

The Wisdom of the Body

- Subjective Involvement in a Research Project as Research Strategy

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Introduction

In this paper, I shall discuss a research project on breastfeeding. I started out with a very limited question. I wanted to find out why women in Finland in the early 1970s did not breastfeed more than 2 months on the average, despite public and expert recognition, at the time, of the superiority of mother's milk as child nourishment, and despite propagation of 6-9 months of breastfeeding.

I have used my own experience to 'fertilise my thinking', as well as using my research in order to cope with my own life as a mother. In this paper I present the method I have used by reconstructing the research process, indicating how the research problem changed during the course of the study, and by presenting some of the conclusions reached.

I soon realised that the Finnish situation could not be sufficiently understood without a broader perspective in time and space. I ventured to study literature on breast-feeding habits in traditional and historical societies and in other contemporaneous societies. The project expanded into a study of "the sociology of breastfeeding". In that process certain themes emerged as particularly relevant.

Through studying my own situation in a comparative context, I have come to what I see as a generally applicable understanding of breastfeeding as a sociological phenomenon. In order to achieve that, it has been necessary to investigate what means various other disciplines provide for understanding the phenomenon. Disciplines as far apart as social history, ethnology, anthropology, feminist theory, ethology, pediatrics, development psychology,

physiology, gynaecology and child psychiatry have provided illuminating information on the subject. Most of these disciplines tend to shed light on some aspect of breastfeeding as a sociological phenomenon. Most of them, however, tend to look at the matter from either the child's or the mother's point of view. None of them separately, but all of them jointly, provide an insight into the interplay of social, psychological and physiological factors at work in the nurturing process.

Quite a few studies had been written already in the mid 1970s on the waning trends of breastfeeding in contemporary society. Many of them proposed to provide answers to the question: Why do mothers breastfeed less and less in modern times? These answers seemed insufficient to me, and I wanted to go a little deeper in my own analysis.

At some point of the research process and of my own struggles for upkeeping breastfeeding my children, I formulated my view of the issue as a graph, showing factors influencing breastfeeding performance from the perspective of the individual mother (Figure 1). This figure has proved to be a useful tool also in analysing breastfeeding performances in different populations at large. The figure provides a way to visualise how various factors intervene into the performance of breastfeeding. It provides a possibility for a holistic understanding of the intricate processes at work. The graph enables one to identify, for different cultures and different social groups, what factors may influence the performance of breastfeeding, and provides a basis for thinking about how these factors are interconnected. The graph is thence more than a methodological tool for analysing breastfeeding performance; it presents a statement of a theoretical kind, identifying key mechanisms and influential factors.

As a by-product of the research, I have gained a number of insights. I have come to a different understanding of the place of women in society and of my own situation. In the research process, which has been woven into the fabric of my own life and in the bearing and rearing of three children, I have become quite critical of certain ways of looking at matrescence in modern society and also about the way academic research has dealt with female sexuality. It has been separated from the reproductive functions, whether through unintended omission, or deliberately. This critique also concerns Foucault.¹

¹ Foucault's *History of Sexuality* (9), for all its protest against mind-capturing knowledge-structures, treats the subject as if a specific female experience of sex, beyond that which can be experienced by males, simply does not exist.

I have also come to rethink categories like "nature" and "societal influence". I have recognised that there exists an interplay of innate programming and social learning in early infant care which defies such compartmentalisation, among humans as well as among other mammals. "Nature", then, seems not to be able to develop without the intervention of social learning.

The Initial Research Problem Rising Out of Personal Realities

I had my first child in 1974 and felt I was at loggerheads with and let down by nearly all professional groups that were supposed to support me. Very early I realised that appropriate **knowledge on breastfeeding was scarce** among the various professional groups dealing with matrescence. Further, there was a number of established practices in hospitals, in homes and in the way urban society was structured, all of which (as I found out through reading scientific studies later) counteracted the establishment of an uneventful and steady milk flow and successful breastfeeding.

Influenced by some rudimentary insights acquired through imported breast feeding promotion literature and boosted by an attitude of cultural relativism (being a sociologist/social anthropologist), I was personally convinced in my skill of breast-feeding. Professionally, I became increasingly interested in what could be called "cultural restraints" to successful breastfeeding.

From early on I was convinced about "**nature's wisdom**". It seemed absurd that women would have 'problems with breast-feeding'. My argument was entirely commonsensical: If mankind has survived without artificial feeding and if the majority, although not all of the population, in historical societies also has survived without the aid of substitutes then the problem must lie in modern society and in the setup of those strata of historical societies where mothers did not breastfeed.

I managed to feed my firstborn for nine months, not entirely without complications, but generally successfully. I felt then that the principal reason why I succeeded was that I **wanted** to, that I was **convinced** that it was possible, that I had the **time** and **support** needed and that I had a certain amount of useful **information** not present for the average Finnish mother. These ideas were in line with the views of *La Leche League*, a breast-feeding promotion organisation which I identified as talking sense. Later I would analyse my own situation in more detail.

Early Hypothesis

At this point, I was convinced that in the right conditions nearly every woman could breastfeed. I was also ready to argue for every woman's **right** to breastfeed.

