



Improving Breastfeeding Supports in the United States: Exploring Convenience, Moments of Parental Savoring, and Cultivating Connection

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ABSTRACT

The act of breastfeeding often dissects private and public life, allowing for intimate moments between parent and child in public spaces. The existing tensions are between the lack of social acceptance for breastfeeding and the emphasis on breastfeeding's health benefits. The impact of these tensions comes to life when considering that, of babies born in 2018 across the United States, only 24.9% of infants were exclusively breastfed for the first six months of life [1], which is more than 11% less than rates across the world [2]. Utilizing a qualitative research methodology and the public health Socio-Ecological Model, the study discussed contributes to the small body of research that examines parental emotions, positive moods, perceived stress, and enhanced mental health benefits. The study explores parents' positive breastfeeding experiences as something more than an act of nourishment or cultural construct. The findings center parents' enjoyable experiences of breastfeeding as moments of convenience, savoring, and cultivating connection. The findings are paired with implications for increasing supports across multiple levels of influence of the Socio-Ecological Model to improve breastfeeding supports.

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Introduction

Most of my memories of those first days of being—of becoming—a mother tend to fold into one another, so that I am never quite certain where one day ended and the next began. I do remember how the smell of a newborn changes: the sweetness of milk replacing the smell of rawness that lingered for days after our birthing. (“Ours” because she was born into this world while I labored for my own motherhood; moments of becoming.) The smell of rawness. Sensations of birth startled me—the hardness of her head as I labored down, my fingers probing her textured hair, slick with amniotic fluid, blood, meconium; the tightness of my legs, vulva, and ankles, swollen with pooling IV fluids; the silence following the arrival of the doctor, the air thick with the tension of his privilege and the sudden shift of authoritative presence from the gathered “collective knowledge” to the degree; the absence of feeling as I caught my own child—lifting her from between my legs to my chest—the moment void, flattened from anticipation;

the exhaustion;

emotions rolling through me in those first days, heavy with the emptiness of my womb; pungent whiffs of witch hazel, promising cool relief from the sear of urine on my torn flesh; the darkness, curtains pulled shut, “Shhh. She’s sleeping.” The sweetness of breastmilk.

During the final weeks of pregnancy, I tried to express milk. Pinching and squeezing, seeking even the smallest drop. Waiting for my milk to come in, for my baby to arrive. The milk

never came in; not in the way they describe: fullness, tingling, pressure, leaking, gushing. Yet there was always enough, her fervor dictating the flow. She continued—we continued—as we began: in a slow way with her presence and growth facilitating my own. Time extended and so did we; breastfeeding into her fourth year.

Influence of Cultural Norms on Breastfeeding Choices

Before delving into the flesh of this topic, I feel compelled to describe the experience of sharing an early draft on the subject of the normative discourse of breastfeeding at an academic writing retreat, which illustrates how this discourse—loaded, as all discourses are—weighs heavily on parents' psyches:

It is our sixth and final night together; this week has been filled with moments of laughter, sadness, camaraderie, and mostly the hard labor of writing. Like every other night, we sit in a circle around the cabin, sharing our days' work. I felt fleeting reservations about sharing this particular piece of writing, knowing that nine of us were parents but wanting to open my thinking up for discussion and critique. During the reading, some of my colleagues nodded their heads or made verbal indications of agreement. Then, one colleague shared: “You know, my breasts were too large to breastfeed. I wanted to but I couldn't make enough milk. Your writing doesn't capture my experience.” The atmosphere became charged with these words and others began to share their own struggles with breastfeeding and my writing; the space became alive with personal truths, shattered hopes, frustration, and pain:

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~ I had to go back to work, so I couldn't keep nursing. You don't talk about working [parents¹].

~ That final paragraph made me bristle. Nursing was not healthy for my child. I couldn't look at him when I nursed; it made me feel so detached from him.

~ So, I am gay and we adopted our children. Our friend gave us extra breastmilk for the first few weeks but I couldn't make breastmilk. So, what was I supposed to do?

~ I would have loved to breastfeed but I couldn't even have a baby. I found out I am infertile. Can you imagine how that feels?

