work can be magnified.

The contribution of this thesis is to bring together these two themes, which are in effect two paradoxes confronting breastfeeding mothers. By integrating an analysis of my interview material with the literature linked to each of the contradictions I demonstrate, as Blum suggests, the way breastfeeding can serve as a lens to illuminate broader social issues confronting women as mothers and as workers.

I outline the processes I used to recruit and interview the mothers in chapter two. This chapter contains details of my research design, methodology and analysis. Chapter three focuses on the women's embodied experiences of breastfeeding. It also discusses their experiences of coping with the first of the paradoxes, that of the sexual/maternal breast. Chapter four examines the second contradiction: the conflicts of motherhood and paid work particularly related to breastfeeding. Chapter five includes further reflection on the findings presented in Chapters three and four. Also in this chapter are recommendations for further research.

Chapter Two: Methodology

This research involves breastfeeding mothers who had all participated in the paid labour force up until they had their babies. When I embarked on the project, I was interested in the ways they coped with the contradictions of paid work, breastfeeding and motherhood. More specifically I was interested in how they weighed up and drew on ideologies of motherhood in their talk about breastfeeding, and about returning to paid work. Because I was interested in the women's own interpretations of their experiences, the most appropriate method was a semi-structured interview, in which key themes identified in the literature could be addressed, but which was open enough to allow the women's concerns and interests to emerge.

Perspective

The approach I utilized for my research most closely relates to what Palys (1997) defines as critical realism. Proponents of critical realism argue that we cannot study individuals' experiences of their everyday lives without an acknowledgment of the process by which they construct their experiences through their personal perceptions (1997:60). "Like the constructionists, critical realists acknowledge that 'reality' is indeed constructed and negotiated, but they also assert that reality is not completely negotiable, i.e., all explanations are not equally viable" (1997:412). Thus although I recognize that the women's stories are constructions arising from our interactions I have assumed that at least some of what they said reflects their lives with their breastfeeding babies and that some of the issues they raise may be shared.

I acknowledge that the women's interpretations of their experiences may be affected by events which have occurred outside our interviews. The stories they chose to tell me might have been different depending on, for example, the kind of night they had had before the interview or if their baby was sick or well. The stories they told me, furthermore, may not have been those they would share with another interviewer. Who I am affected the stories the women chose to tell me. Since I am a particular type of person, the women, because of their own background and biases, chose specific versions of their experiences to convey to me. Thus the data, the women's stories I collected, are a product of the interaction between us and our perceptions of each other.

However I do not feel that the versions the mothers chose to tell me were fabricated out of nothing. Through looking at the women's stories collectively it became possible to identify similarities and differences in the versions they chose to tell me. The main focus of my research was interpretive in the sense that I was interested in understanding the meanings the women attached to their experiences. However my perspective was also realist in that I assumed their stories linked in some way to a "reality" that others would recognize and in some cases might share. The women's stories varied; I am not claiming that there is one common "reality" of breastfeeding experiences, but there may be common elements. My interviews with the women are stories which I have utilized as data for my analysis. These data cannot be used to outline what breastfeeding and mothering are like for all breastfeeding mothers but they can shed light on how some women experience and make sense of these aspects of their lives. "Research cannot provide the mirror reflections of the social world that positivists strive for, but it

may provide access to the meanings people attribute to their experiences and their social worlds" (Miller and Glassner, 1997:100).

My research perspective is also feminist and critical, in the sense that I recognize that women as a group are disadvantaged in our society. I am aware of gender inequalities and I acknowledge that the women's stories are affected by their experiences of being women in a patriarchal society. Also the assumptions I am bringing to this research are feminist. For example I assume that the workplace, because of patriarchal social relations, is problematic for women, especially breastfeeding mothers. Women experience unique pressures to balance work and motherhood and these experiences are subjective as women's experiences are diverse.

The Sample

Stipulations

One of my stipulations was that the mothers had to have worked in the paid work force until they had their babies or until they could not physically work any longer because of their pregnancy. I originally thought I would limit my sample to women who were on some sort of paid maternity leave. But because of the discrepancies in length and type of maternity benefits I also included women who had just completed their paid maternity leave and also mothers who had decided to stay home full time. I altered this stipulation because before I began interviewing I had assumed that most breastfeeding mothers would only be concerned about balancing work and nursing for the first year after they gave birth. I was under the impression that most mothers only breastfed for a

year on the advice of the medical authorities. I was surprised to find that many of the mothers I spoke with breastfed for over a year, long after their maternity benefits had terminated. Many of these mothers were still experiencing the pressures to participate in the paid labour force as well as those to stay at home. I also spoke with a few mothers who were back at work and attempting to breastfeed and work.

I began my interviews intending only to speak to first-time mothers who were nursing their children, as I was interested in women's first experiences with balancing work and family. Although this stipulation seemed uncomplicated in the beginning I found I needed to reassess it after I began interviewing. I met a woman who was not a first-time mother but who was a first-time breastfeeding mother: she had adopted her first two children and was breastfeeding her third. Thus I included her as she was experiencing nursing for the first time. I also included another mother who had adopted her first child, gave birth to her second and was tandem nursing both children. Finally I also included two second-time breastfeeding mothers. I included the second-time mothers on the condition that they would refer only to their experiences as first-time mothers. In total I interviewed twenty-eight first-time breastfeeding women and two second-time breastfeeding mothers.

I was interested in studying the experiences of younger and older women so I did not exclude any women based on their age.

Recruitment

My search for breastfeeding women began with La Leche League, an international

support group for breastfeeding mothers. With its strong focus on the benefits of breastfeeding La Leche League became a useful resource in locating breastfeeding mothers. I attended La Leche League meetings in north and south Calgary and Airdrie and recruited participants from three of the groups I visited. The first was an evening group in the north-west. One of the leaders at this meeting suggested I also recruit from a morning La Leche League group in order to obtain a more diverse sample as many of the mothers in the evening groups worked in the paid labor force. On her advice I also recruited from a morning group in south Calgary.

Many of the La Leche League mothers I spoke with explained that the women who attended this group tended to mother in a certain way and use similar parenting styles. In order to obtain more variation in my sample I also used other recruitment sites. I placed recruitment posters in two children's and maternity clothing stores, a local breastfeeding clinic, a hospital breastfeeding clinic, and the health care clinics run by the Calgary Regional Health Authority. I also placed an advertisement in a daily Calgary newspaper, and found one other participant through my personal network. Only the health clinics exercised any gatekeeping. Although I was somewhat discouraged with the number of employees with whom I was required to speak in order to place my posters in the health clinics, I eventually obtained permission to place my posters in all of the sixteen Calgary area health clinics. I had a tremendous response rate to my posters and could have doubled my sample size if time had permitted.

In total, I recruited six mothers from the north-west La Leche League group, five mothers from the south-west morning La Leche League group and one mother from the

south-west evening La Leche League group. Five mothers contacted me through the poster in a children's and maternity wear consignment store and ten women were recruited from the posters in the various health clinics. I also obtained one interviewee from each of the following sources: a personal contact, the newspaper advertisement and a referral from another interviewee.

I attempted to obtain interviews from all quadrants of the city of Calgary but most of the women who participated in my study lived in the north-west. Specifically sixteen women resided in the north-west, six were in the south-west, and there were four in each of the north-east and south-east quadrants. The four quadrants differ in terms of the socio-economic status of the individuals who live in them. According to research from the City of Calgary the lowest income area, or the quadrant with the largest amount of individuals receiving Support for Independence, is the north-east followed by the south-east. In Calgary social assistance is provided to low income individuals through a program called Supports for Independence or SFI (City of Calgary 1996). The north-west has very few communities with a large percentage of individuals receiving SFI while the south-west has the lowest number of individuals receiving this funding. Even though this information regarding individuals receiving SFI is not a specific indicator of the socio-economic status of each quadrant in Calgary this was the only statistic available to me which sheds light upon the wealth differences between quadrants. However this information reinforces my suspicion that the northwest is comprised of individuals who would be considered middle to upper class in socio-economic status.

The Women

In total I interviewed thirty breastfeeding mothers. Their ages ranged from twenty-two to forty-two years old at the time of the interview. The average age was 32. The babies' ages also varied. The youngest breastfeeding baby was four months old and the oldest was forty-two months old (three and a half years) at the time of the interview. The average age for the babies was 15 months.

All of the women I interviewed had some post-secondary education. Two mothers held master's degrees and ten of the mothers held bachelor's degrees at the time of the interview. Seven mothers had obtained diplomas from community colleges and six had taken some courses at this level. Three of the mothers held registered nursing diplomas, one held a doctor of naturopathic medicine degree and one held a law degree.

As I pointed out earlier most of my interviewees lived in the north-west which mainly consists of middle-class households. Also all of the mothers had at least some post-secondary education. The women were also similar in terms of their racial backgrounds. All of the mothers except for one, who was Japanese-Canadian, were Caucasian, as am I. The mother who was Japanese-Canadian did not discuss how her racial background influenced her, and I did not include it in the context of the interview. Thus racial differences were not touched on in this research.

The lack of diversity among my sample may be partially attributed to the recruitment strategies I utilized. The mothers who participated in my study were volunteers. Most of the women were home full time and therefore had the luxury of some extra time to talk to me. More likely though, this homogeneity reflects the demographic

profile of breastfeeding women in other studies. Blum (1993) argues that breastfeeding mothers are mainly a homogeneous group of white, middle-class, women who have at least some post-secondary education. She asserts that breastfeeding is not a viable option for many groups of women such as low income mothers or mothers who work full time (1993:299).

Procedures

Sixteen of the mothers who participated in my study (fifteen who responded to the posters and one to the newspaper advertisement) contacted me directly by telephone and we set up an interview right away. I contacted the twelve women I recruited from La Leche League by telephone and they all agreed to participate in my study. I also telephoned the one mother I knew of through a personal contact and the other recommended by another participant and set up interviews with both of them. I gave all of the mothers three choices of location, either my office or home or their home. All of the mothers felt it was most convenient for them to conduct the interviews in their homes. And as it turned out all of the babies were present at the time of the interview. Each interview lasted between one and two hours and each was audio-taped.

Preparing the Interview Guide

Before I constructed my interview schedule I did some observation and informal interviewing in the field. As noted earlier I attended several La Leche League meetings. In order to attend these monthly meetings I contacted the facilitator of the meeting and

discussed my intent to attend the meeting. The leaders were very supportive of my study and very open to having observers attend their meetings. Meetings occurred once a month in different quadrants of the city in the mornings and evenings. Meetings were held at community halls, churches and members' homes.

As I entered the meetings I introduced myself to the leaders who were easy to find as everyone is required to wear name tags. I had spoken to the leaders on the phone before I attended the meetings and the leaders knew who I was right away; I stood out because I did not have a baby and I was not pregnant. The leaders at every meeting made me feel very comfortable to participate fully. The meetings began with everyone introducing themselves and their babies. Most of the mothers stated their babies' names and ages. The leader would then facilitate the meetings which would start with a lecture taken from a four-part series informing mothers about issues or concerns related to breastfeeding. The group was then encouraged to discuss the lecture and comment on it. This was followed by a question and answer period. Questions were answered by the leaders but also by experienced mothers who felt they could provide some helpful input. At the end of every meeting I was permitted to discuss my study and make an announcement requesting potential recruits. After every meeting there was a snack and a social time for mothers. At this point many mothers came up to me and I engaged in many one-on-one conversations with them regarding breastfeeding and mothering in general. After every meeting I wrote notes on how the meeting went, my feelings on the experience of attending the meeting and what I learned. Discussions at the La Leche League meetings gave me a better insight into issues breastfeeding mothers face and also

simply provided me with the correct vocabulary to use when conversing with breastfeeding mothers.

I then began to construct my interview schedule (Appendix A). I outlined some of the questions and issues that were brought up by the La Leche League mothers, and also included questions derived from current literature regarding breastfeeding and mothering. As I wrote each question I noted what I wanted to focus on by querying the mothers on that issue. I also wrote notes after each interview. I would note any new breastfeeding concerns or vocabulary I had learned. For example tandem nursing was a new concept for me until an interviewee taught me about it. After the first few interviews I could converse with the mothers more successfully as I knew more about breastfeeding in general.

Section one of the interview schedule (demographic questions) focused purely on the demographic characteristics of the mothers with whom I spoke. In order to make comparisons with other mothers, I was interested in recording the mother's age (1a), the baby's age (1b) and the mother's level of education (1c). After the first two or three interviews I clarified the question, "level of education", with "high school and or any post-secondary education" as all of the mothers I interviewed had completed high school and had some post-secondary education.

The questions in section two of the interview schedule (work-related questions) related directly to the mothers' work histories. One of the stipulations of participating in my study was that the mother had to have worked up until she had her baby. Therefore my first work-related question queried the mothers regarding their previous occupation and what it entailed (2a). I was interested in how intensely mothers described their work

days so I asked them to generally expand on their previous positions and what their days were like at work (2b). I asked mothers how long they had worked at their previous jobs (2c) and queried them about their maternity leaves (2d).

Section three of the interview schedule (breastfeeding questions) centered around the mothers' experiences of breastfeeding. I was interested in how long mothers planned to breastfeed (3a) and if they were going to practise mother- or baby-led weaning. If their babies had already started to wean we discussed how this affected them emotionally (3d). I asked mothers to discuss how they felt about their experiences with breastfeeding (3b). We also discussed problems they were having with breastfeeding (3c). I thought it would be important to look at the level of support for breastfeeding by the mothers' family members and spouses so I asked a question directly related to that subject (3e).