What about mothers who 'did not want to breastfeed'? I chose to analyse the societal pressures towards the emergence of such a wish. Margaret Mead had already in the 1930s assigned the wish to abstain from breastfeeding among American urban mothers as part of the strive to 'become modern'.² Many writers had brought up conflicts between breastfeeding and work roles and sexual identity of modern women. I wanted to go a little deeper into these societal mechanisms and find societal constraints to a kind of womanhood which could encompass harmoniously the nurturing role as well as the sexual and the professional. I wanted to go beyond the "factor" "lack of will to breastfeed" in mothers and illuminate its emergence from a cultural/societal perspective. I also felt that the "inability" to breastfeed might be more socially conditioned than what it generally was held to be. There seemed to be a very delicate mechanism of a psycho-social and physical kind, which gave mothers problems with lactation. Personally I was able to experience how situations of "stress" influenced the milk flow and I had a chance to hear numerous personal accounts of successes and failures in breastfeeding among peers and friends. I wanted to explore the interplay of physiological, psychological and cultural factors/social constraints as determinants for success or failure in breastfeeding.

The Research Problem Changes

From the early phase on I was juxtaposing the conditions for mothering among *modern urban women* as myself with those of rural and "traditional" societies, for whom breastfeeding, I thought, never seemed to have been a major problem as it was carried out along with other obligations. Most of the analyses I read at this point, presented two main reasons for declining breastfeeding: "modernity and urbanism". Three separate factors were commonly held responsible; 1) women's work 2) changes in the role of women and 3) uneasiness related to the compatibility of breastfeeding and sex (often fear of breast deformation). It also became clear that conspicuously often it was among modern urban moth-

² Mead as quoted in Raphael, 1973.

ers and newly immigrated population groups that the "not enough milk-syndrome" occurred - that women did not "have" or thought they did not have enough milk for their babies.

A comparative study undertaken by a Swiss paediatrician Fritz Bunge³ among mothers in several major cities of northern Europe (Berlin, Freiburg and Stuttgart) at the turn of the century illustrates this point well. The mothers (patients of individual gynecologists in these towns) showed an alarming incapacity to breastfeed their infants on returning from hospital. Bunge looked for the answer in biology. He tried to find indications of physical degeneration in the mothers with lactation difficulties. His research failed to come to any definite conclusions - the answers were not to be found in the biological status or in the medical state of the mothers concerned. To find out what in the psycho-social setting made this phenomenon occur became my preoccupation at this point.

By this time it was clear that urban life not only dissuaded women from breastfeeding but also made some of them unable to breastfeed. Was this phenomenon a new one? At least it was new in developing countries and emerged there in parallel with "modernity". In the early phases of my research, the emergence of mass fabricated alternative infant formula, what I called "the bottle revolution" had a central place. I argued that before alternative babyfood was available to all, women had to be able to breastfeed in general out of sheer necessity. Since the survival of infants was dependent on breastfeeding in such societies, I thought society also would support it. But was this so ?

In order to make comparisons between the modern/urban age and traditional rural society, I had to know more about breastfeeding customs in different societies. I also needed a historical perspective. I needed some understanding of alternative feeding measures in historical times.

Also, in order to understand the Finnish situation I needed an overview of the developments in this century in Finland. I needed to know about lengths of breastfeeding in Finland and in other countries. Comparative contemporary statistics, history and anthropology now became interesting.

³ Bunge, G.v., 1902, *Die zunehmenden Unfähigkeit der Frauen ihre Kinder zu stillen*. E. Reinhardt Verlagsbuchhandlung. Muenchen

Breastfeeding Statistics

There had been a few studies on incidence of breastfeeding⁴ in Finland over this century. They show that there had been a steady decline in breastfeeding in Finland at least from 1927 onwards. According to one study the percentage of mothers breastfeeding for six months and over had declined from over 50% in 1927 to less than 20% in 1944.⁵ The downward trend continued in the postwar decades. A low was reached in 1972. Only 9 % of mothers now breastfed six months or more.

This was not all due to a lack of will to breastfeed. In 1972 almost all mothers reported that they wanted to breastfeed more than 3 months, but only less than 30% managed to do so. (Huttin, et al., 1977)

A gradual decline in breastfeeding was discernible for most industrial countries during the twentieth century. (Vahlquist, B., 1974)

The USA lead the downward trend. In 1922 still 90% of American mothers breastfed for a whole year. In 1957 only two out of five mothers breastfed on leaving the maternity ward. Ten years later only one out of five did so. (WHO, 1981)

After 1972 trends are reversed both in Finland and internationally. By 1977 the percentage of mothers breastfeeding for 6 months in Finland has trebled compared to 1972. (Frykman, J., and Sarna, S., 1981)

Among Third World countries the downward trend continued. (Weiser-Aall, L., 1976)

Scanning the Global Scene: A Historical and Anthropological Retrospect

When the length of breastfeeding is discussed in industrial societies in this century one talks in terms of months or weeks. But if we go back in time a little, the unit of measure changes from

⁴ The term "incidence of breastfeeding" refers to percentages of mothers breastfeeding at all or for a certain length of time. "Duration of breastfeeding" refers to length of breastfeeding indicated in days, weeks, months or years. Data on duration of breastfeeding are imprecise, because they rarely indicate whether they report "exclusive breastfeeding" in which case no other nourishment given to the infant, or breastfeeding with "beikosting", which indicates additional supplementary feeding of varying quantities.