I share this story because through this experience, I became aware that any discussion of the normative breastfeeding discourse is pregnant with tensions, can simultaneously acknowledge and discount parents' experiences, may ring of the normative judgment while also drawing it out. And with this caveat, I begin:

The act of breastfeeding often dissects private and public life, allowing for intimate moments between parent and child in public spaces. Foucault's discourse theory (1972) allows us to consider the implications of understanding breastfeeding as a cultural construct. Utilizing this theory, the beliefs that breasts are sexual objects, that breastfeeding is a private act, and that breastfeeding is the healthiest choice become a part of a parent's (often unconscious) understanding about child feeding practices because the rules that created this discourse are woven into our everyday social experiences. These understandings permeate into parents' collective subconscious through popular media, modeled behaviors, common language expressions, and so on. As parents, individuals embody these rules, bringing to life the tensions of the discourse, behaving in ways and making meanings that stem from the cultural constructs that reify the normative discourse of breastfeeding.

Rosenthal et al. found that cultural perceptions of breastfeeding are major determinants of breastfeeding habits. While breastfeeding is generally supported in the United States, the socio-sexual mores of our culture construct breastfeeding as a private act [3]. As a cultural anthropologist, Dettwyler (1995) contrasted this construction of breastfeeding to other cultural contexts [4]:

Breastfeeding is both a 'simple and natural' process that flows from our human biological status as mammals, and a heavily *culturized* behavior that can be so modified by cultural perceptions away from a 'natural process' as to be almost unrecognizable.

The conceptualization of breastfeeding as a private act in the United States is bound up in wider cultural messages about breasts. Scantly clad women revealing their breasts are celebrated in advertising and are objectified to increase sales in a variety of industries [5]. This objectification of the female body has created a social context where "when people see a woman using her breasts for their most basic function, in an intimate relationship with her infant, they may consciously or unconsciously confuse it with something that's sexual and should be done in privacy" [6].

¹While this study explored the breastfeeding of cisgender women, the author uses the term "parent" in place of "mother" wherever possible in recognition that not all individuals who breastfeed identify as mothers.

Prior research on attitudes towards breastfeeding in the United States revealed that a majority of people feel that it is inappropriate for billboards or posters to display images of a woman breastfeeding her infant [7]. These attitudes are reflected in media, which often portrays breastfeeding as "challenging" and excludes footage of breastfeeding [8]. Mothers report facing social stigma from others for choosing to breastfeed in public [9]. Such cultural messages impact parents' behaviors as well as their perceptions of breastfeeding. For instance, parents concerned about public opinion or who feel shame may choose to bottle feed a child breastmilk rather than breastfeed in public. Or may use a private stall in a public restroom rather than a park bench. Vaaler et al. lamented that intolerance to public advertising of breastfeeding "is unfortunate since past research has shown that pregnant women who viewed supportive [images] were more likely to believe in the health benefits of breastfeeding" [7].

This quote points to the existing tensions between lack of social acceptance for breastfeeding while emphasizing breastfeeding's health benefits. The pervasive "breast is best" narrative weaves medical, social, and health benefits into the normative discourse of breastfeeding. Such benefits are well documented by the World Health Organization (WHO), which recommends exclusive breastfeeding through six months and complementarily for at least two years [2]. At the same time, parents often lack effective breastfeeding support from their medical communities, families, social groups, and media. Parents may also internalize the social messaging causing them to feel shame or fear when breastfeeding in public. The impact of these tensions comes to life when considering that, of babies born in 2018 across the United States, only 24.9% of infants were exclusively breastfed for the first six months of life [1], more than 11% less than rates across the world [2].

Study Purpose

A large body of research exists on the physical benefits of breastfeeding and consuming breastmilk for both infants and parents. Such benefits include including protecting infants from illness, supporting digestive system growth and function, providing balanced nutrients, lowering risk of Type II diabetes, lowering risk of breast and ovarian cancers, and potentially causing weight loss for parents (USDHHS, 2019). Research discusses social, fiscal, and environmental benefits, yet the US continues to face low rates of exclusive breastfeeding for the first six months of life.

Recognizing mental, emotional, and physiological benefits of breastfeeding for parents may improve individual, social, and systemic supports for breastfeeding in the United States. Research and healthcare professionals may discuss the oxytocin reflex, which is stimulated when a parent anticipates breastfeeding and which induces a state of calm, reduces stress, and enhances parental feelings of affection [10]. A small body of research has examined how breastfeeding affects maternal emotion recognition, positive mood, perceived stress, and enhanced mental health [11-15]. The study discussed here contributes to this body of research by exploring breastfeeding as something more than an act of nourishment or cultural construct. The study achieves this by centering parents' enjoyable experiences of breastfeeding as moments of

convenience, savoring, and cultivating connection paired with implications for increasing supports across multiple levels of influence to improve breastfeeding supports.