Section 4 moved into discussion related to the balancing of work and family . I thought the transition from paid work to full-time mothering might be difficult for the mothers so I asked them specifically how they were finding being at home (4a). As I was interested in how breastfeeding affected mothers' ideas on paid work we discussed what their plans were in terms of their return to work (4b) and if this decision had been affected by breastfeeding (4c,4d,4e)

In the last section of the interview guide (motherhood questions) I was attempting to guide the mothers into discussion regarding their feelings related to motherhood and how breastfeeding enhanced or affected these feelings (5b). I was encouraging the women to tell me, someone who has never had children, how they felt about being a mother (5a). I asked mothers if breastfeeding had affected their parenting style (5c). Mothers often did

not understand what I was asking so after my third interview I added another question in which I asked mothers if they ever used breastfeeding as a tool (5e), for example if they had ever used breastfeeding to pacify their baby. This metaphor became quite useful in clarifying question (5c) but was also interesting in itself as many mothers commented that it was a nice way to think about breastfeeding. The mothers and I discussed breastfeeding and mother exclusivity which was a subject which produced strong reactions (5d). By mother exclusivity I mean the degree to which the mothers felt they were the only person who could calm or care for their baby. My aim in the final two questions was to assess mothers' personal feelings on their experiences with breastfeeding (5f,5g).

I altered my interview schedule only in that I added the question I mentioned. I did not remove any questions and I covered all the topics on my interview schedule in every interview. However our interviews were not as formal as the interview guide may suggest. The mothers and I took part in informal, fluid talk regarding their experiences. We engaged in conversations and I used the interview guide to steer these discussions. If we covered an area in the course of our conversation I had wanted to discuss I would not ask my specific question related to that area. I did go back to questions to clarify responses if I felt it was necessary. Many of the questions I asked were open-ended and led into lengthy discussions.

Originally I had intended to transcribe each audio-taped interview to a computer file immediately after each interview. Because I transcribed each tape verbatim, as I did not know at that point which part of the conversation I would use later, and since I wanted to interview all of the mothers who contacted me, I did not transcribe each tape

immediately after each interview. However, although I did not transcribe the audio-tapes exactly when I had planned I was able to return to the interviews and reflect and become reacquainted with the mothers and their faces as I listened to each tape.

Ethical Considerations and the Location of the Researcher

Before I began interviewing I was required by the university to gain ethics approval from the sociology department ethics committee. In order to apply for ethics approval I was required to complete an application outlining my research goals and aims, the subjects considered, my recruitment strategies and a copy of my informed consent form (Appendix B). I also documented the procedures I would use in the interests of confidentiality and interviewee anonymity. In December 1999 I was granted ethics clearance to begin the research. Interviewing took place from January 16, 2000 until April 14, 2000.

Approaching my research as a feminist had ethical implications beyond those addressed in the ethics review. For example I was very conscious of the atmosphere of the interview. I did not want the interviewees to perceive me as the expert. It was important to me to establish relationships in which the interviewees and I regarded each other as equals. This is consistent with the feminist ethic of commitment and egalitarianism between researcher and interviewee (Reinharz, 1992:27). With this in mind, it is important to specify my own location in the interview process.

Unlike the mothers I have never had any children or been married. At the time of the interviews I had not had much experience with young children or babies. Thus before

I began this research I had little knowledge of the experience of breastfeeding. In this sense I was an "outsider," although the women with whom I spoke did not seem to distrust or misunderstand me. This could have been a consequence of studying a group with which I did not share membership (Miller and Glassner, 1997). Some of the mothers acted as teachers to me, informing me about the physical aspects of breastfeeding. All of the mothers had some post-secondary education and therefore did not feel intimidated by my educational background. Some were surprised at my age since they assumed I would be older. However, all of the mothers were very enthusiastic and open to discuss their experiences.

I do feel my gender played a significant part in the way our conversations played out. I felt that because I am a woman I could understand the mothers and their issues easily. I was familiar with some of the concerns the women were discussing. I felt that in order for the mothers' experiences to be accurately understood a woman needed to conduct this research. Such a situation represents woman-to-woman talk, which Dale Spender and others have shown is different from talk in mixed sex groups. When women talk with each other they discuss categories which reflect what women do (such as domestic duties) as opposed to areas which relate to men's activities. Much of what the mothers and I discussed is not typical of academic discourse or derived from the social sciences because these areas have been defined in relations to men's activities and experiences (Reinharz, 1992:23). For example the women and I talked about their everyday routine and the domestic duties they completed during the day. I would also argue that because I am a woman the mothers felt that they could trust me and that I was

attentive to their stories. "A woman listening with care and caution enables another woman to develop ideas, construct meaning, and use words that say what she means" (Reinharz, 1992:24).

From our discussions I was able to get a sense of the women outside of their experiences with breastfeeding. Many of the interviews were casual enough that our conversations strayed away from just the questions I had come prepared to ask. I wanted to put the mothers' stories in a context and think of them more as rounded individuals. Thus I wanted to put them at ease from the beginning of the interview. In order to do this I used a strategy which other feminists who interview women have used. I began every interview with specific questions such as the mother's age and age of her baby. These kinds of questions function as "ice-breakers" which allowed the women to relax and talk about themselves.

All the questions asked invited respondents to disclose information which was very well known to them, thus putting them at ease, and convincing them that the interview had relevance to them as individuals. (Reinharz citing Yeandle, 1992:25)

It was also very important to me to make the mothers feel comfortable enough to discuss their experiences in an open-ended format although I did have specific areas I wanted to cover which I had found to be significant in the literature. A semi-structured interview style allowed me to guide the mothers in our discussions to areas in which I was interested but also allowed them to tell their stories in their own words. They could also discuss the concerns and the issues which were most significant to them. Semi-structured interviewing allowed me to structure the interview somewhat but also

permitted the mothers to be fluid with their stories. On many occasions the mothers felt comfortable enough to ask me questions also. We discussed my personal background, including my age and education. Many of them wondered about my interest in breastfeeding and how I became involved in this research project.

Data Analysis

I organized my interview schedule around some issues and themes which I intended to use in my analysis. The major themes I had designated were experiences with breastfeeding, motherhood and work. I isolated the material relating to these themes and then coded more specifically for issues under these main themes. However other concerns arose which were common to most of the mothers and which I had not originated. For example many of the mothers emphasized the unexpected physical difficulties which they experienced due to breastfeeding and explained how these struggles affected them emotionally. Sexuality and breastfeeding was not an area I had included in my interview guide but, for the women, it was so intertwined with the issues I had intended to discuss that it arose in many of our conversations. Because it became apparent that the sexual and maternal paradox was a crucial element in understanding the women's experiences I returned to the literature, particularly (as noted earlier) Carter's (1995) analysis. I also re-examined my transcripts and included it as one of the major themes I coded for.

In other words, some of the themes which arose most often were related to the specific areas I had intended to discuss with the women. These I coded in accord with content analysis, but with a focus on illuminating the range of responses rather than on

establishing frequencies of particular responses. But, as I have just noted, other themes also emerged because of the open-ended nature of the interview.

Judging the Quality of the Research

Because of the nature of my research as interpretive, conventional measures of reliability and validity are inappropriate. These measures are associated with a positivist perspective which emphasizes that one truth exists for the subject of study. For example a positivist studying breastfeeding women would argue that there is one reality which all nursing mothers experience and the intent would be to uncover this "truth". If the research is done according to positivist methodology then other researchers could replicate the interviews and find the same results. "If differing studies, employing the same methodology, discover the same thing, then faith in the account as a true one is enhanced" (Seale, 1999:41). Measures of reliability and replicability are appropriate for positivist research. Measures of validity, generally, assess the level to which a researcher is studying the phenomenon he or she set out to study. In other words "validity in field research is the confidence placed in a researcher's analysis and data as accurately representing the social world in the field" (Neuman, 1997:369). Thus if a positivist researcher is confident in his or her study's validity, that he or she is measuring what they set out to study, causal laws or "truths" regarding the social phenomenon of inquiry may be established.

It becomes very apparent that my research does not fit with traditional measures of quality. My intent was to explore the differing experiences or "realities" of breastfeeding

mothers. I was not interested in making causal propositions, regarding breastfeeding and women's decisions to return to work, or in generalizing my findings. My focus, as I explained earlier, was on shedding light on the differing meanings women attach to their experiences. I also recognized the interaction between the women and myself and acknowledged how it affected our conversations. Another researcher may not "discover" all of the same findings as I did because he or she would have experienced different interaction with the mothers, and because the circumstances which existed for the mothers before and during the interviews would be different.²

It is still important to produce explanations and analysis that are convincing to others. Although positivist criteria are not suitable some writers, such as Seale (1999) and Mason (1997), have suggested ways in which to demonstrate that findings are trustworthy and plausible. In order to ensure that my data generation and analysis are appropriate I have focused on the interviewee as the expert. I wanted the women to express their thoughts and feelings openly without feeling intimidated. This provided the women with the opportunity to structure their own responses in a more intimate atmosphere. Within the interviews I provided the women with adequate time to reflect and elaborate upon their comments so as not to limit the breadth of their accounts. The time spent attending La Leche League meetings provided additional background and insight in understanding the women's stories regarding their experiences. I have documented all of the steps I took

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I do not mean to suggest, however, that another interviewer, asking the same general questions, would evoke totally different responses. Clearly there would be some common ground.

within the process of recruiting and interviewing the women to make it possible for others to review my methods (Mason 1997:150). Ideally I would have requested that the women review my analysis and verify my interpretations but time constraints did not permit this. What I have done, however, is make extensive use of the women's own words to support the claims I am making (Mason, 1997:15).

My analysis begins in the next chapter with a focus on breastfeeding as an embodied activity which shapes the daily life of nursing mothers. This discussion leads to an exploration of the first of the two contradictions with which breastfeeding mothers must contend — the tension between the sexual and maternal breast.

Chapter Three: Daily Life, Breastfeeding and Sexuality

The support for various forms of infant feeding and mothering has changed throughout the last century. During the early part of the century, according to Arnup (1994), much of the advice regarding infant feeding offered to new mothers arose from the advent of mass circulation of magazines and newspapers and the growth of government child-welfare departments. Arnup argues that this advice literature shaped women's experiences of motherhood. Mothering advice manuals covered all aspects of mothering from toilet training to infant feeding. During the first decade of the twentieth century infant mortality rates had become a concern for Canadian politicians. Thus breastfeeding, in the early 1900s, was promoted as there were no means of refrigerating or pasteurizing milk or sterilization of equipment used for bottle feeding. During this period breastfeeding was the safest method of infant feeding.

Women were to be taught the value of nursing and to encouraged to set aside anything—be it work in the paid labor force or other family responsibilities—that interfered with that enterprise. (Arnup, 1994:23)

This thinking prevailed from the 1920s to the 1950s. Breastfeeding became part of mothering and the practice of "moral" mothers. Arnup cites Dr. John McCullough, a famous pediatrician and advice literature author from the 1940s, who wrote, "In most cases where the mother fails to nurse her baby, she is lazy or indifferent" (1994:98).

The 1950s, however, marked a change in attitudes. Arnup notes that "despite proclamations on the value of breast-feeding, manuals increasingly included sufficient information to enable women to select the option of bottle-feeding" (1994:101). Bottle-feeding came to be considered more scientific than breastfeeding because it was possible

to measure amounts of formula and sterilize feeding bottles. Bottle-feeding was also promoted by hospital staff as a supplement to breastmilk. It enabled fathers to become more involved in the care of their newborns. And it also fit better with the more general childcare philosophies of the 1950s which included strict scheduling and routinization of babies' activities.

Wall (1999) examines more recent parenting advice manuals. She notes that in Canada since around the 1960s advice literature regarding infant feeding has shifted again towards breastfeeding. In parenting manuals today breastfeeding remains in favour and is also advocated by medical authorities. Wall explains that constructions of motherhood in the advice literature are connected to descriptions of breastmilk as nature's perfect food. She highlights these descriptions which appeared in a 1990 Health Canada pamphlet:

'Nature has given every woman a wonderful way to care for her new baby,' 'the only perfect food.' Women are urged to 'have confidence in nature and in (themselves)' and be assured that they will always have enough milk and that it will always be of perfect quality... (Wall, 1999:4).

Thus breastmilk is portrayed by government health authorities to be the best form of food for babies. In Wall's words it is considered to be "essentially, and unquestionably, pure and good" (1999:4).

Other imagery presented in health materials and parenting advice manuals relates to mothers themselves. Wall found that within these materials there is "an implication that breastfeeding is natural for women and that women, as a universal category, have the inherent capacity to breastfeed." Wall notes that in Health Canada's posters (1994; 1996) women are advised on the ease of breastfeeding:

'It's the natural thing to do,' and in an Alberta Health pamphlet (1997, 6) 'almost all women can breastfeed'. (1999:4)

Wall connects these constructions of breastfeeding to concepts of maternal love and natural motherhood. Breastfeeding is described in parenting manuals as a way of bonding with one's child or connecting in a way that no one else can. When constructed in this light nursing one's baby becomes the only morally appropriate choice for mothers.

Wall identifies these sentiments in Alberta Health materials (1996):

To choose otherwise is to risk your baby's health and to place your commitment to good motherhood in question. If 'breastfeeding is a special gift you can give your baby,' it is an irrational or selfish mother who would withhold it. (Wall, 1999:12)

The concept of breastfeeding as the practice of "moral" mothers is also taken up by Blum (1993). She identifies this child-focused mother characterization within La Leche League materials. "The league's interpretation of breastfeeding...emphasizes the embodied experience of mother and baby and their mutual need for this physical, intimate form of nurture...The league explicitly offers a 'philosophy of mothering' unfolding from breastfeeding and the assumption of the child's intense dependence" (1993:303).

But Wall notes that the characterizations of breastfeeding as natural, simple and enjoyable can be problematic for women who have serious difficulties. She cites Maclean (1990) who found that unexpected difficulties which did not fit with women's preconceived ideas of motherhood often led them to feel as though they had "failed as mothers in a fundamental way" (Wall, 1999:6). Many of the women in my study found that their experiences of breastfeeding did not always conform to the discourse presented

in parenting advice literature. The next section illustrates how these popular images are connected with the women's everyday experiences.

Breastfeeding and Everyday Life

Difficulties often arose for the mothers when their experiences of staying at home with a breastfeeding baby did not fit the images they associated with motherhood. Many of their stories began with perceptions of what they thought life would be like at home after they had their babies and how "reality" was very different. Many described trying times with new babies in great detail. The following scenes shed light on what a day is like in the life of a new mother.