⁵ This study by T.Salmi, 1944, showed the breastfeeding incidences and breastfeeding duration of mothers who had given birth at the Maria Hospital in Helsinki.

months to years. According to Ploss, who conducted a comparative study on child rearing practises in folk tradition over the world, breastfeeding lengths have varied from nine days to fourteen years. (Ploss, H., 1911)

What were the norms of breastfeeding in the European cultural heritage? This theme is illuminated in an article published in 1976 by the Norwegian ethnologist Lily Weiser-Aall. It was based on a study of folk-belief and religious normative regulations in Northern Europe from the early Middle Ages on.

According to Weiser-Aall, the root of norms about breastfeeding go back to Biblical times. Until Enlightenment it was the religious authorities or local religious beliefs which regulated people's behaviour or at least intended to do so. (Weiser-Aall, L., 1976)

Both in Christianity and in Islam Weiser-Aall found that three years of breastfeeding is a prescribed pattern. In rural Europe in historical time, the Church and folk-belief both posited clear norms and limits to breastfeeding. The sanctions were on the supernatural level. The folk-beliefs of northern Europe seem to uphold or coincide with religious prescriptions. There was a *taboo* against exceeding breastfeeding over more than "two fasting periods" or less than three years. Disastrous things may happen, it was believed, if one broke against this rule. (Weiser-Aall, L., 1976)

What things? They all had to do with the capacities of the breastfed child. In Dutch, Danish, German, Finnish and other northern European rural tradition there was a firmly established notion that *the child could acquire strong negative powers or become defunct* if breastfed too long. It could acquire the evil eye through which it could get the capacity of bewitching the cattle of the neighbours. Or it could become exceedingly interested in sexual matters. It could also become retarded in its development, it was thought. (Weiser-Aall, L., 1976)

But this was not the whole picture. There was also what seems to be a contrary tradition. According to this tradition, very long breastfeeding gave extraordinary strength. In the northern folktale of *Starke Hans*, a boy who was breastfed for seven years, acquired extraordinary physical strength. No one could beat him. *Starke Hans*, however, provides the only example of beneficial consequences of prolonged breastfeeding. (Weiser-Aall, L., 1976)

Most folk-beliefs see long breastfeeding as detrimental to the child *and dangerous for society*. The danger seems to have been caused by a too intense relation between the mother and the child. Despite the apparent contradiction in the folk-beliefs, there

is a common denominator: Prolonged breastfeeding unleashes uncontrollable forces.

If we go beyond Europe and look at traditional historical and contemporary societies and their breastfeeding traditions⁶, breastfeeding is often extended to more than three years. Hunter-gatherers who carry their infants until they are ready to walk with their parents usually breastfeed the very longest.

In many high cultures in the East (especially in India) there is a strong association of breastfeeding to divinity. This aspect is also found elsewhere, for example in Africa, where Gods and leaders alike are looked upon as essentially *nurturing* in their relation to human beings and nature or essentially *feminine*.⁷

Both in traditional and historical societies it has been common that the breastfeeding period is also a period of sexual abstinence. The mother is concentrating her efforts on the child. Unless these cultural arrangements are widely accepted and held in esteem, they cause one of the dilemmas of breastfeeding. In Europe in the Middle Ages we may discern a conflict between breastfeeding norms upheld by society and the interest of the spouse of the mother. On the one hand patricarchy protects the right of the child. On the other hand there is a possibility for men to overrule these rights in their own interest.

According to the early Norwegian Christian Law (valid till the year 1387), it was possible for a man to forbid his wife to breastfeed if he felt the child was intruding on his conjugal rights. The wife had to obey her husband and if she did not, she would have to pay fines to the bishop out of her own wealth. We know that this law was also applied at least in Iceland. (Weiser-Aall, L., 1976)

Against a one-sided intrusion of the male of the family a few centuries later a small booklet was published in France by a certain *Madame de Rebours*. In this book women are encouraged to stand up against their husbands in favour of the child and nurse despite the denial of the paterfamilias. It seems that this "pamphlet" was widely spread, since it also appeared in Switzerland translated into the German language. (de Rebours, M., 1780)

⁶ A comparative study based on the Human Resources Area files was done by Dana Raphael, 1973, which showed that breastfeeding in most traditional societies was not only done prolongedly. It was also cushioned by a number of social practises which helped the mother through matrescence.

⁷ cf. Victor Turners discussion on the symbol of the "milk tree" in traditional Ndembu society in northwestern Zambia. (Turner, V., 1967)

The Post Enlightenment Era - the Emergence of "Science" and the "Experts" in Infant Feeding

Compared to traditional and rural societies there is a stark contrast in the way society is looking upon breastfeeding from the Enlightenment onwards. The well known biologist Justus von Liebig declared in 1867 that science soon would be able completely to simulate the milk of mothers and make that milk superfluous. By the turn of the century scientists in the laboratories of Europe experimented with cow milk "formulas" individually adapted to infants. A few decades later industry hooked on and factories began to produce powder-milk formula for the general public. They first caught on in a large scale in the USA. (Jeliffe, D.B., Jeliffe, E.F., 1978)

In those times there was a strong belief in that rational science could solve every human problem. One problem of that day was the tendency of urban mothers of the cities of Europe to abandon their children (Badinter, E., 1980). That the problem was not merely one of finding the right chemical substitute to breastmilk, is convincingly demonstrated a.o. by several authors. (Bunge 1902, Montagu 1971, Newton & Newton 1967)

