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**Going With and Against the Flow:
A Dialectical Reading of
Sustained Breastfeeding**

A thesis presented in fulfilment of the requirements for the degree of
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Abstract

In the act of breastfeeding their children beyond the age of two years women aspire to ideals for the future of the next generation. They seek physical health, emotional wellbeing, freedom of speech and human connection for their children. Yet the road is not clear for the realisation of such aspirations, and women develop various ways of managing the challenges they encounter on their breastfeeding journeys. In the face of social stigma about nursing a child beyond toddlerhood many women do not disclose their breastfeeding to others. Some encounter difficulties in the breastfeeding practice itself and an absence of places in which to talk openly about those challenges. I draw Julia Kristeva's notion of abjection into Jameson's dialectic of ideology and utopia in order to develop an interpretative methodology for reading women's words about sustained breastfeeding. This enables manifestations of stigma and maternal guilt to be situated within an historical and social context. It also facilitates a particular way of understanding how women attempt to shift - to sublimate, in psychoanalytical terms - the tensions they encounter in the context of breastfeeding, into more manageable spaces. Such sublimatory practices include ways of talking and writing that hold the potential for influencing social change.

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Preface

One of the most memorable moments of my eleven consecutive years of breastfeeding emerged in the context not of breastfeeding my own children, but of watching a video clip of another woman breastfeeding her seven year old. The sensations in my body as I watched this child latch onto her mother's breast unsettled me considerably. I recall feeling somewhat repulsed by it. Yet at that time I was happily breastfeeding a child of around four years of age without qualms, and I was acutely aware of the discomforting effects that my own breastfeeding practice had upon others. I could not rationalise, nor explain, the feelings the video clip had aroused in me. Less still could I justify them. I knew that in terms of my views on breastfeeding I had no grounds upon which to dictate to another the age at which a child should stop breastfeeding. Yet there was something that disturbed me viscerally about that video footage. The very parameters of who I thought I was were being challenged.

In that moment of cognitive and corporeal dissonance I glimpsed at the apparent impossibility of utopia. I had been building a beautiful world over years of continually breastfeeding my children, of (as I saw it) responding to their needs. This world was inspired by the idea that my children would choose when they stopped breastfeeding rather than my imposing what could only be an arbitrary ending upon them. Yet there was no room in my vision for this other mother and child's experience on a similar journey. Not only was there no room for it, I was revolted by it.

In many ways this thesis has grown out of that moment. It is an attempt to give voice to the aspirations and conflicts experienced by women who breastfeed their children beyond toddlerhood. In that context the experience of being 'defiled' as a lactating woman proves pivotal. It is my premise that, whilst it might be possible to render aspects of sustained breastfeeding more socially

acceptable, attention also needs to be given to how such visceral rejections of others occur. Though focussing upon processes of jettisoning and defilement, the potential emerges for considering how those processes might operate differently in order that more welcoming ways of negotiating the terrain of lactation and mothering more generally might begin to emerge.

Notes on terminology

In this thesis I have tended to use the term “sustained breastfeeding” to refer to the breastfeeding of a child aged two or more years. At times I also talk of “long-term breastfeeding” in such a context. The choice of terminology has been influenced by the work of Ann Sinnott (2010). She suggests that, whatever duration of breastfeeding is being referred to, phrases such as “extended breastfeeding” and “prolonged breastfeeding” “imply the normalcy of a shorter period” (2010, p.1). The terms “sustained” and “long-term” in relation to breastfeeding do not entirely avoid such connotations, as they pre-suppose that breastfeeding for a period such as two or more years is indeed *sustained* or *long-term* rather than simply the norm. However, I have found an absence of other appropriate lexica. I have avoided referring to “full-term” or “term breastfeeding” as, in my reading, such terminology implies a point (a “term”) at which breastfeeding is fully or naturally complete e.g. when a child weans him/herself from the breast. I prefer to understand breastfeeding and weaning as subtle and complex processes involving interaction between at least two people in a socio-cultural context.

The term weaning has multiple and often contradictory uses (Greiner, 1996). In this study I speak of weaning in terms of the cessation of breastfeeding, rather than the introduction of other foods into a child’s diet. However, I acknowledge that the cessation of breastfeeding, and therefore weaning, tends to be a process rather than a singular event (see, for example, Bengson, 2000). Gribble (2008) noted in her study of long-term breastfeeding that “breastfeeding was sometimes discontinuous, with children weaning from days to years before resuming breastfeeding” (p.5).

Chapter One.

Introducing Sustained Breastfeeding

... you don't set out to go "I'm going to breastfeed till they're four." You know? (Olivia)

As women speak in relation to their experiences of breastfeeding children through toddlerhood and beyond, their narratives denote movement and transition. Such stories give voice to journeys in which women, often with little prior awareness of sustained breastfeeding, find themselves, over the passage of time, breastfeeding their child/ren beyond two, three, four, maybe five years of age. A practice that may have been largely unthinkable for the women comes to be invested with aspirations for their child/ren's wellbeing, relationships and freedom.

In women's accounts of sustained breastfeeding, joys and aspirations are juxtaposed with challenges. Women learn not to disclose the practice to others for fear of stigmatisation. Some meet with difficulties in the act of breastfeeding itself, and a lack of spaces in which to make sense of such experiences. In working through tensions between aspirational hopes and constraints, women seek participation in a number of practices which potentially have the effect of sublimating those tensions into experiences that are more manageable. These include particular ways of writing and talking. Such practices harbour hope that various and competing stigmas emerging in the context of sustained breastfeeding might begin to dissolve.

I work with Fredric Jameson's dialectic of utopia and ideology to explore how women talk in relation to their aspirations of sustained breastfeeding. In this context utopian aspirations are not read in a disparaging sense, but as prefiguring a condition of freedom and a future that breaks from the mould of the present. Women's aspirations for the next generation are seen to be constrained, however, by contemporary parameters of possibility. In this sense they are ideologically constituted and restricted. Women deploy different strategies to manage the challenges, including the moments of defilement, which potentially disrupt their utopian visions (and that I frame in terms of Julia Kristeva's notion of abjection). Such practices provide emerging possibilities for the future of breastfeeding and of mothering more generally.

Breastfeeding Past Infancy: Advocacy and Ambivalence

Contemporary public health discourse frequently advocates that babies be breastfed for a minimum of twelve months. The New Zealand government states that infants should be breastfed "until they're at least one year of age – or beyond" (Ministry of Health, 2011, para 1), adding "[t]he longer you breastfeed your baby, the better" (para 4). The American Academy of Pediatrics (2012) advocates the "continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant" (p.827). The World Health Organisation and UNICEF (2003) speak of a longer duration of breastfeeding, advocating that breastfeeding continue "for up to two years of age or beyond" (p.8) whilst children also receive "nutritionally adequate and safe complementary foods" (p.8). Notwithstanding such advice, mothers in New Zealand and in other Western countries occupy a site of tension between official recommendations that they breastfeed and preferably for some duration, and prevalent cultural unease about the practice of so doing (Faircloth, 2010). From the research findings of Lynn Rempel (2004) in Canada, the longer women breastfeed the less support they perceive "from others for breastfeeding" (p.316).

Statistics gesture towards an operation of ambivalence in relation to the duration of breastfeeding in New Zealand. According to recent Plunket statistics, approximately 86% of babies receive breast milk at around six weeks of age

(Plunket, 2014). However, only 17% of New Zealand babies reach the government milestone of being exclusively breastfed until six months of age (Plunket, 2014).¹ In the 2006-2007 New Zealand Health Survey (based upon a sample of the country's population) the mean age reported for the cessation of breastfeeding was "8.6 months" (Ministry of Health, 2008, p.25), which falls considerably short of the government guideline of a year or beyond. In that survey, "[o]ne in eleven" children continued to be breastfed when they reached the age of "two years" (Ministry of Health, 2008, p.25).² Increasing the duration of breastfeeding in Aotearoa New Zealand has been a significant aspect of national breastfeeding strategy (National Breastfeeding Advisory Committee of New Zealand, 2009).

On-going reports, at times covered in the media, of women being asked not to breastfeed in public point towards the persistence of social and cultural anxieties in relation to breastfeeding, not least as children grow older (Human Rights Commission, 2005; Tischler, 2013). A recent on-line survey of New Zealanders revealed that 23% of respondents felt that "infants over the age of 12 months should never be breastfed in public" (Breastmates, 2010). When the Women's Health Action Trust (WHA) based in Auckland published a poster of a woman breastfeeding a toddler in a park for the 2005 World Breastfeeding Week, the photograph met with controversy. A discussion on the WHA website reads:

Everybody loves a breastfeeding image when the baby is small and the mother is in a Madonna pose gazing adoringly at her progeny. An older child however is more challenging and the new poster was an affront to the set of unspoken rules and assumptions that many people carry unconsciously in their heads. (James, n.d., para 5)

¹ These figures are for 2013. Six weeks is broadly defined, in accordance with Plunket "visit timeframes", as 14-41 days and six months as 112-241 days (Plunket, 2014). Plunket statistics only relate to babies who are covered by the service provided by Plunket. According to a summary of the 2004-2009 data, at that time this constituted about 90% of babies in New Zealand (Plunket, 2010).

² This figure relates to children covered by the survey "[a]ged under five years but over two years in the sample, who were breastfed at two years old" (Ministry of Health, 2008, p.25)

Whilst there were various criticisms of the poster, James (n.d.) notes that “[t]he most violently opposed immediately seized on the age of the child” (para 13) and also assumed that the child was older than was the case. The New Zealand sociologist Rhonda Shaw (2004) has noted that there is a distinct unease - a “yuk factor” - associated with “cross nursing” (women breastfeeding children who are not their own) (p.287). It appears that something similar operates in relation to the breastfeeding of toddlers and older children. Vogel, Hutchinson and Mitchell (1999), for example, speak of “the limited social acceptability of prolonged breastfeeding into the second year of life” (p.1325).

New Zealand research on women’s experiences of breastfeeding has also been relatively silent on the issue of breastfeeding children beyond the age of two years. Literature on the topic tends to focus upon personal stories or to sit within a journalistic vein (see, for example, Barrett, 2005; Steph, 2010; Tennant, 2011). Only a small number of New Zealand based studies make passing reference to women having breastfed a child for two or three years (see, for example, Glover, Manaena-Biddle, & Waldon, 2006, 2007; Vares, 1992). Establishing the practice of sustained breastfeeding as a focus of research therefore speaks to an identified gap in the New Zealand breastfeeding literature. This chapter introduces the debates surrounding sustained breastfeeding, and in so doing outlines the context in which my own research is situated.

Sustained Breastfeeding and Physical Health

Much of the research on the nutritional and health status of children breastfed for beyond a year has been conducted in developing countries³ (see, for example, Briend, Wojtyniak & Rowland, 1988; Cousens *et al.*, 1993; Victora *et al.*, 1984). Partly as a result of this, the physical health impacts of sustained breastfeeding in a Western context - where factors such as the availability of clean drinking water and of safe weaning foods are more readily assumed - continue to be debated (Cassels, 2012; Good Enough Mum, 2011; Mortenson & Tawia, 2013; Newman, 2009; Sinnott, 2010, pp.17-18). In a recent literature

³ The term “developing countries” is highly problematic not least because it implies that progress be defined in terms of adherence to a Western capitalist trajectory of economic development. I have reluctantly used the term in the absence of what I read as more appropriate terminology.

review, Mortensen & Tawia (2013) note that breastfeeding into toddlerhood is an important factor contributing to the health of children, and to the prevention of childhood malnutrition, in developing countries.⁴ They also suggest that “even in a well-resourced population” they would not expect the health benefits associated with breastfeeding to cease at 12 months (p.22). Mortensen & Tawia summarise research by Dewey (2001) relating to industrialised nations, stating that between 12 and 23 months a breastfeeding child’s average daily breast milk consumption (448ml) provides “29% of the energy, 43% of the protein and 94% of the Vitamin B12, as well as considerable amounts of other nutrients” required by the child (Mortensen & Tawia, 2013, p.26). They also posit that, particularly at that age, an average daily intake of breast milk will provide these and other nutrients in quantities that are not easily available in usual weaning foods e.g. “carrot”, “chicken”, “rice” etc. (Mortenson & Tawia, 2013, p.27) An exploratory study conducted with 38 children in the United States who breastfed at 12-43 months of age, suggested “normal growth” rates amongst those children, albeit slightly below the median rates assumed for the population as a whole (Buckley, 2001, p.304).⁵ The study concluded with a discussion of the need for more research around this topic (Buckley, 2001, p.311).

Research suggests that breast milk continues to contain significant levels of immunological components during the second year of a child’s life (Goldman, Goldblum & Garza, 1983). The anthropologist Dettwyler (cited in Sinnot, 2010, p.17) has indicated that a child’s immune system develops fully at 5-7 years of age, thereby suggesting that immune factors in breast milk may support a child immunologically until that age. Yet the New Zealand Ministry of Health website states “around two years” as the point at which a child’s “immune system” becomes “fully developed” (2011). Other research conducted in a Western context (Fergusson *et al.*, 1981) found breastfeeding during the second year to

⁴ Whilst some studies have associated long-term breastfeeding in developing countries with malnutrition, Mortenson & Tawia’s (2012) literature review notes that factors such as “reverse causation” were at play in such studies (p.23). For example, mothers may choose to wean ill children later or to put a weaned child back to the breast in times of illness (pp.23-24). WHO and UNICEF (2003) now recommend “[c]ontinued frequent breastfeeding” and “relactation” in preventing malnutrition (p.10).

⁵ Dewey (2001) notes that in the latter stages of infancy lower weight gain in breastfed infants in comparison to formula-fed infants is not associated with nutritional shortfalls, but with breastfed infants’ regulation of their own energy consumption.

be associated with reduced incidences of ill health (in this instance “lower respiratory illness” [p.191]) but accounted for such differences by reference to “social and familial factors” rather than breastfeeding duration (p.191). Longer durations of breastfeeding over a woman’s life have now been associated with improved maternal health such as reduced rates of breast cancer and of rheumatoid arthritis for the mother.⁶

What appears common place in discussions around the physical health impacts of sustained breastfeeding in Western settings is the need for more research in this area (see, for example, Buckley, 2001; Sinnott, 2010; p.18; Cassells, 2012). In the context of an apparent absence of evidence that sustained breastfeeding is physically harmful for mother or child, and in the light of research gesturing towards health benefits, questions emerge regarding why the practice is so frequently shrouded in controversy. The task of understanding the stigma associated with long term breastfeeding entails an analytic trajectory that casts beyond discussions on the physical health implications of the practice, and begins to reflect upon psycho-social considerations.

Psychoanalytical Discourses

Anxieties regarding sustained breastfeeding, and the significance of ‘timely’ weaning from the breast, can be traced through the history of psychoanalytical thought. For Sigmund Freud (1977), breastfeeding (and its “substitutes” [p.98]) satisfies in the infant both physical needs and sensual, erotic pleasures (p.98). As a result of this, if excess oral pleasure occurs during infancy it is deemed that adult “compulsion” may in certain circumstances subsequently develop that harks back to the sensations of the time when satisfaction was apparently fulfilled (p.132; see also p.99). Hence, in such cases eroticism fails to shift “into a new context” (Freud, 1977, p.132). “There are thus good reasons” Freud says “why a child sucking at his mother’s breast has become the prototype of every relation of love. The finding of an object is in fact a refinding of it” (Freud, 1977, pp. 144-145). As Nevid (2003) describes the work of Freud “[t]oo much gratification in the oral stage may lead to oral fixations in adulthood such as

⁶ American Academy of Pediatrics (2012) summarises some of the research around this.

smoking, nail biting, alcohol abuse, and overeating” (p.472). The significance of weaning from the breast therefore becomes one of intense psychoanalytical importance, as it is at least in part *via* this process that the infant is involved in the process of learning independence from external other/s.

Related premises can be seen to weave their way, in various forms, through the history of psychoanalytical thought. For Melanie Klein (1988) the breast constitutes the first object that gratifies infantile sexuality. The mother’s breasts are therefore associated with the baby’s phantasies of enjoyment and benevolence (“the ‘good’, or gratifying breasts” [p.292]), and also with persecution (“the ‘hostile’ or denying breasts” [p.292]). For the process of weaning from the breast to be satisfactory, the loss of the “‘good’ object” of the breast needs to be managed in such a way as “will help the child to preserve the belief in his good object within” (p.297). This for Klein “prepares the way for the child” to maintain, despite “frustration”, enjoyable relationships with others (including with his/her mother). And in such a way the child is able to achieve “satisfactions, which will replace the all-important one which he is just about to lose” (p.297). In what becomes Klein’s prescriptive commentary on breastfeeding cessation, for satisfactory weaning to occur it is to be completed at “let us say ... eight or nine months” (p.302). This, she adds, “seems the right age” (p.302).

There are obvious criticisms to be made regarding the speculative nature of such psychoanalytical comments on breastfeeding duration. An inquiry involving 87 students found no significant relationship between the age participants reported having been weaned from the breast and the incidence of subsequent oral fixation - in this instance smoking in later life (Raith, 2003). Whilst there are shortfalls to Raith’s study, there is also a general absence in the literature of empirical research evidence regarding negative psychological effects of long-term breastfeeding. Moreover, suggestions of Anglo-American and Euro-centrism have been levelled at some of the most prominent criticisms of sustained breastfeeding, intimating an ideological dimension to the conceptual underpinnings of much medical/paediatric practice. In the words of Katherine Dettwyler (1995a) “[m]edical professionals” - and perhaps many psychoanalysts

could be included within this - “should expand their frame of reference beyond that represented by middle-class Americans if they hope to understand what ‘normal’ human behaviour is with respect to breastfeeding and weaning” (p.58).

In his historical anthropological study carried out in the early 1940s on data from 64 non-industrialised cultures in different parts of the world, Clellan Ford (1964) found that the “average age of weaning” lay “between three and four years” (p.78). He noted that in some of the societies studied breastfeeding continued “until the age of six or even longer” (p.78), and that there were occasional examples of children breastfeeding until twelve years (p.78). He cited weaning in Tongan society as occurring between 2-3 years (p.78). In the context of Māori, Ford documented the duration of breastfeeding as between 1.5-2 years and 3-4 years (p.78), and Elsdon Best (1975/1929) noted various weaning practices including occasional instances of a child weaning when s/he chose to (p.48). In addition to such historical data, long-term breastfeeding continues to be the contemporary norm in various parts of the world. In Sri Lanka, for example, UNICEF statistics state that 83.9% of babies are still breastfed at two years of age (UNICEF, 2013).⁷ In such a context critics of sustained breastfeeding are presented as being largely blind to the diversity of weaning patterns that have existed, and continue to do so, outside of a contemporary western context (Dettwyler, 1995a).

Indeed, it has been suggested that on a societal level reductions in the age of weaning are often associated with processes of urbanisation and industrialisation (see, for example, Fildes, 1986, pp.364-365). Nardi (1985) puts forward the hypothesis that a fall in the age of weaning in Western Samoa has been related to women’s increased involvement in the “cash economy” (p.304). On a more historical note, Watson (2001) suggests that in many countries (e.g those in Western Europe) an increase in urban living around the time of the industrial revolution - and broadly speaking in the 18th and 19th centuries - was accompanied not only by a decline in breastfeeding rates but also by the growing availability of what she refers to as “safe substitute foods, namely cows

⁷ These statistics relate to the 2008-2012 period.

milk” (p.20). The establishment of the infant food industry in Europe around the 1840s, and many decades later the availability of infant formula in other countries such as New Zealand (Apple 1994, p.32), opened up commercial options for earlier weaning. Not only did the use of infant formula become integral to increasingly influential scientific and medicalised discourses around infant feeding,⁸ but the production and export of infant formula are now key facets of the New Zealand economy (Galtry, 2013).

Against such a background, key psychoanalytical concepts that inform many prevailing contemporary views on weaning can be identified as emerging in the context of, and feeding into, the values of Western, capitalist society. In this sense they are ideologically constitutive. For example, Robbie Pfeufer Kahn (1993) suggests that even the notion of the “transition object” (p.45)⁹ - an object that might replace the breast during or following the process of weaning - speaks of and to a society in which children are weaned at an early age. It also, she suggests, gestures towards a capitalist context in which the world is made sense of, and comfort obtained, through objects and discrete (frequently commodified) entities: a world, in Marxist terms, of reification. Kahn posits the argument thus:

[b]reast substitutes can be viewed as reinforcing the capitalist value of consumerism, as children learn that an object must satisfy desire for the thing itself. With thumb-sucking, youngsters learn that comfort must be found apart from a human connection. (Kahn, 1993, p.45)

In her description of sustained breastfeeding, child/ren depart from, but also “return to”, the mother’s body in an “ever widening circle” of movement (p.45). Thus, she suggests such breastfeeding practices have the potential to challenge the Western understanding of subjectivity in terms of “autonomy and separation”, and might thereby potentially facilitate a “rethinking” of dominant

⁸ See Apple (199), McBride-Henry & Clendon (2010) and Ryan & Grace (2001) for discussion of the role of Plunket in relation to the medicalization of infant feeding in 20th century New Zealand.

⁹ See Winnicott (1971) for discussion of “transitional objects” (p.1-34).

“Western values” (p.45). Kahn also suggests that the “separation of weaning” might be less traumatic if it were “mediated through language exchange” (p.45). The possibility also presents that the trauma of separating from the breast might be further mitigated if, as the paediatrician Jack Newman (2009) suggests, weaning were initiated by the child his/herself rather than enforced by the mother.

In a related context, the attachment theory and research of John Bowlby and Mary Ainsworth has been drawn upon in support of the practice of sustained breastfeeding (see Sinnott 2010). Conventional Freudian psychoanalysis posits “drives” as crucial to infant motivation (Seligman & Harrison, 2012, p.242). Klein (1988) emphasises the significance of infantile phantasy stating that “the object of all these phantasies is, to begin with, the breast of the mother” (p.290). For attachment theory, of even greater significance and constituting “a primary, autonomous system”, is the infant's attachment to his/her carer/s (Seligman & Harrison, 2012, p.242). For Bowlby (1988), human beings have developed an innate capacity for what he calls “attachment behaviour” (p.26). He describes such behaviour as any which “results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world” (pp. 26-27). For Bowlby (1988), such behaviour is particularly apparent in “early childhood” but persists throughout life (p.27). He also suggests that such a “powerful propensity” to form significant “relationships” may be related to a biological “bias” that has evolved in order to facilitate a reduction of “harm” to the species (p.81). However, he notes that the ways in which “attachment behaviour” comes to be patterned in an individual's life relates to the ways in which it was “responded to by a child's principal caregivers” (p.82). In this context Bowlby emphasises a child's need for “sensitive loving care” upon which that child's understandings of self and other, and of how human relations function, will derive (p.82). Fonagy (2004) summarises Bowlby's emphasis as being on “the infant's need for an unbroken (secure) early attachment to the mother” (p.7). Whilst Bowlby did not focus on sustained breastfeeding, for indeed his focus was upon attachment rather than “orality” (Bowlby, 1988, p.24), his work has been drawn upon by advocates of long-term breastfeeding on the premise that such breastfeeding practices

facilitate that state of child-mother attachment which Bowlby advocated (see, for example, Sinnott, 2010).

Attachment Parenting and Evolutionary Discourses

More generally attachment theory has been linked to the ideas of attachment parenting, of which sustained breastfeeding is considered to be an integral part (Hausman, 2003, p.142-143).¹⁰ In this frame of reference, long-term breastfeeding coexists with other infant care practices such as co-sleeping and baby-wearing (carrying the child in a baby carrier). Together, these enable close parent-child proximity to be maintained (Buckley 2005; Sears & Sears, 2003). Such practices are understood to encourage secure attachment behaviour in the child, thereby providing the material conditions for optimum child development. Sears and Sears (2003), well-known proponents of “attachment parenting”, posit that in their “many years as baby watchers, studying the long-term effects of long-term breastfeeding, the most secure, independent, and happy children we have seen are those who have not been weaned before their time” (p.199).