Theoretical Frameworks

This small study was conducted in preparation for a larger study on attachment parenting [16]. The research utilized a post-intentional phenomenological lens in order to examine the essence of parental breastfeeding experiences. Implications from the study are presented through the socio-ecological framework.

Savoring

In positive psychology, *savoring* is theoretical framework that explains an individual's ability to distinguish and appreciate enjoyment in their life experiences. Bryant, Chadwick, and Kluwe explain: "Savoring involves the self-regulation of positive feelings, most typically generating, maintaining, or enhancing positive affect by attending to positive experiences from the past, present, or future" [17]. Positive psychology explores constructs (such as happiness, hope, inspiration, optimism, positive affect, or resilience) that support individuals' capacity for enjoyment [18]. Savoring is "a critical processes underlying positive experience," [19] which ultimately allows individuals, families, and communities to thrive.

Post-Intentional Phenomenology

The conceptual framework for this research draws on Vagle's concept of post-intentional phenomenology [20]. In this phenomenological practice, emphasis is placed on rooting the practice in the philosophical concept of intentionality. Freeman and Vagle (2009) explained that "intentionality is a difficult concept to grasp...[it] is neither in consciousness nor in the world. It is the meaningful link people have to the world in which they find themselves [22]. People in their everyday contact with the world bring into being intentionality but not in the sense of choice or intent" (p. 3). In this research, each parent's perspective is valued as knowledgeable and accurate—despite any contradictions between and within parents' perspectives and experiences—because phenomenology recognizes the existence of various manifolds of phenomena, expecting findings to be tentative and possibly paradoxical. Recognizing findings as tentative, post-intentional phenomenology does not attempt to explain all parents' experiences. Instead, this approach places the findings within their situational context of the participants' lives.

Name Withheld and Freeman (2019) state that "post-intentional phenomenology also considers how intentionality is entwined in the research process [23]. As an intentional relationship exists between all researchers and the phenomena they investigate, 'dynamic intentional relationships...tie participants, the researcher, the produced text and their positionality together' [20]". This perspective necessitates the researchers' awareness that conclusions about the data are tentative. Drawing on St. Pierre (1997), Vagle's (2010) philosophical approach to phenomenological research dictates the existence of "inherent complexities and conflicts in trying to capture a tentative sense of others' intentional relations. In this way, the intentional 'findings' of phenomenological research can be de-centered as 'multiple, partial and endlessly deferred" (p. 400) [20]. While

phenomenology may be used in an attempt to understand the benefits and experiences of parents who breastfeed their children, in post-intentional phenomenology there is also emphasis on examining how larger cultural norms and social forces impact these individual's lived experiences, as well as the research findings.

Socio-Ecological Model

The socio-ecological model is a useful public health model to understand the varied factors that impact human behavior and decision making. The model considers the relationships between multiple levels of influence, including individual, interpersonal, organizational, community, and public policy (Figure. 1). Similar to post-intentional phenomenology, this model requires consideration of how cultural norms and social norms—along with policies, environments, and systems—both shape and are shaped by individual's behaviors, attitudes, and skills. Desired behavior changes are more likely to be successful when influences are addressed at all levels of the socio-ecological model.

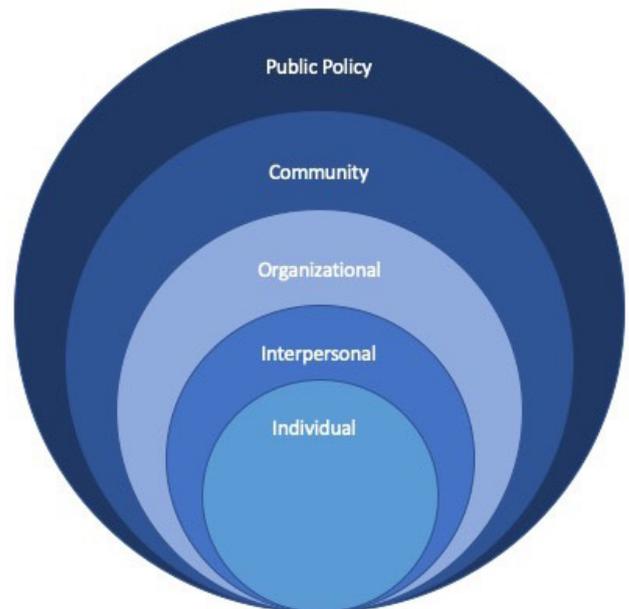


Figure 1: Socio-Ecological Model Levels of Influence

In the case of breastfeeding, most intervention efforts have targeted individual-level factors, including knowledge, perception, and skill. Other intervention efforts have addressed public policy, such as Federal protections for breastfeeding in public and requirements for employers to provide reasonable work break times to express milk or nurse. Addressing breastfeeding supports across all levels of the socio-ecological model could lead to improved breastfeeding outcomes. This model is applied in the implications section to consider how findings on the mental, emotional, and physiological benefits of breastfeeding for parents can be utilized to improve individual, social, and systemic supports for breastfeeding in the United States.

