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## Breastfeeding and Subsistence Work: Connecting Theory and Experience

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Human beings are animals; more specifically, they are mammals capable of nursing their young. What is believed to be natural and sustainable for the rest of the animal kingdom is often stigmatized and criticized in the land of man as being animalistic and primitive and therefore necessarily segregated from the public eye. Despite the fact that reproduction and breastfeeding are natural Ward et al. write that “views towards breasts and breastfeeding are shaped by larger cultural values and assumptions” (2006). Women and their partners often hesitate when making the decision to breastfeed because of “their discomfort with the culture’s sexualization of the breast” (Dettwyler 1995). Despite the functionality of the female breast (to provide life-sustaining nutrition for infants and children) it is also a symbol of carnal desire, sex, and lust, instilling the belief in some that its exposure in public is not only inappropriate but immoral. Breastfeeding then, as a type of work in which only women can partake and requiring at least partial exposure of the breast, is a practice that is only suitable for the private sphere--the home.

As women’s contribution to the social and economic spheres has increased in recent decades, breastfeeding itself has become a social process and as such, mothers’ experiences of breastfeeding are subject to the beliefs, values, and attitudes of the people around her (Faircloth 2010). By conducting secondary data analysis on a series of interview data collected in the spring of 2014, I will discuss how Engels’ and Althusser’s classic theories of gender stratification provide an appropriate theoretical framework for understanding the pressure nursing mothers feel to hide their practices and the stigmatization that occurs when they do not. By connecting the lived experiences of seven mothers who participated in my study “Say Yes to the Breast” (2014) with two theories on the social stratification of gender, I hope to demonstrate how mothers’ perceived stigmatization is the result of a continuously reproduced set of values that serve to concretize the gender divide.

### *Say Yes to the Breast!—Again*

Information for the original study was collected through a series of in-depth interviews in 2014, following approval from a human subjects research committee at a university in the Pacific Northwest. I selected seven participants from a sample of mothers who practiced extended breastfeeding, referred to me by both breastfeeding and non-breastfeeding mothers. Participants eligible for interviews were mothers of any age who breastfed one or more of their children for any duration of time past the child’s first birthday. Each mother was assigned a pseudonym so they could speak freely about their experiences without fear of being identified.

The original research and findings focused specifically on mothers who breastfed their children past infancy. The open-ended questions and semi-structured nature of the interview, however, allowed participants to share stories pertaining to their experiences with extended breastfeeding (breastfeeding for a year or more) and conventional breastfeeding (breastfeeding for less than a year). Because of the valuable information collected at both stages of nursing, the present study will not distinguish between extended or conventional

public breastfeeding as this paper is interested in mothers' experiences breastfeeding in public, regardless of the age of the child.

Only seven mothers were interviewed for this study, limiting the generalizability of the sample. Six out of seven interviews were conducted over the phone and one was conducted in person. A semi-structured interview guide comprised mostly of open-ended questions in three different sections was the primary measurement used. To begin, family history and biographical information of each participant was collected. Topics here ranged from occupation and income to questions about the mother and partner's traditions and beliefs. These questions allowed participants to elaborate on different aspects of their upbringing that may have affected their feelings surrounding breasts and breastfeeding. The following section focused on the social encounters and emotional experiences of the mothers. For example, I asked mothers to reflect and compare their opinions of their body before and after nursing as well as who they were comfortable breastfeeding around. Questions in this section sought to understand whether or not mothers were aware of the sexualization and stigma attached to the female breast and if this consequently impacted their feelings about nursing in public.

In the final segment of the interview I inquired about the logistical process mothers went through when breastfeeding and weaning their children. The purpose of this section was to investigate whether or not social interactions and public opinions imposed a timeline on mothers as to how long it was appropriate for them to breastfeed their children. These questions led to discussions about unsolicited advice and pressures from family and friends in regards to their conventional and extended breastfeeding practices.

Interviews were transcribed and coded using grounded theory (Glaser & Strauss 1965) so as to allow patterns and themes to emerge organically from the data. The original findings were grouped into three subsections: stigmatization and trivialization, social/cultural influences, and overcoming/avoiding stigma. Overall it was found that mothers who practice extended breastfeeding often feel uncomfortable nursing in public and are criticized and interrogated about their practices. Participants explained that they became increasingly aware of their child's age as well as their nursing practices as time went on. Even mothers who communicated strong opinions about their right to breastfeed in public went through strenuous and lengthy processes to conceal the fact that they were breastfeeding, often using wraps, blankets, or covers.