I was so used to being on the go. I'm not the kind of person who likes to sit. I mean it just drove me crazy when she was born! I was nursing and I couldn't get the supper made and I couldn't do laundry.... Sometimes I would be in tears when Andrew [her husband] got home because I didn't get anything done. I'd still be in my housecoat or whatever.... It wasn't that I didn't want to spend the time with Kelly [her daughter] but it was very hard not getting anything done. Sort of feeling like you didn't accomplish anything. And some days not even getting out of my housecoat, not even having a shower. It was really a shock to the system.... It was hard at first but then I got used to it once I started going out of the house a bit... At first I had to spread my errands out. It's so funny I still remember saying, OK, today I'm just going to go and get one thing and make the day around that.... I'd spread errands out so I'd have enough to fill up my week.... It was like I would just go to a different mall every day. If she fell asleep in the van I would just bring a book and read while she slept. I never wanted to wake her up. [Margo]³

The nurse that I had when Jessica [her daughter] delivered helped me put Jessica on [the breast] shortly after she was born. She didn't really nurse, she kind of nuzzled a little bit and cuddled close. But after that she was with me and I, totally

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I have replaced the women's names with pseudonyms. Any other identifying material has been removed or changed.

by accident, every time her mouth was open and she was crying I would just breastfeed because I didn't know what else to do. I just started feeding her and it worked really well because what I found was that Jessica didn't cry very much as a baby. She had a fussy period at night though. Jessica does what they call cluster feeding. She would kind of feed a little bit throughout the day and then in the evening she would just like feed non-stop from about seven to about nine and then she would go to bed about eleven. And then she would sleep through the night. She slept through the night at four weeks! She was really good and a lot of that was just because she would stock up for the night. [Rebecca]

Shelby, Melissa and Wanda realized their first days at home full time with their babies were difficult when their partners would return home from work to find them in distress. Shelby discussed scenes from her first days with her newborn.

I thought it was like it was the next step in our relationship, with my husband and myself, to have a child. I've always loved children and I thought having a child would make our relationship so wonderful. Then after having a child I realized things were different! It is wonderful to have that bond and to realize that you've created a life. Someone who's totally dependent on you. But he was colicky for the first three months and Jim [her husband] coming home and the baby would be crying. Like a husband would like to come home at least once or twice to a happy wife! And I'm like, he's crying and I can't stop it! I just needed ten minutes alone!.... The first two weeks weren't easy because you're sleep deprived. And I would breastfeed and pump and try and sleep when he sleeps. But he wouldn't fall asleep very easily so it was a hard first three months. It wasn't as wonderful as it would have been if you were to ask my girlfriend who had the best baby who slept eight or ten hours from the get-go. He would sleep only half an hour or fifteen minutes so you're very sleep deprived in the beginning. But I was just in love! You're just in love. I think it's a very big learning experience and, well, it will be for the rest of our lives.

Wanda depicted a memorable scene from one of her more trying days:

When he was five weeks old we got to go out for our first meal. You know first meal out, I was so excited. I love Vietnamese food and it's not that expensive so we thought this would be perfect. So we planned to go right at his nap. His evening nap was at six-thirty to seven-thirty. He'd go to sleep in the car just like that so you know at six o'clock we put him in the car and we drove around until he went to sleep. He's in his little carriage so I picked him up and took him into the restaurant. We just had a wonderful meal. It was great! He slept the whole time. He woke up just as I was taking the last bite. It was just wonderful. I nursed

him and he was thrilled to sit there on my lap. So we sat there and talked for a while and stuff and then we went home. Well, at about nine o'clock that night, a couple hours later, he started screaming. And he screamed for hours I swear. It was horrible. Just screaming and I knew it was because of what I had eaten. It was just so obvious and I'm pretty sure now through the process of elimination that it was the MSG.... He just screamed and screamed and screamed. He just doubled up his little legs and oh I felt so bad. I poisoned my child! Finally at about midnight I just said to Tim [her partner] this is it, go to the drugstore and get something. I don't care what it is but don't come home without something! I called my midwife and she said gripe water, which did the trick.

These descriptions of everyday life paint a picture of breastfeeding that is less positive than the advice literature suggests. There were certainly peaceful, blissful moments but they were interspersed with many stressful ones. Two key themes which emerged in the women's stories were *emotional* and *physical* concerns.

The *emotional* issues which arose most often were feelings of isolation and loss of control due to a lack of schedule. Many of the women explained that breastfeeding their babies, especially in the first few months after they were born, meant that their entire days were focused upon their babies. Most of the women felt it was almost impossible to get out of the house. This led to feelings of isolation and confinement for many. Jen described her feelings and the strategies she used to cope with them:

You're so exhausted all the time, you want to get out. You don't want to be in this exhausting place where someone is constantly attached to you. So we're signed up for swimming lessons for him. They have little ducklings class so he's going to be in that. Then there's a reading program at the library once a week for babies so we're going to go do that. And our moms' group meets every Wednesday so we have that as well. I try to get out and keep busy.

Some of the women described their feelings of resentment for their loss of control

over their schedules. Teri explained that before she had her son she kept herself quite busy during the days. Having her son changed her attitudes towards routines and completion of tasks. She explained her typical day and her frustrations with scheduling:

I like to have dinner at this time in the evening and you get into your routine and it's like, no, I'm [her baby] going to sleep now. Even now we did swimming classes and we'd have to do this and that after swimming class and it just wears him out. So much we'd have to put that off until the afternoon. You become very flexible with your schedule which is nice but it can still be kind of tough to get used to.

Charlene described her schedule during the first few months after her baby was born. She also found it to be an adjustment.

It [breastfeeding] limits your life and that was a huge milestone for me. I would have to schedule my life around it. I'd plan to go to friends' houses that didn't mind if we laid down on their bed to nurse because he would only nurse if we would lay down. So I had to orient my life around a forty-five minute trip. I would go about forty-five minutes to an hour without a nurse. So I would have to orient where I was going. Like I would go and get groceries and then come home, lay down, and have a nurse. Then I would have a bite to eat, pack him up again, get in the car, and go to the mall. Like I could never go to the mall and get groceries and do all the things I needed to do. I had to separate it into several trips which was very frustrating!

Emotional stress often arose from the generalized *physical* demands of caring for a newborn. The women explained that simply taking care of another person twenty-four hours a day often became trying. Lynn summarized the physical demands of daily life for new mothers:

Not so much emotional [strain] just physical. Just the physical hours you put into mothering. The physical hours that you are up and on your feet. Like I carried her for eighteen hours a day.

Other concerns were more specific to breastfeeding, and were often linked to their earlier understanding of nursing as a very natural activity. For many of the women the

physical pain that they experienced when nursing was upsetting and shocking because it did not fit with their ideas of how breastfeeding was supposed to be.

Physical problems ranged from sore nipples to very serious infections caused by clogged milk ducts. Carmen gave a good summation of what it was like for the women to breastfeed with less serious problems such as cracked or damaged nipples. "My nipple was cracked and every time he went on it was like.... just shoot me and get it over with. And then once he got on it was OK."

Much of the physical pain the women experienced was due to difficulties relating to latching the baby onto the nipple correctly or getting the baby in the right position to nurse. Latching and positioning were specific processes that could not be taken for granted. Size and shape of the mothers' nipples sometimes made latching on for babies quite difficult. Most women found learning how to position and to latch to be a frustrating experience. Cynthia described her feelings on learning how to nurse:

I would have thought that it was something just natural that just happens and it certainly wasn't. I found that apart from the pain I didn't get the coordination. It seems that I would just have had to be an octopus just to make it work, you know! One hand for me, one hand for his head, and one hand for his back!

Milk supply was an important issue for many women. Having too much or too little milk often made nursing difficult. Some women were required to take medication to increase their milk supply. Too much milk meant mothers soaked themselves and their babies with breastmilk when nursing. It could also cause engorgement. Engorgement occurred for many if their baby was not nursing on a schedule or slept longer than usual

one night. Breasts become full of milk which makes them quite hard and tender. This is often a very painful experience for mothers as Nancy explained.

It's four in the morning and I'm sitting in the bath tub. I'm so engorged and I'm trying to siphon off one side and my husband's trying to siphon off the other. We managed to get it so I could sleep. I'd go to sleep hugging a frozen bag of corn and the next morning my husband went out and got me a pump.

For many of the women their physical and emotional difficulties were disillusioning. Most found, at the very least, that their experiences did not match their preconceived ideas about breastfeeding. But most also explained that breastfeeding became easier with time. They used words like "persevered", or "endured" to explain how they dealt with these problems.

This section clearly indicates the extent to which breastfeeding is an embodied activity, with powerful implications for how the women physically got through the day. Adjustments to the new functions of their breasts, and to the embodied demands of breastfeeding more generally, are taken up in the next section.

Breastfeeding as Embodied Activity

It is important to recognize the centrality of the body and its significance in social interaction to better understand the women's experience of negotiating breastfeeding and mothering. Breasts in particular have a social significance that is traceable through their relationship to femininity. Young (1998) points out that women are constantly being evaluated by the size and shape of their breasts. She states that "breasts are the daily visible and tangible signifier of womanliness" (1998:125). Carter (1995) discusses

potential contradictions related to the symbolism or significance of breasts. "Having the 'right' shape and size of breasts is a metaphor for being the right sort of woman. Too small and you're a frump, too big and you're a tart" (1995:149). These understandings become especially salient for women struggling to come to terms with a physical body changed by pregnancy, childbirth and lactation, and by breasts that are "signifying their womanliness" in a new way. In the following sections, I turn first to general questions of this body adjustment and then to specific considerations of breastfeeding in public.

Body Changes due to Breastfeeding

As noted earlier, a common issue, upon which the women placed a great deal of emphasis, was the physical pain that accompanied breastfeeding. Yet other themes relating to their bodies also arose. Often the bodily changes they experienced due to breastfeeding affected them emotionally. Weight loss and gain as related to breastfeeding arose as a common theme. The women experienced new feelings related to their altered bodies. For example they found the new size and functions of their breasts to be a difficult adjustment. They were quite explicit about how they felt they had been socially influenced and how this affected their feelings related to their bodies.

Weight

Weight loss was a very important issue for the women. For many it was critical that they lost the weight they had gained during pregnancy in order to stay physically attractive to their husbands. Those who lost weight and regained their pre-pregnancy body

expressed very positive feelings. Gwen lost the most amount of weight from breastfeeding her daughter. She commented: "The first couple of weeks I lost quite a lot of it [the weight] right away... The first couple of weeks it just seemed to, a good twenty-eight pounds, boom just fell right off."

The women who could not take off the weight were often troubled by their bodily changes. They explained that because they were breastfeeding they needed to consume extra calories in order to maintain their energy levels and thus could not drop body weight. Tiffany explained:

You need the fat to help produce the milk. Even my doctor told me, you know because I was whining and snivelling that I can't get back into my size eight clothes, "You're just going to have to wait."

Tiffany's experiences are consistent with those of the women who participated in Maclean's 1990 study. They also struggled with their body changes, specifically the weight gain they experienced due to breastfeeding. Maclean noted that "some of the women hated the new shape of their body and [even] referred to it with disgust" (Maclean, 1990:208).

Breast Changes

A common concern, related to the physical changes which occurred because of breastfeeding, was the limitations that these physical changes caused. Teri explained her struggles:

I went up two bra sizes because of nursing. Everybody was like, it will go down. You'll decrease as you cut back on your nursing. Well, I haven't gone down any since I've cut back on nursing. So I'll probably get my breasts reduced, because I

don't feel comfortable the size that I am... You've got to buy large shirts or extra large shirts! It's just like this isn't fun... I used to work out and, you know, you can't do aerobics in the same way anymore... [I]t's a tough change on your body.

Megan was also emotionally affected by bodily changes due to breastfeeding. She experienced engorgement of her breasts and found that the new form of her breasts affected her relations with her husband.

I think my husband found it hard because he's not as touchy as he used to be. You know sometimes they can be so engorged especially first thing in the morning. But it's funny because we've gone out a few times for an evening, and like we were at my girlfriend's wedding just a couple of weeks ago... I was wearing just a black dress that didn't really show cleavage or anything but I could just feel my breasts over the course of the night just growing. I was even saying to my girlfriend, I can just see my cleavage getting bigger. I mean not having big breasts before, you know, just kind of normal, it's like, oh, hey, a cup size bigger. That's not so bad!

Megan's comments point to a paradox. Nursing is making breasts more sexually attractive but this sexuality is connected to motherhood. The implications for Megan and the other women, of managing this paradox and related contradictions will be explored in later sections.

Breastfeeding in Public

Emotional struggles regarding the new functions of their bodies were due to the women's need to view their bodies, and particularly their breasts, in a new way. These struggles brought to the fore the manner in which breastfeeding bodies should be presented in public.

Comfort Levels

In public, breastfeeding had to be carefully managed. For some women, breastfeeding in front of others was appropriate only if breasts and babies were fully covered by a blanket. For others as long as their nipple was not exposed they were comfortable to proceed. Some of the women did not even attempt to nurse in public as a consequence of their fears of embarrassment and censure. However others felt that by doing it they were educating others or promoting nursing. These women explained that their baby's needs came first and the "moral" objections of others to their public display were ignored. Most of the women seemed to fit somewhere in between the two extremes. They did not receive negative reactions to public breastfeeding, but neither did they go out of their way to test public reaction. Gretchen's comments summarized these women's feelings nicely. "I had no bad experiences. I just feel more comfortable doing it at home or at somebody's house."

Valerie was one of those who was uncomfortable with nursing in public. Her awareness of the reactions of others was so acute that she would seek out washrooms and other private areas where she could be alone with her baby. Valerie and other women who had difficulty breastfeeding in public often described their experiences in terms of defeat or disappointment. These women often commented that they wished they were able to breastfeed in public because they felt in some sense things would be easier for other women if it were more commonplace. These feelings relate to Maclean's (1990) findings that encountering difficulties with breastfeeding, especially in public situations, isolates women, often producing feelings of failure in terms of their mothering (1990:115).