Attachment parenting philosophy also tends to draw upon data from non-human mammals. Using findings from research about the breastfeeding practices of “non-human primate[s]”, Dettwyler (1995a) predicts that “the hominid blueprint for the natural age of weaning in modern human populations” would tend to “range between 2.5 and 7.0 years of age” (p.39). As part of her argument she suggests a possible correlation between this and the fact that children’s molar teeth tend to erupt at the point that their immune systems reach full development (which she posits at around six years of age [p.56]). She also notes that “weaning ages in many traditional societies” frequently fall into the age-bracket she considers natural weaning to occur in humans (p.39). Indeed, much of the literature pertaining to sustained breastfeeding and attachment parenting is scattered with references to the parenting and breastfeeding practices apparent in hunter-gatherer communities such as the !Kung San in

¹⁰ Questions have, however, been raised regarding the validity of reference to the empirically grounded school of attachment theory to support the practices of attachment parenting such as sustained breastfeeding (Cox, 2006; Faircloth, 2013, p.147; Gritz, 2012).

southern Africa (see, for example, Dettwyler, 1995a, p.50; Whitaker, 2000, pp.14-15). Hausman (2003, pp.130-140) suggests that in such evolutionary literature long-term breastfeeding and other attachment parenting practices are presented as practices that have adapted over millennia to optimise human health and development. Prevailing Western parenting practices (in this context in relation to weaning) therefore represent an acute break from those to which human infants have evolved to be most suited (see, for example, Whitaker, 2000, pp. 11-14). As Hausman (2003) summarises the argument “we haven’t had enough time for our bodies to adapt to the life of modern industrial capitalism” (p.128).¹¹

Notwithstanding such assertions, attachment parenting discourses have been criticised for establishing normative parameters for maternal behaviour that may be personally challenging and difficult for many women to achieve, not least in the context of contemporary Western lives (Badinter, 2010, p.107; Büskens, 2001; Douglas & Michaels, 2005). As Hausman (2003) notes, “to mimic” what she refers to as “the ancestral pattern of breastfeeding” (p.148) requires the mother to maintain a level of physical proximity to her children throughout the first few years of life. Yet to do this, women in industrialised capitalist countries (she speaks specifically of the US), where female participation in paid-employment has increased, are likely to require material and personal conditions that tend to be limited to particular – often privileged – social groups (p.148). This assumes particular relevance in a New Zealand context as in 2009 the *National Strategic Plan of Action for Breastfeeding* noted that “Māori and Pacific peoples, low-income families and young mothers have lower breastfeeding rates than other groups” (National Breastfeeding Advisory Committee of New Zealand, 2009, p.v). Galtry (1998) stated that the “early resumption of paid employment is ... taking a toll on breastfeeding practice among some of those women most disenfranchised in the labour market”

¹¹ Evolutionary literature can at times be criticised for homogenising the diverse infant care (including weaning) practices of pre-industrialised and hunter-gatherer societies (Hrdy, 1999, pp.100-101 & p.495). For discussion of Hrdy’s work on this see Hausman (2003, pp.142-144) and Faircloth (2013, pp.128-129). Faircloth (2013) also notes “It is one thing ... for a !Kung mother living where suitable weaning foods do not exist to breastfeed her 4-year-old, and quite a different thing for a woman living in London – and neither of them is more ‘natural’ than the other. A view of culture as something external to nature presents a dichotomy in which human interaction with, and manipulation of, the environment is considered artificial” (p.130).

(p.155). In a New Zealand study by Essex, Smale & Geddis (1995) Pacific Island women were noted as most likely to cite “going back to work/study” as the primary reason for stopping breastfeeding (p.356). Gesturing towards an intersection of class and ethnicity, Watson (2001) says Pacific Island women are “likely to return to employment that is the least compatible with breastfeeding: less child-care facilities, less negotiating power, more shift-work, and minimal breastfeeding-friendly facilities on site” (p.22). This is despite the fact that Abel *et al.* (2001) note in their study of cross-cultural infant care practices, that the perceived advantages of breastfeeding are valued by caregivers of young children across all the cultural groups they studied, which included Tongan, Samoan, Cook Islands, Niuean, Māori and Pākehā mothers.

There are also significant documented influences that deter Māori women from continuing to breastfeed (Glover & Cunningham, 2011; Glover, Manaena-Biddle & Waldon, 2007, 2009). In a project involving thirty mothers who self-identified as Māori and eleven whānau members, the majority of mothers had breastfed and three women had breastfed “for up to three years” (Glover *et al.*, 2007, p.8). However, the researchers note the extent to which “foreign infant care practices have displaced pre-European Maori infant feeding practices” and they identified influences that contribute to Māori women being “diverted from breastfeeding” (p.5). These influences include the “interruption to a breastfeeding culture” and “returning to work” (p.5).¹²

Hausman (2003) makes the suggestion that, in the US context, aspects of evolutionary or “stone age mothering” (pp. 121-153) - in this instance breastfeeding for sustained durations - may require resources that are most likely to be assumed by what she refers to as “privileged, white, American women” (p.148). Given the complex interplay of historical and contemporary factors that influence breastfeeding and parenting decisions, questions can be

¹² Other influences are cited as “difficulty establishing breastfeeding within the first six weeks; poor or insufficient professional support; perception of inadequate milk supply” (Glover *et al.*, 2007, p.5). Also influencing the context in which Māori women breastfeed is a prevalent (but unfounded) belief that in 1909 legislation was passed that made breastfeeding by Māori women illegal (New Zealand Doctor, 2005; See also Glover *et al.*, 2007, p.5). Glover, Manaena-Biddle & Waldon (2008, p.90) and Glover & Cunningham (2011) note that for some Māori women smoking may be a factor influencing breastfeeding decisions.

raised regarding the extent to which related assessments might also apply in the context of Aotearoa New Zealand.

Eroticism and the Visibility of Sustained Breastfeeding

In a different approach to the subject matter, Giles (2004) has suggested that in a Western context “long-term breastfeeding” (p.301) challenges the separation of “nature” and “culture” (Kristeva, cited in Giles, p.307), and of “motherhood” and “sexuality” (Young, cited in Giles, p.307) that prevail within Western cultural scripts of the breast and of maternity. Her suggestion is that contemporary notions of adequate (often self-sacrificial) mothering *require* breastfeeding to be identified as a non-sexual act (void of sexual gratification on the part of the mother). In that context, eroticised images of the breast must be severed from those of the maternal breast. Given the accusations of ‘perversion’ that have frequently haunted public discussions of breastfeeding as children pass through and beyond toddlerhood (see, for example, Fairclough, 2010, p361; Wrigley & Hutchinson, 1990, p.39), sustained breastfeeding appears to constitute a threatening merger of maternity with sexuality. Implicit is the assumption that breastfeeding an older child is more about the desires of the woman than the needs of the child. Two interpretations of the breast (the breast as sexual and the breast as maternal) that are separated and deemed mutually exclusive in order for contemporary understandings of mothering to maintain coherence, therefore, begin to fuse. Long-term breastfeeding is unsettling, in so far as it is seen (at least in a contemporary Western context) to extend beyond physical necessity for the child, and so becomes associated with sexual transgression. And perhaps this is only possible in a society in which the breast is heavily invested with erotic function.¹³

Giles (2004) has suggested that integral to the promotion of breastfeeding as “a cultural commonplace” (p.311) could be a “queering” of breastfeeding. She describes this as a process of examining breastfeeding practices that sit beyond the dominant Western constraints of cultural acceptability. In the process of

¹³ See Dettwyler (1995b) for a discussion of the argument that the “female breast” is not “*intrinsically* erotic” (p.177).

such queering, the separation of nature and culture, of maternity and sexuality, is challenged, such that new and culturally variant understandings of breastfeeding might emerge. From a slightly different perspective, Gribble (2009; 2010) seeks to counter the prevalence of accusations that sustained breastfeeding is a manifestation of maternal sexual desire, by presenting children's own words about breastfeeding and breast milk: it's "as good as chocolate" and "better than ice-cream" (2010). Counter to prevailing assumptions, her work suggests that children themselves are agents of sustained breastfeeding. Children in her study are cited as comparing breast milk, not unfavourably, to "McDonalds", "beer" or "pink" (2010, p.76).

Given the stigma that is seen to shroud sustained breastfeeding, women frequently attempt to keep the practice 'secret': hidden from social surveillance, and often from the gaze of extended family and professional health workers (Wrigley & Hutchinson, 1990; Stearns, 2011). As Giles (2004) herself notes, an underground world of culturally taboo breastfeeding practices exists behind the doors of suburban neighbourhoods. Sustained breastfeeding is in this sense a hidden phenomenon, often taking the form of what Avery (1977) refers to as "closet nursing". In a western nation-state such as Aotearoa New Zealand a breastfeeding practice that pushes against the boundaries of the dominant status-quo, goes 'underground'. It becomes invisible, which further naturalises those socially defined parameters of acceptability that the practice itself potentially challenges.

Discussion

The discourses through which sustained breastfeeding is interpreted, harbour powerful critiques of western norms regarding, for example, prevailing child-care practices, notions of individual autonomy and the sexualisation of breasts. Nestled within texts that espouse long-term breastfeeding or that speak of scientific research that supports the practice (see for example Buckley, 2005; Sears and Sears, 2003; Dettwyler 1995a) are also a variety of social, emotional and physical aspirations for the future of emerging generations. Claims to objectivity, or to pinpoint the most appropriate time or method *via* which an

infant should wean from the breast, open up the field of contemporary weaning practices to diverse and culturally varied influences. However, also generated in the production of scientific and prescriptive knowledge, are desirable maternal subject positions (the 'good mother' or perhaps even the 'good enough mother') that potentially reinforce the power of dominant logics. Such subject positions may appear tantalisingly unobtainable in the contexts of many women's lives. In a social environment where responsibility for childrearing outcomes tends to be placed with women, there is potential for discourses around sustained breastfeeding to feed into a host of contemporary effects of 'mother blaming' (I'm tempted to say m-Other blaming). In other words the danger emerges that responsibility be allocated with individual (or specific groups of) women when they, for intensely social reasons, fall short of (often competing) ideological inscriptions of acceptable mothering in relation to breastfeeding.

Critiques and defences of sustained breastfeeding, or of attachment parenting more generally, can also be read as circulating within a discursive environment influenced (if not characterised) by what Americans have dubbed the "mommy wars". In this context ideas about what a mother should be are frequently staged, not least in the media, in terms of a seemingly dichotomous dispute between mothers who work in paid employment outside the home and those who stay at home (Peskowitz, 2005). Peskowitz (2005) suggests that the reality for many women is that they straddle the apparent dualism of being out of or in the home, by, for example, precariously dipping in and out of employment, working part time etc. Jamie Lynne Grumet, who was photographed breastfeeding her three year old son on the front page of TIME magazine, was quoted by an English newspaper as saying "There seems to be a war going on between conventional parenting and attachment parenting", and she spoke of how difficult this potentially made mothering (Grumet, cited in Lau 2012). My premise is that a staging of competition between parenting ideas speaks of - perhaps as Kahn (1993) suggests Western weaning practices do - the ontological and epistemological norms of a capitalist, gendered society. In other words ideas are viewed as discreet entities, not dissimilar in form to reified commodities or autonomous individualised subjects. The representation tends to be of self-contained and autonomous truths, in competitive relationship with

one another. What is rendered invisible in the formulation of ideas as competing in such a way, are the conditions (both discursive and material) that enable ideas to appear to operate so, and the blurred reality of many women's experiences.

In this context my own work seeks to be sensitive to the possibility that women's understandings of sustained breastfeeding may be less clear-cut than is commonly assumed, and I do this by focusing upon the movement, shifting and morphing of ideas as they are lived by women. I have asked women about their own experiences of long-term breastfeeding and I approach their words in a way that simultaneously honours the aspirations and joys expressed whilst also seeking to focus on moments in which such aspirations might be unsettled or challenged. Rather than perceiving such points of tension as personal (or even political) failures or inconsistencies, I conceptualise them as examples of the inevitability of narrative limitations (or impossibilities) more generally. This is significant in terms of avoiding what has been termed "mother blame" (Caplan, 2013, p.99). It also facilitates consideration of the ways in which women negotiate in relation to such narrative limitations and tensions, and therefore begin to experiment with alternate ways of discoursing sustained breastfeeding and mothering.

Overview of the Thesis

In developing such an approach to reading breastfeeding narratives I have drawn upon the work of the Marxist literary theorist Fredric Jameson and the French psychoanalyst Julia Kristeva. In the next chapter (Chapter Two) I outline particular aspects of their work and explain the ways in which such ideas have informed the methodology and research design of this study. Chapter Three, a short chapter, introduces the narratives of the women who engaged with the research. It begins to situate the women's words in the context of the theoretical influences of the thesis. Chapter Four focuses upon women's narrated aspirations around sustained breastfeeding, and conceptualises them, *à la* Jameson, in terms of historically constituted desires for freedom. The women's desires in this respect resonate with themes including physical and emotional

health, relationships, and free speech for the next generation. Chapters Five and Six draw attention to the challenges of which the women spoke when they attempted to realise their aspirations for their children's freedom through sustained breastfeeding. The practice of not disclosing long-term breastfeeding to others, of which many of the women spoke, is read as protecting women from, but also reinforcing, the ideologically constituted stigmatisation of sustained breastfeeding. In the context of prevailing (albeit somewhat 'countercultural') notions of what it means to be a 'good sustained-breastfeeding mother', some women experienced challenges within the act of sustained breastfeeding itself that potentially merged with feelings of guilt. Such experiences do not speak exclusively of attachment parenting as a set of ideas, but of the prevailing constitution of mothering in contemporary society. In this context I conclude the thesis with consideration of how the women talked in relation to the task of shifting the tensions that they encountered, not least the barriers of stigma and guilt in relation to sustained breastfeeding. In particular, focus is given to ways of writing and talking (of which research participation is one example) in which potential lies for new understandings to arise in which sustained breastfeeding, and mothering more widely, might be experienced askew to prevailing tensions.

Chapter Two.

Theory and Methodology

At first glance the work of the American Marxist Fredric Jameson appears to run obliquely to the considerations of breastfeeding. The theoretical endeavours of Fredric Jameson and Julia Kristeva might also be read as unlikely associates. For Jameson (1981, 1984, 1997) cultural texts express parameters of possibility and contradictions that relate to social relations and ultimately to modes of production. In contrast, Kristeva (1982) makes sense of tensions and disruptions in discourse by reference to operations of defilement (of “abjection”) that she associates with maternal corporeality. However, both theorists attempt to give voice to what they consider to be largely unspoken and perhaps unspeakable dimensions of textual composition. In so doing they seek to alter the constitution and operation of discourse, avoiding the reification of ideas into discretely comprised entities. Given that this is also a significant concern of my own in relation to breastfeeding discourse, both of these theorists lend themselves effectively to the subject matter of this thesis.

Working with the ideas of Fredric Jameson and Julia Kristeva requires a substantial shift in register from the contemporarily prevalent discussions around breastfeeding. It also requires a level of theoretical abstraction that might be considered at odds with, even inappropriate for, reflection on the very physical activity of breastfeeding. Yet abstraction facilitates a process whereby seemingly disparate experiences can be identified as sharing similarities, connections and heritage. This potentially enables apparently individual failings and tensions, experienced in this instance around sustained breastfeeding, to be understood in relation to one another and in relation to wider social and

discursive phenomena. Shifting to a different discursive register, however unfamiliar, also facilitates a process whereby the prevailing operation of ideas in relation to breastfeeding can begin to be denaturalised. My aspiration is that in time such a shift may assume influence at a 'grass roots' level, impacting upon the ways in which women and others make sense of, and therefore experience or view, sustained breastfeeding.¹

This chapter provides the theoretical groundwork upon which the methodological approach deployed in this thesis is based. It also outlines that methodology in detail and speaks of the way in which I use it to analyse the women's interviews. The chapter closes with consideration of how such a theoretically infused approach to narrative interpretation has influenced my approach to practical considerations of research method such as data collection, transcription and research write-up. I also reflect in a similar way upon my role as a researcher and breastfeeding mother in relation to this project.

The Dialectic of Utopia and Ideology: Fredric Jameson

One of the primary aspects of Fredric Jameson's work that influences this thesis is his dialectic of ideology and utopia (1981, 2004, 2007). For Jameson utopia is significant, not least because its glimmers, wherever they reach us, awaken the possibility of lives that are different to our own; of futures that break from the patterns of the present (see, for example, 2010, p.415). The contemporary social context may be one in which references to utopia have come to be aligned with impractical idealism and/or with regimes of dictatorship. Yet for Jameson such a "waning of the utopian idea" is politically and socially symptomatic (Jameson, 2004, p.36). It veils an historical conjuncture in which capitalism has extended its reach such that it has become increasingly difficult to think of an alternative to its totalising logic (1984; 2004). In such a context, resurrection of the idea of utopia holds political resonance (2004). It may not be possible to achieve utopia, but it is difficult to see how collective movement in relation to "alternate futures" might be possible "without it" (2010, p.434). Even the most peaceful of utopias therefore constitute:

¹ See p.38 regarding a step I intend to take to encourage this.

breaks that destabilize our stereotypes of a future that is the same as our own present, interventions that interrupt the reproduction of the system in habit and in ideological consent and institute that fissure, however minimal and initially little more than a hairline fracture, through which another picture of the future and another system of temporality altogether might emerge. (2010, p.415)

It is in such a context that renewed intellectual energy around utopia has recently emerged (see, for example, Bohn, 2012; Levitas, 2007; Tie, 2014). It is also in such a spirit, in relation to a desire for movement that cuts across the status quo (in this instance specifically around breastfeeding), that this thesis can be situated.

For Jameson (1981; 2010), utopian aspirations extend far beyond overtly political ventures. They may be traced in desires for unity, wholeness and collectivity. Such impulses aspire to stretch beyond the frequently divisive and incongruent experiences of contemporary reality, and in so doing are suggestive of futures that cannot yet - *and may never* - be grasped. In such a context the designs of new gardens and buildings can be read for their attempts to materialise “Utopian space” (2010, p.415). Invested, also, in the “humble aspirin” suggests Jameson (2010), are desires that far exceed the object itself (p.416). The aspirin, he suggests, can be seen as “the unwitting bearer” of grandiose desires for corporeal transformation and eternal life (p.416). In this context, and given contemporary public health discourses around lactation, breastfeeding can also be read as invested with a multitude of related utopian desires.

Utopian aspirations reach for the future. However, they emerge in the context of, and are expressive of, current day realities. For example, utopias of idyllic rural life speak much of the ills of densely populated and congested inner-cities. Celebrations of dynamic commercialism and sexuality in vibrant, multi-cultural urban spaces can be read as tacit acknowledgements of the limitations of nostalgic renditions of peaceful pre-industrial rural living (see for example, Jameson, 2004, p.48). A passing glance at the breastfeeding literature reveals

that aspirations to promote and extend breastfeeding more universally speak pertinently of the ills associated with the commodification of infant feeding (see, for example, Palmer, 2009). And yet one of the implications of utopia's necessary reference to the present is the dissolution of a credible (a utopian perhaps) vantage point from which the world and its future can be imagined. Jameson (2004) summarises the predicament as follows:

No matter how comprehensive and trans-class or post-ideological the inventory of reality's flaws and defects the imagined resolution necessarily remains wedded to this or that ideological perspective. (p.47)

Proposed solutions to current day difficulties, however utopian, bear the ideological hallmarks of the current day. This is apparent in the tendency for breastfeeding advocacy, in its attempts to encourage the practice more widely, to promote breastfeeding as a 'choice'² or to focus upon the benefits of "breastmilk as a product" (an entity) rather than upon "breastfeeding as a process" (Auerbach, 1991, p.115). Thereby assumed and further naturalised are aspects of the prevailing language and context of contemporary market-place interactions.

If "imagined resolution[s]" (however utopian) to contemporary difficulties remain tied to "ideological perspective[s]" (Jameson, 2004, p.47), it is worth exploring what is meant by ideology. Jameson tends to avoid straight-forward connotations of ideology with traditional Marxist notions of "false consciousness". Understandings of ideology as distortions of consciousness, or as "error" (Jameson, 2010, p.317), suggest that objective reality is masked from individuals or from a social class until the revelation of Truth. For Jameson (1981; 2010), drawing upon Althusser, ideology is not necessarily escapable in such a way. Rather, it is through ideology that individuals make sense of their lives – and they have to – in relation to "realities such as the social structure"

² Glover *et al.* (2007) consider that "[p]romotion of breastfeeding to Māori should focus on re-establishing breastfeeding as a tikanga (right cultural practice) rather than a life-style choice" (p.12).

that much exceed those individuals (1981, p.30). Ideology therefore speaks of the status quo, and it also reinforces such conditions. Ideology can be seen, in the words of Althusser (1996), as “a system (with its own logic and rigour) of representations (images, myths, ideas or concepts, depending on the case) endowed with a historical existence and role within a given society” (p.231).

A particular practice, narrative, or in Jameson’s terms “cultural artefact” can therefore be read as ideological in so far as it legitimates, perhaps reinforces, “a given power structure” (Jameson, 1981, p.291). It may also, however, be read as attempting to escape those power structures. Utopian solutions contain ideological elements, but equally important for Jameson is that ideologically constituted phenomena, even “noxious phenomena” in Jameson’s words, harbour utopian urges (2010, p. 415). The practice of shopping and the consumption of goods, for example, constitute means through which are enacted the utopian urges to improve upon oneself or upon the life of oneself and/or others. They speak of attempts to move beyond what ‘is’. The practice of consuming any variety of often carefully targeted commodities therefore has the dual effect of reinforcing whilst suggesting a possible escape from the existing state of affairs.

Whilst utopia is negated by ideology, and ideology by utopia, it is significant for Jameson (2004) that “the two terms” do “not cancel each other out” (p.50). This is important because:

their disappearance would leave us back in that status quo, that realm of current being which it was the function and value of the utopian fantasy to have negated in the first place. (2004, pp. 50-51)

It is precisely this twist whereby utopia and ideology merge into one another, but never entirely, that provides the dynamism, the impetus, for (social, political and personal) change. Indeed, it is in moments when the ideological elements of utopia reveal themselves most acutely that the utopian urge – to shift past such a deadlock – may assert itself with most philosophical clarity and commitment.

Approaching this issue from a slightly different direction, Jameson (2004) also suggests that “a genuine confrontation with utopia” requires the subject to engage with disturbing states such as anguish and anxiety (p.53). He gives the example of the unease produced when one considers utopias in which sexual activity has a purely biological function. Such utopias suggest an escape from the anxieties wrought by the multiple and often contradictory symbolic investments through which the contemporary subject is constituted in and by sexuality. They also demand, however, contemplation of what it might mean to live without the pleasures and attachments of sexual meaning and identity. “What would it mean”, asks Jameson (1994), “from within our own sexualized existentiality, to imagine a human sexuality that was so unrepressed, yet so utterly divested of the multiple satisfactions of meaning as such?” (p.53).

It is hardly possible to answer such questions without entering the impossible territory of utopia. However, the very staging of such questions provokes an encounter with the possibility of losing precisely those pleasures and satisfactions, as much as the traumas and neuroses, through which human beings have tended to associate and define themselves. There is therefore more than a sense in which utopia invokes a “terror” of the “obliteration” of the self (Jameson, 2004, p.51). If it is currently inconceivable to eradicate the kinds of fears which prevent us from entering radically alternative futures – about the loss of self, for example – difficult questions emerge regarding how contemporary utopian work might proceed.