Research Methods

The research protocol was developed in an effort to mitigate "the potential biases that may inform the questions [of the] study" and to consider whose voice is privileged in the research process [24]. For this study, I used convenience sampling and

inclusion criteria to identify parents who were breastfeeding.

The interview script used phenomenological interviewing and consisted of inviting statements that gave the participants room to discuss the aspects of their breastfeeding experience that seemed most important to them. For example, the researcher would begin the interview by stating: “Tell me about your experiences with breastfeeding.” This decision was based on “the assumption that the perspective of [the participants] is meaningful, knowable, and able to be made explicit” [25]. During the interviews, the researcher used body language and verbal affirmations to provide interviewees with positive reinforcement and feedback, in order to let “the interviewee know that the purpose of the interview is being fulfilled” [25]. Additionally, the interviewer also utilized silence and probing questions when most appropriate in an effort to encourage the participants “to provide high-quality and relevant responses” [25].

The study consisted of seven interviews. One interview was conducted over the telephone with a parent from California. The other six interviews took place in the participants’ homes in Georgia. Participants self-identified as Black (1), Japanese American (1), Hawaiian (1), and White (4). All participants were middle class and in the late 20s to early 30s. Interviews were conducted over six months and each interview lasted 60-90 minutes. Three participants each completed a single interview while four participants each completed three interviews. Transcripts were created from the recordings and pseudonyms were used to provide participant confidentiality. The researcher listened to the recordings while rereading the transcriptions several times to begin to identify thematic codes, which were utilized to organize repeating ideas from across the interviews. With these codes, the researcher engaged in the memoing process [26]. In addition to probing during the interviews, participant validation was sought through reviewing the codes and findings.

Researcher Reflexivity

As a parent who was actively breastfeeding, I shared this experience with my participants, which afforded me a place as an insider with my participants. Suzuki, et al. (2007) suggested that “being familiar with key customs and vocabularies” assisted in facilitation of both participant recruitment and during the interviews [24], which I found to be true. Also, I had some personal connection with each participant (either personally, through a spouse, or through a personal friend), so we all shared at least one other experience besides parenting. In some ways, the participants shared with me stories similar to what they might share with a friend or another parent at a park.

However, in many ways I was also an outsider. At the time of the interviews, only one participant had breastfed a child for the same length of time that I had (eighteen months at the time). For the two in-person interviews, I was literally an outsider in the participants’ homes. Also, I approached these conversations not as a friend or other parent but as a researcher with a purpose and questions that I was hoping to answer. I was not simply talking and enjoying the conversation. The role of researcher caused me to look at their parenting practices and behavior choices from a critical perspective.

Through the interviews, I also became more aware of my own biases and assumptions about breastfeeding. I often found that breastfeeding impeded the activities that I enjoy and I anticipated I would hear similar stories from the participants. However, the participants were overwhelmingly more positive than I presumed and spoke about the ways that these practices actually increased their ability to experience the activities they enjoy doing. I wondered if the positive responses were for my benefit, so I would often follow-up with a probe such as: “Has breastfeeding in any way stopped you from doing activities that you want to do?” or “Is there anything about breastfeeding that you don’t enjoy at this point?” More often than not, the participants’ responses to these probes emphasized their satisfaction. My realizations about my own pre-judgement emphasized the necessity and importance of being aware of biases and assumptions. As a result, I opted to participate in a bridling interview. Bridling interviews are conducted with the researcher as the interviewee and are used to help researchers examine their own involvements with the phenomenon of interest—in this case, attachment parenting [23,27]. Dr. Joseph Pate, who is experienced in post-intentional phenomenological research, conducted this bridling interview using the same interview script I conducted with participants. This process enabled me to have a greater awareness of the biases and assumptions that I brought to the research.