Tiffany, by contrast, held very strong opinions regarding breastfeeding in public and was also one of the mothers who was most comfortable with it.

I just pull up my shirt and pull it back down... [I]f somebody's uncomfortable they're going to have to leave, you know, or don't look, because I have every right to nurse my baby in public if I need to. If somebody doesn't like it I say too bad so sad!

Women like Tiffany seemed to have become completely centered around their baby's needs, and were able to disregard the disapproval of others.

Reactions of Others

The reactions of others to breastfeeding in public arose as a common theme. The most extreme case I heard was during a La Leche League meeting where a young woman described her experience of nursing in a family restaurant. When she proceeded to nurse her hungry baby, who was only a few months old at the time, a middle-aged man at another table "fingered" her. Lesley described the "dirty looks" she received from an elderly woman who disapproved of her breastfeeding in a restaurant. However she said her baby's needs were more important than the reactions of others. Some of the women frequently used washrooms to feed their babies whereas others, like Lesley, were upset at the thought of it. "Some people look a little uncomfortable but I say deal with it, it's a baby! If I was feeding my baby a bottle you wouldn't feel uncomfortable so I don't know what the big deal is."

Megan also described a particular situation where breastfeeding in public got a reaction. She discussed her feelings as she nursed her baby on an airplane.

The hardest was when we were flying out to Kingston... We got on the plane and I said, OK, I'll go for the window seat so we'll have a little more privacy. Well we get on the plane and who comes to sit beside us but like this twenty-year-old guy... I'm sure he's thinking, oh, great a baby. And then it's like we're getting ready to take off and she's breastfeeding. I kind of felt bad but you know I had the blanket on. But he's just squirming and he didn't even want to look more than, you know, towards the front!

Others' perceptions of the female breast as sexual, as the women's previous comments illustrate, create difficulties for breastfeeding mothers in terms of nursing in public. However sexualization of the breast was also problematic for the women in relation to their constructions of their identities both as mothers and as sexual beings. Their previous perceptions of their physical bodies and breasts were related to their images of sexuality. Many of the women explained how they had thought of their breasts as symbols of physical attractiveness. On the other hand after the birth of their babies and their experiences with breastfeeding these perceptions became not only more complex but also more conflicted. I will explore these issues in the next section.

Breastfeeding and Sexuality

The process of becoming mothers transformed the women's perceptions of themselves. The decision to become *breastfeeding* mothers brought another set of tensions as they more directly confronted the conflicting dimensions of sexuality and motherhood. These conflicts are manifested as the difficulties the women experienced regarding their body changes due to breastfeeding and their experiences of breastfeeding in front of others. In part these difficulties are related to perceptions of the breast as sexual. Maclean (1990) discusses these conflicts:

At the same time that women are struggling to accept their bodies as they are, they are discovering, if they venture to breast feed publicly, that there is a social antipathy to their bodies as well. At a time when women's breasts are freely displayed on the front pages of local newspapers it is unacceptable to discreetly expose one's breasts to feed an infant. It is more acceptable to feed in toilets than in public places. (1990:208)

Carter (1995) explains that breastfeeding mothers must manage the image they present to others, especially men. She observes that women are expected to keep their breasts and bodies attractive to others even when they become mothers and are using their bodies for entirely different purposes such as breastfeeding.

[B]reasts are specially involved as a site of both visual and tactile pleasure for men and nurturance for babies, with all the potential contradictions which this brings. Breasts provide a bodily focus for the policing of women through the dichotomizing discourse of the whore and the Madonna. (1995:154)

Sterns (1999) highlights Carter's contentions and argues that the sexualized breast is problematic for breastfeeding mothers.

The good maternal body is not commonly believed to be simultaneously sexual, despite the obvious facts of human reproduction... The sexual aspects of women and the maternal aspects of women are expected to be independent of each other. Thus, breastfeeding raises questions about the appropriate uses of women's bodies, for sexual or nurturing purposes. (1999:309)

These contrasting images of women's breasts as sexual and maternal have widespread implications for women's negotiations within social settings. Sexualized images of the breast, as the women's previous comments illustrate, create difficulties for breastfeeding mothers in terms of nursing in public. However sexualization of the breast was also problematic for the women in relation to their perceptions of themselves both as mothers and as sexual beings. This tension was a central issue for them.

Coping with the Contradiction

The women coped with the conflicting images of their breasts as sexual and as maternal through the management of their perceptions of their bodies. They varied in terms of these perceptions and how affected they were by the conflict. For example Charlene attempted to lessen the conflict by focusing on the mothering aspects of her breasts. So did Hilary, who commented: "Your breasts become anything but sexual. I pull up my shirt to breastfeed anywhere but I wouldn't if I wasn't breastfeeding."

Jen's comments focused upon the *balance* of the images of the maternal and sexual breast. She found this balance problematic because she was influenced by the social distinction of breasts as either sexual or nourishing but never as both. Managing this dichotomy was a challenge. "Switching back and forth, there's a dual role there. That's not what they're [breasts] there for anymore [sexuality]. It's tough to get used to that dual role."

Alison's comments showed more discomfort:

And you think to yourself, this is like having a bad lover and you really don't want to think of your daughter like that. You know we have so much stigma about sexual abuse and what's right for you to think about your children and affection and stuff. Because I've never had those feelings towards other children before, you know. I'm not a pedophile!

The problem Jen and Alison identify is a polarized discourse, with no middle ground for breastfeeding as both maternal and sensually, if not sexually pleasurable in its own right. Tabatha however, came closer to the middle ground. She was able to blur the distinction between breasts as sexual or as nourishing through her acceptance of the enjoyment she received from the sensations she felt when breastfeeding her daughter. I

asked her how she balanced images of breasts as sexual and as nourishing while breastfeeding. She responded, "Well, I've been OK with that. It just feels kind of nice."

Partners

In her research Carter found that—in popular parenting manuals from as early as the 1930s to as late as the 1990s—breastfeeding is described as a baby's right; breasts and breastmilk become solely baby's territory (1996:105-106). Territorial claims to women's breasts produce additional complications for breastfeeding mothers as they confronted competing claims from partners. The women with whom I spoke discussed their negotiation of their breasts as their babies' territory or their partners'. But none stated their own personal claim. For example many of the women spoke of their partners' orientations to their new identity as mothers. Jen explained that "the transition was hard for my husband because he had to share them [her breasts]. At first you can't do anything but feed or milk will overflow and that bothered him a bit."

Other women were influenced by the idea that their breasts belonged to their baby, and were quite protective of them on that account. For example Gwen commented:

I always knew that's what they were there for [breastfeeding] but when somebody comes near them it's like, they're the baby's now. I feel like they belong more to him now than to my husband.

Both Cynthia's and Melissa's relationships with their partners were affected by the new function of their breasts. At the time Melissa and I spoke she had not been able to resume a "sex life" with her husband. Cynthia commented: "For the first three months I wanted nothing to touch me. Stay away! They were so painful."

The polarized discourse, identified earlier, of breasts as sexual or as maternal, with little in the way of a middle ground, lends itself to a similarly polarized view of ownership. For example if breasts are maternal they must “belong” to the baby. If breasts are sexual they “belong” to partners. The difficulties the mothers experienced were related to constructions of women’s breasts in relation to meeting the needs of babies and partners. Their personal rights to their own breasts or their personal meanings connected to their breasts were not mentioned. This lack of identification of personal ownership of their breasts points to larger issues surrounding women’s bodies. For the women with whom I spoke, their bodies had become the property of their husbands and babies. Patriarchal control over women’s bodies was re-enforced through everyday interaction.

Socially, breastfeeding women are controlled through the appropriate and inappropriate places in which they can nurse their babies. As I have illustrated in this section, through descriptions of breastfeeding in public, the women were keenly aware of how, when and where they should breastfeed. Although cloaked in rituals of modesty, the policing or control of the women by restrictions placed upon their bodies was apparent. Thus the women were restricted in relation to how they felt they should present their bodies to others. Forcing women to hide the act of nursing their babies restricts motherhood to the home or private world. By placing mothers in the private sphere the act of breastfeeding becomes another means through which women are controlled. The implications for breastfeeding mothers contemplating a return to paid work are especially significant, as the next section indicates.

Sexuality and Paid Work

Carter develops the previous argument that women's bodies are managed through discursive practices concerning modesty and emphasizes how these practices are linked to the division of the public and private spheres (1995:113). This division has important consequences for breastfeeding mothers. Women must conceal their maternal, breastfeeding bodies especially in public. "That a woman should breast-feed at work or in public is a violation of cultural categories, of the deep-seated taboos which sustain a power structure" (1995:113). Therefore a discussion of the separation of public and private worlds and the assumption that women belong in the private is crucial to understanding breastfeeding mothers' experiences at work. Carter asserts that the division of public and private spheres is integral to the maintenance of patriarchy (1995:106).

Gender hierarchies are created through discourse which suggest that these separations are real, possible and desirable. Women's bodies, which signify sexuality, are controlled within all kinds of space, most often through an expectation that they will control themselves through appropriate behavior and presentation. (1995:199)

Carter argues that much of the space we classify as public, such as paid work organizations, are areas which condone masculinity and in which women historically have been considered out of place. Women therefore become problematic in the "public space" of work organizations when attention is drawn to their gender, as any physical manifestation of motherhood automatically does. Appropriate presentation of the body becomes crucial to women's integration in the workplace. So the dilemmas confronting breastfeeding mothers are obvious. Carter links this argument to a discussion of women's sexuality within public space. Women, she contends, are expected to present sexuality in

public only when it signals heterosexual availability. They must avoid it when it is connected with reproduction (1995:121). Other theorists, such as Acker, suggest similar arguments regarding sexuality and paid work. Acker states that at work “women’s bodies, sexuality, and procreative abilities are grounds for exclusion and objectification. On the other hand, men’s sexuality dominates most workplaces and reinforces their organizational power” (1992:254) Thus, as Carter argues, breastfeeding has come to be seen as an activity “which should be conducted in private, both in terms of time as well as place” (1995:116). Women are relegated to the private sphere because

... those parts of the public world which are most significant in political and economic terms have most apparent distance from the worlds of nature, bodies and sex. Foucault’s work has revealed the paradoxical nature of this apparent absence of sex in that, in many institutions, an assumed lack of sexuality is accompanied by a preoccupation with it.... Hence women’s very absence from many workplaces and other parts of the ‘public world’ served to reinforce them as sexual beings. (1995:118)

These assumptions regarding the inappropriateness of women in the workplace directly relate to early theories of organizations which assumed the absence of sexuality. The most commonly cited of these organizational theories in sociology which I refer to here goes under a number of names such as “Scientific Management”, “Classical Theory” or simply “Taylorism” (Hearn and Parkin, 1987:18). Taylorism had a profound impact on the organizational structure of workplaces throughout the latter half of the previous century and is still today identifiable in many workplaces. This approach involved universalistic rules and prescriptions for managers regarding how to organize their workers (1987:18). Managers encouraged their employees to fit a certain mold of the ideal worker. The image of this worker is of an unencumbered individual who does not

have responsibilities other than a paid work role to distract him. Hearn and Parkin cite some of Taylor's prescriptions:

The man is little more than the performer of the task, the user of specified means for the specified end. Furthermore, in order to do the task (and perhaps the man) in the 'one best way', it is necessary to eliminate all false movements, slow movements and useless movements. The model of men and the model of masculinity are precise, behavioral, controlled and instrumental. The man is the work. (1987:19)

This characterization of the ideal worker as masculine and machine-like supports the rejection of women in the (asexual) workplace. However many theorists have recognized that workplaces in reality are permeated with sexuality (Hearn and Parkin, 1987; Gutek, 1985; Mills and Simmons, 1995; Acker, 1992). Sexuality is in fact a central feature of organizations (Mills and Simmons, 1992). The emphasis placed upon masculinity exaggerates the presence of sexuality in the workplace.

There are, for example, deeply embedded assumptions that organizational leadership is something to be performed by men, that leadership implies maleness, and that maleness carries inherent qualities of leadership that women lack... Classical Theory and its associated practice ignores sexuality, conflates masculinity and asexuality, and creates the possibility of the conflation of femininity and sexuality. (Hearn and Parkin, 1987:21)

Some theorists have even argued that the workplace helps to construct gender and sexuality. For example, Mills and Simmons (1995) claim that organizations are "important cultural sites which contribute to our understanding of what constitutes men and women." This constitution "is achieved in any number of ways, ranging from decisions about what men and women are capable of through to the use of sexuality for organizational ends" (Mills and Simmons, 1995:133). Within organizations constructions of gender images, symbols which represent one's gender, are produced through

interaction. These gender images which always contain implications of sexuality are embedded within organizations (Acker, 1992:253).

In summary assumptions regarding women's position in the private sphere have implications for mothers. The association of sexuality with women's bodies is also problematic. Women, simply because they are women, do not fit in the work world unless they behave like men. Women's bodies, because they are inherently sexualized and associated with the private world, are also considered out of place at work. I argue that breastfeeding mothers are doubly burdened by these assumptions. They are condemned by any indication of motherhood which on one level identifies them as not men (because men cannot be mothers) but also on another level points to their sexual unavailability in a work world driven by sexuality.

This chapter began with a discussion of breastfeeding as an embodied activity shaped by cultural prescriptions of "moral" motherhood. But as the experiences of the women in my study demonstrated, "moral" breastfeeding motherhood is neither easily achieved nor unproblematic. It is full of contradictions. The first of these contradictions is bound up in conflicting images of the breast as sexual and as maternal. This contradiction, with links to other dichotomies (public and private, work and home) was the major focus of this chapter. The next chapter enlarges upon the discussion of women and paid work begun here. It goes on to explore breastfeeding mothers' experiences as they negotiate the second major contradiction: motherhood (of a particular intensive kind) and paid work.

Chapter Four: Motherhood, Breastfeeding and Paid Work

Breastfeeding mothers, as I discussed in the previous chapter, struggle with conflicting images of sexuality and motherhood especially in a work atmosphere. However these images are only part of the larger contradiction related to motherhood and paid work. This contradiction stems from social constructions of motherhood, and the conflicting requirements of participating in the paid labour force. Mothering and marketplace ideologies are at odds with each other, even though many mothers participate in the paid work force.