Abjection: Julia Kristeva

Julia Kristeva also works with fears and fantasies of self-loss. Of note in this regard is her essay *Powers of Horror* (1982). In this text she expounds her notions of the “abject” and of “abjection”. She proposes that “the abject” speaks of an individual’s “personal archaeology” (p.13) in so far as “the abject confronts us ... with our earliest attempts to release the hold of *maternal* entity even before ex-isting outside of her” (p.13). The “*maternal* entity” must, she suggests, be rejected, excluded, jettisoned (rendered abject) in order for subjectivity to be secured. Yet as the so called “*maternal* entity” (p.13) begins to emerge for the

child prior to the achievement of the child's subjectivity, that from which the child must separate is a "pseudo object" (p.12) and so the separation is far from straightforward.

For Kristeva, the abject is not simply about individuals' early attempts to separate from their mothers. For Kristeva social codes, as much as individuals, also depend upon processes of "radically" excluding abject objects (p.2). In this context the ideological systems of representation of which Althusser speaks can be read as requiring just such exclusions in order to appear coherent. Such acts of jettisoning protect the parameters of acceptability and propriety, enabling society to assume some degree of stability. Yet, importantly, the abject is never entirely obliterated (p.2). It lurks, threatens and haunts on the edges of the outside, permeating and challenging the boundaries of culture and of the Self.

For Kristeva the abject is associated with corpses or with bodily fluids: with faeces, urine, vomit, mucous and menstrual blood for example.³ Such abject objects tend to be hidden away, but cannot be fully eradicated. They serve as niggling – often fascinating - reminders of the culturally disavowed conditions upon which the apparent coherence of individual and collective bodies (and subjectivities) depend. These aspects of human existence are neither properly part of, nor properly separate from, the body. In certain contexts Kristeva adds milk to her reading of abject 'objects' (p.105). It is "another flow that mingles two identities and connotes the bond between the one and the other... A medium that is common to mother and child, a food that does not separate but binds" (p.105). That which is abject blurs boundaries between self and other, inside and out. However, there are variations between societies (and therefore between ideologies) in what constitutes an abject object. To use Sjöholm's terminology "[i]ts cultural signification will vary" (2005, p.98).

The abject may be discursively inscribed, yet the state of abjection, when that which is rendered abject cannot be sufficiently excluded (Bataille, cited in

³ Kristeva's notion of abjection bears similarities with Mary Douglas's (1966) understandings of the impure and dangerous. However, as Kil (2014) notes Kristeva's is a more psychoanalytical rather than anthropological reading.

Kristeva, 1982, p.56), is not purely discursive. Abjection pulls on the body, manifesting via an acute physical sense of being revolted and disgusted. It perhaps involves a wrenching of the stomach, a “gagging” or “*nausea*” (see for example Kristeva, 1982, pp. 2-3). In this sense abjection does not symbolically represent that which is defiled, but physically and violently exposes the subject to it (p.3).

A wound with blood and pus, or the sickly, acrid smell of sweat, of decay, does not *signify* death. In the presence of signified death – a flat encephalograph, for instance – I would understand, react, or accept. No, as in true theater, without makeup or masks, refuse and corpses *show me* what I permanently thrust aside in order to live. These bodily fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being. (Kristeva, 1982, p.3)

The significance of abjection is not that it relates to ill health or uncleanness but rather that it speaks of a disturbance of meaning and entity. Abjection is caused by that which disrupts “identity, system, order” (p.4). And so for Kristeva even a phenomenon such as “crime” may bring about abjection in so far as it “draws attention to the fragility of the law” (p.4) and threatens rules and boundaries.

In a style that pays sufficient disregard to grammatical conventions to demonstrate (to “show”) that which it cannot fully signify, Kristeva writes of abjection as caused by “What does not respect borders, positions, rules. The in-between, the ambiguous, the composite” (p.4). Indeed it is possible to read such partial sentences as examples of the manifestation of abjection in Kristeva’s own writing. Such strings of words evade and disrupt the formal structures of written language. In so far as abjection comes about through a fracturing of the fixity of meaning and perception, abjection therefore continually

lurks, and is partly reclaimed, in Kristeva's style and form of writing.⁴

Utopia, Ideology and Abjection

In this study I work with Jameson's ideology-utopia dialectic and consider the potential of abjection, as identified through the women's narratives, to enable that dialectic to work slightly differently. This is in contrast to considering children's possible experiences of abjection in separating from the maternal body. Such a focus may be considered somewhat unusual, if not heretical, for a thesis upon sustained breastfeeding. Yet it speaks of my desire to develop *social* understanding of sustained breastfeeding, rather than what might be considered speculation on the possible psychological effects of sustained breastfeeding upon children. In a related context, the British sociologist Imogen Tyler (2013) finds aspects of the notion of abjection to be useful in social analysis. However, she expresses unease over what she dubs Kristeva's "psychoanalytic origin story" (p.29) of abjection as rooted in a "personal archaeology" (Kristeva, 1982, p.13) of the child's separation from the maternal body. In so far as such an aspect of Kristeva's work is viewed with sociological suspicion, Kristeva's possible views on the appropriate duration of breastfeeding might also be seen as largely irrelevant to my own socially-focussed narrative analysis and to my deployment of the notion of abjection in reworking Jameson's utopia-ideology dialectic.⁵

In the context of my own work I read the state of abjection, of 'casting off', with all the bodily sensations entailed, as a corporeal reminder (there are likely to be others, anxiety for example [Tie, 2014]) of the fragile foundations upon which ideologies rest and utopias are imagined. Put slightly differently, there is no

⁴ It is at least partially in this context that for Kristeva abjection is particularly and therapeutically present in the work of avant guard poets and writers (Smith, 1998, p.34; see also Kristeva, 1982). For a detailed discussion of Kristeva's understanding of the manifestation of maternal dimensions (the "semiotic" and the "thetic") in language, see Smith (1998).

⁵ Furthermore, I have not been able to ascertain from Kristeva's work specific discussion regarding when and how the weaning of a child might most appropriately occur, and the possible relation of that to her understanding of abjection in childhood. Oliver (1992) reads Kristeva as assuming that a child "must be weaned" in order to develop his/her own independent subjectivity: "the infant must substitute speech for its mother's breast" (Oliver, 1992, p.70). Yet the relevance of this to sustained breastfeeding is unclear. Both weaning and a child's acquisition of speech occur over time (perhaps over many years), and precisely when the use of language might 'fully' replace the breast appears ambiguous.

need to depend entirely upon reason and rationality to inform of the exclusionary practices of our present or of our imagined futures. Our bodies speak of that. Examples of people feeling repulsed by breastfeeding (in whatever socio-cultural, ideological or personal contexts that repulsion might emerge) can be read as examples of this forerunning of physical sensation in relation to thought. The physical experiences of abjection signal a threat to our codes of representation even before the knowing subject has had the chance to rationalise the process.

In this context it is possible to contextualise the difference between ideology and utopia in terms of abjection. Ideology necessarily attempts to repress abjection in order that its structures of representation appear normal and natural. On feeling riddled with abjection, nauseated at the presence of that which has been rendered abject for example, an ideologically infused response is to exclude the abject object with greater force. Utopia, in so far as it is a project with fixed boundaries, must also deny abjection if it is to function as necessarily paradisiacal. However, abjection operates as a murky underbelly to projects based upon exclusion, and so utopia is impossible. Yet if abjection speaks of the impossibility of utopia, potential also lies in moments of abjection for utopia to begin to operate differently. Tentatively speaking, if abjection were to be accepted as an important (if not entirely predictable or pleasant) experience, the possibility is opened for its emergence to be acknowledged (welcomed is likely to be too strong a term) as a reminder of the exclusions and jettisoning on which utopian visions depend. Abjection might therefore serve as a fitful and visceral reminder of the potential to open-up and shift utopian aspirations in order that such aspirations can move in negotiation with excluded and defiled others. This makes concrete sense when one considers that a social phenomenon like racism can be understood as a manifestation of abjection: as a visceral rejection of a discursively constituted threatening (and unknowable) other (Hook, 2104; Kil, 2014).

In a context of attempting to open-up to, rather than to exclude, s/he or that which has been rendered abject, it is difficult to know the directions that utopian wanderings may take. Question marks emerge over moments of proximity to a

defiled other, in which negotiation may feel intensely difficult, if not impossible.⁶ I find myself wondering if such moments might somehow productively operate as checks upon the totalitarian potential of utopian ‘projects’ such as the present research. This is not without its problems and contradictions. Yet it is partly as a result of the denial of Otherness, as characterises regimes of totality, that utopia now beckons towards an integration of ambiguity and abjection *into* the future. I do not have answers for the questions raised here, and it is partly because of their persistence that, in such a context, utopia (or that which might come to take the place of utopia in such a revitalisation of the concept) ceases to assume a fixed form. Perhaps utopia might thereby, paradoxically, become more achievable. In such a context abjection is deployed as a “motor of social transformation” (Sjöholm, 2005, p.97). Those complex borderlands of attraction and rejection come to facilitate movement towards newly emerging social possibilities.

Approaching Methodology

In a theoretical context structured by the ideas of utopia, ideology, and abjection, the significance of the narratives of the women who breastfeed older children tends not to reside in their capacity to capture particular facts about breastfeeding. Nor does it lie in their ability to voice the realities of breastfeeding experience. Such might be the foci of “positivist” or “emotionalist” approaches to interviewing (Silverman, 2006, pp.169-179). Rather, in the context of my own research the significance of narrative lies with the manner by which it conveys both utopian urges and ideological constraints, and in its’ harbouring of the transformative potentials of abjection. To elaborate upon this, it is useful to attempt to put words around the material context of which such narratives might be read as being expressive and potentially transformative. To do this I take inspiration from Jameson’s work. Whilst Jameson’s narratives can be read as reductionist in so far as his interpretative analysis assumes modes of production as “the ultimate horizon of human history” (1981, p.76),⁷ he notes that “no

⁶ In this context I recall Mandy Morgan (2011) speaking of “Marxist-feminists” who experienced the Spanish Civil War and decades later advocated “pacifism *almost* thoroughly” (p.520). Exception was made for fascism; that with which negotiation cannot occur.

⁷ For critiques of Jameson’s work see Martindale (1992) and McKoski (1993).

historical society has ever 'embodied' a mode of production in any pure state" (1981, p.94). Even Marx's "*Capital*" does not describe an "historical society", but rather develops "capitalism" as an "abstract concept" (p.94). In this sense a mode of production can be read as an abstraction that, for Jameson, speaks of the ways in which societies manage an undifferentiated, unspeakable and utterly unavoidable realm that he seeks to designate as "Necessity".⁸ Furthermore, for Jameson societies exist in an "overlay and structural coexistence of *several* modes of production all at once" (p.95). In this context "sexism and the patriarchal" (p.99) date back to some of the earliest modes of production in which "Necessity" was managed primarily through hierarchical divisions of labour between men and women (p.99-100). Yet they are also forms of oppression that have persisted and that feed into the constitution, often in contradictory ways, of contemporary capitalism.

In this context narrative is understood as "crisscrossed and intersected by a variety of impulses from contradictory modes of cultural production all at once" (1981, p.95), and Jameson's own can hardly be an exception to that. Narrative expresses traces of "older modes of production" (p.95) that are now "structurally dependent" in the context of the temporarily dominant (p.95). It also harbours hopes for, perhaps even the very beginnings of, "anticipatory tendencies" of modes of production that sit at odds with the current system but that may yet generate "an autonomous space of their own" (p.95). Narrative speaks, in short, of an ongoing and perpetual "cultural revolution" between what Jameson describes as competing modes of production.

My own methodological approach is inspired by Jameson's talk of texts as a "field of force" (1981, p.98) in which impulses from different modes of production are played out. Narrative in this sense speaks inadvertently of the consolidation of history in the present, and this is apparent in a text's harbouring of often incongruent ideological elements. Narrative also holds the very beginnings of threads that may expand to the future, as hinted at in its utopian dimensions. However, drawing Julia Kristeva into my reading of Fredric Jameson, I read the

⁸ This realm of Necessity relates to the inescapable need to eat, to sleep, to drink, to stay warm etc. (see Buchanan, 2006, p.58).

coherence of such ideological and utopian expression in narrative as being thrown into disarray in moments of abjection. When abjection becomes apparent through narrative the logics of the ideological and utopian codes expressed in that narrative are called into question; they become blurred, muddy and fragmented. Perhaps this is a moment of “cultural revolution” proper. It is an instance of revolt and disruption out of which lies scope for alternate understandings to potentially assert themselves. The ways in which the manifestation of abjection is engaged with might operate to reinforce the current system. However, such workings might also hold the potential to anticipate futures that are structurally incoherent with the current system, the logic of which has just been disrupted by abjection.

In so far as this is the case, the task, in Jameson’s terms, becomes one of “seeking to grasp” what the narrative “cannot (yet) think, what lies in it beyond the very limits of its own social system and of the empirical being it seeks to transcend” (Jameson, 2010, p.361). To this end, the methodological approach adopted in this thesis involves three key stages. Firstly, the women’s narratives are read for utopian and ideological elements. Secondly they are read for instances in which those elements are disrupted or challenged. This involves close reading of the content of the women’s words. Yet as abjection sits largely outside of language whilst throwing discursive structures into disarray, also important is consideration of relevant moments in the narratives in which the formal codes of language break down. Thirdly, focus is given to the ways in which women speak of working with and through the experiences they are grappling with at such moments in the narratives, in order that alternate social possibilities might open up. The hope, in making such sublimatory strategies more visible, is that they might come to constitute a central feature of further utopian work around (at the very least) breastfeeding.

Research Methods

The narratives on which my study is based were generated in nine semi-structured interviews with women in New Zealand who were, or had recently, breastfed a child aged two or more years.⁹ Whilst a study of this nature could have accommodated a more or less inclusive breastfeeding duration, the criteria for participants of having breastfed a child over two years of age sits easily within the context of aforementioned World Health Organisation and UNICEF (2003) guidelines regarding the duration of breastfeeding. I called for research participants via an advertisement that was placed on the Facebook Page of *The Natural Parent Magazine* and that was circulated by La Leche League New Zealand (Appendix A). As a way of providing an opportunity for women to be involved with the research who neither engaged with La Leche League nor received postings from The Natural Parent Magazine Facebook, I also used a snowball technique.

Twenty-seven women contacted me privately in response to the research advertisements, twenty-five of whom met the research criteria. I recruited two women through the snowball technique. I engaged with the women individually to refine a further list of potential research participants. At that stage participants were selected primarily on the basis of points of difference in relation to their breastfeeding, such as the duration of time that they had breastfed their child/ren, and the number of children they had breastfed and/or were breastfeeding.

The research received approval by the Massey University Human Ethics Committee: Northern (Application MUHECN 13/041). Participants' rights were clearly outlined to the women (see Appendix C) prior to them consenting to take part in the study (Appendix D). I have used pseudonyms to protect the anonymity of the women who engaged in the interviews. In some instances further measures have been taken to ensure anonymity.¹⁰

⁹ The definition of "recently" was made by the women themselves. Women in the study who spoke of having stopped breastfeeding had done so within the preceding year.

¹⁰ For example I do not always indicate the pseudonym of the women whose words I am referring to in the text. In a study that is seeking to speak of some of the parameters of

The women who participated in the interviews spoke of having breastfed between one and three children. The majority of research participants were still breastfeeding at least one child at the time that the interviews took place. However, as weaning tended to be spoken about as a process, and not necessarily an entirely linear one, it was not always clear whether a woman had entirely stopped breastfeeding a particular child or children. In terms of the age range of the breastfeeding children referred to in this study, two women spoke of breastfeeding, or of having breastfed, their child up to or into the year beyond the child's fifth birthday. This included one woman who was breastfeeding a five and a half year old. At the time the interviews were carried out the youngest child being breastfed was just over two and a half years of age. Some of the women were pregnant at the time of the interview.

The interviews were loosely structured around the questions outlined in Appendix B. The semi-structured nature of the interviews enabled key theoretically-guided questions to be addressed, whilst facilitating exploration of the women's experiences in a way that was responsive to and built upon their words (see, for example, Galletta, 2013, p.24; May, 2011, pp. 134-135). The interviews were carried out face-to-face, via Skype or on the telephone depending on the woman's location and preference. This choice, whilst enhancing the control of research participants in relation to the research, also provided a financially viable way for women from different geographical areas of New Zealand to participate in the study (see also Hanna, 2012). Each of the interview mediums contributed to different interview experiences and may have influenced the nature of the talk generated in interviews (see for example, Hanna 2012; Sturges & Hanrahan, 2004; Miller, 1995). In this context the interview medium can be read as one of a potentially vast array of factors that may have fed into the constitution of an individual narrative as it was spoken, in relation to another person (myself), on a particular day and in a given context. I read such factors as part and parcel of the variability of narratives, rather than as variables over which control need be sought.

aspiration and of possibility in discourse, rather than to ascertain progression or causality in relation to women's individual narratives, such strategies are coherent with my own methodological approach.

I transcribed the interviews myself and research participants were given the opportunity to review and edit their transcript. Written participant consent was also required for transcripts to be used in the project (Appendix E). Working from the premise that transcripts constitute “theoretical constructions” (Lapadat, 2000, p.208), I developed an approach to transcribing that was appropriate to the methodological and theoretical premises of the study, as well as realistic in the given timeframe.¹¹ Attention was given to transcribing repetitions, half-words, part-sentences and sounds (such as “Eeww” for example). Sighs, pauses, laughs etc. were denoted, primarily through words in square brackets. Approaching the transcription in this way supported my attempts to attribute significance to particular moments in the women’s narratives in which the formal codes of language were disrupted. In relation to a methodology that intends to cut across the assumption of ideas as static entities, Lapadat’s comments on avoiding “reifying transcripts” are particularly significant (2000, p.217). Rather than being seen as static and “neutral representations” of the “reality” of the interview, the form that the research transcript assumed is read as opening up possibilities for interpretation whilst closing down others (Lapadat, 2000, p.208). In this context, transcripts can be read for their utopian and ideological elements, as well as for their moments of apparent failure.

I initially read the interview transcripts thematically for expressions of aspirations and constraints experienced whilst breastfeeding. I later differentiated these themes into more tightly defined ‘sub-themes’. These categories shifted, at times merging with one another, as the focus of analysis became more defined. As analysis progressed, emphasis was given to individual textual elements. For example moments were identified in which part-spoken cues and verbal gestures suggested that significance lay in aspects of women’s experience that largely evaded explication in words and/or that might be suggestive of abjection.

¹¹ Davidson’s (2009) discussion of the literature on transcription in qualitative research suggests that there has been a shift in emphasis over recent years from advocacy of a standardized transcription system, to speaking about the significance of flexibility and researcher “reflectivity” in relation to transcription (pp. 39-40).

Whilst demographic information was collected at the end of each research interview (see Appendix B for details) a decision has been made not to report on such data. Demographic information has previously been collected and reported upon in small-scale qualitative studies about breastfeeding conducted in Aotearoa New Zealand (see, for example, Vares, 1992). Furthermore, there are suggestions that in Western countries breastfeeding “for an extended period” may be largely the privilege of “white, educated, middle-class women” (Hausman, 2003, p.148).¹² This felt like an inaccurate description of the sample of women who engaged in the current study, and one of my aspirations in presenting a picture of the research participants in broad demographic terms was to tentatively locate my own research in the context of such discussions.

The limitations of such an aspiration in the context of this project included the fact that, in a study involving nine participants, the possibility of projecting details of the research sample or of research findings onto a wider population is precluded. Furthermore, the theoretical presuppositions of this study regarding the dialectical nature of knowledge and of narrative call into question unspoken assumptions that enable many scientific, including demographic, categories to operate apparently seamlessly. For example, the classifications upon which demographics depends can be read as ideologically constituted, not least in so far as they speak of the parameters of possibility of Western reified (some feminists might say ‘masculinist’) knowledge production.¹³ In such a context there is a risk that the narration of such categories might at least partially reinforce the social context and hierarchical positioning of the individuals it seeks to define. For example, as I wrote in relation to women’s educational attainments, I became acutely aware of the “symbolic power” (Bourdieu and Passeron, 1990) operating in my attempts to impose meaning on the research sample in terms of the culturally defined priority of education. In the words of Bourdieu and Passeron “every power which manages to impose meanings and to impose them as legitimate by concealing the power relations which are the

¹² This statement was made by Hausman (2003, p.148) with particular regards to the United States. In this context she defines breastfeeding “for an extended period” as “longer than six months” (p.148).

¹³ See Greenhalgh (1996) for an historical discussion regarding the “social construction of population science” (p.26).

basis of its force, adds its own specifically symbolic force to those power relations” (1990, p.4). What struck me in this context was a risk of presenting the sample of women in crudely positivistic terms that might sit painfully in the context of women’s lived experiences of education, thereby potentially naturalising and reinforcing the power relations in relation to which such categorisations configure as significant. I anticipated similar consequences in reporting on a number of the demographic data collected. Furthermore, the women seldom responded to the interview questions in ways that appeared to relate explicitly to the demographic data they provided, and the study was neither of a size nor nature to establish possible causal relationships between question responses and the demographic characteristics of respondents.

Perhaps most significantly, however, serious challenges to the preservation of anonymity potentially arose in relation to some of the demographic data collected. In an attempt to avoid the imposition of positivistic classifications of ethnic identity upon the women, I had asked interviewees to define their ethnic identification. To re-categorise women’s self-reported ethnic identities in broader terms would have been to undermine the aspirations to minimise “symbolic violence” that had resulted in my asking women to define themselves in relation to ethnicity in the first place. Yet given the relatively small size of the Aotearoa New Zealand population, and the even smaller size of different ethnic identifications within that, the anonymity of a number of interviewees would have been potentially jeopardised through my reporting on their self-defined ethnic identification. The potential implications of this appeared acutely significant in the context of this being research on a practice that is frequently stigmatised and that many women themselves hide. Failing to provide a demographic profile of the interview sample can therefore be read as a short-fall of this piece of research. Yet it is one that speaks of the movement of my own ideas as I found myself immersed in the murky waters of research ethics: waters for which there is seldom a single, correct way, to navigate.

Researcher Reflexivity

The narrative presented in this thesis cannot be separated from my own experiences as a mother. The subject matter of the study was initially inspired by my having breastfed three children through and into the years beyond toddlerhood. One of my children self-weaned at the age of six, another I encouraged to wean before the age of five, and my daughter's weaning has coincided with the writing of this thesis. I share in many of the interviewees' aspirations for sustained breastfeeding, and can relate to so many of the joys, tensions and challenges that the women described. Furthermore, my own thoughts around sustained breastfeeding have changed considerably since before the birth of my first child, and this thesis can be read as testimony to the fact that they continue to shift. I have spoken in this thesis of the significance of my own breastfeeding to the research. However, given the methodological presuppositions of my work I anticipate there being manifold ways of which I am unaware of my own experiences influencing the text.

In an attempt to minimise power differentials in the research process (see, for example, Oakley, 1981) I shared with women aspects of my own breastfeeding story. Part of the aim in so doing was to support women to feel more comfortable in talking about a practice that sits outside of dominant social norms. However, such gestures towards equality do not eliminate the power relations that operate in the conducting of research (see, for example, Hesse-Biber, 2007, p.128). This became very apparent to me as I realised, at a particular moment in the research process, that women knowing about my personal breastfeeding history held the potential to undermine their own experiences. In the context of a discussion in which a woman was talking about why she had stopped breastfeeding she said to me "... I'd so got to a point that I felt I'd had enough. That's why I just, I can't believe how long you've fed for. I just take my hat off to you. Just incredible." In attempting to minimise the hierarchical relationship between researcher and interviewee by providing information about my own breastfeeding experiences, I had inadvertently created a situation in which women were able to potentially view my experiences as favourable in relation to their own. I am unsure whether this

woman viewed my breastfeeding in such a way, but the conversation made me acutely aware of the possibility of such an outcome.