Future research on extended breastfeeding--and public breastfeeding in general-- should aim at gathering a larger and more diverse sample, as previously noted. Participants from this study were mostly middle- to upper-middle-class white women in different-sex relationships. Forthcoming research should not only expand the sample size but should also explore how women of color, women from various socioeconomic backgrounds, and women in same-sex/non-heteronormative relationships experience both long-term and conventional breastfeeding.

Interview data relevant to the present paper will be applied to concepts from Engels' *The Origins of the Family* (1884) and Althusser's *State and Ideological Apparatuses* (1970) following a discussion of the sexualization of the female body and its impacts on breastfeeding mothers.

### *Women, Sex, and the Breast*

Sociologists and feminists alike have identified the social and cultural influences that factor into a mother's experience breastfeeding in public. Indeed, it has been noted that women and their partners might hesitate when making the decision to breastfeed because of an awareness and discomfort with the sexual connotation associated with the breast (Dettwyler 1995). Moreover, it is not just the opinions and behaviors of others that impact a mother's decision to breastfeed. Women may avoid breastfeeding altogether for fear that the process will make their breasts less appealing or interfere with their sexual and intimate life, a

decision oftentimes reached by both the mother and her partner (Freed et al. 1993). Combined, this research indicates that the breast serves more of a sexual function as opposed to a biological one. Indeed, the breast is deemed functional, practical, or sexual based on the dominant ideology of the culture it exists within. Dettwyler (1995) posits that the female breast is used for the attention and sexual pleasure of men, and that this behavior and expectation is *learned* through Western culture. The extent to which the female body has been sexualized in the popular culture of Europe and North America is hardly news to any participating members of that society.

In 2003, Krassas and Wesselink found that 80.5% of photographs of women from *Maxim* and *Stuff* portrayed them as sexual objects. These trends have increased over time with only greater percentages of women being featured as sexual beings. Ward et al. (2006) argue that “evidence consistently indicates that the sexual nature of women’s bodies is a dominant focus throughout much of the mainstream media,” with particular attention focused on the female breast (Dettwyler 1995). Additionally, Forbes et al. (2003) identified the role of “erotophobia” and sexism in women’s experiences breastfeeding, arguing that in American culture the sexual significance of the female breast rivals, if not exceeds, its biological significance. Nearly a decade prior, Iris Mason Young postulated in “The Breasted Experience: The Look and Feeling” (1992) that Western culture is responsible for fetishizing female breasts, designating breasts the symbol of feminine sexuality and conditioning the male gaze to favor large, round, and proportioned breasts. Consequentially, their biological function has become secondary to their sexual function. How is it though that this could be learned in one culture and not in another, to the extent that it infringes upon the reproductive processes of women?

Schott and Henley (1996) found that mothers who identify with certain religious ideologies may be affected by morals within their faith system that are concerned with modesty and bodily control. Although these pressures are the result of normative standards perpetuated by various institutions, they can often be self-inflicted. Socially conservative faith communities that value female modesty and denounce women’s sexuality pose problems for nursing mothers who need to feed their children in public. Nursing mothers must take these social conditions into consideration when breastfeeding so as to avoid humiliation, discomfort, and ridicule from the people around them. In order to avoid stigmatization, a mother may feel pressured to restrain bodily acts such as breastfeeding to the private sphere.

### *The Division of Labor and Its Reproduction*

Engels’ division of labor is located within the notions of productive work and subsistence work and is central to understanding mothers’ experiences breastfeeding outside of the home. Interested in chronicling the evolution of the gender division, Engels provides commentary on the mutation of familial forms and their relation to the economic mode of production. Here, he differentiates between two types of work that could be done within a society: subsistence and productive work. Any labor accomplished to satisfy basic human functions, or considered essential for survival, necessarily falls under the category of subsistence work. This type of work, central to the livelihood of an individual (or group of individuals), is done to fulfill corporeal obligations and as such cannot be exchanged for a profit, according to Engels.

Productive work, alternatively, is accomplished as a means to gain capital, both monetary and otherwise. Engels argues that physical limitations and reproductive obligations constrained women to the private sphere where they became concerned with subsistence work--effectively, housework--in exchange for nothing other than an adequate environment in which to reproduce. Explanation as to why women became restricted to the household sphere and subsistence work follows a logical argument centered on the reproductive capabilities of males and females.

In the early days of the human race women were constantly reproducing, given the high death rate and low life expectancy of men and women alike. As soon as women started having

children, which was most likely very early in life, they were confined to the home and concerned with birthing, nursing, and raising children. As a result, they were not able to participate in any work that would result in capital for the family, as their time was spent in the home. Women's work (subsistence work) deals with reproductive obligations such as nursing and child rearing, while men's work (productive work) is concerned with capital gain and each should be accomplished in the appropriate setting, either inside or outside the home, respectively.