Most theorists acknowledge dominant mothering ideologies which influence the manner in which women care for their children. Mothers should be nurturing, caring and selfless concerning their children's needs. Images of mothers and motherhood have become so idealized that they are often impossible for most women to attain. A further difficulty arises when ideologies of motherhood are juxtaposed with opposing ideologies of the paid labour force which describe workers as autonomous and self-serving.

Many researchers have discussed the contradiction between paid work and mothering. However few have explored the role of breastfeeding within it. I will briefly review the literature in order to elaborate this contradiction and then present comments of the women which highlight their struggles with it.

Ideologies of Motherhood

The image of the "standard North American family" (Smith, 1993) is a legally married couple sharing a household. "The adult male is in paid employment; his earnings

provide the economic basis of the family-household. The adult female may also earn an income, but her primary responsibility is to the care of husband, household and children" (Smith, 1993:52). Women's family responsibilities link to ideologies of motherhood which carry prescriptions for mothering behavior. Blum outlines some of these prescriptions. She explains that the singularly focused mother "must study each child's psychological, physical and cognitive development and judge how to stimulate and enrich at just the right speed for the individual's age, stage and temperament" (1999:5). These all-encompassing prescriptions often conflict with the responsibilities of paid work and mothers face difficulties when attempting to balance both sets of expectations (Wearing, 1984; Armstrong and Armstrong, 1994; Fox, 1997). Women are burdened with contradictory images both of the stay-at-home mother who completes the majority of the domestic duties, and also of the successful career woman. The socio-cultural expectation that women will retain primary responsibility for the home and childcare even when they participate in the paid labour force makes women susceptible to work-family conflict (Duxbury et al, 1994:464). This conflict takes a toll on women both emotionally and physically.

Hays and Intensive Mothering

The discussion of ideologies related to motherhood which is most central to my research is that of Hays (1996). Hays coined the term "intensive mothering" to describe a kind of mothering which is "child-centered, expert-guided, emotionally absorbing, labor-intensive and financially expensive" (1996:8).

Hays (1996) argues that intensive mothering conflicts with women's economic needs to participate in the paid labour force. She asserts that it is almost impossible for women to fulfill the tenets of intensive mothering and work full time. However the expectations of intensive mothering are still very powerful for working mothers. Hays outlines the cultural contradictions which stem from this conflict:

The same society that disseminates an ideology urging mothers to give unselfishly of their time, money, and love on behalf of sacred children simultaneously valorizes a set of ideals that runs directly counter to it, one emphasizing impersonal relations between isolated individuals efficiently pursuing their personal profit. (1996:97)

Hays argues that as this rational market logic becomes more powerful, conceptions of intensive mothering will also become very strong in opposition.

Hays found that women whom she studied felt the need to justify their participation in the work force by explaining the benefits their children enjoyed from their income. Mothers would also rationalize the time they spent away from their children by attempting to fulfill aspects of intensive mothering while they were at home. These conclusions have been supported by other researchers. Garey (1995) studied mothers who rationalized their separate roles through working the night shift. They constructed themselves as "stay-at-home moms" by "limiting the public visibility of their labor force participation, by involving their children and themselves in symbolically-invested activities, and by positioning themselves in the culturally-appropriate place and time: at home, during the day" (1995:415). The women Macdonald (1998) interviewed rationalized the time they spent away from their children through a process of negotiating

care-giving tasks with their childcare workers. This made them feel more involved as mothers.

Breastfeeding as Intensive Mothering

I argue that Hay's description of intensive mothering closely relates to the activity of breastfeeding. Breastfeeding by its very nature physically connects mother and child. Nursing almost forces the closeness and selflessness which intensive mothering prescribes. Romanticized images of mothers bonding with their children through breastfeeding also fit with the tenets of intensive mothering. The moral and ideological underpinnings of nursing also can be connected to intensive mothering. For example Maclean notes that breastfeeding has been described as "the epitome of motherhood:"

It is surrounding by an aura of romance and sentimentality. It is natural and instinctive. It creates feelings that cannot be matched by other forms of interaction. It is the ultimate gift. (1990:3)

Intensive mothering notions of unselfish love are similar to the idea that through nursing, mothers give of themselves.

Blum (1999) also emphasizes the importance of breastfeeding in the construction of the image of the good mother. She states that "[i]n the United States, maternal breastfeeding has long been advocated as a key to good mothering, womanly honor and even to women's citizenship" (1999:19). Blum argues that ideologies of breastfeeding and good mothering can be traced to colonial times when nursing was a mother's obligation both to her child and also to the larger society (1999:19).

Breastfeeding, as described by Wall (1999), can be seen as a dimension of intensive mothering since through nursing a mother is physically giving everything possible to her child. For example, as I outlined earlier, Wall explains that the image of the breastfeeding mother “is one who is giving her baby the most precious gift she can. She is literally giving of herself” (1999:8). A theme that echoes the all-encompassing child-centered emphasis of intensive mothering, is the importance of bonding with babies. Wall’s citations from Health Canada’s guide to breastfeeding, noted earlier, are worth revisiting here. “Breastfeeding, given that it is intimate, natural and embodied, is also understood to enhance the mother/child bonding process. It ‘allows mom and baby to begin a special relationship,’ ‘it contributes to a special closeness,’ it ‘brings you and your baby close,’ ‘it’s a special relationship between mother and baby’ (Health Canada 1991; Alberta Health 1996)” (Wall 1999:9). Many—though not all—of the women in my study drew on these romanticized images in their talk about breastfeeding and mothering, as I indicate in the next section.

Breastfeeding and Ideologies of Motherhood

The women varied in the place they allocated to breastfeeding in their talk about mothering. The women whose accounts were quite pragmatic said they nursed only because of the health benefits for them and their babies; they seemed the least emotionally tied to images related to good mothering. The second category, made up of the stories from women whom I characterized as “Earth Mothers” (a term used by one of them) contained accounts which were filled with romanticized images of breastfeeding.

Breastfeeding for the “Earth Mothers” was crucial in terms of how they mothered their babies. The third category was made up of “equivocal” accounts. These women’s stories did not reflect a consistent position. At certain points they were very sentimental in their explanations of breastfeeding and mothering but at other times they were very forthright about its disadvantages.

The Pragmatic Accounts

Melissa expressed resentment regarding her experiences of breastfeeding. She recognized the strong social pressure to practice good or intensive mothering. Melissa was pragmatic in the sense that she said she only breastfed because she wanted to protect herself against breast cancer which had a strong history in her family. She did not focus on how breastfeeding had affected her mothering and even defended mothers who could not nurse. This is how Melissa responded when I asked her about how breastfeeding was going so far:

I’ve got strong feelings on this. First of all I don’t think breastfeeding is for everyone because it hurts and if you’re not bonding with your child, and it should be a bonding experience, then I don’t think people should do it. I know a few people who have quit breastfeeding because it hurts too badly. They started to feel really guilty about it because society, well status quo, is that you do breastfeed. It’s the thing to do.

Melissa objected to the dependence her son had on her because she breastfed. She did not feel as though it was her primary responsibility to nurture her son.

I don’t like that really because I don’t think Jeffery needs to come to just me to be calmed down. I shouldn’t be just the milk machine! His father should take an active role. He [her husband] needs to learn how to look after him. But, you know

he's got a busy day at work, and he comes home, and Jeffery's crying, and he's probably just had enough.

She also did not find that breastfeeding was necessarily a special time for both of them.

I've heard that breastfeeding is very bonding for a mother and her baby but I think more so for the child. Mostly for me, I wish he could breastfeed in the morning and at night and not all day long so I could do stuff. You know when I'm on a roll and he needs twenty minutes to feed, I resent it a little bit that I have to put down my work. Because it's like if you could only wait twenty minutes I'd be done.

Some women found that breastfeeding had not greatly affected their ideas about motherhood. Most of these women explained that their actual mothering practices were not altered by breastfeeding. These women often defended bottle feeding mothers and explained that they were no less of a mother for choosing formula. For example Tammy acknowledged that breastfeeding did create a bond with her child although she did not feel it had influenced her feelings related to being a mother.

[I]t gives you more of a bond with your child because you are someone's food source for that first little while. But, no, it hasn't really influenced the way I feel about being a mom. No, I think that comes down to the things that I do with him and the things that he gives to me. It would be just being with him, his actions throughout the day and stuff like that.

The "Earth Mother" Accounts

The accounts I classified as Earth Mother stories came from women who seemed to completely embrace the ideologies of good mothering and breastfeeding, as I will illustrate through excerpts of their accounts of nursing their babies. These women described in detail their feelings of absolute enjoyment of breastfeeding. Some explained

how it was like nothing they had ever experienced before; others used words like “empowering” and “transporting”.

Margo stated that she felt breastfeeding had caused her to become attached to her daughter. She argued that breastfeeding affected her mothering in such a way that she could predict her daughter’s actions. This is how she responded when I asked her about the benefits of breastfeeding for mothering:

I can’t even explain how it [breastfeeding] connects a mother and child. It’s almost given me an extra sense and I can sort of read into how she’s feeling and what she’s thinking... I think by just taking a moment and breastfeeding, then I know, I realize the breastfeeding is helping her when she’s frustrated. If you didn’t breastfeed I can’t imagine how you would spend that moment because in that moment is when you can figure stuff out in [your] mind.

Shelley was very forthcoming about her breastfeeding experiences. She emphasized how breastfeeding and mothering were inseparable for her. Breastfeeding was such a strong image for Shelley that she felt more confident in her mothering because of nursing.

Oh, it’s very important to me. I think it’s very empowering to be able to breastfeed. You really feel like a mother and a confident mother because there is nutrition and comfort passed on and it works. Your child is happier. It’s just made me a more responsible parent. If I was bottle feeding I don’t think I would be any less there for him but it helps you be more in tune to him. But it’s just you have a connection that you can’t have if you’re giving your child a bottle. So basically it makes it easier for the parent. It just makes it more smooth and especially if you have a high needs kind of child. Like he...has his moments and he needs a lot. I think that if I wasn’t nursing he would be worse. It just really makes it much easier.

Kathy also framed breastfeeding as making her a certain type of mother:

You have to hold them in a certain way [when breastfeeding] and there’s that eye to eye contact all the time. I don’t bother reading most of the time. She is so cute to watch. Even at night, or in the day, she’s so cute. She has all these different

expressions. She'll stare at me and smile, do little jokes as she's breastfeeding. It's a very intimate experience. I think that's one of the main benefits. It's changed me. It's made me a lot more responsive, much closer to her. It forces certain types of parenting on you. Because I'm closer to her I can't let her cry and that takes you down the pathway of a certain type of parenting. I think that's because of breastfeeding.

Wanda focused upon the ideal of being a natural provider for her son and explained how she felt breastfeeding him gave her a new purpose in life. Wanda described how she became totally dedicated to her son and his needs regardless of her own.

When he was first born and for the first couple of months I was just earth mother...[I]t [breastfeeding] was just fabulous! It was just transporting, not in a sexual way. Never in my life had I felt so needed, so useful, so just grounded. I mean spiritually during my pregnancy, especially, it was amazing. And then he was born...and you have the immediate needs of this tiny baby so you get grounded very fast...[B]ut still the first couple of months were really great because I could satisfy his needs...I spent so much time focused on him. I wasn't really worried about pumping and getting the bottle ready so I could go out. I was just there and I didn't worry about taking a shower or whatever if it actually happened. I didn't care if I got dressed or not. I wasn't worried about any of that. I spent my time with him. It was wonderful!

Charlene, a woman who struggled with mastitis, was also, paradoxically, very passionate about her experiences with breastfeeding. She explained how ideologies of breastfeeding and good mothering were represented physically for her. Charlene stated that her strong beliefs about nursing and its symbolism for her mothering experiences were derived from her long family history with breastfeeding. She was very articulate as she described her reflections on mothering from when she gave birth until our interview.

I was exhausted. Our labour was like forty hours and I hadn't slept well the night before I went into labour. I only had a couple hours of sleep so I was very exhausted. Kevin [her son] was sick so I was stressed out and so that put a dent in my self confidence. That wasn't how a naturopath had envisioned how the birth

was going to take place and the health of my child afterwards. I had to learn to let go of a lot of that, and that was the lesson for me which was great but at the time it put a dent in who I felt like I was going to be as a mother. I was exhausted as well so combine the lower self confidence with being exhausted, every time he needed more than I felt I could give I started to shut down as a mother. I started to say I have to preserve myself. I can't give any more to this child. And as soon as I did that I'd get a blocked milk duct. To me the breasts represent, they are very strong in representing mothering, so it doesn't surprise me that if I would shut down my mothering my breasts would actually shut down physically.

The Equivocal Accounts

Other women explained their views on motherhood and described breastfeeding in very romantic terms but also emphasized the disadvantages of breastfeeding. During our conversations these women seemed to switch back and forth from positive to negative opinions of breastfeeding. Some of the mothers whose accounts were in this category recognized that breastfeeding was the best thing they could do for their babies; however not all enjoyed it. Many of these women's stories centered around the immunological benefits of breastfeeding with less of a focus on the sensual or bonding experiences than was the case with the "earth mother" accounts. The conflict these women experienced seemed to stem from their preconceived thoughts on breastfeeding. These women discussed in detail the ideological underpinnings of breastfeeding such as giving of themselves to their babies. However when we talked about the actual experience of nursing a baby they were much less positive. For example Rebecca explained how she "couldn't imagine mothering without breastfeeding." But she added:

And that's sometimes hard especially when you get to the point when they wake you up seven times a night and they want to feed despite the fact that they don't need to.

Sabrina expressed similar sentiments to Rebecca's regarding her experiences with breastfeeding and mothering. Asked whether she enjoyed breastfeeding, she responded that she enjoyed breastfeeding purely because she was "doing something good for [the] baby." Sabrina did not highly romanticize her choice to breastfeed her baby; she stated that she nursed her baby solely because she "always knew it was the right thing to do for the baby."