My own position as a middle-class Pākehā student, relatively new to New Zealand from the colonising country (I moved from England to New Zealand just over five years ago), may also have been integral to what was said and what was not within the interview contexts (see, for example, Hesse-Biber, 2007, pp. 140-141). Furthermore, there is growing discussion around indigenous approaches to research in Aotearoa (see, for example, Bishop 1999; Hutchings *et al.*, n.d.; Smith 1999). In the context of such literature, and of wider discussions on research methods, I am aware that the methodological approach I adopted is inseparable from the content, silences, effects and political impact of this project. Also, as the researcher I chose, in the words of Buch and Staller (2007), “which stories get told” in the writing up of research (p.215). I am very aware that I have not been able to do justice to the nuances of all of the women’s stories. Some women’s words feature more in particular chapters of this thesis than in others. The narrative that I have constructed brings their diverse stories together in a relatively consolidated, if dialectical, way, and in so doing emphasises particular aspects over others. Furthermore, whilst the theoretical register of this thesis enables new connections to be made between otherwise apparently disparate phenomena, it runs considerably askew to prevailing interpretations of the field. As a result I anticipate that additional steps may be important in order to integrate such new understandings into the field of sustained breastfeeding itself. In relation to these points I hope to publish articles in the literature aimed at breastfeeding women that will further discuss the women’s stories and that will open up the research findings into a less theoretical register.

Given the impossibility of utopia, there may be little way to circumvent the muddy waters and borderlands that the decision-making involved in research leaves me treading. I sincerely hope that the women who took part in this study feel that I have negotiated such complex terrain as fairly as possible. In addition to that, perhaps the best I can do is to talk in relation to those murky and often uncomfortable borderlands, as the women who participated in this study did in

relation to their own breastfeeding experiences. Whilst this chapter can be read as testimony to my attempts to talk in such a way, it is primarily in relation to the women's own narratives that the rest of this thesis turns.

Chapter Three.

Introduction to the Women's Narratives

Monique: So, never ever in a million years did I think I'd be breastfeeding a three year old, ever. *[laugh]*

Janie: ...oh I remember being at my antenatal class and the woman there was saying that she was still breastfeeding her eighteen month old and at the time I thought "My God. That's so old."

Anna: *[laugh]*

Janie: And then it's funny because here I am and he's four...

The women who engaged in the study did not speak of intending to breastfeed for a "long long time" (Rosa). Most described initial breastfeeding expectations, if they could recollect having any, in terms of months rather than years. Only two interviewees spoke of having intended to breastfeed their child for up to or beyond two years.¹⁴ A number of women described continuing to nurse their child/ren without a clear sense of when they might stop, and surprise was frequently expressed that breastfeeding had continued for longer – often considerably longer – than initial expectations. In this short introductory chapter to the research findings, I situate this sense of movement in the women's

¹⁴ This is broadly reflected in recent Australian research, according to which 87% of survey respondents had not embarked upon breastfeeding with the intention of continuing to breastfeed their child "long-term" (Gribble, 2008, p.5).

narratives within the context of the preceding discussion of Jameson's notion of "cultural revolution". This chapter therefore serves as a cursory preamble from which the discussion, and the dialectical passage of the women's stories as expressed in subsequent chapters, develops and at times returns.

"Going with the Flow"¹⁵

The continuation of breastfeeding was frequently depicted by the women as a "natural" progression of a breastfeeding practice that was already in place. Many of the women described continuing to breastfeed because it worked well in the context of their family and life circumstances. Breastfeeding was spoken of as a "parenting tool" or a "mothering tool" that didn't lose its efficacy as the child passed the milestones of crawling, walking, talking and running: one that could be relied upon to "fix" many of the tensions of early childhood and therefore to facilitate parenting.

Amanda: Erm so from my point of view erm one of the things that I've learned from breastfeeding [*name of child*] is that when they're an older toddler breastfeeding you can sort of fix anything with a bit of breast milk, you know they fall over and hurt themselves you just pull them to you put them to the breast and they're comforted by that. You want them to go to sleep and they're clearly tired, put them to the breast, they'll go to sleep. So on holiday you know you don't need fifteen thousand toys and all of they're, all of the paraphernalia that they have in their bedroom. You can actually just take yourself and you're kind of like their home.

¹⁵ Janie and Melody both used the term 'go with the flow' when speaking about their approach to breastfeeding and/or weaning.

Rosa: ... I saw that it was helpful for just about every situation. And through, that was like a learning curve, whatever came up breastfeeding would fix it. So I had a *huge* amount of trust and a huge amount of faith that it was the right thing to do.

The practice of breastfeeding was depicted by the women as not only feeding, but as enabling much of the additional work - the healing, the holding, the soothing, the mending, the calming, the comforting - that is often carried out by women in the home in the early years of a child's life. The question to emerge in that context was less around why to continue breastfeeding as why to stop breastfeeding. Rosa summarised the sentiment of a number of the women I spoke with when she said: "Mmm, and I didn't see any reason to stop. There didn't seem to be, you know, no good argument to stop."

It was at least partly in this context that the ongoing continuation of breastfeeding was gestured towards less as a decision than as a non-decision. Melody, who became pregnant again before her child was a year old, spoke of reading about tandem nursing and of being influenced by meeting another woman who breastfed two children. Melody continued to breastfeed her child after the birth of her second baby, and added "It's just, you know, go with the flow, literally, I suppose. *[laugh]*". Janie used similar terminology in relation to the possibility of weaning her child: "I think I ended up being very go-with-the-flow about it ...". The women's words were therefore frequently evocative of processes of spontaneous progression, of an apparent normalness and naturalness that had at times taken them by surprise. "I just was surprised how natural that seemed, and normal, and obvious and like the appropriate thing to do" (Amanda).

The naturalness spoken of in relation to breastfeeding was at times juxtaposed against depictions of more routine or task-driven approaches to lactation and weaning. Janie, for example, spoke of a personal tension that she had felt when she tried to wean her son (then aged approximately nine or ten months) on her health visitor's suggestion that she start "cutting" his breastfeeds. "So I did try

and start, but then I thought 'This doesn't feel right.'" She described people making suggestions to her with regards to weaning, such as "Drop his ten o'clock feed". Gesturing towards herself as having less of a "routine driven" approach to parenting than such suggestions implied she said "I was like 'I don't have a ten o'clock feed'." Some three or so years later when I spoke with Janie for this study she was continuing to breastfeed her child, and spoke of him not breastfeeding "every night anymore". "And I'm just quite happy to let it peter out the way it's gonna peter out" she said. In such contexts the narratives in relation to sustained breastfeeding can be read as feeding into what Büskens (2001) refers to as a "rejection of rationalist models of childcare" (p.79). Some women also applauded a perceived simplicity in breastfeeding that they contrasted with other, more product-oriented, approaches to parenting and infant or child nutrition. In the words of Rosa: "So a very simple way of life, a potentially simple natural easy way of life, has become incredibly complicated."¹⁶

Cross-Cultural Imaginings

In addition to the continuation of breastfeeding being spoken of in relation to 'naturalness' and 'normality', the interviewees often referred to, and were at times inspired by, the breastfeeding practices of women and children (real and imagined) in different cultures. One woman spoke of recalling the sustained breastfeeding practice of a relative she had met when she was visiting family in the Pacific, and of how that memory had fed into her own decision to continue breastfeeding. Another said in relation to her son "...you know the image of the African baby that's always on its mother's back or breastfeeding or whatever. Yeah, that was him." Monique talked in broader cultural and historical terms:

It should just be normal. And we're the minority. I think the Western society's the minority, though the rest of the world's doing it, until they're what? Five?

¹⁶ A number of the women spoke of being grateful that they had not had to embark on the work of washing, sterilising, and making-up bottles of infant formula. "I'm just not that organised" laughed one woman.

Elsewhere in the interview she said:

Yeah, I think, yeah there's women who breastfeed their whole adult lives because they have so many children and they did that for a long time and there's no reason why I can't.

A further interviewee posed the question as to whether children in “cultures” who breastfeed their children for longer than tends to be the norm in the West are likely to develop the mental health problems that she associates with this society. How accurate the women’s perceptions and suggestions of breastfeeding in the variety of cultural contexts to which they gesture are, is open to debate. What is apparent, however, is that such cross-cultural references point to women and children in contexts in which sustained breastfeeding is deemed by the interviewees to be normal. Such references operate to legitimise and inspire sustained breastfeeding in a Western context in which it is not seen to be a prevalent practice.

Women also at times referred to “mammals” and to “evolution” in support of long-term breastfeeding. Janie spoke about how she’d told someone, in relation to sustained breastfeeding, that she was “fulfilling” her “duties as a mammal.” She laughed, yet her comment perhaps gestures towards of an awareness of contemporary research on breastfeeding duration in nonhuman mammals (see, for example, Dettwyler, 1995a). Another interviewee suggested that the process whereby a woman may gradually “come to terms” with breastfeeding for longer durations than she’d initially anticipated, is not dissimilar to a process of evolution: “Now that's like people have just sort of evolved as *we have evolved ...*” said Rosa.

Narratives as Expressions of “Cultural Revolution”

The women wove words in relation to ideas of simplicity, nature and evolution. Their narratives were animated by reference to mammalian behaviour, and to breastfeeding practices in different cultural and historical contexts. Mothers

denounced contemporary emphases upon rationalised, and at times commodified, parenting. In the words of one interviewee, breastfeeding is not a choice “between Coke and Pepsi” (Allannah). Such words can be read as critiques of aspects of contemporary capitalism. The women’s narratives might also at times be seen as naturalising the role of women in relation to their reproductive capacities, and that has certainly been a critique of sustained breastfeeding discourse (see for example Hausman, 2003, p.126).¹⁷ Yet inextricably bound with references to intuition and nature were the epistemological and communication norms of a highly technologized and information-based society. One woman mentioned a particular on-line community as normalising sustained breastfeeding for her: it “changed my normal really”. Women also spoke of accessing research-based information, of enjoying “[s]ciency indicators” (Janie), and of drawing upon information on the internet as well as in books. Interviewees frequently made sense of the apparent naturalness of sustained breastfeeding through the predominant knowledge structures and communication practices of a highly technologized capitalist society (see also Hausman, 2003, pp. 148-149). The women’s narratives therefore express the nuances and paradoxes of the wider societal context within which, and of which, they are articulations. My own research is not exempt from expressing the contradictions of the social contexts from which it emerges and to which it contributes.

The rhythms of “cultural revolution” of which Jameson (1981) speaks, that I read as expressed in the women’s words and of which such narratives constitute an integral part, give voice to the complexities of global capitalism. This is demonstrated in the ways in which women gestured towards the significance of very contemporary information technology and made sense of nature through science, whilst also expressing resistance to commodified or rationalist infant care practices. The women’s words were inspired by aspects of less commodified societies (by societies which, in Jameson’s [1981] terms, might be

¹⁷ This is not to say that sustained breastfeeding mothers cannot identify with feminism. According to Snitow (1990) and Blum (1999, pp.6-14), a philosophical division can be identified within feminism between feminist approaches that emphasise women’s difference from men and women’s reproductive capacities (and some sustained breastfeeding women might identify with such ideas), and feminist approaches that prioritise equality and a minimisation of women’s biological difference.

understood as dominated by modes of production in which labour is structured primarily along gendered lines [1981, p.100]). Some of these societies no longer exist, and others may be struggling to survive in the context of globalising capital. However, in so far as the women's texts are nuanced moments in the machinations of "cultural revolution", their words did not speak simply of conflict between aspects of existing and historical social systems. Nor did they merely affirm the prevailing interpretative mechanisms of a contemporary (and gendered) capitalism. The women's words also expressed suggestions and whispers of ways of living that have not yet gained ascendancy.

The interviews teemed with aspirations for futures that may one day assume tenure in this world. In this context the women's words were highly productive, as well as historically and socially constituted. The women's narratives were alive with possibilities for alternate ways of envisaging individual and communal potential. Such utopian urges provide the primary motivation for this thesis, and it is to these that the first detailed chapter of the research findings is dedicated.

Chapter Four.

Aspirations to Freedom: Utopian Urges in the Women's Narratives

The women who participated in the research spoke of breastfeeding in terms that far exceeded the feeding or comforting of their child/ren. Monique talked of breastfeeding her daughter as being integrally part of what she described as “a philosophy about free movement”. She explained:

... so that sort of incorporates, I think everything to do with her, her sense of self and her sense of “I can do this when I'm ready. I can do this when I'm ready”. And so that to me goes hand in hand with breastfeeding.

Another interviewee said, in partial response to a hypothetical question about whether she would breastfeed a subsequent child similarly to how she has breastfed her daughter:

Joanne: ... I would want the same thing for any other child that I want for [*daughter's name*], which is you know for them to feel welcome and free and respected.

I read the term “free” in such contexts as an expression of utopian urge. The women made sense of breastfeeding not simply as satisfying physical childhood

needs and Necessity (perhaps as what Allannah referred to as “a transfer of calories”), but as a means through which abundance and freedom may be created for their children now and in the years ahead. Yet the idea of freedom tends to be widely evocative, capturing an array of more precise and localised longings. In this sense the ways in which the women aspired to freedom for their children through breastfeeding were subtly nuanced. In the discussion that follows I have identified five particularised expressions of utopian desire as I read them in the interviews. I do not seek to ascertain the contemporary evidence-base for such hopes (I have tentatively outlined the parameters of such discussions in Chapter One). Rather I read such aspirations as examples of the varying and frequently overlapping ways in which the women’s words traject towards futures that cannot be entirely known.

Theme 1: Physical Health

In so far as Jameson (2010) reads the “humble aspirin” (p.416) as invested with utopian desires for eternal life, so too breastfeeding can be read as a carrier of aspirations for vitality, health and freedom from illness. Indeed, almost without exception the women I interviewed spoke of breastfeeding as protecting, promoting and boosting the physical health of their child/ren. Whilst there was recognition that a child may be physically healthy for reasons other than breastfeeding, the women frequently expressed incredulity at the idea that breast milk might stop providing their child with immunological or physical benefits past the age of one or two years. At times the women spoke of how healthy they perceived their own children to be in comparison to other children, and such wellness was often described in bounteous terms.

Joanne: ...she's just, you know, radiantly gloriously healthy child, which is fabulous.

Monique: ...my daughter is so healthy, and so clever and so smart...

Esther: I felt that it was good for him and I like, I had healthy babies and like I absolutely think that's down to breastfeeding. Healthy babies who didn't get colds. They never threw up. They were, you know? They never had runny noses. They were just healthy healthy babies. So physically absolutely I knew that it was good for them, and emotionally I knew it was good for them.

Anna: Yeah. Yeah.

Esther: Isn't it? [*voice breaks down, talking through tears*]
Oh God, it just gets me. You know, I *know* that. And I, I still feel happy about that, that I did.

Allannah: So anyway, I think that there's massive health benefits...

Esther: ... I feel really pleased to have fed them for so long and as I said to you like I absolutely think it's been hugely beneficial to them in terms of their health.

In such snippets from the interviews the choice of words such as “hugely”, “massive”, “radiantly”, “gloriously” and “fabulous” sits alongside repetition and other forms of accentuation (“healthy, healthy babies”; “so healthy”). Additionally, there is the spending of tears of joy. I read such excerpts, and recall them from the interviews, as expressions by the women of great fondness for their children. Also evoked is a sense of extraordinariness and of exception; an impression that the women’s children exceed, perhaps far exceed, expectations for child health in this society. Through their vivacity and surplus the women’s words overflow with the joy of describing what it means to have a child who is lavishly free from ill health.

Of course, the women’s children did, from time to time, get sick. And at such times breast milk was described as taking the form of a curative medicine (a solution to, rather than prevention for, childhood illness). When possible traces of utopian longing for eternal wellness met with material circumstances to the

contrary, breastfeeding was again mobilised as a means of galvanizing good health.

Joanne: ... I think, erm, probably three and a half -

Anna: Yeah.

Joanne: - there was an incident where she really was not well for a little while and it was, you know, it's always scary-

Anna: Mmm.

Joanne: - but it was really great that, and I was really, I can remember thinking at the time "Thank goodness I haven't weaned her."

Anna: Yeah....

Joanne: At that point there was no way she was interested in having water or any other kind of food. There was nothing that, I think even if you'd offered her a marshmallow at that point -

Anna: Yeah.

Joanne: - she wouldn't have been keen.

Rosa: Erm I enjoyed the fact that that even though they might've only been having a little bit of breast milk, that the nutritional quality was still there.

Anna: Mmm.

Rosa: And I noticed that after both of them weaned ... that particularly with [*name of youngest child*] because it's more in my recent memory, that he got ill quite quickly after that.

Anna: Okay.

Rosa: And there was a real feeling of "Oh hang-on, I don't have the medicine."

Anna: Mmm.

Rosa: "I don't have it. It's gone. So I'm gonna have to, uh, I'm gonna have to use some conventional medicine, something else." Erm so I, it was nutritional benefit.

In such examples breastfeeding is presented as a solution to the difficulties of childhood illness. It serves as nourishment, medicine, fluid and comfort at times when other substances may not be easily tolerated: a first port of call for assistance in times of sickness.

Also expressed in the interviews were inclinations that through sustained breastfeeding long-term health benefits might accrue for children. Allanah described talking to her sister on the phone when her sister's daughter continued breastfeeding for a number of years:

Allanah: ...and I'd say "Do you know, there's a list of diseases that you're protecting her against, that the longer you breastfeed I'm sure the list gets longer, so you should just feel really happy that she won't stop breastfeeding..."

Apparent in such words is not only the interviewee's intention to support her sister, but an underlying desire for the physical wellbeing of a loved one into the future. The utopian kernel of sustained breastfeeding (hopes that illness might be minimised, if not eradicated, in years to come) gives reason for celebration. "[Y]ou should just feel really happy" she says.

Theme 2: Emotional Wellbeing

Physical wellbeing, whilst important for the women, frequently did not manifest as the primary aspiration for the continuation of breastfeeding. One woman emphasised this by saying that "even if" the nutritional benefits of breastfeeding stopped at a relatively young age, there continues to be "enormous emotional benefit" for the child in continuing to breastfeed (Joanne). Breastfeeding was configured as a way of not only providing emotional support for a child in the present, but of at least partially laying the foundations for the development of an emotionally competent and confident adult. In the words of Allanah:

... I actually firmly believe that of every single thing that I decide for *[name of youngest child]* breastfeeding is the

most important thing that I do for her ... for her long-term health and emotional well-being.

Elsewhere in the interview Allannah elaborated upon her sense of breastfeeding as supporting “emotional well-being”. Rather than drawing specifically upon attachment theory as some sustained breastfeeding literature does (see Chapter One), she made connections between breastfeeding and current work on “sensory modulation”.

Ayres (1979) defined “[s]ensory integration” as “the organization of sensation for use” (p.5). In this context neurological processes are seen to facilitate arrangement of information gathered through the senses in order that a person is able to function in the world (Ayres, 1979, pp. 5-7). Successful sensory integration enables “adaptive responses” to the environment (p.6), supporting an individual to embark upon purposeful action, to interact effectively with others and to achieve emotional health. Current work on Sensory Modulation focuses upon the use of sensory environments and sensory approaches to therapeutic work in the mental health services (Te Pou o te Whakaaro Nui, 2000). “Weighted blankets” (Te Pou o te Whakaaro Nui, 2000, p.14), rocking chairs, and what the interviewee describes as “sucking lollies”, can be used to encourage improvements in sensory processing. The sensations involved in such therapeutic interventions are, suggests Allannah, “*exactly* what you’re doing to a baby when you’re breastfeeding it”: “squashing” (or holding tightly, swaddling), “rocking” and “sucking”.

Allannah: So it's like the building blocks, and you wonder if people miss out on this breastfeeding, which is very tactile, proprioceptive, it's all the senses, yeah, whether erm what goes on for people when they're older. Mmm.

Allannah: Do we all have these sorts of same emotional dysregulation type mental health difficulties as cultures who breastfeed for two years, carry their babies, rock them, don't have all this thing about independence and not

having that mother-child relationship as valued and - ? Do, do you know? Like I, yeah, I think it's so interesting.

Allanah also spoke in the interview of how she would like to undertake research in this area, research that considers “the connection between were you breastfed; and for how long; and were you rocked and, you know, soothed; and then what's happening at this other end of your life.” In this sense Allanah’s postulations are highly speculative. She’s aware that she doesn’t know the extent to which sustained breastfeeding might facilitate improved emotional well-being into the future. However, she nurtures a strong sense that breastfeeding is about more than physical nutrition, and in so doing expresses hope that breastfeeding might be influential in the creation of new possibilities around mental health.

Another interviewee spoke differently about the potential for sustained breastfeeding to impact positively upon an individual’s future emotional health. She talked specifically of weaning. Joanne described the instigation of weaning from the breast by the mother as entailing a process of “grief” for the child. Her words can be read as echoing Freud’s in so far as he too talked of a “pain” in weaning (1971, p.586). Freud also spoke of a general “reproach against the mother” related to weaning that he saw as closely linked to the idea that the mother had a “lack of love” for the child (1971, p.586). He went on to add: “there is some justification for this reproach in our families” not least because many mothers are, he says, “content to suckle them [*children*] for a few months, for half or three-quarters of a year” (1977, p.586).

Joanne speaks of the “grief” of being weaned as undermining a child’s “own sense of trust and lovability.” She refers to other contemporary parenting practices such as babies sleeping “in their own room on their own” in similar terms.

Joanne: And like, well, what I imagine it is, what I think happens in terms of the kind of the neurological development of the person is it just kind of stays as a deep

subconscious, because a lot of it, especially like weaning for a lot of children is pre-verbal if you know what I mean, it's before the child is capable of even holding a decent rational conversation -

Anna: Yep.

Joanne: - and so it's kind of at the level of feeling but before words -

Anna: Yep.

Joanne: - and so I think what, how that kind of manifests in terms of a person's life later is insatiable hunger or needing to be drunk to just kind of get rid of that feeling of loneliness and pain.

To put a linguistic slant on Joanne's words, the painful experience of being weaned from the breast cannot be easily integrated into a person's symbolic understanding of the world (if it is possible at all). This is seen to be particularly the case as weaning takes place for many children prior to them fully, or even partially, entering language. Weaning therefore occurs "at the level of feeling but before words" (Joanne). Such experiences, around which it is not possible to put words as they occur, are seen to constitute ongoing sites of trauma even after the individual is linguistically competent. For Joanne such an experience therefore lurks into the future ("I don't think it goes away...") where it continues to escape symbolisation. She elaborates:

I think it actually sits there as a, you know, an everlasting pain inside people, which then influences, you know that kind of gnawing something's-not-quite-right-within-me feeling which I actually think is incredibly widespread in society.

Contra Freud's assumptions regarding the apparent ubiquity of "pain" in weaning (1971, p.586),¹ Joanne suggests a scenario that she considers might

¹ Freud (1971) said, for example, "It seems ... that the child's avidity for its earliest nourishment is altogether insatiable, that it never gets over the pain of losing its mother's breast. I should not

help to avoid such difficulties. It is one of “child-led weaning” in which the child decides when s/he is “big enough” to “not need this anymore.” In this context child-led weaning from the breast, along with other related parenting practices, is articulated by Joanne as a means of avoiding grief for the child: as a process by which pain of separation from the mother might be avoided and therefore subsequent feelings of loss and “insatiable hunger” mitigated. Joanne also spoke of the possibility, if her child had not weaned by the time that her first teeth fell out and her permanent teeth began to grow, that such might be a physiologically appropriate time for her as a mother to begin to gently encourage weaning. To frame this in slightly different terms, Joanne’s breastfeeding practice is inspired by a desire for her child to experience a level of happiness and satisfaction (freedom from psychological pain) that may evade many people in contemporary society.