With the rise of private property and capital surplus, men began passing down wealth and goods to their sons so as to provide them with the tools necessary to accumulate wealth for the family. Whereas sons learned how to continue productive work from their fathers, daughters learned how to continue subsistence work from their mothers. As such, Engels argues that the division of labor in the economy is built upon the division of labor within the household, a result of the division of genders. Women's work, not capable of providing tangible capital for the family, is regarded as less important, and as such processes like nursing and child rearing are thought of as inferior types of work, they are necessarily kept separate from the public-masculine sphere. This explicit demarcation of where "women's work" should be done explains the legacy of the housewife as well as the backlash against public breastfeeding. These sentiments, in conjunction with the sexualization and objectification of the female form, serve as a way to denigrate public breastfeeding and, as Althusser demonstrates, certain cultural and social structures are in place to systematically discipline social actors to behave according to the pre-established roles.

Expanding theories posited by Marx and Engels, Althusser is regarded as a game changer within the second wave of feminism given his theory about Ideological State Apparatuses. Althusser argues that if a social formation is going to successfully reproduce itself it needs to maintain "reproduction of productive forces" as well as "reproduction of social relations of production." Althusser's theory sheds light on the stratification of gender and the role of social institutions in reproducing the norms and values that constrain women to the private sphere and stigmatize any subsistence work that takes place in the public sphere.

Social formations, Althusser argues, not only need to reproduce their labor force (in the literal and biological sense), they also require laborers that are adequately trained, competent, and able to be disciplined. In other words, for a value or norm to succeed as a social force, institutions must be devoted to conditioning people into behaving accordingly and imposing consequences on those who do not. Althusser believed that these ideologies are reproduced in Ideological State Apparatuses (ISA) such as schools, churches, the family, and the home. It is in the ISA that attitudes toward the breast and breastfeeding are stigmatized, criticized, and perpetuated. While Ideological State Apparatuses function by inflicting ideology, conversely, State Apparatuses like the police, the army, and the court function by inflicting violence.

Both institutions seek to restrain and control social actors into behaving in ways that align with their respective goals. The main difference between the two is that one seeks to control individuals via violence and restraint while the other seeks to control individuals via ideology and threat of social humiliation. ISAs have a secondary function of repression like State Apparatuses in that they perpetuate ideologies for the purpose of controlling individuals' behavior. Althusser writes that the repressive intentions of ISAs may be "attenuated, concealed, even symbolic. Thus churches and schools use suitable methods of punishment, expulsion, selection, etc., to 'discipline' not only their shepherds but also their flocks" (Althusser 1970). In other words, people are taught to conform to the norms established by the ISA and to also teach others to do the same. By producing and reproducing these ideologies, ISAs successfully maintain established norms and values that social actors must submit to in order to reify the ideology. ISAs such as the church and the family actively produce and reproduce the social and cultural values participatory in the sexualization of the breast, resulting in mothers' discomfort nursing outside of the home.

*Subsistence Work in the Public Sphere*

Participants from “Say Yes to the Breast” often spoke of awkward encounters that sparked feelings of embarrassment or discomfort when confronted with breastfeeding in social situations. Some participants from my study recalled how many of these interactions originated from within a community they identified with. Six of the seven mothers within my sample identified with a faith community and four of those six self-identified with a Christian tradition. Three of the four Christian mothers refused to breastfeed in church while the fourth was comfortable breastfeeding as long as she was able to leave the service to nurse in a private room or use a cover.

When I asked Sadie, a single mother and student at an undergraduate university, if she would have been comfortable breastfeeding at her Catholic church she said no, explaining, “It felt inappropriate exposing myself that much. I always wanted to remove myself from that situation.” Likewise, Catherine explained that her Catholic church was “another place I would totally not feel comfortable breastfeeding. Even when my boys were babies I would *never* nurse in church.” Catherine’s response is particularly interesting given a story she shared with me before explaining her discomfort in church:

Catherine: With the third one (child) I had to go to an event and I was just walking the hallways of the hotel when he was an infant, I didn’t have a cover, I didn’t have a shirt because you know, he had to eat!

Catherine’s discomfort nursing in public appears here to be contextual. While she feels comfortable walking the halls of a hotel without a cover and even without a shirt, she explains that she would never consider doing the same in church, with *or* without a cover. When speaking about nursing in church, she attributes her uneasiness to antiquated beliefs or attitudes:

Catherine: Yeah there are some really archaic thinkers out there. Like even in church!...Even with babies I never felt comfortable nursing in church ‘cause there was always some kind of, I don’t know, cultural differences or demographic differences where the old people would get mad at the young people for disrupting service and I was like well would you rather him scream and yell during the service, or we can sit here quietly while he nurses! I don’t understand but yeah, I always felt uncomfortable in church and it was definitely generational.