Martha's account of breastfeeding was very inconsistent. Her experiences with nursing had been fairly non-eventful in terms of physical difficulties in comparison to some of the other women with whom I spoke. She stated that breastfeeding had "been good" and that "it's been easy for me, I've had no problems." Martha discussed at length the immunological and emotional benefits of breastfeeding for her baby and was very committed to it:

The idea of giving him a bottle kind of turned me off. It's not as intimate definitely. I mean I think of it in a big way as nutrition. But I definitely wouldn't give him a bottle unless I had to. It would be a very desperate situation if I gave him a bottle!

However she wasn't sure if she enjoyed breastfeeding. When I questioned her on her thoughts on breastfeeding personally and if she enjoyed nursing she stated, "I guess so. It's getting better now." Martha was also uncertain if breastfeeding had affected her feelings related to being a mother.

Um, I'm not sure. I guess I don't know. I guess initially I felt intimidated because I was his sole source of food. That's a big responsibility so I was kind of intimidated.

Martha had mentioned that she had read extensively on mothering and breastfeeding. She had thought a great deal about nursing before she had her baby. However in reality nursing had become somewhat of a mundane everyday activity she completed solely in her son's best interests.

Sarah also wavered in her descriptions of breastfeeding. She explained why she chose to breastfeed:

My mother breastfed all three of us and I did a lot of reading and research prior to having Peter. I talked to my doctor and breastfeeding is just the best for babies as far as nutrition and also the bonding thing.... And he's never caught anything so it was a pretty easy decision. Economically, too, it's better.

Sarah was caught up in the idea that she was giving something of herself to her son while breastfeeding:

It's definitely more than just feeding. It's you know that you are providing for your child. It's cool to think that you are providing the nourishment that your baby needs to grow... For the first four and a half months Peter was exclusively breastfed and just to see every month him growing was very satisfying.... It's great! You can't replace it with a bottle.

But Sarah also had reservations about other reputed benefits. Asked if she thought breastfeeding helped mothers be more in tune with their babies, she commented:

No, I don't know what I'm doing so no, I can't say that. I don't know if that helped at all. No, I don't think so for me.

Breastfeeding for Sarah was different from what she had expected. For her, breastfeeding held a unique meaning as the influence of her own mother's choice to breastfeed was significant. Before she even had her son nursing was laden with imagery. But her experience of breastfeeding did not fulfill her expectations. The frequency of nursings had taken a toll on Sara, but she remained committed.

In summary, from the women's descriptions of their experiences with breastfeeding it becomes apparent that they varied in the extent to which they seemed to accept and internalize the cultural images of breastfeeding and motherhood. Melissa explained that breastfeeding her son had no effect on her mothering whereas Charlene felt as though she could trace her growth as a mother through her challenges with nursing. Other women discussed the feelings of fulfillment they received through providing for their babies with the milk they had produced from their bodies. Some of the women echoed the romanticized images associated with breastfeeding through their reflections of nursing their babies as empowering and transporting. These women created an image of mothering through breastfeeding which for others was solely a physical feeding mechanism with no emotional component. In some ways the women's accounts I classified as equivocal were most complex. It seemed as though these women had, for various reasons, internalized ideological images related to breastfeeding, but their actual experiences of it were very different. Their preconceived notions of breastfeeding often stemmed from parenting materials or medical authorities. All of the women who seemed conflicted in regards to their personal experiences of breastfeeding were very committed to continuing even though their images were not fulfilled. I argue that at least part of their commitment to breastfeeding, and the style of mothering attached to it, is related to social pressure for women to be good mothers. Even though breastfeeding on an everyday basis had not produced the experiences that they had hoped for, for many of the mothers it became tangible evidence that they were acting in the best interests of their baby. This

concept of “doing what’s best for baby” was important for all of the women with whom I spoke.

Even though becoming good mothers was extremely important for many of the women, all of them had also been in paid employment up until they had their babies and recognized the importance of being productive in the paid work world. At the time I spoke to them all of the women had made, or were confronting, decisions about returning to work. Their breastfeeding experiences, and the place of breastfeeding in their personal view of mothering, were linked to their decisions about a return to paid work, as I will illustrate in the next section.

Work and Breastfeeding

Ideologies related to breastfeeding, as discussed in the previous section, were very influential for the women with whom I spoke in terms of how they identified themselves as mothers. The extent to which they drew on these maternal images was reflected in their thoughts on paid work. This is not to suggest that the relationship between breastfeeding and paid work decisions is causal, however. There are many issues which influence a woman’s decision to return to work after she has a child. For example her paid work experiences prior to having her baby are also likely to have an effect. Many of the women who described difficult experiences at work found fulfillment through their new mothering roles. Other women who enjoyed their previous paid work positions explained that they were looking forward to returning to them.

These sentiments echo the findings in Gerson's (1985) research on new mothers. She argues that motherhood and domesticity become more appealing to women who had experienced struggles in the paid work world. For example she found that women who had experienced blocked work opportunities were more likely to embrace motherhood. In contrast Gerson found that women whose work experiences were positive increased their commitment to returning to work (1985:101). However she asserts that the women's working background was only one factor among many, such as personal relationships, marital commitments and the household division of labour, which affected their choices regarding domesticity or paid employment. Therefore it is entirely possible that a woman could embrace the idea of breastfeeding, and intensive mothering generally, in order to find meaning in a life where for whatever reason, paid work was no longer possible or appealing. It is also possible that a woman's passionate commitment to breastfeeding and intensive mothering may be more decisive. Because intensive mothering is constructed as an all-encompassing focus on the child, it is almost impossible for a mother who accepts these images to involve herself in activities other than child rearing, let alone participating in the paid work force.

Blum (1993) and Dettwyler (1995) assert that the choice to breastfeed full time is often a luxury rather than a viable option for many mothers. Dettwyler (1995) argues that in western society breastfeeding often becomes a lifestyle choice for mothers as many cannot continue to work if they are breastfeeding full time (1995:200). Yet financially many women cannot afford to stay home full time. Blum points out that working class women in the United States have the lowest breastfeeding rates, providing support for the

theorized incompatibility of work and nursing (1993:299). Thus some women must return to work and do not have a choice regarding breastfeeding.

Thinking about Work

The women with whom I spoke felt the implications of the work-family contradiction acutely in their lives. They demonstrated the variable balance of images of breastfeeding and motherhood, and their paid work commitments. The explanations I classified as “Earth Mother” accounts in the previous section were easily linked to decisions on returning to paid work. These women’s commitments to full-time breastfeeding and mothering clearly corresponded to their decisions regarding paid work. The “Earth Mothers” total acceptance of breastfeeding did not permit them to return to paid work. However it is important to note again that this is not necessarily a causal relationship. There are many reasons why the women could have chosen to embrace ideologies of intensive mothering and reject those of paid work. For example as I argued earlier their paid work experiences prior to having their babies may also have influenced their feelings.

The women’s accounts I classified in the previous section as “Pragmatic” and “Equivocal” were much more complicated in terms of the relationship between their views on breastfeeding and their decisions regarding paid work. Unlike the “Earth Mothers” who all decided to stay at home, these women did not utilize one particular strategy in terms of their decisions about to paid work. However like the “Earth Mothers” it was possible to trace some correspondence between their views on breastfeeding and

mothering, and their thinking about paid work. Again it is important to note that ideologies concerning breastfeeding are only part of the process of decision making for these women.

"Earth Mothers" and the decision to stay at home

The women in this category were focused solely on staying at home with their babies. These women had fully embraced breastfeeding and intensive mothering and felt their new role as mothers held more significance than anything they could do outside of the home.

Wanda, who fell in the group of women whose accounts I classified as earth mothers, was very passionate about her views on work. Even though Wanda explained how she thoroughly enjoyed her job as a horse ranch manager she had decided to stay home full time with her son. Wanda had worked very hard prior to having her son, which may have also affected her thoughts on returning to work. She discussed many occupations which she had tried before she became content with her horse ranch position. Prior to finding this job Wanda had grown disillusioned with the paid work world because of issues such as office politics and her long drive to work. She had always loved horses and found her work at the ranch to be the most satisfying although the most physically demanding. She often worked ten- to twelve-hour days for ten days straight, which became overwhelming. Therefore she resigned when she was five months pregnant and never resumed paid employment. Wanda compared the value of paid work to being a full-time mother:

I know some people want to make a contribution. Well, as far as I'm concerned, there is no bigger contribution that I could possibly make than raising a child who is not only not going to be a drain on society but is actually going to contribute something back.... It's more important that your mom is home with you. We had to reduce and simplify our lifestyle a lot in order to be able to do that.

Wanda and I discussed her thoughts on incorporating work and breastfeeding as she was very committed to letting her son self-wean. She was quite opposed to the thought of pumping and explained how because she was feeding her son on demand she could not imagine breastfeeding and working. To be a good mother was Wanda's top priority. Although she felt at times envious of other women who participated in the paid work force, as a result of her strong commitment to motherhood, returning to paid work was not an option for her. Thus for the most part she avoided the contradiction of mothering and paid work.

Kathy, who embraced intensive mothering, also opted to stay home full time after she gave birth to her daughter. Kathy had invested a large amount of money and time in her career as a midwife and held both undergraduate and graduate degrees. She described how midwifery was very rewarding for her personally but also very draining. Her hours were unstable; she explained that she could work as little as five hours for a birth to as much as two days. Kathy emphasized the strain of the unconventional hours associated with midwifery which was especially acute when she was pregnant. She compared her previous working life to being a mother and explained how her images of motherhood affected her plans to return to work:

Once she was eighteen months I realized that I don't want to go back to work, and I actually finally made a decision....Being at home with her is so important. There are times that when you're a child growing up, my mother worked full time when

I was a child, and I knew kids whose mothers stayed at home and thought wouldn't it be nice to have a mother that stayed home. So I sort of have generalizations about moms that want to stay home. The mother with the stroller, with the child, and I said I want to be one of those.

Kathy discussed breastfeeding specifically and how it affected her plans to go back to work.

Because of the way I chose to breastfeed, she is in our bed and she breastfeeds at night. Every time I start to think about it, wouldn't it be nice to be at the hospital, where everything exciting is happening in midwifery, then I think you know, there's no way.... It would be traumatic to try to take her off [the breast] now. So that has definitely affected it. You sometimes think, by two she won't be feeding at night, and of course that didn't happen.

Kathy painted a picture of motherhood and explained that breastfeeding was an important part of this image. She discussed her occasional feelings about wanting to go back to work but felt that fulfilling her role as a mother outweighed those feelings.

Shelley worked as a child counselor prior to having her son. She explained that although she had committed quite a lot of time to her previous work (eight years) she had always known she would stay home full time once she had children. Shelley found that in comparison to paid work she enjoyed the flexibility of motherhood as she had found the strict scheduling which was characteristic of her previous position difficult. Shelley emphasized the naturalness of nursing and the connection it provided between mother and child. She utilized the same strategy as Wanda and Kathy did, to resolve the work-family contradiction, which was to stay at home full time. She described her feelings regarding going back to work.

Breastfeeding does factor in the issue of not going back to work because it's just you have this really tight relationship with your child and so going back to work changes that. I mean it would just really disrupt that and make it more difficult to

keep it up but people do.... I think, you know, you're going a bit against nature. I'm not saying it's a bad thing to go back to work but it isn't the natural thing to go back to work.

Margo also explained that her ideas about breastfeeding and mothering had a strong influence over her decision not to go back to work after her maternity leave. She discussed her value shift from prioritizing work to prioritizing her family. Before her daughter was born Margo had worked as an accountant for an oil and gas company. In the year before she had her daughter she had worked many over-time hours and found that the extra hours took a toll on her emotionally and physically. Margo had always thought she would go back to work after her maternity leave but found that her thoughts on work changed after she became a mother. She explained that her daughter was still breastfeeding very frequently at six months, when her maternity leaves ended, and would not take a bottle. If Margo went back to work she would have had to discontinue breastfeeding. Therefore breastfeeding and mothering, which required her to stay at home full time, became more important to Margo than participating in the paid work force. She described her thoughts on work:

A lot of people at six months are giving their kids lots of food but I knew I wasn't going to start until after six months. And then she didn't like it at first. It disagreed with her so she needed me and there was really, [pauses] I couldn't see another way. I suppose if I had given her a bottle and given her to a stranger, well, she would have had to survive. If I would have been hit by a bus when she was six months old it would have, I'm sure she would have survived. It would have worked out but I didn't want to put her in the position of traumatizing her for no reason. And I don't know, maybe I really needed, to feel needed, I don't know. But I just thought, this is how it's working and there's a reason. I figured there's a reason that she didn't want to take the bottle. And plus I worked really, really hard at work the year before and sort of realized how fruitless it was and I had had enough! Like I think in a way I'm glad that I had worked for a while and got that

scene out of my system almost. I sort of had figured out how much career was worth in comparison to family.

Pragmatic about breastfeeding: pushed and pulled by work

The women's accounts I categorized as "pragmatic" in the previous section were more complex in their decisions on the return to paid work than the "earth mothers". By this I mean that although these women were similar to each other in that they were all very matter-of-fact in their descriptions of breastfeeding and they had all decided to return to work full time and discontinue breastfeeding, they differed in the strategies they used to combine work and family.

Melissa, whose resentment about breastfeeding I described in the previous section, was the most forthcoming of these women. She discussed the financial and emotional sacrifices she had experienced in order to obtain her undergraduate and graduate degrees in journalism. When she became pregnant she felt she had just recently become established in Calgary in freelance journalism as she had completed her education elsewhere. Making connections within her field had been a struggle and she was concerned that the time she had sacrificed in order to have her son might affect her job prospects when she finished her maternity leave. She described her need for a successful career; the only significant contradiction she found with work and breastfeeding was the physical demands of breastfeeding as she completed most of her work from home. She explained that when she re-entered the work force she would not continue to breastfeed as the thought of pumping did not appeal to her. Although Melissa seemed to internalize mothering and breastfeeding ideologies the least of all the women

with whom I spoke, she was clearly aware of the conflict between work and intensive mothering.