Theme 3: Freedom of Speech

Aspirations for “freedom of speech” also emerged in some of the interviews. I read them as a counterpoint to psychoanalytically influenced criticisms which might consider sustained breastfeeding to stifle a child’s ability to use language in addressing his/her needs. In the following excerpts from the interviews women talk of breastfeeding as a way of calming a child in order that s/he can discuss and talk through distressing issues.

Melody: ... generally if he got really upset and couldn't verbalise because he was too upset, it would calm him down enough for him to be able to talk about it, which is very helpful for a child that struggles to express his feelings.

Melody: ... it was really helpful to deal with that [*with child being upset about something*] if nothing else was going to work, just to calm him down so he could talk about it.

be surprised if the analysis of a primitive child, who could still suck at its mother’s breast when it was able to run about and talk, were to bring the same reproach to light” (p.586).

Joanne: What I have found is that actually if you ever are in a situation of extreme emotional distress or physical unwellness -

Anna: Mmm.

Joanne: - offer of a breastfeed can stop even the most major tantrum in its tracks and help everybody to get back into a much more comfortable, calm, 'Let's have a talk about what just happened and think about how we can do this differently' -

Anna: Yep.

Joanne: - kind of a space.

Anna: Yep. Mmm.

Joanne: And I've found it really helpful for that.

In these descriptions breastfeeding is used by the mother in order that words can then be found and deployed by the child in such ways that alternative, and less distressing, understandings of the world might emerge for the child. There is a sense therefore in which breastfeeding is being spoken of in ways that encourage the establishment of a therapeutic talking space for the child, particularly in instances where other strategies might not have been able to achieve that effect. There is also an implicit understanding in such quotations that it is at least partly through the use of words that child/ren learn to approach situations in ways that might be more useful for them.

A variation on the theme of speech emerged in the context of an interview where the woman spoke of the use of pacifiers with children. Breastfeeding was contextualised in this interview as an alternative to pacifiers; as a way in which children could be comforted at times during the day without the continual use of a dummy. The woman described being able to identify children who used pacifiers simply by looking at and listening to them.

...you can tell by the shape of their mouth and you can tell by the way they talk. I had a dummy until I was four, so my speech was really hindered. I couldn't speak properly for

years, and it was just because my parents were sort of like, because I talked a lot and so it was like a shut-up mechanism, and also because I believe in children being able to talk when they want to and being able to talk freely, that is a total, sorry if you, I don't know if you use dummies, but like it's like a plug, it's like saying "here you go, shut up".

Again, apparent in such words is a desire that the woman has, which she links to breastfeeding, that her child will be enabled to "talk freely". Whilst this hope is framed as a negation of the woman's own experiences of being "shut up", it is also an aspiration for her child's future that she might experience the freedom of being able to express herself eloquently and continually through language.

Theme 4: Connection and Attachment

Closely entwined in the interviews with aspirations for emotional well-being and verbal competency were ideas about connection and attachment. As has been the case in other research conducted with sustained breastfeeding mothers, the women I spoke with frequently described breastfeeding as a practice that has encouraged a close and positive relationship (or "bond") between them and their child/ren (Hills-Bonczyk *et al.* 1994; Kendall-Tackett & Sugarman, 1995). In the words of one mother "...I've really loved the closeness that that's actually enabled us to have" (Joanne). Esther spoke of "a bond" and "closeness" that manifests "through breastfeeding". And in the words of Rosie:

...certainly the bonding and spending time and just, when he was feeding a lot more, like when he was still feeding during the day I really relished the chance to just lie down or sit down, and just be like 'Ahhh'.

Such human connections were at times described as occurring in the context of an individual breastfeed: "it's how you reconnected at the end of the day..." (Olivia). Another woman noted that once bottle-fed children can sit up there

might be an expectation that they hold the bottle and feed themselves. She contrasted this to breastfeeding in which holding the child is necessarily part of the process. “You can't breastfeed from a distance. *[laugh]*”

The inter-personal connections described as facilitated by breastfeeding were at times also seen to have a durability to them that exceeded the breastfeeding practice itself.

Melody: ... I think it did, it made our bond a lot stronger, even now without the breastfeeding. I'm still really close to my oldest boy now. Lots of cuddles, and he's really sweet. *[laugh]* Yeah.

Rosa: It was a bonding, bonding, sense of self, sense of trust in the world for them, whether or not that translates into how they see the world but that was my intention. I believed that it could do no harm.

Apparent in such words is a sense that breastfeeding may hold potential to facilitate positive relationships after breastfeeding itself has stopped. Rosa's words also suggest that how a person relates to themselves (one's "sense of self") may be inextricably bound with his/her ability to engage meaningfully with others. This is gestured towards in her close sequential use of terms relating to the constitution of self and to connection with external others ("bonding, bonding, sense of self, sense of trust in the world"). And so, hope is expressed that in providing closeness now one might enable children to develop trust that translates into future relationships. Rosa also spoke of having been influenced by a friend whose relationship with her teenage daughter was described in positive terms. She referred to the possibility that breastfeeding in the present might build the foundations for a similar relationship between herself and her daughter through the teenage years. She describes it as a "leap of faith" and simultaneously also "an investment" in the future.

In a variation on the theme of sustained breastfeeding, tandem feeding was also described by some women as holding the potential to facilitate bonding between siblings. On one level the idea of breastfeeding two children was envisaged as enabling an older child to “adapt to the presence of a new child” (Joanne). Sustained breastfeeding was also gestured towards as increasing the likely age-gap between siblings. Indeed longer periods of breastfeeding and higher breastfeeding frequency have been shown to increase the duration of amenorrhea - and the suppression of fertility - after a pregnancy (Ojofeitimi, 1982. See also Kippley, 1974). In widening the spacing between children, continued and tandem breastfeeding were understood to reduce the probability that an older child would experience a baby as “a chief competitor” (Joanne).

The women who engaged with the research expressed longings for positive future relationships for their children, and sustained breastfeeding was understood as a mechanism for potentially facilitating that. However a number of women expressed desire for children beyond their own family to also be breastfed for longer, or to be tandem fed. Joanne, for example, spoke in relation to how longer term breastfeeding might benefit “everybody”. She framed this in terms of a negation of currently prevalent practices around breastfeeding and weaning, saying “there’s actually real benefits for everybody in not doing it that way.” She spoke of her desire for “other people to also” consider sustained breastfeeding as an option. Hence, it’s possible to read trajectories towards alternative worlds as beginning to emerge from her words. If early weaning could be seen (as Joanne expressed elsewhere in the interview) to undermine children’s “sense of trust and lovability” and as contributing towards feelings of “loneliness and pain”, perhaps in the negation of such a practice the stirrings of a world of improved human relationships might begin to be felt.

Theme 5: Breasts

The women’s talk of personal relationships was at times also related to conversation about the eroticisation of breasts in contemporary society. One woman noted that tensions might exist around the idea that her breasts can feed her child, whilst “later that night” they might assume an erotic place in sexual

intimacy with her partner. Another expressed concern about breastfeeding in a public arena where men are present for fear of such an act being read as a sexualisation of breastfeeding. “Well I don't want them to be viewing breastfeeding as a, you know, sexualising breastfeeding” (Amanda).

Perhaps such words speak, at least in part, of a society in which sexualised images of women's breasts proliferate, and in which breasts have been defined primarily through an eroticised, masculine heterosexual gaze. In such a context the act of lactation operates as an often uncomfortable reminder that breasts also have a biological function in the feeding of human young. However, the women I spoke with did not simply critique the contemporary sexualisation of breasts. In one of the interviews I read a suggestion, in the negated form of a critique of the present, that sustained breastfeeding might potentially constitute a means through which the socially prevalent meaning attributed to breasts be altered. This woman gestured towards the process of being weaned as repressing an infant's desire for the maternal breast. She suggested that such a repressed desire might potentially manifest in later life as a desire for the breast in highly eroticised form.

Joanne: ... so there's this kind of public image of the over sexualised breast -

Anna: Mmm.

Joanne: - which is all well and good, except I think, my personal feeling about that is that that's all out there because part of what people, I think part of the reason why people are interested in breasts is because nobody gets enough of it. You know, it's an extremely rare person that was actually fully breastfed until they'd truly had enough of it.

Anna: Mmm.

Joanne: And most people are cut off before they feel like they've had enough, and it's one of those things that you know you have to accept it because if that's what your mother says that's that, you know.

The work of Freud again provides a way to contextualise Joanne's comments. For Freud (1971) "[s]ucking at the mother's breast" constitutes "the starting-point of the whole of sexual life, the unmatched prototype of every later sexual satisfaction, to which phantasy often enough recurs in times of need" (p.314). In my reading of Freud, the breast assumes narcissistic and phantasmatic meaning (value associated with self-gratification) partly because "the child so often finds it absent" (Freud, 1949, p.70). If this is the case, practices such as breastfeeding on a restricted basis (for example three to four hourly) and of adult instigated weaning, might indeed be seen to contribute towards a childhood sense of the breast as absent and therefore towards longings for 'it' as an object (and perhaps 'it' as a sexualised object) in later life. However, the practices of attachment parenting, such as breastfeeding on demand, of carrying the child in a sling next to the breast, of co-sleeping and of child-led weaning have the effect of considerably increasing the availability of the mother's breasts to the infant. Indeed, a number of the women who engaged in the study spoke of trying to give their child as much access to the breast as was possible. In the words of one woman: "I tried really hard through the whole process, the whole five years ... of not making, not putting *any* demands on it." If this is the case, and speaking hypothetically, one of the effects of such mothering strategies might be to mitigate, if not protect against, a situation in which a child fears (and subsequently learns to repress) loss of the breast. In such a context it is possible that late 19th and early 20th century Freudian readings of the breast in terms of 'absence' and 'presence' in infant fantasy speak as much about the childcare practices of that era and of that European cultural milieu (one in which Freud himself suggested children were frequently weaned at around six to nine months [1971, p.586]), as they do about a universal human condition.

The words of Joanne suggest an interesting hypothesis about the social meaning of breasts: prevailing infant and child-feeding practices may be at least partially responsible for cultural preoccupations with breasts as sexual objects. If this is the case, and picking up where Joanne's words leave off, such a hypothesis might be used to imply that a change in such parenting practices could potentially enable breasts to assume very different meaning in the future.

In this context infant feeding may constitute a realm within which lies the potential for shifting cultural understandings of sexuality and eroticism in the decades ahead.

Grappling with the Fragility of Utopian Urges

In this chapter I have started to explore the possibilities of women's words in relation to the symbolism of breasts. I have also read the women's narratives as expressing aspirations regarding their child/ren's physical health, emotional well-being, linguistic expression and relationships now and in years to come. Despite the women's longings for their children and for others, they were not naïve to the possibility of the future working out other than they hope for. Some of the women suggested that their desires for their children may speak at least partly about their own experiences and/or about the ways in which they themselves were parented. As Jameson suggests, utopias do not speak simply of the future but also of history as it manifests in the constitution of the present and of contemporary longing. Even the women who spoke most strongly about the evidence-base for their practices noted a possible gap between knowledge and outcome; that the future might not work out as they hope, and that only time can tell. This was apparent in the choice of words such as "my hope and expectation" or "our hope and aspiration" when speaking about intentions for the future of one's children. "Maybe *we're* wrong and we'll find that out..." said one research participant.

Furthermore, if a child is, or grows up to be, happy, confident etc., there is little way of proving that this has occurred because of particular parenting practices, including the practice of sustained breastfeeding. In the words of one interviewee "that just could be her personality". Touched upon here is a sense of the complexity, perhaps even impossibility, of establishing direct relations of causality. "It's one of those things where it's very difficult to measure because you don't know what [*child's name*] would have been like if things had happened differently for her" (Joanne). The intended outcome – for example, of long term emotional benefits as a consequence of sustained breastfeeding - is continually in danger of being lost due to the complexity of factors that might potentially

feed into such an outcome. Yet in the absence of a recipe for the future, and in situations where one has to act anyway - “You have to feed your baby something” (Rosa) - the women's aspirations affirm their actions. Through the daily practice of sustained breastfeeding glimpses of abundant and vital futures are gently and tentatively kept alive.

Chapter Five.

Negotiating Ideology: The Contradictions of Not Disclosing Sustained Breastfeeding

Women make sense of sustained breastfeeding through their aspirations for the present and for the future. However, such hopes and imaginings also exist, potentially antagonistically, with other, often more socially prevalent representations and images. The utopian aspirations of the women are therefore negotiated in relation to wider social and ideological practices that may influence the ways in which those aspirations are lived and brought into practice. McBride-Henry (2010) for example speaks of the influence that external others - “the ‘they’” - have upon women’s experiences of breastfeeding in New Zealand. She suggests that “[i]t is the ‘they’ who provide the framework for interpretation by establishing boundaries of the acceptable ways of existing” (p.771). In the methodological terms of this thesis, codes of practice and acceptability that McBride-Henry gestures towards when she speaks of “the ‘they’” are understood in terms of ideology.¹ To reiterate, ideology can be understood as “a system ... of representations” that has historical significance and function in a particular “society” (Althusser, 1996, p.231). Ideology therefore “has a material existence” (Althusser, 2012, p.125) as it performs a “role within a given society” (Althusser, 1996, p.231), and it is “*realized*” in that society through the performance of “rituals” and “practices” (Althusser, 2012, p.137. Original emphasis).² It is therefore at least in part through such rituals and

¹ McBride-Henry’s (2010) own conceptual framework is influenced by the work of Heidegger.

² For Althusser (2012) such “rituals” and “practices” take place within “Institutional State

practices that subjects take part and take place within a society. It is also through such acts that the world appears to those who are constituted in and through those material practices. In ideology, particular practices and rituals are naturalised, coming to constitute simply the way things are and should be.

This chapter explores tensions described by the women as they talked about breastfeeding an older child in a society in which they experience their breastfeeding as running counter to hegemonic practices and beliefs. The notion of *the abject* is also introduced into the research findings in this chapter, as I read in the women's words concern about both the practice of sustained breastfeeding, and its participants, being rendered abject in relation to prevailing ideologies.

Conflicting Ideologies

The mothers in the study frequently spoke of their aspirations for sustained breastfeeding as not being shared by others. Such words can be read as illustrating Jameson's (1981) understanding that impulses from different systems of representation conflict with one another in a state of perpetual "cultural revolution" (pp. 95-97). Friends, family and partners who supported the women in their breastfeeding were virtually without exception described as highly valued and significant to the women. However, some women also described feeling estranged from family members, at least partly because of a lack of shared understanding about sustained breastfeeding: "I ... have encountered a bit of erm horror and dismay from some of my own close family members..." (Joanne). Conflict was also mentioned in relation to the women's, and potentially the children's, friends. One research participant spoke of her child having been "teased" at school by a friend who was aware that she breastfed.³ Another mentioned having been in a situation in which long-term friends laughed at her when she mentioned that she was breastfeeding: "The whole table just laughed."

Apparatuses" or "ISAs" (p.137) which include the family, the Church, schools etc (p.110).

³ The mother spoke of taking immediate action to ensure that such teasing was not repeated. She therefore described it as having been "an isolated incident".

Whilst some women described explicit confrontation with others around breastfeeding, the research participants also frequently spoke of being 'challenged' about breastfeeding in more covert ways. Rosa described a relative saying to her "You're not still breastfeeding are you?" and "Oh you poor thing. You're not breastfeeding while you're pregnant are you?" In the subtle but rhetorical nature of such questions, the naturalness of dominant rituals and practices regarding appropriate times for weaning can be read as assumed and reinforced. Melody spoke of her father asking her if she'd noticed that somebody had left when she breastfed. It was a question that might only hold pertinence in a society in which such breastfeeding is invested with a degree of prohibition.

Some women also spoke of not experiencing negative comments about their breastfeeding, but of nevertheless carrying a sense that breastfeeding an older child was unacceptable.

Esther: Nothing specifically happened, I just felt like it was not the right thing to do.

Monique: I never, yeah, I never really had anyone say anything to me or anything like that, I just, maybe it was just me, maybe I just felt it. I just felt it I guess, the vibes, I guess.

Reference here to feelings ("I just felt like it was not the right thing to do") and "vibes" indicates the density of ideology's texture. In such a context the materiality of ideology pervades ("interpellates" in Althusser's terms [2012, p.128]) the women as subjects, such that verbal expression of a given code of logic ceases to be necessary (and may not even be possible). It may of course be the case that in some contexts the women imagined, incorrectly, that other people would object to their sustained breastfeeding. However, in my reading of the interview scripts this is to some extent irrelevant. The women imagine as they do precisely because they are inextricably bound with the prevailing cultural practices in the context of which, and in relation to which, they breastfeed. As I have mentioned elsewhere, many of the mothers I spoke with

suggested that, prior to having their own children, they themselves were steeped in the norms of such hegemonic practices, to the extent that they did not initially question them.

Introducing Abjection

The women had different understandings of what others might object to in sustained breastfeeding. This diversity perhaps suggests difficulties in articulating what are frequently unspoken ideological premises. At the points in the interviews when women talked in relation to this, they were not merely attempting to pin down the specificities of ideology. They were simultaneously grappling with how to wrap words around that which is excluded, and is therefore virtually unimaginable, in particular systems of representation: that which is, to use Kristeva's terminology, rendered "abject" (1982). Indeed, in describing how they perceived others to view sustained breastfeeding and its participants, some of the women used words that are highly suggestive of abject objects: "gross", "freaky" and "dirty" for example. Such terms designate, in varying ways, aspects that violate order and form; phenomena that threaten the (perhaps sanitized) norms upon which collective and individual stability rest.

Esther: But I did feel like it would be kind of perceived as being erm gross or not right, which is why I didn't do it in public.

Janie: ... I don't want to have to feel dirty about doing what I think's natural...

Monique: ... I think people do, you know, they sort of think you're a bit freaky. *[laugh]*

Some of these women's words also resonate with wider research, according to which breastfeeding is frequently perceived as "dirty work" (Battersby, 2007, p.101) and long-term breastfeeding in particular is viewed with "disgust" or even as "perverted" (Fairclough, 2010, p.361).

When speaking in more detail about how they viewed others' perceptions of their sustained breastfeeding, some women referred to fears that others may have around a child never stopping breastfeeding: in the words of Janie "...that he'll be feeding at eighteen like some people say." Others perceived a related anxiety that the practice may thwart a child's independence: "So that's sort of how it feels in the community that independence is very, is high on everyone's agenda and breastfeeding doesn't go with that..." (Allanah). The possibility of adult gratification from sustained breastfeeding was also mentioned: "that whole thing that it's something that *I* need ..." (Allanah). Implicit in such descriptions is a sense that the mother is seen to be, in one way or another, pervading – saturating – the child who is viewed as requiring separation from the maternal body. Whilst breastfeeding in itself may not be problematic, the size and age of the child appear inappropriate for such a practice. Perhaps also, as Shaw (2004) has suggested in relation to cross nursing, the physical exchange of bodily fluids, the engulfing of body parts by another body, the fulfilment of one person's needs through another, and in a context deemed "inappropriate", threatens "the coherence with which maternity is currently constructed by white, Western individualism" (p.288).

This contravention of predominant systems of representation is the factor that I interpret as rendering sustained breastfeeding *abject*. In this sense sustained breastfeeding is not intrinsically abject. Rather the act of breastfeeding an older child is constituted as abject in contemporary Western society because it threatens dominant ideological renditions of maternity and prevailing assumptions regarding the acquisition of individual autonomy from an early age. I draw upon Kristeva's words to support this premise:

For abjection, when all is said and done, is the other facet of moral, religious and ideological codes on which rest the sleep of individuals and the breathing spells of societies. Such codes are abjection's purification and repression. (Kristeva, 1982, p.209)

If this is the case, abjection shakes ideology out of its “sleep”. The apparent calm of psychical or social congruity is ruptured by the visitation of unruly elements. For Kristeva, the term “horror” speaks strongly of the manifestation of abjection and in this context it is pertinent that some women chose such terminology to describe how they perceive particular others to view sustained breastfeeding. In the words of Joanne: “... having to contend with the, the horror or disapproval of other people hasn't really been that fun.” In the words of Allannah, referring to the people she works with, “[t]hey'd be horrified.”

On describing how the relatives of a friend reacted to her breastfeeding her child (then aged around two years old) Janie said “I think they were like ‘Eeww’.” She then laughed. Janie's is a description of abjection that works as abjection itself appears to. The sound that Janie makes, that I later transcribe as “Eeww”, suggests a psychical state of aversion. And yet “Eeww” also escapes the formal codes of language, upsetting the categorisations and demarcations of syntax, grammar and vocabulary. The sound demonstrates - perhaps in ways that words cannot – that attempts to capture abjection in strings of signifiers at least partially fail. There is a physical quality to Janie's use of sound over word that evokes a sense that the couple she is referring to may have had a visceral response to seeing her son breastfeeding. Furthermore, Janie then laughs. Whether it is in the awkwardness of the social situation of which she speaks, or in the failure of words to capture the experience of abjection that laughter erupts is perhaps irrelevant. Both of these possibilities point to an undermining of convention, the bursting through of abjection as the underbelly of codes and regulations (be they linguistic or social). And in those contexts laughter gestures towards, perhaps even serves as a means of partially releasing, the tension produced by the violation of ‘what should be’.

The Secrecy of Sustained Breastfeeding

The risks of being rendered *abject* were often seen to be considerable for both the women and the child/ren involved. Women spoke of the actualities of and potential for conflict with others, subjection to ridicule and social isolation. As a result women often described restricting the knowledge of others about their

breastfeeding. Janie mentioned not disclosing the practice to health visitors after a particular point: “and then after that I just didn't mention it *[laugh]* which I don't think's uncommon...” Other women spoke of not sharing such information with certain relatives, friends or colleagues.

Allanah: ... I guess the other big thing about breastfeeding her over two is the social kind of, nobody in the community here really knows that I breastfeed *[name of child]*.

Monique: So not many people know I still do it. *[laugh]*

Allanah: Yeah, I haven't told anyone at work that I breastfeed *[name of child]*.

Some of the women also spoke of their families having what Wrigley and Hutchinson (1990) describe as “a secret word” for breastfeeding (p.40). In their research Wrigley and Hutchinson (1990) found that for mothers the use of a “secret word eased the way in public” (p.40). A similar theme emerged in my own research. One woman described an incidence in which her first child had asked for “Boobies” in a public place and a stranger had responded by saying “That child needs a bottle.” In attempting to circumvent such unwelcomed comments in the future, the mother had encouraged her younger children to call breastfeeding “something different”.

There was acknowledgement that as a child grew and breastfed less often throughout the day, the likelihood of a child needing to breastfeed in public tended to reduce. However, many women also described a deliberate spatial management of breastfeeding in which they avoided nursing in particular, especially public, spaces.

Monique: I remember the last time I fed in public, she was about fifteen months, maybe younger, and that's when I went “OK, I'm a little bit self-conscious now” and I don't know why. Yeah.

Esther: But once he got beyond two I don't think I ever fed him publicly other than, I'm just trying to think like at family's house, like at my in-laws or something I wouldn't have, I didn't, I don't recall doing it -

Anna: Mmm. Mmm.

Esther: - because I felt I, like I felt like I couldn't do it publicly.

Anna: Mmm.

Esther: Erm so if we were at like music groups or playgroups or anywhere else yeah, I wouldn't. So if he asked for it I would kind of distract him or try and put him onto something else.

