



University of the  
West of England



**ESRC seminar series: Social experiences of breastfeeding:  
building bridges between research and policy**

**2 March 2016: Breastfeeding and the politics of embodiment.**

**Speaker abstracts and biographies.**

## **Maia Boswell-Penc, PhD**

### *Breastmilk, Cow's Milk and Environmental Crisis: Embodiment as Key to Individual, Public and Planetary Health*

Beginning with research into women's stated reasons for switching to formula after their return to the workplace, specifically, comments that using a pumping device "made me feel like a cow," this paper investigates scenes of full embodiment (nursing), partial embodiment (pumping), and disembodiment (using formula) to explore best practices for human and planetary health. Drawing on research into environmental consequences of using breastmilk or formula, cow's milk or non-dairy alternatives (for adults) it employs notions of embodiment to lay out what ideal patterns of infant and adult nutrition might look like. Since environmental toxins are found in all mother's milk – "our most precious natural resource" -- that should be a wake-up call – in spite of the fact that breastmilk is – except in the most extreme cases – "still best." Finding that Level 2 Environmental Issues (toxicity, environmental pollution) help guide our decision-making and help us conceptualize and move towards the kind of world we want to create and inhabit, this paper moves on to consider how Level 1 Environmental Issues (climate change, global depletion) also have much to say, not only about human health and nutrition, but also planetary health. As the meat and dairy industries – including the formula industry – place significant burdens on global climate and resource-use – breastmilk (for infants and young children) and plant-based alternatives (for adults) present the best practices in terms of human and planetary health.

## **Biography**

As a professor in the Department of Women's, Gender and Sexuality Studies at the State University of New York in Albany for thirteen years, Maia taught courses in Environmental Justice, as well as courses exploring the interlocking of various forms of oppression. Her research interests include inquiries into decisions about breastfeeding and formula -use, as well as investigations into the environmental contamination of breastmilk, and the politics surrounding its use as a tool to bring attention to environmental issues. She has published *Tainted Milk: Breastmilk, Feminisms and the Politics of Environmental Degradation* (SUNY Press, 2006) and articles in a range of journals, including *Women, Place and Culture: A Journal of Feminist Geography*, *Women & Language*, and *Cultural Critique*. Currently, Maia is working on a book entitled *Waking Open: How Compassion Can Lead Us from the Brink of Climate Change and Global Depletion*, and facilitating workshops and retreats on Wellness and Sustainability. She has a 12-year-old-son and an 11-year-old daughter, both of whom enjoyed extended breastfeeding.

## **Dawn Leeming, PhD**

### *Managing the dynamics of shame in breastfeeding support*

Breastfeeding promotion has long grappled with the issue of maternal guilt. However, recently attention has turned instead to shame, as a related but more problematic emotional response. Although women may talk about feeling shamed for breastfeeding in front of others, some also talk about shame-related feelings as a consequence of *not* breastfeeding or struggling to establish breastfeeding. Research suggests that cultural representations of breastfeeding can be taken up as if they imply that the 'good mother' not only breastfeeds but also has a maternal body which sustains her child with ease. Therefore, where breastfeeding difficulties are experienced, these can be taken by women to signify inadequacy or failure as a mother and woman, particularly if there is a sense of exposure before expert surveillance.

The purpose of this presentation is to explore the usefulness of interpersonal theories of shame, shame avoidance and shame management for understanding relationships between women who struggle to establish breastfeeding and those who support them. Drawing on Gilbert's (2003) and Scheff's (1995) approaches to shame, which emphasise the sense of a devalued position in relation to others, I consider how shame and shame avoidance might sometimes shape the dynamics of relationships between breastfeeding women and healthcare providers in ways that are counterproductive for both breastfeeding and the wellbeing of breastfeeding women. However, I also explore what the emerging literature on shame management and resilience (e.g. Brown, 2006; Leeming & Boyle, 2013; van Vliet, 2008) might have to offer with regard to countering shame when supporting breastfeeding mothers by promoting meaningful connection, validation of women and contextualisation of breastfeeding difficulties.