I've always had, and I want to honor him when I say this, I've always had the vision that I would have a grand career and I was doing something that was good, and I was good at it, and respected in my field. And I'm at home and no one knows what I do. I mean I don't have to go out in the day, and I know that it's a gift that I'm able to do this, and I know that there is no higher power than having a child, and helping a child get a good start in life. But I also want to do things and to be good at what I do and to have a life outside of raising a child.

Melissa's plan to incorporate motherhood and paid work, when her maternity leave ended, was to discontinue to breastfeed and work part time at home and part time out of her former work place.

Teri had worked as a manager at a large hotel in downtown Calgary before she had her son. She explained how she had enjoyed her work but had found the hours were very long. Teri found it difficult being at home full time while she was on maternity leave. She discussed the reason for her return to work.

We decided that I would go back basically for my own sanity. Going from contributing half of the household income to nothing is like, oh, I can't do this. I can't imagine asking my husband for money if I want to go and buy something. So I just work four nights a week. It's very nice.

Thus for Teri staying at home full time would have limited her independence both financially and emotionally. Her paid work role had become an important part of her identity. Teri, similarly to Melissa, chose to return to work and quit breastfeeding although the strategy she chose to balance her work and mothering roles was to work part time at night.

Some of the women, like Catherine, explained that they had to return to work for financial reasons. These women were pragmatic in a somewhat different context than Melissa and Teri. For example Catherine did not seem to be drawn in by romantic images of breastfeeding because she knew she could not continue when she returned to work. Catherine had worked as a nurse in a local hospital for thirteen years before her maternity leave began. She became very reserved during our conversation when the subject of returning to work came up. It seemed that Catherine, because she did not have a choice in returning to work, was not interested in discussing alternatives - although she did say she would have stayed home if she could.

Equivocal Accounts: Trying to have it all

Some of the women were very affected by the need to be successful outside of the home. This is not to say that they were not also concerned about their babies and home life. The women I categorized as "equivocal" seemed to be the most conflicted by their work and mothering roles. Shelby, Sabrina and Rebecca were all still breastfeeding and had gone back to work at the time we talked. Gretchen had decided to go back to work but had not finished her maternity leave. All four of these women drew on the romantic images of breastfeeding and the ideological tenets of intensive mothering, but as I described in the last section, also found their personal experiences of breastfeeding to be less than ideal. They were also very committed to their paid work roles. Therefore they had to negotiate dimensions of both breastfeeding and work in their everyday lives, and used diverse strategies to do so.

Shelby was a dental hygienist and explained how her work had really become part of her identity. She said she enjoyed the adult interaction with her co-workers which she missed when she was on maternity leave. Shelby went back to work when her son was five months old and continued to breastfeed him by pumping at work and taking her breastmilk home. She explained that she continued to breastfeed when she went back to work because she wanted her son to have "that motherly kind of figure." However she found that this mothering identity she had constructed for herself was not enough. She explained:

I like going to work too. It's part of my identity, you know, like when you go out and people say, what do you do? To say I'm a stay-at-home mom was like not a big enough title.

Shelby negotiated the contradiction of work and mothering through placing value on the mothering she did do for her son. For example she justified working during the day because she started early and only worked until three so she could still have some time during his day to spend with him. Even though she did not physically nurse him during the work week they reconnected through nursing on weekends. She reflected on her experiences:

It's kind of a reconnecting time [breastfeeding on weekends]. It's our time for, it's almost like a de-stressor for me to get rid of all the work problems and like get me into mom mode. Usually by Fridays, I've noticed, I'm just craving to breastfeed him and just to hold him and be close to him.

At the time we spoke Sabrina's maternity leave had just ended. She had decided to return to work as a writer of computer manuals, but only part-time. Sabrina was a contract worker at her company and felt that to ensure her job security and status she had to return

to work. However she was very committed to breastfeeding her daughter and used a breast pump at work to provide her daughter with breastmilk.

My office has windows so we have a medical center where I pump. I pump for half an hour at lunch hour and take it home. So that made going back to work easier.

Sabrina described to me her schedule of waking up an hour early on the days she worked so she could breastfeed her daughter. Although her daughter was also eating solids Sabrina explained that she liked to breastfeed her daughter to stay bonded with her.

I pretty much continued nursing. I nurse as soon as I come home, and in the evening lots and at night still. Also first thing in the morning before I go to work to stay connected to her.

Thus Sabrina used pumping and nursing as strategies to help her incorporate her view on mothering with work.

At the time we spoke Gretchen was considering how she would continue to breastfeed and return to her job as an inside sales worker at a construction company. Gretchen explained that she felt satisfied with her career and did not want to give up the position she had worked hard to attain. She described opposing emotions of wanting to return to work but also feeling sad at the thought of leaving her daughter. Gretchen was in the midst of working out her plan of how she was going to incorporate breastfeeding and work when we spoke. Her plan was to breastfeed in the morning and late afternoon.

I'll talk to the nurses and see if they think that's a good idea. And I'll see if they can help me, you know, refine the plan a bit. I work in an industrial park and there's no daycares close by so it really isn't viable for me to go at lunch time to breastfeed her. It would be nice to just skip that part all together. But I figure three times a day to breastfeed and I think she's still getting all the benefits.

Gretchen's strategy for combining paid work with a commitment to breastfeeding was to continue to nurse, even if it was only three times a day.

Rebecca, a human resources specialist, discussed her experiences with negotiating her mothering and work roles. She was also torn between her aspirations to be a good mother and a productive worker. Rebecca explained that her paid work was very important to her. She found that her time at home with her daughter during her maternity leave made her keenly aware of her need to feel productive. Paid work fulfilled this need for her and therefore she always knew she would return to work. Rebecca described her job as very intensive, requiring much hard work, although she was rewarded financially. She made more money than her husband which was another factor in her decision to return to work. Rebecca discussed her feelings on balancing her work and family.

I had always really wanted to have kids and really wanted to be a mom. It was kind of something I had always wanted to do really badly so in some cases work will always be an adjunct to what I do in my home and in my family. But it's still very important to me.... It's hard for me in that I feel, well, I've put five years into a career and I enjoy my career.

Prescriptions related to good mothering were so influential in shaping Rebecca's views on work and family that at the time we spoke she was attempting both to breastfeed full time and also to work full time. Rebecca negotiated both these activities by emphasizing the importance for her daughter to receive only her breastmilk. Rebecca considered she was fulfilling her mothering role at least in part by pumping milk for her daughter to drink from a bottle while she was at work. Rebecca's experiences of pumping breastmilk at work also highlight the theorized inappropriateness of women's bodies in

the capitalist work place. This is how she responded when I asked her about her experiences:

Well it wasn't the best because we don't have the facilities for it. So you had to stand up perched in the handicap stall in the bathroom pumping. And it's not the most conducive thing for it! But my boss is female and she had pumped as well so she knew the constraints around it. You know, breaks for fifty minutes twice a day in the afternoon or whatever. So that worked out fairly well. So I kept it in the fridge and brought it home.

In summary ideologies relating to breastfeeding and good mothering were very influential for the women in terms of their thoughts concerning work. I have centered my analysis around the range of decisions the women made in response to their previous working roles. Many of the women who were very caught up in the romantic imagery of motherhood explained that it would be too difficult to leave their children to return to work. These women felt so strongly that their role was in the home with their children that they opted to stay home full time. However, as I noted earlier, there are many reasons that could also have contributed to this decision. The women who chose to stay home were able to disregard the social pressure to be productive participants in the paid labour force. These women were similar in that they explained that it was almost unnatural to leave their children and return to work. The mothers who chose to stay at home may have placed additional emphasis upon their significance in the home because they recognized or felt resistance against breastfeeding or mothers in the workplace. It may have been easier for these women to stay at home than to face public reaction to their maternal breastfeeding bodies. For many, however, it seemed as though their commitment to breastfeeding and intensive motherhood outweighed their commitment to paid work.

The mothers whom I classified as “pragmatic” were similar to each other in regards to their thoughts on breastfeeding. However the strategies they used to balance their work and mothering roles were quite different. Even though these women had all decided to go back to work and to discontinue to breastfeed they differed in the ways in which they managed these decisions. For example Melissa chose to work part time in her home, Teri was going to work nights. Catherine who had to go back to work full time for financial reasons seemed to dissociate herself from her feelings regarding breastfeeding, perhaps in order to cope with leaving her baby. Catherine’s story is consistent with Blum’s (1993) findings that many women simply did not have a choice and found that breastfeeding was a luxury they did not have on an extended basis.

Melissa, Teri and Catherine did not seem to highly romanticize the time they did spend breastfeeding. However this may have been a coping mechanism as they prepared to return to work. Melissa’s resentment seemed to stem from the opposing pressures of motherhood and paid work. She was very committed to her image of her career and found her feelings relating to motherhood somewhat of a burden.

The women who were “equivocal” in their thoughts on motherhood were alike in that they were all attempting to negotiate or balance their mothering and paid work roles. My focus, however, relates to their differences in terms of how they managed breastfeeding and paid work. Shelby noted that she chose to return to work because motherhood did not hold enough social status. The value she placed on her paid work role was an integral part of how she constructed her personal identity. She also felt the influence of intensive mothering imagery to such an extent that she constructed an

elaborate strategy in order to reconcile these images with the need for paid work. Shelby placed a high level of significance on the time she spent with her son during the week, although this time was very limited. She also maintained her mothering role through returning to breastfeeding her son on weekends.

Sabrina used a somewhat different strategy. She also felt the need to keep up the connection she had built with her daughter through breastfeeding even though she had returned to paid work. Sabrina pumped at work and made a point of making sure she nursed her daughter before she left for work in the mornings. In this way she reconciled her commitment both to intensive mothering and paid work.

At the time we spoke Gretchen had also planned to continue breastfeeding and work but she was planning to nurse three times a day even if she had to leave work to connect with her daughter through nursing. Rebecca used a different strategy again although her thoughts on breastfeeding were similar to those of Shelby, Sabrina and Gretchen. Rebecca pumped at work and placed a great deal of emphasis on the importance of her breastmilk for her daughter.

In the ordinary course of their working lives, the women may or may not have encountered resistance because they were women. What becomes very clear, however, is the extent to which breastfeeding is considered "out of order" in the capitalist workplace. As I noted earlier, in the workplace workers are assumed to possess bodily integrity and autonomy (Blum, 1993:295). Breastfeeding women's bodies, which are physically and symbolically connected to their babies, lack this autonomy. The working mothers I spoke with had to negotiate with workplace expectations quite contrary to the demands of

breastfeeding. As I illustrated through their accounts, they utilized differing strategies to do this. Rachel's explanation of pumping in the handicap washroom is the most vivid example of the incompatibility of the workplace and breastfeeding.

In the previous chapter, I discussed the contradiction between sexuality and motherhood confronted by breastfeeding mothers. This chapter began with a discussion of ideologies of motherhood, and went on to position breastfeeding as an example of "intensive mothering." Hays' discussion of the contradiction between intensive mothering and ideologies of the marketplace provided a framework on which I organized my analysis of the women's views of breastfeeding, and their reflections on returning to paid work. The mothering/paid work contradiction is the second contradiction confronting breastfeeding mothers. In the next, concluding chapter I bring these contradictions together in a discussion of breastfeeding in a broader social context.

Chapter Five: Discussion and Conclusions

Reflections on Findings

Images of breastfeeding and motherhood are complex and diverse. Within this thesis I have highlighted two of the many contradictions breastfeeding mothers face. Both of these contradictions stem from theoretical or ideological images which do not match with women's everyday experiences or material realities. Images of breastfeeding mothers as solely maternal contradict perceptions of women as symbols of sexuality. More specifically breastfeeding mothers must cope with the dual imagery of their breasts as sexual yet also nourishing or maternal. This paradox is embedded within the second, broader contradiction: the conflicting nature of paid work and motherhood. The difficulties women cope with regarding the construction of the ideal worker as autonomous, independent and male are exaggerated by mothers who because they are nursing cannot live up to these images.

Sexuality and Maternity: *"I'm not a pedophile"*

My research findings revealed the personal difficulties women experience because of the paradox of sexuality and motherhood. Some of the women's statements point to larger issues and therefore deserve further reflection and interpretation. Alison's claim that she was "not a pedophile" is one example. Alison's struggle to reconcile her feelings about breastfeeding and sexuality were described in Chapter Three. In her talk Alison not only illustrated the polarized discourse of breastfeeding and sexuality but also pointed up the social boundary between distinctions of maternal love and socially unacceptable

behavior. Alison's comments draw attention to the culturally constructed nature of breastfeeding and physical intimacy and how this affects women. Alison described the physical aspects of breastfeeding as similar to "being with a bad lover". The physical action of touching the breast is associated with sexual intimacy in our culture. However when breastfeeding babies are doing the touching mothers are expected to experience this physical activity in an entirely asexual form. It is not inconceivable then that breastfeeding mothers may be confused or conflicted by the sensations they are experiencing. Any pleasurable physical sensations which might in other contexts be related to sexuality are considered taboo, as Alison was clearly aware.

The force of this taboo has been experienced by other mothers also. For example mothers who have voiced their confusions regarding the physical sensations of breastfeeding have had their children removed from them by child protection services. A recent example of this is the Karen Carter case in the United States. Sterns (1999) reports that Carter, a nursing mother, called a crisis line because she was concerned about feeling sexually aroused while breastfeeding. Because of this phone call Carter's child was taken into care. As Sterns notes, "the construction of the good maternal body at all costs not sexual is taken very seriously by both culture and law" (Sterns, 1999:309).