When the women were breastfeeding more than one child (twins or siblings of different ages) the difficulties of breastfeeding an older child in public were seen to be multiplied. It emerged as particularly difficult to simultaneously breastfeed two children “discreetly”. In the words of one research participant:

...if we were out in public and they both really needed a feed I was like “Uh, what do I do?” because, you know, it's, I'm the type that likes to be discreet while feeding. I don't use a cover but, you know, yeah, it's quite difficult when you're feeding two.... At church I could usually hide under some steps and no one would see me. *[laugh]* I didn't do it there too often.

Clara, a mother of twins, said:

... I wasn't comfortable feeding two, because it's really hard to do two *[laugh]* like discreetly -

Anna: Yeah.

Clara: - erm without being full-on and especially because they're fidgety and things...

Safety concerns were also mentioned, with concern being expressed that it was difficult in some contexts to breastfeed one child in a public space whilst also looking after another young child and ensuring that the other child was safe.⁴

Two of the women who participated in the study described continuing to breastfeed in public places, and this was spoken about by one in terms of a “social responsibility” to “role model” breastfeeding to others. These women were not, however, entirely unequivocal about the idea of breastfeeding an older child in public. One spoke of having concerns about breastfeeding in certain public spaces as her child got older because she didn’t want negative comments to be made to him: “And as he got sort of to four or five, particularly five, erm there was a real question of what if he asks when we were at [*name of sibling*]’s school ...” Amanda spoke of being aware that if her child was older she might be less confident breastfeeding in public: “if I did breastfeed a four year old I would certainly put limits around it.... I’d be like ‘We can do that at home’.”

A very limited number of spaces outside of the home, most notably La Leche League meetings and for some women their local Playcentre, were described as supportive places in which to breastfeed older children. Overall, however, the women spoke of tending to breastfeed in private. In the words of one woman: “if I’m in my own home I’m ok to do it” (Monique). In the words of another: “Yeah, it’s just not really an issue anymore because it’s always in the bedroom I suppose.” (Melody). Drawing upon the work of contemporary geographers, such a spatialisation of breastfeeding makes sense in relation to understandings of production and reproduction as geographically constituted. Massey (1995) speaks of “spatial divisions of labour”, and in this context Boyer (2010) refers to the “association” of care-work with the geographical domain of the “home” (p.2). In the words of Bowlby, Gregory & McKie (1997) “The ‘private’ domain of the household is where caring is seen as most appropriately taking

⁴ This was spoken of particularly in the context of breastfeeding twins. Clara explained how once her twins reached about eighteen months of age it became increasingly unrealistic to expect one of them to sit in a pushchair whilst the other breastfed: “So yeah, it’s just a safety thing too I guess.”

place” (p.345). However, whilst academic work has considered breastfeeding in public as a means of “expanding the boundaries of where care-work is allowed to take place” (Boyer, 2010, p.1) in the case of sustained breastfeeding additional factors come into play. This is at least in part because sustained breastfeeding is frequently viewed not as “care”, but as abject.

To make sense of this I draw upon the French Marxist Sociologist Henri Lefebvre’s (1991) discussion of the spatial distribution of activities in the bourgeois home. Lefebvre mentions how “the bodily ‘functions’ of eating and drinking, sleeping and making love” were “thrust out of sight” (p.315). They were “adjudged strictly crude and vulgar” and thereby “relegated to the rear of the house, to kitchens, bathrooms, water closets and bedrooms often to be found along or at the end of dark corridors or over small, ill-lit courtyards” (p.315). Whilst contemporary New Zealand housing varies much in relation to this, a practice that disrupts social boundaries of acceptability is nonetheless carried out in places that tend to separate the practice from other daily activities. The women I spoke with often referred to their children being able to, and learning to, wait for a breastfeed as they got older. By its restriction to the home or bedroom, sustained breastfeeding is to some degree censured: kept away from the public eye. To appropriate the words of Lefebvre (1991), “a psychoanalysis of space” might show that contemporary New Zealand space implies a “filtering” of sustained breastfeeding: repression of the practice works as both “caesura and censure” (p.315). The child is increasingly expected to wait for a breastfeed, and any taboo around the practice is played out in its being kept from the public gaze.

“Preserving the status quo”⁵

Whilst practices that increase the privacy of breastfeeding were seen to protect women and children from potentially awkward, even traumatic experiences, they also emerged as sites of tension and ambivalence for the women with whom I spoke. On the one hand, as mentioned in the previous chapter, the

⁵ Joanne spoke of how, in a context in which it's not possible to talk about sustained breastfeeding “It becomes something that kind of erm preserves the status quo ...” (see p.76).

women frequently had well formulated aspirations with regards to breastfeeding. On the other hand, such aspirations at times appeared in danger of being compromised as a result of practices that restricted other people's awareness of the breastfeeding. In the following example Melody speaks of tensions she experienced because she began to opt not to breastfeed in front of her father:

...my dad gets quite uncomfortable around breastfeeding. So there came a time where it was easier for me just not to. Like he's alright with babies but I think he just started getting quite uncomfortable with the older, erm, probably around sort of past two or two and a half. Yeah, so I kind of stopped feeding around him but it did make it a bit awkward at times because I don't believe in leaving the room because my child wants a feed. But at the same time I do realise other people, you know, even if they know that it's stupid, they can feel pretty uncomfortable. So trying to juggle kind of our needs and be sensitive to other people could be a bit tricky.

The task of providing for her own and her child's "needs", by giving her child access to her breast, is put on hold as Melody and the child move to another room in order to accommodate other people. Such an interruption, a "caesura" as Lefebvre (1991, p.315) might refer to it, in the breastfeeding process may not entirely compromise the aspirations of the woman to meet her child's "needs". However, it does postpone the fulfilment of such aspirations at least temporarily (until breastfeeding is able to take place elsewhere). Exiting the room also sits uneasily with Melody: "I don't believe in leaving the room because my child wants a feed."

Tension also emerged around the idea that in confining breastfeeding to private spaces aspirations to increase awareness of sustained breastfeeding were thwarted. Yet to disclose the breastfeeding was seen to leave the women, and their child/ren, vulnerable. Such a conflict was expressed in the interview with Joanne.

Joanne: ... we just have it private for us.

Anna: Mmm. Can you remember the point that you stopped breastfeeding her in public?

Joanne: It probably would have been at three, you know, in terms of erm when I started to feel like, you know, people are raising their eyebrows at bit. *[laugh]*

Anna: Mmm.

Joanne: And it's a tough one, because it's, you know, on the one hand I do want to challenge how people feel about that, but on the other hand I don't necessarily want to be on the receiving end of people's judgement or ill feeling.

Anna: Mmm.

Joanne: And so I don't necessarily want to put mine and *[daughter's name]*'s relationship into that position.

Anna: Mmm.

Joanne: And so it's kind of a fine line of wanting to protect our own privacy because we don't need any extra pressure in our life -

Anna: Mmm.

Joanne: - but also taking the opportunities as they arise to gently, erm, question or let people know who might be in a position with their own children to make some different and refreshing decisions about that stuff.

Anna: Mmm.

Joanne: I really do think that it's, you know, one of those things that's incredibly beneficial for children...

Tension is expressed here in Joanne's words between a desire to avoid the "extra pressure" of the violation of privacy that comes with other people being aware that her daughter breastfeeds, and an aspiration to increase awareness of sustained breastfeeding so that other children might benefit from the practice. This tension may be particularly acute as raising awareness of sustained breastfeeding might also be expected to increase the acceptability of the practice and to thereby result in a situation in which it becomes easier for the

woman and her child to more readily acknowledge their breastfeeding relationship to others. Joanne also expresses the predicament in the following statement:

... if we can't talk to anybody about this then nobody's ever going to find out about it. It becomes something that kind of erm preserves the status quo rather than offering people an alternative.

The woman's utopian aspirations for change in relation to sustained breastfeeding therefore emerge as being constrained by the ideological conditions across which such aspirations are attempting to cut. In being so constrained there is a danger that the practice of sustained breastfeeding comes to be shrouded in a secrecy that reinforces those very conditions that the practice itself might otherwise help to shift. Put slightly differently, a practice that has historically been associated with non-capitalist (often hunter-gatherer) societies is carried out in such a way that it bolsters the contemporary significance of privacy in relation to individuals and their families. The values of "Western individualism" (Shaw, 2004, p.288) that in other contexts the practice of sustained breastfeeding might cut across, are thereby reinforced.

The Utopian Kernel

Whilst women gestured towards feeling caught in some of the predicaments outlined above, the moments in the interviews in which women grappled with such tensions also highlighted the utopian aspects of the women's narratives and therefore the potential for change. Monique's narrative is emblematic in this regard. Monique indicated that women who breastfeed older children might fuel the ideologies by which sustained breastfeeding is shunned (rendered abject), by not breastfeeding in public.

Monique: Yeah, I don't know, I don't know how, I don't know how to, I don't know, because I don't know if it's, if it's, if it's women themselves who are sort of feeding that

stigma by not doing it. Or are we just going “It makes other people feel uncomfortable”? Or we don’t want to be ostracised because of it? I think it’s probably a combination of everything, but I don’t know how to change it. I think the only way we can change it is if we all, if we all just start doing it.

Perhaps Monique’s hesitations and repetitions - for example of “I don’t know” - suggest discomfort on her part with the idea that her actions may contribute to the ideological hegemony that she aspires to challenge. Elsewhere she recalled that the last time she breastfed in public was when her child was approximately “fifteen months” of age or “maybe younger”. In the terminology suggested by Bohn (2012), Monique’s utopian aspirations for change “rupture” as she comes face-to-face with her “Self”, as inextricably bound in the preservation of dominant ideology and practices (p.78). Certainly it’s possible to read the start of Monique’s quotation (above) as suggesting that she feels highly uncomfortable with the situation she is attempting to describe. Yet it is also in precisely such moments of personal unrest, in which change feels impossible but is still desirable, that the “utopian kernel” lies (Bohn, 2012, p.81). Indeed, I do not read in Monique’s words a sense of what Jameson (2010) refers to as cynicism or “cynical reason” (p.413). She is acutely aware of the apparent impossibility of the situation she inhabits, feels uneasy about it and *continues to look for solutions*.

Monique’s potential resolution to the dilemma focusses on the possibility that women might breastfeed in public together: “I think the only way we can change it is if we all, if we all just start doing it.” She went on to give the example of Big Latch On events in which women come together in public in order to breastfeed. She then added, however, that when she had attended such an event when her child had been approximately two years of age, her breastfeeding daughter had been the largest child at the event. Whilst Monique explained that this hadn’t concerned her particularly at the time, she added that she wouldn’t have been keen on her friends seeing media coverage of the event if she featured prominently in it. Many of her friends tend not to be aware that she breastfeeds.

The utopian aspirations apparent in Monique attending the Big Latch On, presumably to increase public awareness of breastfeeding, are again ruptured as they meet with the fact that this woman does not like the idea of her friends seeing her at the event. The utopian dimension of attendance at the Big Latch On is again curtailed by constraints that speak of the broader ideological parameters within which the event has emerged as necessary.

Yet again, however, there was a utopian spark or kernel to Monique's acknowledgement of the ideological tension with which she wrestled. She added, immediately on the heels of the discussion I have just outlined, that she wished the situation were different.

I wish it could be different, and I don't know how to change it. I'd love to be part of the solution. *[laugh]*

Such words strike me as a powerful and existentially operative commitment to a future that is different to the present.⁶ In this context perhaps it is precisely in women's awareness of the ways in which they find that their own actions can reinforce a context in which sustained breastfeeding is stigmatised (rendered abject in Kristeva's terms) that the urge for change is foregrounded. Precisely how women make that newly emerging utopian kernel operate in a way that is socially significant is a topic that I explore towards the end of this thesis (Chapter Seven).

⁶ Jameson (2004) suggests that imaginings of different futures that lack "visceral commitment" may be "politically and existentially inoperative" (p.53).

Chapter Six.

Abjection, Weaning and Guilt

The women spoke of tensions in relation to the wider social and ideological context within which they breastfed their children. Whilst women described enjoying sustained breastfeeding, all but one also spoke of challenges, at least from time to time, within the practice itself. Women who had been pregnant whilst breastfeeding often talked about breast tenderness, nausea or sickness during pregnancy as presenting difficulties for breastfeeding. One woman spoke of finding it a considerable effort to eat sufficient food when she was breastfeeding and pregnant, or when she was breastfeeding more than one child. Another talked about sustained lactation, and not necessarily during pregnancy, as “tiring” (Allanah). And breastfeeding whilst negotiating the needs of other non-breastfeeding children was seen to be infused with challenges.

Whilst many such issues are touched upon in the support literature related to sustained breastfeeding (see, for example, Bumgarner, 1982; Flower 2003) in this chapter I attempt to gain focus upon feelings that appeared less tangible than those of “tiredness”, breast tenderness or “soreness”. At certain points in the interviews, women spoke of times of intense feelings in which the physical touch of long-term breastfeeding had felt (if only temporarily) overwhelming and/or difficult for them to tolerate. Such experiences were not necessarily easy for the women to capture in words. Whilst such feelings are gestured towards in the breastfeeding support literature (see, for example, Casey *et al.*, 2010; Flower, 2003 pp. 46-47), their power and materiality tends to be lost in the translation to language. The naming of these feelings, their nomenclature, partially fails to capture the physicality of the lived experience. I attempt to make

sense of such feelings as moments of abjection on the part of mothers in relation to breastfeeding. I read such experiences as inextricably bound with a disruption of the women's utopian aspirations as invested in breastfeeding and as a threat to particular contemporary understandings of what it might mean to be a 'good' sustained breastfeeding mother. In this disruption of utopian and ideological codes, guilt potentially lurked.

Feelings of Excess and Overload

Rosa was one of the women who spoke of breastfeeding experiences that sat outside of her expectations and aspirations, and that she had found difficult to make sense of through her pre-existing knowledge of breastfeeding. She described challenges in breastfeeding her daughter from a particular stage in a subsequent pregnancy in the following terms, and spoke of this as a "low point".

Rosa: All of a sudden it became really irritating. It wasn't painful. It wasn't, yeah it wasn't painful, it was just mentally and it was, it was irritating, like a tickle or like a, just felt different. And I don't know why. Could have been milk change. Could have been anything. But all of a sudden she was just sort of sticking to me a lot more and I just felt this need to have a bit of space, because I guess I, because I was getting bigger and heavier and hotter.

Rosa's words oscillate between an understanding that the feeling with which she grapples is a cognitive one ("it was just mentally") and a sense that it also has physical manifestations ("like a tickle" perhaps). She continues by saying that the experience was "like a", at which point she appears unable to find a noun to describe it, and simply adds that it "just felt different." This "different" feeling is then described as playing itself out in a set of dynamics whereby her child increasingly wanted physical contact with her ("she was sticking to me a lot more") and Rosa felt a need to distance herself from that ("I just felt this need to have a bit of space"). In Rosa's use of the word "need" a sense emerges of the intensity of the experience for her. "[S]pace" is not described as something

that Rosa would prefer. It manifests instead with a physical and/or emotional urgency.

Although the experiences described by the women differed significantly from one another, there are echoes of Rosa's words in those of other women. Monique, for example, spoke of times, particularly during "the early stages of pregnancy" when she was breastfeeding another child, where she "just physically" didn't "want to be touched". Esther described related experiences outside of pregnancy: "...I'd got to that point that I was just like 'Ugh. I've had enough.'" There is a sense in which the physicality of this mother's experience evades attempts to be fully depicted in language, erupting instead in the sound she makes. The guttural quality of "Ugh" gestures towards an overload of touch and physicality. The feeling supersedes "enough".

Such a tendency for the intensity of corporeal experience to explode through language into sounds, and in the evasion of words, is further suggested in the following quotations that elaborate on Rosa's and Esther's experiences.

Rosa: - I remember, I remember the day, I remember the day my, the feeling changed mentally and physically. I remember it clearly. I was five months pregnant, and all of a sudden it was like 'urgh', from this 'ahhh' to 'urgh' and none of the books had told me about this *[laughing]*.

Esther: I was getting, urgh again, more and more fed-up. Like when I got to three I was like 'Ahh *[sounds like a sigh]*. Really? Ahh. Jeez.' That's honestly how I felt. That's what I mean, I'm so not the poster girl for extended breastfeeding.

In both of these excerpts the women are grappling to express material experiences of breastfeeding that they end up articulating via sounds and sighs - "urgh" and "ahh" - rather than in words. Excess oozes from and between their words, as it does from the un-words that they articulate. Whilst Esther speaks of becoming "fed-up" it is elsewhere that the intensity and dislocating capacities of

her experience become most apparent. Between the “urgh”, the despondent sigh (“Ahh”) and the “Jeez” bounce feelings that simply refuse to be captured in the term “fed-up”. And so when Esther says “That’s honestly how I felt” the listener has a strong sense of the intensity of her experience, and that sense has emerged perhaps less from what has been said than from the way that it has escaped articulation. Furthermore, for Esther, her experiences appear to be different from those that she associates with images of the “poster girl for extended breastfeeding”. For Rosa a discrepancy lies between her own experiences and those that she recalls having read about in books.

Indeed, that which Rosa appears to remember most vividly about breastfeeding during pregnancy was an experience that she was unable, despite her knowledge of breastfeeding, to explain.

Rosa: Erm I mean it must have been, I don't remember it being uncomfortable or difficult the fact that I was pregnant. I don't remember that. I just remember it being almost like skin-crawling, it was, and, and revolting would be a word I'd use as well. But I, I don't know why and I wish it hadn't happened like that.

This particular experience, which evades her understanding, is here brought into language via the word “revolting” (itself a strong indicator of abjection). The word not only depicts a strong sense of physicality. It also speaks of a materiality that rises up and revolts, perhaps despite attempts to repress it. Rosa further describes the experience as “skin-crawling”: a feeling that upsets the boundaries of her corporeality. Such a disruption of bodily parameters, and a need to retain corporeal boundaries, was echoed in a slightly different context in the words of Esther. She spoke of a point in breastfeeding at which she felt “I want my body back.... I want my boobs back.” In an attempt to re-settle the parameters of corporeality this woman longed to be able to call her body her own.

Feeling “Touched Out” and “Breastfeeding Agitation”

Over half of the women who engaged in the study spoke of what might be described as similar experiences (if only temporarily) in the context of breastfeeding their older children, not least when breastfeeding during pregnancy or when breastfeeding more than one child. Clara said “... I was just getting to the point like ‘I don’t even want you to *touch* me’ because it was just too much with the two of them.” Again, gestured towards here is a physicality in breastfeeding that at times overwhelms and exceeds the parameters of tolerability. In contrast to Rosa and Esther, Clara went on to put a name to her experience. She referred to it as feeling “touched out”. The term “touched out” was also used by two of the other women who participated in the research.

Melody: Sometimes there have been times when you know by the tenth feed of the day and it’s only kind of lunchtime it’s like “Would you just leave me alone?” Because I’m not really a naturally touchy feely person, so I do get quite touched out quite often.

Allannah: ... I found it quite, that whole touched, feeling touched out and just exhausted by it.

The term “touched out” appears from time to time in the support literature around breastfeeding and particularly in internet searches of breastfeeding and early-years websites and blogs (see, for example, Flower 2003; Casey *et al.* 2010; Shaw 2011, 4 March; Phoenix, 2012, 17 July; Brown, 2013, January 6). As a term, however informal and perhaps ambiguous, it might be understood as representing an attempt to bring excesses of touch and physicality into the realms of discourse. In so doing begins the possibility of attempting to tame the unruliness and surplus of such experiences. The phrase is not exclusive to a breastfeeding context, although it perhaps bears particular significance in relation to lactation. It is applied broadly to feelings relating to an overwhelming of touch and holding whilst caring for small children (see, for example, Shaw, 2011, 4 March). Given the elusiveness of formal definitions of the term I draw

attention to the way in which Charlotte Porter, in her parenting blog, speaks of feeling “touched out”:

If you’re not familiar with the term, “touched out” is the physical and emotional sensation of wanting to hatch out of your own flesh at the touch of another. For me it manifests as an internal itching and crawling of my skin. It comes from the never-ending demands our little ones place on our physical and emotional being, since conception. At least this is how I understand it. I’ve never read an actual definition; all I have is my anecdotal evidence for you. (Porter, 2013, 23 September)

In her book *Adventures in Tandem Nursing* Flower (2003) speaks of feeling “touched out” as an indication that the mother’s body needs a “break” (p.26). She quotes a mother, Jennifer from Oregon, as saying “I sometimes feel as though I just can’t take it anymore...” (p.26). Flower (2003) appears to differentiate feeling “touched out” from what she refers to elsewhere in the book as “breastfeeding agitation” (p.46) or “nursing aversion” (p.47). Noting that “the precise nature of the agitation varies widely from woman to woman” (p.46) she includes quotations from women describing what she considers as manifestations of such sensations. These include the following:

I felt an overpowering urge to stop nursing, immediately. It was a visceral, gut reaction like an itch, making me tense, anxious, cranky, and agitated. It was so confusing because I wasn’t in pain, and I was committed to nursing my son as long as he needed to nurse. (Sarah, Texas, cited in Flower, 2004, p.47)

...it’s kind of like if you could take the sound of nails on a chalkboard and turn it into a physical sensation... (Lisa, California, cited in Flower, 2004, p.47)

The best I can do is to say it felt like bugs were crawling all over my body, and I couldn't brush them off... (Barbara, Minnesota, cited in Flower, 2004, p.47)

Considerable overlaps exist between Porter's description of feeling "touched out" and Flower's talk of "breastfeeding agitation", to the extent that differentiation of the two appears difficult to make when applied to a breastfeeding context. I read in Flower's (2003) discussion a suggestion that "breastfeeding agitation" speaks of more immediate, perhaps more visceral, feelings of aversion occurring during an actual breastfeed, whereas feeling "touched out" is a wider sense of having had enough of breastfeeding and/or more generally of being touched. To the extent to which it is possible to differentiate between such intricately woven experiences, what is striking in the context of the present research is the degree of similarity that such experiences, in their apparent diversity, bear to Kristeva's talk about abjection (abjection here in the context of the mother's own experience).

Porter (2013) speaks of feeling "touched out" as simultaneously a "physical and emotional sensation", just as Kristeva (1980) speaks of abjection in terms of "an extremely strong feeling which is at once somatic and symbolic" (p.135). This is not dissimilar to Rosa's descriptions (see above) of "the feeling" which she experienced whilst breastfeeding her daughter and that manifest both "mentally" and "like a tickle". Furthermore, the literature - including internet sources - on breastfeeding agitation and on feeling touched out suggests that these terms refer to states in which an individual's 'inside' revolts when her bodily externalities are touched. For example, Porter (2013, 23 September) speaks of an "itching" inside, a desire to "hatch out of" her flesh, to "crawl" through the "skin". Jennifer, cited in Flower (2003) says "I can't take it anymore" (p.26): "I" has reached a point where "I" can no longer "take" (can no longer receive or tolerate) the external other ("it"). Boundaries, inside and outside, are threatened: they are neither entirely there nor entirely absent.

Abjection is, suggests Kristeva (1980), "above all a revolt of the person against an external menace from which one wants to keep oneself at a distance, but of

which one has the impression that it is not only an external menace but that it may menace us from inside” (pp. 135-136). Indeed breastfeeding, in moments where it is experienced as “just too much”, perhaps operates similarly. Whilst the experience of being suckled partially constitutes a “menacing” from outside, it is also delicately bound with the mother’s aspirations for her child as invested in the act of sustained breastfeeding, with how she defines and constitutes herself as a breastfeeding mother, and with her love for her child. And so the suckling is never simply “an external menace”. Abjection, in Kristeva’s terms, “is a desire for separation, for becoming autonomous and also the feeling of an impossibility of doing so – whence the element of crisis which the notion of abjection carries within it” (1980, p.136). In so far as the physical touch of breastfeeding is therefore bound with the woman’s hopes and aspirations in relation to sustained breastfeeding, an urgent desire for physical “autonomy” and separation from the child is inextricably linked with the impossibility of that. Hence a glimmer emerges as to why the intensity and deluge of feelings that people attempt to capture in terms such as “breastfeeding agitation” or “touched out” can carry such urgency for the mother.