In central Europe (1700s and early 1800s) there was an expanding practice among urban mothers to send their children 'to the country' to be taken care of by country girls as wetnurses. This custom spread from the upper classes, where wives were expected to let social obligations overrule their nurturing tasks, which were taken up by wetnurses. An emerging prosperity among the urban bourgeoisie and artisans caused the wives of ever expanding circles to concentrate on business. They had no time for their infants.⁸

In 1870 the postmaster Lenoir of Paris calculated that of all the 21.000 children born in the city that year, only 1000 were breastfed by their mothers in their own homes. Another 1000 were nursed in their homes by wetnurses. The remainder, or 19 000 infants, were sent to the country to be taken care of, more or (mostly rather) less conscientiously by rural women. Eventually, the custom was identified as a major social problem. Mortality was very high among the children thus separated from their mothers during infancy.⁹

⁸ Badinter, Elisabeth, *Den kärleksfulla modern*, Gidlunds DDR.

⁹ Badinter, Elisabeth, *Den kärleksfulla modern*, Gidlunds DDR.

In the late 1800s there was a trend to urge the bourgeois mothers back to the homes and their children, but now on different premises than before (Badinter, Branca 1979). Church authorities were now losing their authority over people in matters of daily life. They were gradually overruled by the experts (scientific authorities). Now the homemaking capacity of mothers was seen in "scientific" light. But mothers were no longer left to decide at their own discretion. This is the time when experts enter the arena of child rearing and nurturing. The disciplines of gyneaeology paediatrics and pedagogics emerge and lay down the rule for mothers on how matrescence should be handled and how infants should be reared. Again a central argument of these (male) experts is a warning against indulgence of the mothers (cf the traditional taboos against too long feeding).

Contemporary Third World Countries

Research on breastfeeding in developing countries¹⁰ showed that a waning trend in breastfeeding has appeared in developing countries through the example of affluent "developed" societies. The aggressive marketing of alternative food for infants had intervened in breastfeeding and caused a drastic decline in cultures of Africa, Asia and Latin America, where many years of breastfeeding had been the rule, at least among the overwhelming majority - the rural population. Third World mothers had breastfed happily as far back as anyone could remember. But now they became uncertain of the quality of their own milk, and about their capacity to feed their infants properly.

According to a comparative WHO study made in 1981 urban affluent groups in developing countries have low performance in breast feeding and behave more like the mothers of northern countries. The rural poor are mostly true to their traditions and breastfeed. Approx. 90-100 % of the mothers breastfeed over six months and in many countries much longer. Among the urban poor milk formula propaganda strikes the hardest. These groups are cut off from their cultural roots and enter the market economy against all odds. Here, the switch away from breastfeeding is the strongest. Morbidity and mortality rates of infants in such milieus have launched the WHO and many groups against the big firms marketing formula.(WHO 1981)

¹⁰ a number of such studies are reported in Jelliffe & Jelliffe, 1978.

Back to My Own Situation

Constraints and Encouragements for Breastfeeding; the First Child

After getting an overview of research I understood my own situation better. The following graph was formulated in an attempt to understand structural constraints and personal advantages I had as a breastfeeder in Finland in the 1970s. I shall elaborate on these below. In my own cultural niche I had certain advantages despite many overall disadvantages. These advantages were;

1) I had *decided I wanted* to breastfeed and to do it for at least nine months.

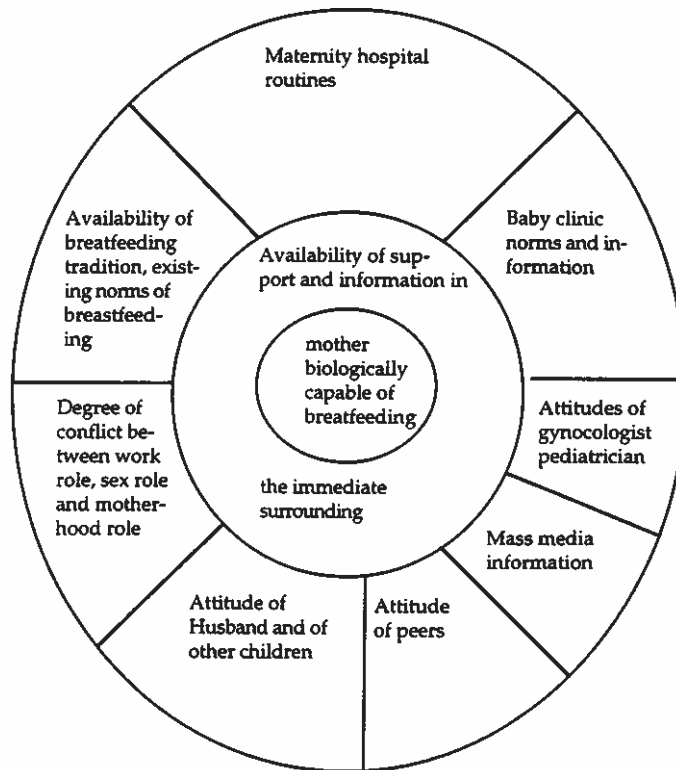
2) I had several successful recent *model examples* of mothers close to me who had successfully and joyfully breastfed. One provided me with a visual example of how one feeds a child. Another gave me an "ideological boost" presenting this method of child feeding as being "in" among modern and alert mothers.