### **Biography**

Dawn is a senior lecturer in psychology within the School of Human and Health Sciences at the University of Huddersfield and previously worked within NHS mental health services as a clinical psychologist. Her research has focused on varied aspects of health and wellbeing, with a particular interest in the psychology of emotion, the impact on wellbeing of both mental health stigma and varied understandings of mental distress, and women's wellbeing in relation to infant feeding and transition to motherhood. She is also concerned with developing pluralistic approaches to qualitative research and with research ethics. Her interest in infant feeding began when, as a new mother some years ago, she asked a colleague if there was any research on the topic....

## **Sally Dowling, PhD**

*Using liminality to understand mothers' experiences of long-term breastfeeding: 'betwixt and between', and 'matter out of place'.*

The embodied experience of breastfeeding can cause women to feel as if they are neither one thing nor another. This paper will consider the issue of long-term breastfeeding, using liminality to think about the experiences of a group of women who breastfeed beyond what is currently considered 'normal' in the UK. It draws on a qualitative study using micro-ethnographic methods, in which participant observation, face-to-face and online interviews were used to explore women's experiences of long-term breastfeeding. Overall research findings will be discussed as well as considering how useful liminality is as a concept with which to understand them. Previous work has used liminality (the idea of being not one thing or another) to think about breastfeeding; here this is drawn on and developed to further understanding of the experiences of long-term breastfeeding. Themes identified highlight the challenges of engaging in a stigmatised, embodied, practice and in managing the personal and social consequences.

### **Biography**

Sally trained as a mental health nurse and spent most of her 21-year NHS career working in sexual health and public health. She came to the University of the West of England in 2007 to study for her PhD, prompted by her own experiences of breastfeeding. She has worked as a Senior Lecturer in the Department of Nursing and Midwifery at UWE since 2009, where she teaches research methods and evidence based practice to under- and post-graduate healthcare and public health students. Her research interests are in the area of breastfeeding and infant feeding, particularly in relation to women's experiences and how these are influenced/mediated by social and cultural factors.

## **Geraldine Lucas, MSc**

Acknowledgements: Susan Davis, Senior Midwifery Lecturer and Caroline Rutter, Senior Midwifery Lecturer.

### *Working towards the Baby Friendly Initiative: an Educational Perspective*

Breastfeeding plays a significant role in the long term health of mothers and their infants. Of key importance is the support that health care professionals, particularly midwives are able to give to new mothers. Midwives are present at key points of a woman's journey throughout pregnancy, and at the birth, where interactions such as skin to skin contact between a mother and her baby are instrumental in supporting responsive breastfeeding. Midwives are also required to facilitate individualised postnatal support.

At the University of the West of England (UWE), the midwifery team are committed and passionate about the education of our students, in particular, the support and skills that students acquire in order to support the breastfeeding dyad. It is evident that endorsement of the Baby Friendly Initiative Standards can help students by increasing their confidence and communication skills when working with women, and above all, lead to positive interactions with women who are establishing breastfeeding. In 2014, the midwifery department at UWE achieved Stage One of the Baby Friendly Initiative. We are currently working towards Stage Two.

The aim of this presentation is to explore our journey so far in relation to working towards the Baby Friendly Initiative Standards, our on-going plans and developments, including some of the challenges.

### **Biography:**

Geraldine trained as a nurse and spent eight years in the Royal Navy working in a variety of settings before undertaking specialist training in stoma care nursing. She then trained as a midwife, and in 2004 came to UWE as a midwifery lecturer. Midwifery experience included working with a small team of midwives to provide one-to-one care for women who experienced or developed complications during their pregnancy. She currently teaches in year one of the undergraduate midwifery programme and has a range of teaching interests including interprofessional simulation with midwifery and medical students, breastfeeding and sustainability. In 2014, Geraldine and a colleague took a lead in developing breastfeeding education, developing the curriculum to reflect standards within the Baby Friendly Initiative. Geraldine is passionate about the integration of breast feeding education, the quality of student learning and the mirroring of this learning within practice to support breastfeeding mothers.