Here, the participant is identifying the presence of traditional values in her faith community that stigmatize the exposure of the body. Catherine understands these ideologies as generational and therefore as being perpetuated and handed down from one generation to the next within families that adhere to traditional values of her faith system. Although it seems Catherine herself does not also adopt these “archaic” attitudes, they affect her practices nonetheless. Winter alternatively, aligns herself with similar traditional beliefs but does not create distinction between the values of those within her faith system and her own as Catherine does. A stay-at-home mother and member of the Church of Latter-day Saints (LDS), Winter explains her preference to be modest because of her religious upbringing:

*Are you comfortable nursing outside of the home without your cover?*

Winter: Pretty much only at family’s home where occasionally if I didn’t have the cover available I would do it in the parking lot in the car. I’m not big about nursing in public places without my cover or some sort of thing over me whether it was a blanket or something else.. My cousin, she’s like ‘just flaunt yourself it’s no biggie!’ and I’m just like, ‘no honey that’s not me.’

*Have you always felt that way about being exposed in public?*

Winter: Oh yeah I've always been that way. When I was a teenager I wore dresses that went down to the floor...I think it's a combination of our religious aspect, the kind of views our religion teaches us, which is to be modest, to respect our bodies and to be modest.

Consequently, when Winter finds she needs to nurse her two- and four-year-old daughters, she leaves the service and nurses in a special sitting room or will use a nursing cover that wraps around the front and back of her body, allowing her to conceal both herself and the child. This cover also allows the mother to walk around while keeping the child secured to her breast. These mothers express unease about breastfeeding in public for religious reasons. While Catherine identifies her discomfort as something she must negotiate with because of her religious community, Winter recognizes her religious upbringing as informing her inclination to be modest; she does not feel forced to be modest, she is modest in fulfillment of religious teachings.

Inhibitions that prevent mothers from breastfeeding in the church extend outside of services and religious spaces. When Winter needed to nurse one of her daughters and was without her cover, she recalls nursing in bathroom stalls or the back seat of a car because she "didn't want the looks and judgmental stares." Winter also took time to explain here that she wished there were more places for women to breastfeed with other mothers, "to feel confident in what we are doing and feel that we don't have to hide ourselves in shame." The systems of belief within the mothers' faith community indeed shape mothers' breastfeeding experiences. Although Winter wishes she was able to breastfeed freely in a supportive environment, her religious teachings constrain her from realizing this. The church as an Ideological State Apparatus reinforces the doctrine of bodily modesty among women by perpetuating the idea that the female body is a symbol of sex, concealing it within the doctrine of what is right and wrong/moral and immoral.

The idea of sex and the corporeal form (specifically the feminine form) as immoral is heavily bound up within the doctrine of the Christian faith. Within the context of public breastfeeding, the Christian church functions as an ISA to constrain these mothers from engaging in subsistence work in public by disciplining and punishing them via social criticism. Exposure of the breast (an expression of female sexuality) in the Christian community warrants instances of discipline and punishment discussed by Althusser. The instances in which Catherine and Winter modified their behavior for religious reasons display the success of the Christian church in indoctrinating individuals to regard the female form (and its functions) as necessitating restraint.

As previously discussed, ISAs are not only concerned with regulating the behavior and attitudes of social actors; they must also generate methods by which these ideologies can be enforced (Althusser 1970). Thus, respondents who nurse in public recall being approached by family, friends, and strangers questioning their practices. Six out of the seven mothers I interviewed reported that they felt criticism and judgment in the form of questions. One mother explained, "It was not exactly *what* they said but *how* they said it." For example, Catherine recalls questions from her mother regarding the nursing of her eighteen-month-old son, such as, "Don't you think he's a little too old for that?" and "Oh, are you still doing that?" Similarly, Rebecca, an astrophysicist from Colorado, remembers nursing her daughter at work when her co-worker asked, "How can you still do that when she can ask for it, isn't that weird?" Because of the stigma attached to the exposure of the female breast, and the age of the child, Rebecca was made to feel uncomfortable for her decision to breastfeed.