3) *Financial support* from the state, which enabled me to stay home and take care of my baby for six months. This was a new social benefit which I experienced as a great privilege. I got paid for being a mother. I decided to be a mother "to the maximum" and indulge in my child as much as I could during these first six months. I had a very poor picture of myself as a future mother so any psychological support was welcome. Breastfeeding, it seemed to me, was the ultimate manifestation of being a good mother.

4) Despite the lack of information on breast feeding among people who were professionally assigned to advise me in matrescence (becoming a mother) I had some advantages over the majority of women in industrial countries. Firstly, in Finland the midwifery profession had a central role in birthing and was as a corporate group actively working for breastfeeding, which also appeared in mass media to a certain extent. Secondly, in the Finnish maternity care- and maternity hospital culture there was comparably little of making the mother an *object* for medical intervention. A mother was not deliberately and systematically alienated from the signals of her body and the child. This has extensively been the case in countries where a male dominated medical corps 'takes care of mothers' and guides them on the basis of their own "theoretical" and "scientific" knowledge (notably this has been so in the USA). The adverse affects of total male domination of matrescence has been discussed a.o. by Oakley

(Oakley, A., 1982). In Finland, initiation to become a mother in the early 1970's took place by attending municipal preparation courses. They were geared towards the mother *being active* at birth and encouraged her to *listen to the body's signals*. This approach functioned to boost a *self-reliant* type of motherhood as against too slavish compliance to expert advice.

Figure 1: Factors influencing breastfeeding performance from the perspective of the individual mother in Finland.



5) One clear advantage I had over mothers in most developing countries was that no one in my surrounding seriously questioned that breast milk was best for babies.

6) In the culture where I grew up there was also no clear associations of *shame* of using the breast for its "natural" purpose. But public nursing had been abandoned as a phenomenon of the rural past. This rural past was, however, not so far away. Only in the 1960s did Finland turn from an agrarian economy to an industrial one. Being "physical" was no problem here, as it seems to have been in earlier industrialised countries.¹¹

7) An important factor was also that in the generation of my mother or among women who gave birth during the time of the Finnish wars (1939-1944), mothers who breastfed were promoted with larger ratios of foodstuffs. This helped the breastfeeding tradition survive. In other respects this generation was one most strongly indoctrinated into a disciplinary mode of infant rearing which worked to the detriment of breastfeeding. There was nothing to be gained from listening to that generation on childcare except to marvel at a long and sad list of all the prescribed practices later known to have been detrimental to breastfeeding and which - as it seems - were also prone to add on to the psychological traumas of the post war generation. The war generation of mothers was advised to weigh the baby after each feed, stick to strict four hour schedules, extract excess milk after every feed and let the child cry in order to strengthen its character and lungs. In short, there was a preoccupation with every measurable aspect of child care and an ambition to discipline the child from an early age into "sound habits". Consequently, the emotional side of infant nurturing was not only neglected but repressed.

8) Mothers in Finland were, however, not following rules that strictly. They also had a healthy view of their own "physicality". As I later learnt from other more "modern" countries these things were not that simple. In the United States, on the contrary, the psychological blockages against breastfeeding were substantial already in the 1930s. According to Margaret Mead, this had to do with a need to break with the rural past and hence (nearly) everything associating to "animality" in human behaviour or being too close to the body (including breastfeeding).

¹¹ For a discussion on shame and other anxieties relating to breastfeeding, see for instance Bentovim, Aron, 1976, "Breastfeeding and the Mother" in *Ciba Foundation Symposium 45* (new series), Elsevier Excerpta Medica North Holland; Shame and other anxieties associated with breast-feeding: a systems theory and psychodynamic approach.

On the whole, a tradition of rural *matriarchy* was still surviving in Finland and seemed to have given Finnish women a healthy distance to the role of a subservient client in relation to medical personnel. There was a certain stubbornness and self-evident coping, which seemed to have helped breastfeeding survive. Apparently I had also inherited part of that attitude.

The *disadvantages* of my own situation weighed less in the balance but they were (I learned only gradually after beginning to read up on the subject) many indeed and worked on different structural levels. I shall give a brief outline of them here:

Firstly, I was *separated* from my baby for the first 2 days and could feed only on set times decided by hospital routines. The baby was given extra feeds through a bottle while I was asleep at night. Starting on with breastfeeding was a pain. There was too much milk and poor let down. After coming home things got better. We were on our own then, and could try to adapt to each other.

Secondly, I had a public health nurse to advise me after I came home, but she *had nothing to say* about breastfeeding, all the more about extra foods to be given from the third week onwards. In the mid-seventies, one was supposed to "beikost" from the third week on, starting with orange juice, and bananas. I dutifully gave my baby all those extras and I breastfed.

Only two years later I learned by coincidence and from "the experts" that this was not necessary and did not promote the milk flow, since the child got his fill from other nourishment. At that time at an International Paediatricians' conference in Finland¹² which I attended in order to meet a breastfeeding expert, one of the lectures I attended reported on a recent study showing that too much extra foods given in the first months of life was creating allergic problems for Finnish babies. The policy forward recommended¹³ was now to cut all extra food within the first six months and recommend solely breastfeeding. But this had to be introduced gradually 'in order not to confuse the mothers'.