Alison's comment leads to a consideration of the construction of motherhood and breastfeeding and the significance of sexuality within these areas. Carter's (1995) analysis, noted earlier, is worth revisiting here. Carter argues that the polarized discourse, which places in opposition perceptions of motherhood and sexuality, is a form of social control or policing of women's bodies. She asserts that "women's experiences of breasts

and breastfeeding have been controlled, shaped, given meaning and contained, to a very considerable extent, through... discourses of femininity, modesty, and (hetero) sexuality" (1995:232). Mothers must be very careful about the presentation of their breasts and bodies in public so as not to be associated with images of the taboo sexuality which Alison described. Breastfeeding because of its mixed messages of maternity and sexuality has thus been confined to the private sphere for many mothers. Nursing mothers who participate in the paid labour force are doubly burdened as they face not only the perceptions of their inappropriateness in the public arena, because of the contradictions of sexuality and motherhood, but also the broader contradiction of paid work and motherhood.

Being a Mother: *It's "not a big enough title"*

Shelby, whose thoughts regarding work are described in Chapter Four, made the comment that motherhood is "not a big enough title." This comment links to the second major contradiction: the conflicts of motherhood and paid work. The women varied in terms of their accounts of motherhood and how it compared to their previous experiences of paid work. Their experiences of breastfeeding and motherhood in turn linked to their decisions on their return to work. In my interview with Shelby, we discussed this contradiction extensively. She illustrated the tensions of work and motherhood which women experience. Shelby explained the pure enjoyment she received from mothering her son but had also decided to return to work as she felt incomplete being a stay-at-home mother. She discussed her interaction with others and how she felt inadequate in

identifying herself to others as *just* a mother. Shelby's feelings can be related to the lack of social recognition mothers enjoy, because motherhood is undervalued and restricted to the private sphere. Many of the mothers also commented on the loneliness and isolation they experienced when first at home with their newborns. This is not to say that Shelby chose to return to work simply because of the greater social status she gained as a member of the paid labour force. There are most likely many reasons related to Shelby's return to work. However these feelings were the ones she chose to share with me.

In stark contrast to Shelby's story were Lynn's experiences of motherhood and paid work. Lynn's story stood out for me because of the sacrifices she had made to stay home to breastfeed her child. Lynn had worked as a partner in a litigation law firm and was making a six-figure income before she had her baby. She had chosen not to return to work and subsequently her family was living in government subsidized housing for low-income families. Lynn explained the many years and dedication she had put into her career. However she was extremely committed to her beliefs regarding breastfeeding and intensive mothering which required her to stay home full time. To Lynn motherhood was the most important contribution she could make to her family and society.

My intent in highlighting these examples of the range in the women's thoughts on motherhood and work was to consider the contradictory messages aimed at women. Even though women have very different experiences of breastfeeding and mothering, questions still arise regarding why motherhood was so fulfilling for some and not for others, especially within a fairly homogeneous sample. On a broader level, a consideration of why ideologies of intensive mothering are so powerful even when they stand in stark

contrast to those of the paid labour force can also be raised. It is beyond the scope of this thesis to provide answers to these questions. However they do suggest topics for further research.

Breastfeeding, Motherhood and Paid Work: *"You had to stand up perched in the handicap stall pumping"*

Rebecca's description of her experiences of pumping breastmilk at work clearly demonstrate the significance of breastfeeding within the paid work and mothering contradiction. On a literal level Rebecca's comments demonstrate the incompatibility of breastfeeding women's bodies and the workplace. She explained how she felt she could only remove herself from work on her breaks in order to pump, and how she felt the need to hide the bottles of breastmilk in specific containers in the fridge so it could not be identified. Rebecca vividly described her attempts to pump quietly as she did not want others to know what she was doing. Her attempts at disguising or hiding any signs of nursing clearly illustrate the perception of breastfeeding as an activity which is inappropriate in the work place. What becomes central with Rachel's story is the fact that she constructed elaborate strategies in order to continue to breastfeed, and also to participate in the paid work force.

These examples highlight the range of insight all of the women contributed. However more generally it is important to place my findings on breastfeeding in a broader context. The implications of the first paradox, the sexual versus the maternal breast, for women are significant. The feminist debate regarding whether breastfeeding

helps or hinders women in terms of their social position arises here. As I have previously argued, this paradox acts as a control over women and their bodies. Defining breastfeeding and mothering as activities which are confined to the private sphere perpetuates the subordination of women. However for women who disregard these social prohibitions breastfeeding can be an empowering experience. The women who were very comfortable with breastfeeding in public explained that at times they felt they were educating others. In this way these women were protesting against the subordination of motherhood and may have helped to alter patriarchal social relations. Carter (1995) suggests that by abandoning heterosexual associations with the breast in favor of maternal ones breastfeeding mothers are rejecting dominant social patterns. However this has not occurred without resistance, as has been illustrated through the mothers' stories of others' disapproval of their public presentation of breastfeeding. Social resistance to this rejection of patriarchal roles can also be identified beyond the findings of my study in cases where women have been arrested for breastfeeding in public.

The contradiction of work and motherhood also has particular consequences for breastfeeding women. Because breastfeeding requires a certain type of mothering, intensive mothering, women who work can never completely fulfill the image of intensive mothering. The all-encompassing focus of intensive mothering can only be fulfilled by a mother who stays at home. Full-time breastfeeding requires that mothers be in constant contact with their babies and in most workplaces this is not possible. Compounding this is the incompatibility of breastfeeding women's bodies in the capitalist

work world where autonomous bodies are highly valued (Blum, 1993). Thus women must always compromise or balance motherhood and paid work.

The strategies women use to do this are complex and diverse. For the women with whom I spoke this rationalization process, of time spent away from their babies for work, was related to the meanings or significance they placed upon certain aspects of mothering. Through continuing to breastfeed their babies even part time the women fulfilled at least part of their image of intensive mothering. Breastfeeding for these mothers became much more of a symbol that they were good mothers than an immunological benefit to their babies. Through providing their babies with breastmilk, even if it was very little which they may have pumped at work, these women were literally giving of themselves to their babies. Thus breastfeeding highlights some of the ways in which mothers cope with the tensions of motherhood and paid work.

Contributions of Research

By using breastfeeding in this way I have attempted to shed light upon the conflicts breastfeeding mothers face. Arguments within the literature regarding the mismatch of ideological images and material realities for mothers are illustrated by my interview data. For example I have provided illustrations of the burden ideological images of motherhood place on women through examples of the disillusionment the mothers endured when their experiences of breastfeeding did not meet their idealized expectations. The use of breastfeeding as a lens to highlight the women's experiences, as Blum suggests, allowed me to link the paradoxes of the sexual and maternal breast and of

paid work and motherhood. Breastfeeding emphasizes the sexual/maternal dichotomy but also highlights the significance of this paradox within the broader contradiction of motherhood and paid work. For example breastfeeding exaggerates the inappropriateness of female bodies and female sexuality in the workplace. This is related to the symbolic restriction of mothering to the private sphere. The women's discussion of their experiences with nursing their babies brought to the fore their personal encounters with these two paradoxes. In order to interpret these experiences I have integrated the theoretical literature, related to these contradictions, with the women's accounts of their experiences with breastfeeding.

As a study of breastfeeding in Canada, this research also makes a contribution since there are so few Canadian studies of the experiences of breastfeeding mothers. As I noted earlier, traditionally social research has been defined in terms of masculine categories and the focus of study has been on areas of importance to men (Reinharz, 1992). By exploring a topic that is not part of traditional academic discourse and which only women can experience I have contributed to research "for" women.

I also feel that my research has contributed personally to the mothers who participated in my study. Simply by talking with the women and regarding their experiences as a topic which deserves exploration I have given them value. This is especially meaningful because for many of the women our interviews were a place where they could describe and be acknowledged for the difficulties and challenges they endured because of breastfeeding. These challenges, as I have established earlier, are often

minimized. Breastfeeding can often be an isolating experience and, for some, our talks simply gave them a break from the routines of everyday life with a newborn.

Limitations of Research

This research project is not without limitations, however. My personal background may have been a factor which restricted this study. For example as this was my first major qualitative research project I was inexperienced in interviewing and data analysis techniques. More experience in these areas would undoubtedly have affected my findings. My ignorance of some of the aspects related to breastfeeding and motherhood also limited this study. During some of the interviews the mothers had to clarify concepts I was unaware of, which may have interrupted the flow of our conversations. Many of the women commented that I appeared young; they may have not discussed areas which they may have described to someone they could more easily relate to. I also felt limited in that I had not experienced breastfeeding and motherhood. I had not experienced similar difficulties or enjoyment. However I did feel that the atmosphere of our interviews allowed the women to be open and honest with me in terms of their responses.

My research intent was exploratory and therefore I only interviewed a small sample of breastfeeding mothers. These women were very similar in terms of socio-economic status and racial background and many even knew each other through their La Leche League groups. All of the women, except for one, were married and living with their partners. Thus my sample was fairly homogeneous. Interviewing a more diversified

sample of mothers would have placed my findings in a broader and richer context which would in turn have allowed for more nuanced analysis.

Ideally, in order to judge the quality of my research, I would have returned to all of the participants in order to have them assess the appropriateness of my interpretations. It is important that my interpretations represent the women correctly. Engaging in follow-up interviews would have allowed the women to contribute their personal assessments of my interpretations and suggest any improvements which could be made. Also this would provide me with another opportunity to convey to the women the importance of their stories and opinions.

More specifically there are certain areas on which I could have questioned the women more extensively. For example although we discussed the mothers' work background it would have been useful to ask them if they felt their previous work experiences had influenced their decisions on their return to work. Information on the mothers' personal images of the ideal mother, and how they had constructed these images, also would have been interesting.

Finally, if time had permitted, I would have liked to interview all the women who contacted me. As I noted earlier I received calls from about twenty other mothers who were willing to participate in my study. I feel indebted to all the women who volunteered to spend their time talking with me and regret not meeting with all of them.

Suggestions for Future Research

My first suggestion for future research would be a larger and more diversified sample of breastfeeding mothers. As I pointed out earlier such a sample would be useful in terms of placing the contradictions women face into a broader context. An emphasis upon interviewing women with different racial and socio-economic backgrounds would shed light on the middle-class bias of breastfeeding (Blum, 1993). Research on women within immigrant populations, for example, might further an understanding of the cultural constructions of breastfeeding mothers.

In order to expand this exploratory research, future studies might develop a greater understanding of the experiences of breastfeeding women through a more longitudinal approach. Follow-up interviews with the same women could take place after a year or again after several years after the initial interview in order to provide greater time perspective in the women's stories. Other areas of research could include the experiences of fathers whose partners breastfeed. A description of fathers' experiences might help to expand our understanding of the mothers' perceptions of themselves as mothers and the personal relationships which affect these constructions.

In summary because of the lack of research on breastfeeding in Canada this area holds great potential for extensive future exploration. A broader understanding of the implications of breastfeeding for mothers would provide additional insight into the complex relationship of motherhood and paid work.

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Appendix A

INTERVIEW SCHEDULE

1. Demographic Questions:

- a) Date of Birth:
- b) Date of baby's birth:
- c) Level of Education:

2. Work Related Questions:

- a) What was your previous occupation before your baby's birth?
- b) Tell me a little more about your previous job.
- c) How long had you worked at it?
- d) Are you on a maternity leave? If so how long is it?

3. Breastfeeding Questions:

- a) How long do you plan to breastfeed?
- b) Tell me about how breastfeeding has been going so far.
- c) Have you had any problems with breastfeeding?
- d) Has your baby started to wean? If so when and how did this affect you emotionally?
- e) How do your family members feel about breastfeeding? Do they support your decision to breastfeed?

4. Work and Family Questions:

- a) How is it going being at home?
- b) Do you have any plans to return to work?
- c) If yes, how do you feel about going back to work?

- d) If no, why have you decided not to go back to work?
- e) Have these plans changed since you began breastfeeding? If so how have they changed?

5. Motherhood Questions:

- a) What's it like being a mom?
- b) How has breastfeeding influenced your feelings related to being a mother?
- c) How has breastfeeding affected your parenting style?
- d) Some women have said one of the reasons they chose to breastfeed was because they wanted their child to come to them for the things they needed. Was this the case for you?
- e) Have you ever used breastfeeding as a tool in your parenting?
- f) Some women have also said that breastfeeding is more than just feeding my baby.
Would you agree with this?
- g) Did you enjoy breastfeeding more at certain points than others? If so why?

Appendix B

UNIVERSITY OF CALGARY - CONSENT FORM

Research Project Title: Best for Baby: Mother's Reflections on Breastfeeding and the Return to Paid Work

Investigator: Monica Crumrine

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.

I am a graduate student at the University of Calgary and the research I am undertaking is for my Masters degree thesis in the Department of Sociology. My study involves the experiences of first time mothers who have recently left the paid labour force and who are currently breastfeeding. I am interested in women's thoughts and ideas relating to breastfeeding and more specifically breastfeeding and paid employment. I hope to document women's experiences with breastfeeding and how they decide about whether or when to return to the paid labour force. You were selected for my study because you are a first time mother who is breastfeeding and has recently left paid employment. I would like to discuss with you your experiences with breastfeeding and your leave from paid work. I am also interested in whether breastfeeding has affected your thinking about motherhood and paid work.

This process will involve an interview of one to two hours. I would like to ask you some general questions on breastfeeding, being a mother, and your experiences with the paid work force. I would like to be able to contact later you by phone if any details of the interview need more explanation. You may withdraw from the interview process or my

study at any time. If there are specific questions you would prefer not to answer, there is no need to do so.

I will be audio-taping all interviews and transcribing the tapes onto a computer file. These tapes and transcripts will be kept in locked storage. The transcripts will be used as data for my thesis and thus your words may be quoted in my analysis, and may also be incorporated in scholarly publications after the thesis is completed. Every care will be taken to ensure that the information you give is confidential. However, although at no time will I use your name, the names of people you may have mentioned, or any other personal information which could reveal your identity in any publication, this still does not absolutely guarantee confidentiality.

Participation in this interview will take up some of your time and may not benefit you personally. But your participation will add to our understanding of the situation of breastfeeding mothers at a critical time in their lives. This is a very important topic for sociological research, and I would be very grateful for your participation.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, 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:

Monica Crumrine: 282-6650 or Dr. Gillian Ranson or Dr. Art Frank, Department of Sociology, University of Calgary: 220-6501

Participant _____ Date _____

Investigator _____ Date _____

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