Guilt and Maternal Subjectivity

At times women spoke of feelings such as these abating over time. At other times they talked about finding ways of managing such feelings or of growing accustomed to them. In the words of Melody in relation to feeling “touched out”: “...I got used to it after a while, and it was good for me because I had to, you know, get over myself a bit and just give them [*her children*] the affection they needed.” She said elsewhere in relation to breastfeeding during pregnancy: “I didn't get that horrible creeped out feeling that some people get. So it wasn't too bad ...” However, the experiences that I have outlined above frequently did not feel manageable to the women, and at times they were infused with guilt.

For Kristeva (1982, pp.113-132) the New Testament represents a shift in the topography of abjection. She suggests a move from an Old Testament system of representation and differentiation in which abjection was allocated primarily as an external “threat” (p.114), to one in which “abjection is no longer exterior. It

is permanent and comes from within” (p.113). In such a context in which abjection manifests as internal to the self, failure in relation to its repression and/or purification comes to be scripted as cause for self-blame. Thus, Kristeva notes, “[t]hrough the process of interiorization, defilement will blend with guilt” (p.116).

Whatever may be the scriptural or historical context for an apparent merging of abjection with guilt, there were traces of such a blending at points in the women’s narratives. For Rosa, for example, there was a strong association of guilt with the very emergence of “that feeling”, a feeling that she elsewhere described as “revolting”, “skin-crawling” and “urgh”.

Rosa: ... as soon as this feeling happened, as soon as that feeling happened there was guilt.

Anna: Mmm.

Rosa: I knew it wasn’t, I knew that it wasn’t how I wanted it to be. I knew it wasn’t positive

Anna: Mmm.

Rosa: I knew it wasn’t helpful. And I knew I was actually showing this...

Rosa not only speaks of “that feeling” as an intense threat to how she “wanted” breastfeeding “to be” (to her utopian aspirations in Jameson’s terms). Its’ merging with guilt (“as soon as that feeling happened there was guilt”) also suggests an internalisation of responsibility for the experience that I have spoken of in terms of abjection. Rosa went on to talk of getting “irritated” and of limiting the “frequency and duration of feeds”, and she was not alone amongst the interviewees in describing such feelings and strategies. Hence, the potential for maternal guilt widened: not only did “the feeling” that I have spoken of in terms of abjection manifest, but Rosa also felt that she was not able to manage that feeling as productively as she might.

Esther's words echo with those of Rosa.

Esther: And I just, that physical sensation of having him on me and you know there'd be times when it would be lovely-

Anna: Yeah.

Esther: - but it was increasingly not.

Anna: Yep.

Esther: And I'd just, I would restrict it, where I'd be like "No that's enough. Come on, we're getting up" or whatever. It was good when it suited me. It was not so good when it was just about him, you know.

Anna: Yeah.

Esther: Which is pretty stink and selfish but that's, that's the way it was.

Here Esther speaks of a situation in which "that physical sensation" resulted in her restricting breastfeeds, and moral judgement is attributed to the disruption of unmediated selflessness. "It was good when it suited me. It was not so good when it was just about him, you know ... Which is pretty stink and selfish". It was in a similar context that Esther had spoken about not considering herself to be "the poster girl for extended breastfeeding". And so it's possible to read in her words an expectation that "the poster girl for extended breastfeeding" might not act or feel in such a way. Yet Esther was far from alone amongst the research participants in having such experiences.

To make sense of such dynamics as expressed in the interviews, I draw upon aspects of Kristeva's work on mothering. In her text *Stabat Mater* Kristeva (1987, pp.234-263) speaks of contemporary understandings of "motherhood", well beyond those of Christianity, as inextricably bound with representations of the Virgin Mary (p.234). She suggests that many current discourses of mothering mirror the structure of the Virgin Mary, thereby providing a fantasy of, whilst denying the reality of, "motherhood" (p.234). More specifically for Kristeva this is a "fantasy" (one that she considers to be held by men and women) of "a lost

territory” of “primary narcissism” (p.234). In one sense the Virgin Mary and “her attributes” (p.249) represent a “return of the repressed” (p.249): depicted silently shedding “tears” (p.249) and nursing the babe in arms, the Virgin’s image evokes a moment in the history of each subject that is “nonverbal” and “primary” (p.250). Yet it does so in a way that is “idealized”, and that therefore necessarily fails to capture the complexities of “primary narcissism” (p.234). In this failure, suggests Oliver (1993), “[t]he mother is sacrificed to the Virgin” (p.52).

The Virgin mother represents “impregnation without sexuality” (Kristeva, 1987, p.237). She does not sin, and she is saved from death “through Assumption” (Edelstein, 1992, p.33). The myth of the Virgin inspires and provides connection with ideas of maternity. It valorises some of the self-sacrificial joys and “jubilation” that Kristeva (1987) reads mothering as frequently carrying (as the mother nurtures her child to let go [anonymously] of him/her for the continuation of humanity [p.260]). Yet virginal understandings of maternity tend to valorise mothering on symbolic (what Kristeva understands as paternal) terms, that not only deny the mother enjoyment in her own right but that also deny the complexities of real maternity. For Kristeva, the real mother has what Oliver (1993) describes as an “ambiguous relationship to the child”, not least because she cannot be entirely symbolic, nor can her child assume the status of “God” (p.52). For Kristeva (1987) real mothers constitute a peculiar “fold” that turns self into other, “culture into nature”, “speaking into biology” (p.259). In aspiring to the myth of the Virgin the real mother is denied “the complexity of being divided, of heterogeneity...” (Kristeva, 1987, p.248).

Reading Kristeva’s words through a Jamesonian lens, the ideas of virgin mothering can also be seen as conflicted with powerful utopian aspirations and socio-political (ideological) functions. For Kristeva:

...the representation of virgin motherhood appears to crown the efforts of a society to reconcile the social remnants of matrilinearism and the unconscious needs of primary narcissism on the one hand, and on the other the requirements of a new society based on exchange and

before long on increased production, which require the contribution of the superego and rely on the symbolic paternal agency. (Kristeva, 1987, p.259)

Thus depicted, ideas of virgin mothering can be read as simultaneously capturing the ideological needs of a patriarchal and eventually capitalist society, whilst symbolically paying homage to elements of other modes of production (to “social remnants of matrilinearism” for example [Kristeva, 1987, p.259]) that might threaten newly emerging social forms. In attempting to satisfy “the unconscious needs of primary narcissism”, the image of the Mother perhaps also speaks to a (utopian) desire for a world in which needs are entirely fulfilled and anguish about self-preservation relinquished. In this sense virginal maternal discourses constitute a powerful response to conflicting ideological demands, and to utopian longings to circumvent anxiety provoking realities.

Returning to the research interviews, in those moments when the women spoke so honestly of the excesses and borderlands of their experiences, the coherence of virginal maternal subjectivity (infused with idealised images of “poster girls” of sustained breastfeeding) was disrupted. Sustained breastfeeding was described in joyful and celebratory terms on numerous occasions during the interviews. Yet in an era in which maternal sacrifice is highly valorised, promising abundant future (if not also contemporary) returns; and abjection is viewed as stemming from within; experiences of abjection on the part of mothers (such as feeling touched out) were aptly situated to blend with guilt and self-judgement. In such moments of judgement the experiences of real mothering can be read, to use Oliver’s words, as “sacrificed to the Virgin” (1993, p.52).

Weaning

The potentially difficult effect upon women of idealised maternal discourses was particularly apparent in the women’s talk of weaning. The women often spoke of having been influenced by texts that refer in largely positive terms to child-led weaning. Buckley (2005), for example, summarises a classic text on

breastfeeding toddlers (Bumgarner, 1982) by speaking of how it “writes of the security, confidence, and self-esteem that we can give our children when we allow them to nurse and wean according to their own schedule” (Buckley, 2005, p.244). Such words speak to women’s aspirations for the future of their children and they open up the possibility of child-led weaning in a society in which prevalent practices are to the contrary. However, they may also tacitly contribute to a delimitation of new boundaries of acceptability in relation to weaning and therefore mothering.

With only one exception, women who engaged in the study spoke of holding, or of having held, desires for their child/ren to wean themselves from the breast as opposed to the women instigating and/or encouraging weaning. The interviews were scattered with phrases such as “I think that I will let her self-wean” (Allannah) and “I’d intended for her to wean herself”. Monique said in relation to weaning: “...it’s happening quite naturally, and I like the idea of children self-weaning and having the choice to, when they make that, having the choice...” Neither “child-led weaning” nor “natural weaning” are precisely defined terms (see, for example, Bengson, 2000, pp. 17-29). However, of the nine children spoken about in the interviews as having weaned from the breast after the age of two years, in only one instance was the weaning described as having being entirely instigated by the child. For example, in some instances the women presented themselves as bringing about weaning. In others the process was described in terms of negotiation between mother and child: it “was partly me encouraging him to wean and partly him weaning” (Amanda). Furthermore, in a significant proportion of cases the decision to wean was described as related to, if not entirely a result of, experiences infused with what I understand as *abjection* on the part of the mother (of feelings akin to feeling ‘touched out’ or ‘breastfeeding agitation’).

In some instances the weaning of a particular child was described in positive terms. Slightly more frequently, however, weaning emerged as a site of tension or ambivalence for the women. Whilst there may be a number of reasons for such ambivalence, it was not uncommon for tension to be related to a woman’s sense that the very act of weaning her child was at odds with her aspirations for

child-led weaning. For example, one woman who weaned her daughter from the breast (at two years and ten months) after approximately nine months of finding breastfeeding during pregnancy and then tandem breastfeeding difficult, described “disappointment” as well as a considerable duration of “guilt” at having weaned her daughter: “...I didn't want to do that, I didn't want it to happen like that, I'd intended for her to wean herself erm so that was really erm a very difficult time...” For this woman there came a point where she had felt that the challenges of tandem breastfeeding outweighed the benefits for both herself and for her children. At that time weaning her eldest child emerged as “the only option I felt I had”. The woman’s maternal subjectivity, as invested with aspirations for child-led weaning, was therefore impossibly divided. On the one hand, as she’d expressed elsewhere in the interview, she aspired to her child developing a sense of “bonding”, trust and confidence through child-led weaning. On the other hand not only did she feel unable to continue breastfeeding her child. She also faced the implicit possibility that, due to the difficulties and intensities of feelings that breastfeeding presented, some of her hopes for her child might be best achieved through a cessation of breastfeeding.

The literature on breastfeeding tends to associate guilt with the experiences of women who do not breastfeed or who stopped breastfeeding in the relatively early period of a child’s life (see, for example, Guttman & Zimmerman, 2000; Wolf, 2011). However, the above interviewee was not alone in speaking of guilt in the context of weaning a child over the age of two years. Clara, for example, referred to guilt about instigating the weaning of her twins when they were “about three and a quarter” years of age.

Clara: Erm with the twins erm kind of philosophically, intellectually, I would have liked to feed them for longer but I was just like, like, just *too much*. I was just touched out with the two of them just all the time.

When I asked how she had felt about weaning she said:

Clara: A little bit guilty. I mean, because I do, I mean I do respect the benefits for feeding for longer but then I kind of look at the benefit that they had compared to a lot of kids, you know, so I try to not feel too guilty. But I do, because everybody wants to be the perfect mum and ever giving and ever capable –

Anna: Yeah.

Clara: -and erm making compromises like that kind of hurts because you feel like you should be. *[laugh]* You know?

Anna: And so what was the compromise? What had you, what had you wanted for them?

Clara: I wanted erm, because it was, it was more mother-led weaning –

Anna: Yeah.

Clara: - in terms of they, they still had that need and erm they would have quite happily gone on without limits, with you know longer feeds, more frequent feeds, but I just couldn't anymore. Yeah.

Whilst Clara retained a commitment (“philosophically, intellectually”) to child-led weaning, the intensity and corporeality of feeling “touched out” destabilised her capacity to adhere entirely to the letter of such ideas. In relation to the prevalence of *idealizations* in contemporary constitutions of mothering (e.g. “everybody wants to be the perfect mum and ever giving and ever capable”) Clara speaks of making what she refers to as “compromises”. And in that act of compromising pain manifests: “that kind of hurts because you feel like you should be *[ever giving and ever capable]*.” Hence glimpses emerge in Clara’s narrative of the realities and complexities (the “heterogeneity” to use Kristeva’s terminology [1987, p.248]) of mothering, not least in a society in which motherhood tends to be understood in terms of (utopian and ideologically infused) ideals.

Whilst Clara weaned the twins earlier than she would ideally have liked, Clara's children were nonetheless breastfed for far longer than tends to be the New Zealand norm. And as a result, Clara's words speak in relation to a situation in which guilt itself is incongruous.

Clara: Yeah. Well it's kind of interesting because like I have the guilt that you know I didn't go as long as I wanted, but I also have the guilt that I have the guilt, because look at what I *managed* to do. *[laugh]* Does that make sense?

Anna: Tell me more about that.

Clara: Because like yeah, like rock-on I breastfed twins for that long, you know? But then I feel guilty that I didn't feed them quite as long as I might have liked to, but then, yeah, I just, it's sort of part of me thinks that it's kind of silly to feel guilty because look at what I did manage to do.

Guilt is spoken of arising in the context of Clara having compromised in relation to aspirations of child-led weaning. However, Clara is also aware that in the context of her own material circumstances (e.g. as a mother of twins in a society in which most children are weaned far earlier than her own and in which there is considerable social and material pressure to stop breastfeeding [even one child] at a relatively early age) her own breastfeeding can be seen to have been highly successful. "[Y]eah, like rock-on I breastfed twins for that long". Hence Clara's words express a tension that emerges in the context of a complex interplay (an ongoing "cultural revolution" in Jameson's terms) between competing ideologies and aspirations in relation to weaning. Her words also gesture towards a gap between some of those aspirations and the material context of Clara's own life. In such conditions Clara's view of her achievements is neither entirely positive nor entirely negative. Mothering once again emerges (perhaps in a slightly different sense to that gestured towards by Kristeva) as a heterogeneous, divided affair: as a site of interplay between seemingly incommensurable ideologies and longings. Yet the lingering of the intricacies of maternal guilt speaks also of the power and the prevalence, even in such complex conditions, of idealised notions of what a mother should be. Once

again there is a danger of the real mother being sacrificed to unobtainable singular ideals.

In summary, I make sense of the feelings that are at times referred to in the literature as 'nursing aversion' or feeling 'touched out', as moments of abjection on the part of mothers. These experiences involve an acute sense (however temporary) on the part of the woman that breastfeeding is intolerable. In a complex interplay of psycho-corporeal dynamics, such experiences also signal a disruption to women's utopian aspirations as invested in sustained breastfeeding and to contemporary configurations of what it might mean to be a good sustained breastfeeding mother. To draw upon Jameson, in such moments of abjection the apparent impossibility of utopia and the fragility of ideology are therefore glimpsed, and such unruly feelings potentially merge with self-blame and guilt. When women instigate the weaning of their child/ren as a result of such experiences, their hopes in relation to child-led weaning may be threatened, and a further configuration of maternal guilt may therefore lurk.

Discussion

Whilst contemporary discourses on "child-led" or "natural" weaning draw inspiration for the future from mammalian behaviour and from breastfeeding practices prevalent in often pre-industrialised societies, they also speak of the ideological environment of contemporary capitalism. The weaning age of children in many industrialised capitalist countries tends to be lower than that of children in many other cultures (Dettwyler, 1995a, p.43). However, considerable evidence exists of women in non-industrialised contexts frequently, albeit by no means always, weaning their children before the birth of another child (Böhler & Ingstad, 1996; Ford, 1964; Muensterberger, 1970, p.303; Shostak, 1976). Furthermore, the extent to which women in different cultural settings encounter feelings similar to those of being, in contemporary English terminology, "touched out" is unknown. It is possible that in cultural contexts in which breastfeeding responsibilities for an individual child tend to be shared amongst women (between female relatives and friends for example), the apparent incursion of personal maternal limit-points in relation to breastfeeding (and the instigation of

weaning as a result) might be less apparent.¹ Flower (2003), however, suggests that feelings such as “breastfeeding agitation” might “stem from our mammalian roots” (p.47). She goes on to ask “Have you ever seen a dog or cat throw off their nurslings, even nipping at them when they request to nurse? Maternal aggression is not uncommon in the animal world at weaning time” (p.47).

In light of such discussions it is possible that current discourses regarding “child-led weaning” as “natural weaning” inadvertently imply repression rather than reclamation of what Flower (2003) refers to as “our mammalian roots” (p.47). Whether this is the case or not, current talk about “child-led weaning” can be read as speaking from a discursive context of individual rights and freedoms, in this case applied to children. In this context the woman’s pleasure, and therefore freedom, may come to be defined almost entirely in relation to the extent to which she is able to provide such freedoms for the child. Whilst there is a sacrificial and ideological element to such discourses, such words also provide considerable inspiration. Ideas regarding child-led weaning speak of powerful aspirations for the future, and to shift some of the more coercive aspects and constraints of contemporary social and personal realities. Unequivocal denunciation of sustained breastfeeding and self-weaning would tend to cast a veil over the gravitas of such aspirations and over the joys of the practice. In this context it is significant that the women I interviewed tended to speak of wanting to feed future children also for sustained durations (if they were to have any). They did, however, frequently add provisos, such as keeping a mind open to the fact that “you never know what’s going to happen ...” (Rosa). If this is the case, perhaps it is precisely through the disruption of utopian visions, as occurs through experiences of abjection, that slightly different ways of negotiating sustained breastfeeding begin to emerge. This is the topic of the next chapter of this thesis.

¹ According to Palmer (2009) “[i]n Britain (and probably elsewhere) before the great changes of industrialisation, women were casual about suckling each other’s babies” (2009, p.173). Golden (2001) also makes passing reference to “private, informal wet-nursing relationships” (p.36) in the context of late 18th century America. An alternative hypothesis to the one presented above, however, is that in contexts where cross-nursing or co-nursing is more prevalent, feelings akin to being “touched out” might be common due to expectations that women suckle multiple children at their breast.

Chapter Seven.

“[I]t *does* suck...and it's *okay* that it sucks”: Shifting Utopias ¹

The women's narratives variously hovered, broke down and effused with lucidity as they sought to put words around practices and experiences that appear to be largely unspoken, even shrouded in prohibition, in the New Zealand context. In this chapter I focus upon the women's discussion of how such aspects of breastfeeding as disrupt powerful codes about lactation and mothering, might be shifted into slightly different spaces of operation thereby beginning to assume new meaning. Some women gestured towards acts of enunciation - of writing and of talking - as supporting them to work through some of the difficult experiences of breastfeeding, such as those that I have framed in terms of abjection. Women also suggested related discursive acts as holding the potential to produce movement in the wider ideological climate within which breastfeeding is currently rendered abject. Many women spoke of their reasons for participating in the research project in terms related to this. I read in such acts of verbal and written articulation emergent and slightly alternate ways of traversing the experiences of sustained breastfeeding and mothering more generally.

Writing

Three women spoke of writing as a way of processing and/or of conveying to others the complexities (including what I have understood as moments of abjection) in their experiences of breastfeeding. One talked about writing to a

¹ These words were spoken by Olivia in her research interview (see page 99).

loved one as a way of working with and communicating the conflicting emotions she felt around weaning: "I had to write it down in a letter" she said. For another research participant, writing was a way in which she suggested being able to work more productively with thoughts that might otherwise go "round and round and round."

Olivia described being informed that her writing in a public arena had encouraged another woman to breastfeed for longer than might otherwise have been the case. Her satisfaction about this was apparent. "...I've made a difference to someone just by being open about it" she said. However, she also spoke of her writing practice as enabling her to process her own thoughts and experiences.

Olivia: Well often, I mean often my house and life is like so noisy and chaotic you don't get a chance to actually think about anything.

Anna: Yeah.

Olivia: And taking the time to sit down and kind of articulate and form a point in an argument about something, yeah it just kind of clarifies it for you. So often it's as much about the writing as it is about putting it out there.

Anna: Yeah.

Olivia: Just kind of processing and yeah, as you, as you form your argument you form your argument. Right? As you get your argument down it solidifies it for you. Erm, yeah, and, yeah, it's just the chance I got to think about things really.

The act of writing is thereby spoken about as facilitating a process in which thoughts might gain coherence and clarity. The written word is understood in such contexts as holding the potential to lend meaning to that which might otherwise remain elusive.

Later in the discussion Olivia added, in relation to writing, “You can have a delete key and re-read”, and she laughed. In addition to the act of writing encouraging the emergence of understanding, the process of writing and re-writing was thereby gestured towards as lending fluidity and flexibility to meaning. Olivia’s sense of how words can be used to transform the way in which an event or experience is understood is particularly apparent in the following extract from her interview.

I've always tried to write and be really honest about what's going on.... You know, like really honest about the, you know, it's not all cuddles and sunshine and fairy dresses. You know? Erm and people respond to that, and and putting it in a way that makes people laugh actually makes you look at it in a different light too....Erm and then kind of turning it into a more light hearted funny piece kind of makes you look at it in a different way, and then having people respond and say like “That was hilarious. You poor thing”, you know, just goes it *is* kind of hilarious [*laugh*], and it *does* suck [*laugh*], you know like, and it's *okay* that it sucks.

Here Olivia speaks of being “honest” about facets of mothering that disrupt idealised (utopian, but also ideologically infused) visions of mothering: “it’s not all cuddles and sunshine and fairy dresses.” In giving voice to aspects that she colloquially says might “suck” (perhaps, for example, moments of abjection), maternal realities that tend not to figure in idealised renditions of what it means to be a mother are rendered visible. One of the strengths of such an approach to writing is that in a context in which the most difficult and perhaps forbidden experiences are openly explored, potential lies for such aspects, as well as the codes that forbid them, to operate differently. If “it sucks” and “it’s *okay* that it sucks”, the difficulties implicit in the term “it sucks” are at least partially neutralised. Furthermore, if it’s “*okay* that it sucks” the ideological codes whereby such experiences are denied begin to be at least partially broken down.

Similar ideas are raised in the following excerpt from the same interview, in which Olivia spoke of writing about her feelings around instigating weaning:

Erm yeah, just, you know, acknowledging that it's a bit bitter-sweet and having people, you know, reflect that back to me that they had felt that way too was, yeah that helped, that other people saying that they, you know, were finding it bitter-sweet that their child was weaning or had weaned or, yeah, I dunno.

In these words Olivia talks not simply about expressing in writing the challenging feelings of mothering (expressed here as the “bitter”, in contrast to the [utopian] “sweet”), but of other women telling her that they too had experienced similarly. In such a context of women talking openly about the more difficult aspects of maternal experience, potential lies for such experiences to lose connotations that they might have held of personal failure. The possibility emerges for women’s words to begin to encourage acceptability around the diversity and incongruity of the realities of mothering.

Olivia also spoke of using humour as a technique for shifting the meaning of challenging experiences. She noted that writing about occurrences “in a way that makes people laugh actually makes you look at it in a different light too.” With regards to a particular piece of writing she said: “... it ended up being quite a funny light-hearted piece, but it didn't start out that way at all...” Through the moulding and shifting of words, an experience that might at the time have felt quite overwhelming (a moment of abjection perhaps) came to be articulated in a way that brought laughter. Olivia also spoke of her writing practice offering her “a reason to step back” and to think differently about an event that might have gone “kind of catastrophically, ridiculously wrong...”