Alerted by this experience I observed that in Finland infant feeding advice from experts changed every two years. It was in practice impossible to do all things "right" in the recommended way if you had several children even if you did what you were told at each instant.

¹² International College of Pediatrics. *First International Symposium*. June 18-22 1978 Helsinki, Finland.

¹³ not in the paper, but orally to the congregated pediatricians' audience.

Thirdly, there was a lingering "cultural heritage" about the necessity of *set schedules*. I clung to that too as a shipwreck to a salvaging piece of log in a storm. Mothering was a storm to me. It blew through my whole life with tremendous force and swept away my previous complacent life. All was now geared towards the child. There were only brief moments where I could direct my attention to other things. I clung on to *a four hour feeding schedule*. I noted down the timing and duration of the feeds by the minute, but not so much for the rationality of it (what would I do with this tremendous diary with times scribbled into it??). No, it was mostly as a private confession of erring and sinning against the golden rule. Because I did digress from the schedule; sometimes my baby just cried so hungrily. The diary was also a method, sub-consciously, of getting the feeling of being "in control". I knew what I had been doing. I had it recorded by the minute. This made me feel secure.

I did not breastfeed at night because it was not seen appropriate by "the experts" and I had never read anything to the end that one should. I switched breast also dutifully at each feed as it was said in the books. Every morning I woke up with uneasiness in the breasts - all the milk of the night was packing up. I did not dare to sleep with the baby in the same bed because there was a very serious attitude to such a behaviour. It was unthinkable because it was thought that one might sleep on the child and choke it.

I dutifully changed diapers before every feed - also the late and very early ones. I never questioned the necessity of these hygienic measures. And of course I was wide awake when the baby finally fell asleep after feeding.

Fourthly, as it turned out there was a general scarcity (if not complete lack of information) on breastfeeding mechanisms with the advisory personell at well baby clinics and also among hospital staff. They promoted set hour scedules, and were preoccupied with cleanliness and hygiene. Luckily no-one forced my generation of mothers to weigh the baby after each feed, and the habit of emptying the milk after each feed was on the wane, although it had been one of the "musts" a few years earlier.

I later realised, that these measures were part of *a cultural pattern of disciplining the body* which had seeped into pedagogics, paediatricy and medicine with the project of tuning in human beings into the machine age. Frykman and Löfgren describe this process very aptly in their book *Den civiliserade människan*.

Learning by Doing; First, Second and Third Child

How did I manage? I did, but I was a very anxious and insecure breastfeeder. My breasts were always lumpy in the morning. There was quite some stress before the baby suckled the milk out. Around the fifth month I had a breast infection and a high fever. I consider it my luck that the gynecologist I consulted did not order me to stop breastfeeding, which was a very common prescription at such disorders. Instead, he said: '..this kid is a lazy sucker..' and ordered me to take some aspirin and hire a breastpump. I was 'having too much milk'. At second thought, it was no wonder, with all the banana mush and other things I dutifully gave the child from the first five weeks on.

I did not mind. To me this was a pleasant kind of problem after I had learnt to use the electric breast pump. I chose to deliver the excess milk to a childrens' hospital. It made me feel doubly useful as a mother: I was a real superfeeder. That soothed my insecure identity as a mother. It took me some time and more reading to realise, that without the extra food for the baby, and the ban on night feeds, and the set time schedule, my problems would not have been.

With the next child, I had to revise my hypothesis that 'everybody can breastfeed if she wants to'. I came down from my high horses. My milk failed after two months. I did not understand why. I thought I knew all that needed to be known. I felt sad, started giving the bottle and thought; well this was good for the research. I had been a bit uneasy about my militant attitude. Now I was at loss myself, - with all my insights.

Only years later I ran across writings on subconscious processes influencing the let down reflex and I found one possible answer to my inability to continue feeding my second child. Perhaps it was the fierce jealousy from the part of the big brother which I was quite unable to cope with consciously and the sorrow I felt but could not express that held up my milk ejection reflexes?

But I learned new thing all the time. The third child I breastfed for 17 months whereof five months exclusively. This time it was sheer joy. I discarded all sceduling, fed at night, slept with the baby in the same bed if convenient, gave no extras, not even water for five months and used no pacifier. I frequently neglected the diapers in the night. I had no breast infections, never a lumpy breast, the child never cried and he turned into a harmonious, creative and self-trusting and independent little boy. Only through ignoring all the rules and regulations about behaviour with young infants that had been dominating expert advice over the

span of this century, I could finally enjoy breastfeeding fully. Instead, I adapted my rhythm to the baby's and vice versa and trusted my own wisdom, which I - nota bene - acquired only slowly and by the help of books. Breastfeeding made coping with the infant so much easier, because there was a minimum of conflict or delay in responding to the child's needs. After five months I introduced other food but went on breastfeeding for another year. I breastfed only in the evenings, nights and mornings because I was working in the daytime. I never gave one bottle. This child, incidentally, has never had any eating disorders.

I realised only after the third child that my first experience with breastfeeding had been much of what has been called "token breastfeeding". That is, I was preoccupied with following the rules and not with indulging in the joy and interplay of the process. Only with this third child did I manage to strike the chord of harmonious interplay. Looking at it from a perspective it is clear that breastfeeding helped me to cope with the strains of mothering - it was mostly sheer joy and this made it easier to be a good mother.