These sentiments were not uncommon within my sample. One mother shared a story in which she was breastfeeding her two-week-old daughter in an electronics store when someone spat the word "exhibitionist" at her, and another time when a passerby suggested she find a private room to continue nursing in. These encounters exemplify instances in which mothers experience punishment for disobeying the norms established by the ISA in the form of social

humiliation and stigmatization. A person who encourages a nursing mother to remove herself from the public eye acts as disciplinarian, reproducing the values of the ISA. Not only is the mother singled out and embarrassed by the interaction, she is encouraged to segregate herself from the rest of society. These encounters reify the separation of women from the public sphere created by the division of productive and subsistence work.

### *Conclusion*

Ideologies that appropriate traditional notions regarding women, the home, and sexuality are not solely perpetuated by values constructed by the Christian faith. Ward et al. (2006) found that frequent exposure to “genres of high sexual content” are associated with more male acceptance of traditional gender roles. This is directly related to how men treat and interact with real women (women in the realistic world as opposed to the media world) and contributes to the process of sexualization. Framed as objects for men’s pleasure, women’s breasts are seen as mainly sexual and therefore not suitable for public exposure.

Punishment in the form of harassment and criticism keeps nursing mothers from feeling comfortable and free to practice breastfeeding in the manner and capacity that they find fit and appropriate. Often having to retreat to bathroom stalls and parked cars, mothers are disciplined by ISAs such as the Christian church, the family, and the workplace to limit the exposure of the female breast. The pressure to abstain from their nursing practices in public can be understood as a result of the division of labor discussed by Engels’ conception of the family. Breastfeeding mothers who attempt to engage in subsistence work outside of the home face sanctions from the ISAs that are established as a means to keep social actors docile and in order.

Public policy that encourages mothers to breastfeed their children for as long as they are able can help to blur the boundaries between subsistence and productive work. Until women can feel comfortable engaging in their reproductive obligations (if they so choose) in the public sphere, the division of labor will continue to function as a means to stratify the genders.

Following recent medical research positing the mental, physical, and emotional benefits of breastfeeding (WHO 2014), creating spaces where mothers can practice nursing outside of the home has become increasingly important. Discomfort with breastfeeding is only exacerbated by ISAs that perpetuate traditional values that seek to constrain women to the subsistence sphere.

Breastfeeding, although a very emotional experience for some women, is perceived as an act of the body. Because of the sexual symbolism attached to the breast, more of an emphasis is placed on the physical aspect (the immoral aspect) as opposed to the emotional and physical health benefits. When understanding these experiences through the lens of Althusser and Engels, it can be reasoned that mothers uncomfortable nursing at religious services and in other public spaces experienced stigmatization because they introduced their subsistence work into the public sphere. The social and cultural influences on mothers’ experiences breastfeeding can be regarded as methods of discipline maintained as methods of discipline by an ISA to control women’s responsibility to engage in private subsistence work.

### References

- Althusser, Louis. 1970. “*Lenin and Philosophy*” and *Other Essays*. New York: Monthly Review Press.
- Dettwyler, K. A. 1995. “Beauty and the Breast: The Cultural Context of Breastfeeding in the United States.” Pp. 167-215 in *Breastfeeding: Biocultural Perspectives*, edited by P. Macadam and K. Dettwyler. New York: De Gruyter.

- Engels, Friedrich. 1884. "The Origin of the Family, Private Property and the State." in *Marx/ Engels Selected Works*. Vol. 3 by Karl Marx and Friedrich Engels.
- Faircloth, Charlotte. 2010. *What Science Says is Best: Parenting, Practices, Scientific Authority and Maternal Identity*. Kent, UK: University of Kent.
- Forbes, Gibson, Leah E. Adams-Curtis, Nicole R. Hamm, Kay B. White. 2003. "Perceptions of the Woman Who Breastfeeds: The Role of Erotophobia, Sexism, and Attitudinal Variables." *Sex Roles* (7-8) 49: Pp. 379-388.
- Glaser, Barney G. and Anslem L. Strauss. 1965. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New Brunswick: Aldine Transaction.
- McLaughlin, Olivia. 2014. "Say Yes to the Breast: Mothers' Experiences Long Term Breastfeeding."
- Schott, Judith. Henley, Alix. 1996. *Culture, Religion, and Childbearing in a Multiracial Societies*. Oxford, UK: Butterworth- Heinemann.
- Ward, Monique L, Ann Meriwether, Allison Caruthers. 2006. "Breasts Are for Men: Media, Masculinity Ideologies, and Men's Beliefs About Women's Bodies." *Sex Roles* 55: 703- 714.
- World Health Organization. 2014. <http://www.who.int/topics/breastfeeding/en/>.
- Young, Iris Mason. 1992. "The Breast Experience: The Look and Feeling." *The Body in Medical Thought and Practice*: 215-230.