Olivia: Not always. I mean sometimes you're just in the thick of it going “Oh my God.” You know?

Anna: Yeah.

Olivia: But erm sometimes you just go “Well, you know, I can write about that.” *[laugh]*

For Kristeva (1982) “laughing is a way of placing or displacing abjection” (p.8), and there is indeed a sense in Olivia’s words that laughter functions as a means of pinpointing and of relieving the intense feelings of some of the more overwhelming aspects of maternal experience. Abjection speaks of horror as the Symbolic order is threatened, and it occurs, perhaps, in Olivia’s words when one is “in the thick of it”. Laughter, however, echoes, and it is able to do so at times when one feels able to “step back” (to use Olivia’s words) from the situation and to write about events somewhat obliquely. At such moments Olivia gestures towards there being a bouncing off of, a playing with, the symbolic order in relation to which abjection has arisen.

In this context laughter emerges in a space in which it is possible to lark with (and not without danger) the heterogeneity and contradictions of mothering, rather than defending a threatened schema of Knowledge or Truth. In the words of Reineke (1997) “one who ‘observes and knows,’ who claims mastery of a scene, does not laugh” (p.60). In this sense Olivia’s words burgeon with possibilities for challenging idealised constitutions of mothering. In honestly and humorously voicing the valences and borderlands, the diversity and incongruities, of mothering (including breastfeeding) permission is inadvertently granted for other women to do similarly. And in so doing the very Truth of what it means to be a mother is opened up for discussion.

Talking

In one of the interviews “talking” was described in terms similar to those in which Olivia spoke about writing. It was referred to as “cathartic”. Rosa spoke of having found value in talking “honestly” to people that she trusts about some of the difficulties (that I have framed in terms of abjection) she had experienced in breastfeeding and weaning one of her children. I enquired further in relation to how her feelings around those events might have changed over time.

Yes they have, because they've become part, as I've become more confident to actually own my story, if you like, my journey, it's become a part of that. And I can't go back and change it and spending a lot of time wishing that I could change it, like that, that's not helpful.... What I find most helpful is talking openly about it.

Rosa gestures towards a growing confidence to “own” the feelings and experiences that previously lay beyond (and unsettled) her scripting of sustained breastfeeding. Aware that she can't “change” those experiences that sat outside of her breastfeeding aspirations, she speaks instead of a process of assimilating them into her “story”. The act of drawing them into her narrative is a process that she suggests is “helpful”.

Kristeva's words are productively suggestive in relation to such a process. “*Sublimation*” she says “is nothing else than the possibility of naming the pre-nominal, the pre-objectal, which are in fact only a trans-nominal, a trans-objectal” (1982, p.11). If the possibility of naming that which challenges the demarcations of categorisation is held open, potential emerges for that which cannot be fully spoken (for that which is jettisoned from codes of representation) to lose its devastating (forbidden) allure. “Through sublimation, I keep it under control. The abject is edged with the sublime” Kristeva says (p.11). It may not be entirely possible to name the un-nameable (or more precisely the “trans-nominal”), but remaining open to the possibility of such speaking enables language, and the subject, to operate differently.

I read, therefore, in Rosa's words traces of processes that Kristeva might refer to in terms of sublimation. In talking “honestly” about her “story”, Rosa gestures towards “the possibility of naming” that which previously evaded her understanding (Kristeva, 1982, p.11). Through articulating experiences that cross over and challenge the discursive differentiations and logic through which she had understood sustained (and tandem) breastfeeding, her experiences begin to feel more manageable. The process enables her to develop new knowledge and codes of representation that work more effectively for her.

If Rosa considered the process of talking openly about her experiences to be personally “cathartic”, she also viewed it to have social significance. She elaborated upon this elsewhere in the interview by saying that she felt a “social responsibility” to not only breastfeed in public, but amongst other things to talk “honestly” about her experiences of breastfeeding.

Rosa: It means talking honestly about, especially since I never found *anything* written down about what tandem breastfeeding would be like, and my experience was really different, so I feel a responsibility.

Anna: Different to what you'd read?

Rosa: Oh yeah, yeah. Different to what's portrayed. Erm so I feel, I just feel a responsibility to, if I, if I've, if I've been through something I know how it helped me when other people spoke honestly about how they were feeling. It was just an enormous sense of relief.

Elsewhere in the interview Rosa said:

Erm but I've not, I've, it's only been recently in the last year or so that I've, that I've erm found people or other stories where it sounds like it's the same. There's not much out there that actually talks about it. So once again I do talk about it, because I feel “Well if I needed someone to talk to there might be someone else out there that needs someone to talk to”.

Rosa expresses hope that in articulating experiences that are “[d]ifferent to what’s portrayed” she might encourage other women to also talk openly about their breastfeeding experiences, however outside of discursively constituted norms such experiences may appear to lie. Through such endeavours further inroads are therefore made into breaking down the terrain of the idealised Mother and into developing different understandings of breastfeeding.

Utopian Aspirations in Research

Particular friends, partners and La Leche League were mentioned in the interviews as being highly valued, not least because they provided a context in which women could talk about the nuances of sustained breastfeeding. Indeed, in the context of an apparent dearth of public talk about such breastfeeding, I was delighted, if not a little surprised, at the volume of responses to my two research advertisements. The women spoke of a lack of spaces in which to discuss sustained breastfeeding as being a factor motivating their engagement in the project. In the words of Monique:

I really have no one to relate to, no one in my peer group breastfeeds to full-term, and I actually don't know anyone else, I only have one friend who has and she lives in *[name of New Zealand city geographically far from where Monique currently lives]*. We've got very similar parenting styles. So I guess I just wanted to talk about it, and I wanna see, I want to be part of the end result as well because I want to know what you've discovered ...

In the words of another research participant:

... because I haven't had a lot of contact with people that had, you know, with the whole extended breastfeeding thing I thought it would be cool to sort of korero with somebody about it because it's not something that I've been, you know, actively involved in...

Rosa, who considered “talking openly about” her experiences of tandem feeding and weaning to be “helpful”, said “That's why I offer to do research on it. That's why.” Whilst talking, in this instance in a research setting, might have held some personal value for Rosa, there was also a sense in her talk that she considered the research to have a *social* function. For example, if research can articulate experiences that she deemed largely unspoken in current sustained

breastfeeding literature, potential lies for shifting the parameters of authoritative knowledge.

In a related context research participation was also described as providing an opportunity to increase public awareness of sustained breastfeeding. The interviews were scattered with comments such as: “I think that it's important to kind of improve visibility and knowledge and things... and you know research can't take place if people don't contribute” (Olivia). In the words of Esther “because from what I think it's not the norm I'd like to be part of something that maybe normalises it more.” Integral to an aspiration to raise the profile of or to increase the acceptability of sustained breastfeeding can be read a desire to shift a situation in which sustained breastfeeding is rendered abject.

Melody: I just thought you know “I've done it. I could be helpful.” And a lot of people don't really know that much about it I suppose, so it's always good to get information out there that we're not freaks. *[laugh]*

Janie: And then I just believe in being allowed to, you know, it being normal to breastfeed so I was like “Well I could share my story.” You know it's not an overly amazing story but you know I think it's good that you're doing this study and see what it's about because people can be a bit weird about it. *[laugh]*

Through “get[ting] information out there” (Melody), through enabling others to see “what it's about” (Janie), the women suggest a possibility of sustained breastfeeding and its participants no longer being seen as “freaks” or in relation to being “weird”. In psychoanalytical terms, research participation emerges as a strategy to enable words to be put around that which is rendered abject, and to therefore facilitate *sublimation* in a social context. Furthermore, it does so in a setting in which the women themselves, and their children, are granted anonymity, and therefore avoid the dangers of being rendered personally abject in the process. This feeds into wider suggestions within the research literature

that increased talk about and exposure to ideas about sustained breastfeeding holds the potential to begin to shift social stigma around the practice (Cockerham-Colas *et al*, 2012).

Shifting Utopias

It is possible to detect a host of utopian urges in the women's moves to talk and write about sustained breastfeeding. Such acts of speech and enunciation come to hold aspirations that are not dissimilar to those that the women expressed for their children in relation to the act of sustained breastfeeding (see Chapter Four). For example, whilst women aspired to children being able to speak freely, I read a related urge that women might also desire such an environment for themselves: to be able to speak with relative freedom about their experiences of sustained breastfeeding, and for their voices to be heard. Whilst women aspired to physical and emotional wellbeing for their children, frequently I read them as also desiring conditions that support maternal wellbeing, perhaps minimising the operation of guilt. In the words of one research participant, there are not many environments that are "supportive" of mothering. Women desired connection and positive relationships for their children. So, too, they sought situations in which they and other mothers feel more supported in their breastfeeding practice, and able to reach out to one another. I do not read such utopian desires as separate from women's hopes for the next generation, but as coexisting with such urges (perhaps merging with them) in an expression of aspiration for mothers as well as for children.

The practices of talking and of writing to which I refer in this chapter frequently emerge in the context of women opening up to that which sits messily and uneasily outside of idealised images of what mothering and/or breastfeeding should or could be. Such practices offer possibilities for articulating (and listening) in relation to the jettisoned other, the excluded experiences, the stutters and repetitions in mothers' voices. I read a number of the women's narratives as gesturing towards, albeit obliquely, a future in which such

discursive practices impress upon the very experiences of breastfeeding itself.² Yet the kinds of situations into which such fragments of articulation and of listening (of alternate utopian constitutions) might grow remain unclear. It is uncertain what sustained breastfeeding might ‘become’, for example, in circumstances in which the notion of child-led weaning were able to be openly (and without attack) discussed for both the aspirations it harbours (and there are many) and the difficulties (moments of abjection) some women might experience in attempting to bring it into being. Questions emerge, for example, around how such talk might impact upon feelings of maternal guilt and deficiency. For Jameson utopia “is most authentic when we cannot imagine it” (2004, p.46). To *not know* opens the contemporary knowing subject to moments of dissolution and of abjection. Perhaps these are also moments that provide opportunity for further discursive exploration and attentive listening, and as such constitute points from which futures might grow that are less bound by current ideologically constituted subjectivities and knowledge.

The women who participated in this research are inspirational in this respect. They often spoke of having shifted from previously not contemplating sustained breastfeeding (perhaps having considered it abject) to breastfeeding their children through and beyond toddlerhood. In this sense they spoke of having opened themselves up, time and time again, to the unthinkable; and they had frequently not stopped moving. In the words of Amanda, speaking in relation to the idea that her child may still be breastfeeding at the age of three: “oh my gosh, am I gonna be, am I gonna get surprised by that, *[laugh]* that *that's* who I've become, you know?” In a similar vein, Melody spoke of being influenced by attachment parenting philosophy, and of later encountering different parenting philosophies that she also found helpful as her children grew. She gestured towards her parenting as “...just kind of, I guess, morphing into a slightly

² The practices of articulation to which I refer, if they are to avoid the anticipated pitfalls of a new symbolic mandate, might perhaps – at times - inevitably fail. Just as there were moments when sustained breastfeeding felt impossible for some women, so too there were occasions when Olivia, for example, didn't find her writing practice therapeutic. And research and research participation, of whatever varieties, are alive with their own limitations (see Chapter Two). In such a context, perhaps ‘failures’ of practices of articulation provide further opportunities in which it might be possible to work in relation to a threatening, and potentially horrifying, Other.

different path than we were at but not always knowing how the two meet.
[laugh]

If the lack of a planned destination feels daunting, perhaps it is useful to return to Jameson's sense that the most powerful encounters with utopia may indeed confront us with anxiety (2004, p.51). It may not be possible to map the future. However, perhaps it is possible to visit the anxieties of not doing in such a way that they might begin to operate differently, and with more of a hint of the utopian about them. Maybe such fears gesture towards threatening and murky borderless spaces that might gradually, and tentatively, be explored through language rather than be pushed aside and forbidden. In so far as that is the case, the work of utopia - in the realm of sustained breastfeeding and perhaps far beyond - has already begun.

Chapter Eight.

Concluding Thoughts

This thesis narrates, through the stories of breastfeeding mothers, what Jameson refers to as manifestations of “cultural revolution”. It speaks of how aspirations for the future, as well as inspirations from pre-capitalist contexts, from mammalian life worlds and from a range of cultures, coexist with the constraints and modes of interpretation characteristic of Western capitalism. Sustained breastfeeding is invested with aspirations for lives of connection and wellbeing for emerging generations. Yet it is read as an unruly threatening Other (the abject in Kristeva’s terms) in relation to ideological codes of individual autonomy and independence that prevail in contemporary Aotearoa New Zealand. To protect themselves from stigma (from being rendered ‘abject’) women frequently restrict disclosure of long-term breastfeeding. The ideological axioms of privacy and individualism of the contemporary capitalist moment (a moment that is also intensely gendered) are thereby reinforced.

Some women spoke of difficult experiences of physical and emotional intensity whilst breastfeeding, and at such times breastfeeding felt intolerable for them. I make sense of such experiences as moments of abjection on the parts of women. Such experiences do not fit easily within contemporary idealised images of the Mother in which value is attributed to selflessness and self-sacrifice. The intensity of such experiences can also curtail women’s capacity to live by ideas of child-led weaning (that frequently inspire contemporary sustained breastfeeding discourse), thereby at times leaving women grappling with feelings of guilt. As a result, sustained breastfeeding narratives challenge prevailing parenting ideologies that emphasise the importance of a child’s

acquisition of individual autonomy and independence at a relatively early age. Yet they also at times risk falling back upon related assumptions regarding the individual rights and freedom of children (in this instance to choose when they wean). The narratives of sustained breastfeeding may therefore draw upon aspects of what Hausman dubs “stone age mothering” (p.121). Yet they do so within the context of very contemporary concerns, influences and aspirations. Mothers may bear the weight of those contradictions.

Attempts to simply dismiss or critique the practice of sustained breastfeeding may fail to grasp the significance of the aspirations (and joys) invested in such breastfeeding. They can also undermine mothers in a contemporarily complex and frequently fraught environment. By reading the women’s words as a “field of force” in which dynamics that are variously related to previously dominant, currently prevalent and future “modes of production” vie for prominence, it becomes possible to view manifestations of individual or maternal blame as historically constituted, whilst not denying women’s agency. In this respect it is significant that women found value in practices of articulation in which currently forbidden (or abject) aspects of mothering are opened up for discussion. Perhaps such practices of speech and of writing reach for worlds that are less structurally dependent than our own upon the defilement and forbidding of particular groups, bodies, acts or - on an individual level - experiences. Such practices can be read as anticipating a supersession of the structural limitations of the contemporary interplay of coexisting modes of production. Whilst the contours of such a future society cannot be known, the act of beginning to imagine such may constitute a political act. A revitalisation of utopia may not, in the words of Jameson (2004), enable “a new and effective practical politics” for the current era to “at once become visible”. However, he suggests, “we will never come to one without it” (p.36).

However reconfigured, such a revival of utopia can hardly be exempt from harbouring its own ideological elements. My work can be read on one level as an attempt to talk in relation to some of the unspoken conditions (unquestioned jettisoning of the abject, for example) that enable reified discourse to be naturalised. However, in nurturing hope about the transformative potential of the

discursive acts of writing and talking, I emphasise practices that are integrally bound with a contemporary era variously referred to as information capitalism, a knowledge-based society or “late-capitalism” to use Jameson’s terminology (1984). Writing and verbal articulation are also acts which privileged social groups repeatedly use to their social advantage. Notwithstanding the urge to enable such practices to operate differently, there remains a sense in which my work reproduces a context across which it attempts to cut. This is also apparent, as I have previously suggested, in my sublimation of thematic elements of women’s narratives into the highly theoretical register of utopia-ideology-abjection. In keeping with my own methodological approach, my writing of this thesis in such a register now provides me with opportunities to work on sublimating the resulting tensions in ways that enable the research findings to be more broadly applicable within, and integrated into, women’s lived experiences of breastfeeding. The fact that my own work must therefore continue speaks, perhaps, of its partial failings: of the impossibility of what Jameson gestures towards as the utopian notion of “total ontological satisfaction” (1974, p.143). Such a continuation speaks of the no place of utopia. Or perhaps, in the specific context of this thesis, it speaks of the changing shape(s) of utopia. And my suggestion is that those shapes are likely to continue changing.

The ways in which sustained breastfeeding is spoken about and interpreted are inextricably bound with women’s experiences of the practice. A sense of security may reside in retaining prevalent ways of understanding breastfeeding: perhaps of simply advocating for, or of renouncing, sustained breastfeeding. In the case of the renunciation of sustained breastfeeding, the practice itself is jettisoned: rendered abject. In the case of the advocacy of sustained breastfeeding, there is a danger that other aspects of women’s breastfeeding experiences - such as feeling touched out, or mother-led weaning - are stigmatised or judged. The women’s words in this study suggest that the act of talking about practices and experiences which threaten prevailing ideologies and utopian aspirations holds the potential to birth slightly different ways of living and of experiencing sustained breastfeeding and mothering more generally. As we embark on journeys into the future that involve the feeding

and nurturing of mothers, as well as children, perhaps it will become increasingly possible to transform that future through attending to those elements that are most difficult to embrace. Such attentiveness may constitute just one step in the subtle processes of working askew to reified thought. As I write the final sentences of this thesis, I wonder what it might mean for women to oh so tentatively nurture - hold to our chests - aspirations for such an as yet undefined future. Those chests, against which such aspirations might be held, can not only lactate, but can also vibrate with newly emerging words, sounds and discursive possibilities.

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Appendix A. Advertisement for Research Participants

Breastfeeding a two or three year old? Breastfeeding an older child? If so, I'd love to hear from you.

I am carrying out a research project on the experiences of women in New Zealand who are currently breastfeeding, or have recently breastfed, a child aged two or more years. The research will form the basis for my Master's thesis in Sociology at Massey University. I am particularly interested in what inspires women to breastfeed their child/ren for 2+ years, any difficulties they may encounter in so doing, and the ways in which women live with and/or learn to overcome such challenges. The interview will take about an hour, and can be organised at your convenience – either in person (if you live in Auckland), by Skype or telephone.

If you are breastfeeding a 2+ year old in New Zealand, or have recently done so, and would like to take part in the research, please contact me. Anna Fielder: email: A.Fielder@massey.ac.nz Tel: [REDACTED] or [REDACTED]

Committee Approval Statement: This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application MUHECN 13/041. If you have any concerns about the conduct of this research, please contact The Chairperson, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43350, email humanethicsnorth@massey.ac.nz

Appendix B. Semi-Structured Interview Schedule

Sustained Breastfeeding in Aotearoa New Zealand Interview Schedule

1. How many children have you breastfed? For how long?
2. Please tell me about how you came to breastfeed your child/ren beyond two years of age...

Was it a deliberate/conscious decision? Or was it otherwise?
If the decision was deliberate, how did it come about?

3. Were there any significant things (events, ideas, people etc.) that influenced your decision to breastfeed your child/ren for that amount of time?
If so, please tell me about those.

4. What do/did you value most about breastfeeding your child beyond the age of two?

Do any experiences stand out for you as particularly memorable?
What makes those moments special?

5. Have there been any low points in your experience of breastfeeding your child beyond the age of two? If so, please tell me about those.

6. What, if any, challenges or difficulties has the breastfeeding of your child/ren presented?

How do you go about facing those challenges?
How did you learn to do this?
Is this understanding changing or growing in any way?

7. Have any of your child/ren already stopped breastfeeding? If so, please tell me the story of how they stopped breastfeeding...

How old were they?

How did the process of weaning happen?

Had you any ideas prior to weaning about how that process might occur?

Did the weaning happen as you had imagined it might?

What were your feelings at the time/now?

8. If you were to have another child would you breastfeed similarly? Would there be anything that you'd like to change? Would there be anything that you'd like to stay just the same?

9. What are your feelings about infant feeding generally in this society?

10. Is there anything you'd like to add that we haven't covered in the interview?

Demographics:

Age:

Family form: (e.g. nuclear family; single parent family; blended family; extended family etc.)

Ethnicity:

Highest educational achievement:

Occupation:

Partner's occupation (where applicable):

Interview date:

Appendix C. Participant Information Sheet



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PUKENGA TANGATA

Researcher: Anna Fielder
A.Fielder@massey.ac.nz
Tel: [REDACTED] or [REDACTED]

Sustained Breastfeeding in Aotearoa New Zealand

Information Sheet

My name is Anna Fielder. I am undertaking a research project on the experiences of women in New Zealand who breastfeed one or more children beyond the age of two years. The research forms the basis for my Master's thesis in Sociology at Massey University.

The project involves talking with women who are breastfeeding, or recently have breastfed, a child aged two years or more. I am particularly interested in what inspires women to breastfeed their child/ren beyond toddlerhood, any difficulties they may encounter in so doing, and the ways in which women live with and/or learn to overcome such challenges. If you have breastfed a child for two+ years, I would be interested in talking to you about your experiences.

If you live in Auckland I am able to travel to talk with you in person somewhere you feel comfortable. Another possibility is that we could talk on Skype or on the telephone. It's up to you. The interview will probably take about an hour, and the general idea is that you talk about your experiences of breastfeeding a child aged two or over. I have enclosed a copy of the sorts of questions that I will be asking.

Once my thesis is completed it will be submitted to Massey University for marking. A copy will also be kept in Massey University library. The interviews might also form the basis for articles and/or for conference presentations. You will be able to review a copy of the transcript of the interview once it has been typed up. I will also send you a summary of the research findings at the end of the project.

Te Kunenga
ki Pūrehuroa

School of People, Environment and Planning
Private Bag 102904, North Shore, Auckland 0745, New Zealand T +64 9 441 8173 F +64 9 414 8162 <http://pep.massey.ac.nz>

I will do my utmost to protect the confidentiality of your identity throughout this project. Interviews will be transcribed in such a way that you will remain anonymous. People's names, and identifying information, will also be changed in the write-up of the thesis. Research information will be kept in a safe place. Full interview transcripts will only be viewed by myself and my supervisors Drs. Warwick Tie and Mary Murray. The interview recording will be returned to you at the end of the project if you would like that. Otherwise it will be destroyed.

Participants' rights: You are under no obligation to accept this invitation. If you decide to participate, you have the right to decline to answer any particular question I ask in the interview. You also have the right to withdraw yourself and any information you have provided from the study within six weeks of the interview, or within three weeks of reviewing the interview transcript, whichever is later. If you decide to participate, you also have rights to the following: to provide information on the understanding that your name will not be used unless you give permission to the researcher; to be given access to a summary of the project findings when it is concluded; to ask for the recorder to be turned off at any time during the interview.

If you have any questions or queries about the research project, or would like to discuss it further, please do not hesitate to contact either myself or my research supervisor, Dr. Warwick Tie: School of People, Environment and Planning, Massey University, Albany Campus. w.j.tie@massey.ac.nz Tel: 0800 MASSEY ext: 43477

Massey University Human Ethics Committee Approval Statement: This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application MUHECN 13/041. If you have any concerns about the conduct of this research, please contact The Chairperson, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43350, email humanethicsnorth@massey.ac.nz

Appendix D. Participant Consent Form



MASSEY UNIVERSITY
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AND SOCIAL SCIENCES
TE KURA PUKENGA TANGATA

Sustained Breastfeeding in Aotearoa New Zealand

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I would/ would not like to receive a summary of research findings at the conclusion of the project.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name - printed _____

Appendix E. Consent for Release of Transcript Form



MASSEY UNIVERSITY
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AND SOCIAL SCIENCES
TE KURA PUKENGA TANGATA

Sustained Breastfeeding in Aotearoa New Zealand

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in Anna Fielder's Master's thesis, and in publications and presentations arising from the research.

Signature: _____ Date: _____

Full Name - printed _____