Women's Various Functions and Breastfeeding. Proposing a Grid for Analysis

Through my own experience as a mother I learned that instead of merely identifying factors impeding breastfeeding like "work" or "concern for sex appeal" it was fruitful to analyse to what extent the motherhood-nurturing function had a chance to coincide with other womanly functions. The constellations are different in different societies and at different times.

I found that it was possible to study the degree of society's support to breastfeeding through observing to what extent breastfeeding, work and sex were competing for a particular mother's attention. Conflicts between *motherhood, work and sexual performance* do influence the choices of mothers everywhere. The tensions are there in many different societies whether old or new. The better a society is culturally cushioned against such conflicts the easier it is to combine the various tasks of womanhood. But there are situations where roles cannot be reconciled. Individual choice and outside pressure determine if a mother breast-feeds. A few studies may provide examples of this:

1. A study on breastfeeding among recent urban immigrants (in St. Kitts, Jamaica) shows that in a congested urban slum area with very scarce chances to earn a livelihood and women headed

households as a rule women survive and provide for their children by "walking the streets". The bottle is here a real alternative for mothers, health hazards considered. In such surroundings there are no cultural support structures to help mothers carry out breastfeeding. A change in the situation demands ameliorated social conditions. These problems do not exist in the rural societies from which these women come, but the rural areas are unable to cater for a growing population. (Lithell, U., 1981)

2. A study on breastfeeding and child mortality in the 1700s in Ostrobothnia (the western rural coastal area of Finland) by Ulla-Britt Lithell shows how an emerging affluence also may hamper breastfeeding. Lithell shows that extremely high infant mortality rates in some Ostrobothnia parishes coincided with mothers working away from home. In the parishes where this occurred it was common that mothers gave their infants pap from a cow's horn suspended over the crib during the day when they were at work. In neighbouring parishes mothers breastfeed as usual. The common denominator of the former parishes were a) women needed to work far away from home as a consequence of a recently booming tar industry and b) remaining home to tend to infants was in these parishes unaccepted and held as "being lazy". (Lithell, U., 1981)

In both of the above cases a change in the economic conditions cause a need to re-consider priorities of female tasks. In the former, urbanisation and social destitution leads to neglect of the nurturing function. In the latter it is rather a livened local economy which taps the female resources and deprives the infants from their mothers.

3. The expansion and rising prosperity of the bourgeois in the cities of Europe in the 18th and 19th centuries (as we have seen described by Badinter) caused a similar conflict of priorities as those experienced by the Ostrobothnian rural mothers. This conflict was in the major cities of Europe, for some time, solved in favour of work and to the detriment of infants. Soon, however, as we have seen, bourgeois mothers were urged back to the homes.

Conflict between work and childcare is, however, no longer an entirely valid explanation to declining breastfeeding figures in contemporary society. Studies show that those groups of mothers who in the 1970s were leading the trend back to breastfeeding belong to the well educated professionally active mothers (Helsing Almaas, E., 1973). In Finland the reversal of the waning trend of breastfeeding coincided with a new law which gave mothers

rights to paid maternity leave for 6 months post partum.¹⁴ This benefit made combining work and breastfeeding easier for Finnish mothers in the 1970s.

4. A study on breastfeeding among recently affluent women in Sicily (1970s) points to intricate psychological mechanisms at work among mothers in the process of moving from a rural agricultural work to urban or sub-urban affluent leisure. These women were freed from their hard agricultural labour and did not work outside their home and consequently now had a lot of free time. They had climbed up the social ladder and were now more prosperous. One would think there was time and peace to breastfeed. But no. According to the study, these women experienced anxiety and loss of identity. They were preoccupied with fear of losing their sex appeal and fear of their husbands leaving them. Most of them were unable to have enough milk to feed their infants. (Raphael, D., 1973)

Here the apparent contradiction is quite revealing. Breastfeeding does not only demand that a woman gets reinforcement from her culture in her nurturing task. If her overall identity is severely shaken this may spill over in an incapacity to breastfeed. This mechanism, it seems, could well illuminate further some of the unconscious processes that contribute to abrupt breastfeeding decline common in immigrant groups in Europe and new urban dwellers.

A Few Notes on the Psychology of Breastfeeding

The subconscious processes seem, then, to be an intensely relevant field in studying breastfeeding capabilities and choices but it is rather a difficult field to investigate.

Much of the literature written on the **psychology** of breastfeeding was very culture-specific although it assumed global applicability. None attended to the problem experienced by the women in the Sicilian town above described. There were, however, lessons to be learned from these studies.

From reading on the psychology of breastfeeding I learned that one could distinguish cultures in which the "mothering" function of the breast was severely repressed for psychological

¹⁴ Bäckström, Leena, 1979, "Keskeisiä kysymyksiä imeväisen ravitsemuksesta Helsingissä 1976" (Central questions about feeding infants in Helsinki in 1976) in *Käytännön lääkäri* 2/1979.

reasons. Such disorders seem to reach an alarming frequency only in this century and they occur overwhelmingly in highly "developed" societies or in urban or affluent population groups (cf the Bunge study, 1902). A highly developed industrial society like the USA seemed to lead the trend in psychological traumas connected with breastfeeding.

Still USA seemed to dominate in research as presenting a "normal" situation. The situation in the US seemed to me, on the contrary, far from "normality". From the Finnish perspective one may discern something very thwarted in the way that supermodern society addressed the question of breastfeeding and its psychology. In the USA there had been a war going on about the female breast: Should it be the source of joy and gratification for the man (the sexual partner) or should the child be allowed to intrude into this harmony? I could never quite encompass these trains of thought although it was taken seriously in a culture in which bottle feeding had been the norm for several generations already and where breastfeeding was considered "the less-available option" (Ladas, A., 1972). Such a view would presuppose that a "normal male" still was captured in his infantile desires unable to enjoy fatherhood. From a Finnish point of view this problem seemed not to be a central one in breastfeeding. Were we not modern enough or was something else at stake?

When I moved with my family to live in Moscow in the early 1980s, while still breastfeeding my third child, I discovered at this other pole of the world an opposite view of femininity. Never a minute did men in that culture separate motherliness from a woman's appeal as a woman. The psychological problem discussed in those articles I read seemed to have quite limited cultural applicability. Motherhood seemed to mean different things in different cultures. Perhaps the psychological problem of breastfeeding in the US had more to do with the men than with the mothers? Durre Ahmeds analysis of the Hero archetype¹⁵ in the modern world supports such an interpretation.

In fact, those societies in which motherhood and breastfeeding is less of a problem in the relation between the sexes are in *majority* but since they are less "modern" and less economically powerful they seem to have had less importance. Here is a clear distortion of "commonly applicable scientific truths" as presented through research in "the West".

¹⁵ Ahmed, Durre, 1994, *Masculinity, Religion and Gender. A Feminist Perspective.*, ASR Publications. Lahore, Pakistan.

Revisoning the Nature-Culture Divide

As I went into some reading of ethology in order to understand the human phenomenon of lactation I was in for new surprises.

It turned out that, after all, breastfeeding was not altogether as "natural" as I had thought. Not even among other mammals, I learned, is nurturing the young a completely "natural" thing. The case which gave me that insight was a report about problems great apes had in nursing their young in captivity where the females had never been exposed to another female giving the breast. In a Californian game park an ingenious solution was found. A chimpanzee mother was showed films in which chimpanzees breastfed their young. Thereafter she was able to feed her young herself.¹⁶

What does this example tell us? I understand it as a strong statement on the difficulty at drawing sharp distinctions between the "social" and the "natural" in matters like breastfeeding. Crucial to success are interaction and the transmission of a pattern of behavior by example and imitation.

This argument seems to be relevant also for the notions we have about "natural motherly love" and the nurturing "instinct". These biologically inherent capacities seem to have to be socially promoted among human beings as well as among our closest relatives in the animal kingdom in order to emerge successfully.

Central Conclusions of My Research

The research has lead me into a critique of modernity and of what has been presented as "rational" and "scientific knowledge".

The most prominent finding from my scan of literature illuminating the "sociology of breast-feeding" is the great change that occurs after Enlightenment. What happens then is an onmarch of science into child nurturing through experts of many fields who enter into the sphere of activity around birthing, infant rearing and feeding. The clock enters into the feeding and interferes with the "milk dance" (Millard, 1990). After the turn of the century births take place in hospitals and follow hospital routines more and more often.

"The story of breastfeeding" in the post-Enlightenment era provides an apt example of detrimental consequences of the dom-

¹⁶ This case is reported in Jelliffe & Jelliffe, 1978.

ination of "modern scientific knowledge"¹⁷ over tradition and over the common sense knowledge of mothers who listen inwardly and are open to hear the messages of the child too. It intervenes with a different and more relevant process of reproduction of knowledge.

I found that the realities and mechanisms of nurturing as a part of economies of affection cannot be squeezed into the distinct clock-bound and well measured "rational" realities of contemporary industrial culture. When the ethos of the Modern Age is introduced into infant nurturing and -rearing practises and when the norms of the factory with an emphasis on schedules, measures and technical precision govern the structures that surround birthing, the consequences are not unambiguously blissful.

The benefits of hygiene and the achievements of modern medical science are severely counterbalanced by an artificial intervention into the nascent interplay of a mother and her newborn infant. The tragedy of the matter is that this happens despite "good intentions". A recent article by Millard (Millard, A., 1990) illuminates this point for the case of pediatric textbooks in the USA over a timespan of 100 years. She discusses the place of the clock in textbooks from 1897 to 1987 and concludes that "all sources advocate breastfeeding but the detailed advice on how to carry out the process actually tends to undermine it".

When "modernity" is diffused into the Third World in the form of imitation of structures and norms of birthing it causes a breakdown of cultural practises in support of breastfeeding and close bonding. Bottle-feeding is seen as a symbol for modernity. Substituting the breast for the bottle frequently has in the life conditions of most Third World women lethal consequences for the infants - as has been convincingly shown by numerous studies.¹⁸

Closer to home the damage is less fatal, but the consequences of disappearing breastfeeding are still troubling for the infants and for the mothers. The latter are deprived of a simple way of learning to relate to their infants with all of their senses in a way which scientifically is difficult to describe or prescribe because it does not lend itself to being entirely understood "scientifically".

¹⁷ Apfel-Marglin, F. and Marglin, S., 1990, *Dominating Knowledge. Development, Culture and Resistance*, (eds) Clarendon Press. Oxford.

¹⁸ For a report on a number of such studies see for instance Jellitte & Jellitte, 1978.

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