Thematic Analysis: Convenience

The parents in this study indicated that the conveniences of breastfeeding had positive impacts on their abilities to participate in the activities and moments in life that they enjoy. In the following question and answer, which comes from Chelsea’s interview script, Chelsea talks about breastfeeding in relationship to her ability to visit the park, go out to eat at a restaurant, and go shopping:

Researcher: *How, if at all, do you think that breastfeeding affected your ability to participate in the activities that you enjoy?*

Chelsea: *Breastfeeding is just super convenient, so I never felt like I had to be in a place where I could find clean water, and you know, I didn’t have to carry around like a huge bag with bottles, and formula...if the baby was hungry and I was at the park then I would just make it work. If I was at a restaurant with my husband then I could go to the car, or to the bathroom, or there were with several times I would feed my kids like in fitting rooms like in department stores.*

The following question and answer occurred during Leah’s interview. While Leah did not mention specific activities affected by breastfeeding, she spoke about how the conveniences of breastfeeding make leaving the house less stressful:

Researcher: *Has breastfeeding in any way stopped you from doing activities that you want to do?*

Leah: *No. I don’t think so. I always think about when we go out if I were bottle feeding, like having to get bottles ready, having to keep them in a cooler, I mean making sure that I had enough. I mean that is so stressful to me. Much more stressful than ‘let’s go out to the car to nurse him for a few minutes.’ I have done a lot of nursing in the car, and I think that is much easier than having to tote bottles around and get them ready...“It’s*

like you always have your breast with you. It's always at the right temperature. You are not worried about milk spoiling or spilling.

I've always loved cooking, I really enjoy it. I enjoy eating good food. As early on as I could, I started grocery shopping and cooking. I cook a lot and we have really good meals. A lot of times we nurse while we are making and eating dinner too (laughter). Breastfeeding does enable you to have your baby with you, enjoy that time together, and also be able to do stuff still.

Yeah, I just wanted to add that it is so great how some places are so supportive. My church has a room for nursing moms, which is really wonderful...I am able to nurse and then we go out to lunch afterwards. That was something that was really important to me. Sunday morning we'd go to church and then go out to lunch afterwards and we are still able to do that... we go to lunch and he is taking a nap or eating. We have gone out several times. I remember the first time we went out, we wondered how are we going to do this? There was a holiday party we went to, a fancy restaurant in downtown. I'm never nervous about that now. Sometimes I will nurse him in the restaurant. I wanted to share that because it is important to me.

Amy, mother of three children including a 3-week old considered this question as well.

Researcher: *Do you think that breastfeeding has impacted your ability to participate in any of the activities that you enjoy?*

Amy: *Not really. Well, kind of with my daughter because I was embarrassed to breastfeed in public so I used a cover. With my son, not so much so. I stopped covering up at that point. At that point I was done covering up. For me, once I didn't have to cover anymore it wasn't that big of a deal to nurse wherever we were. It wasn't any more big of a deal than using a bottle. With this one, right now, I just wrap him up and we are good to go. I love, love, love cooking. I mean I absolutely love it. We have our tiny little garden out there. So that's actually really kind of my leisure time. I love cooking. The baby really fits into what you have established. If you keep that kind of perspective, you will get back into doing the things you love doing.*

After conducting these interviews, I participated in my own bridling interview with a trained colleague. In this interview, I reflected on my thoughts about the participants' experiences and how their perspectives helped me to reframe my own experiences:

It was very interesting the way that they felt that their [breastfeeding] practices enabled them to go out and do more things [than if they were bottle feeding]. I had never thought of it in the ways that they talked about breastmilk in terms of a convenience. 'You don't have to worry about temperature, you don't have to bring ice packs to keep your breast milk cold, and then you don't have to find a way to warm it up. You don't have to bring bottles that need to be washed.' There are less contraptions that come along with breastfeeding and you can do it kind of anywhere if you are comfortable in that." So they felt like breastfeeding allowed them to go out and do things that they wanted to do, because they didn't have to worry. They all used the word convenience and I just thought it was so

interesting. That it was this experience that they all shared and that I was kind of apart from that awareness.

My own doctor told me I could go to yoga class [the day I left the hospital] if I wanted to. So I started walking and socializing. I could meet my friends for coffee and everybody wanted to come see the baby. The only thing that I felt like was really holding me back in terms of activities that I wanted to do was being concerned about my daughter's immune system when she was so little, but the doctors and the midwives kept telling me 'as long as you are breastfeeding her, she is going to be fine.' When my daughter was three weeks old, we got on an airplane and took her to Minnesota to go to a conference because I had won an award. We had so much fun in Minnesota and when we got back I wasn't worried anymore. She was four weeks old and I realized her immune system was great [because of breastfeeding]. So that made me feel a lot better about going out places. So we would end up walking around the little beach town where we were living. I kind of just got to feel the energy of the place, the community that I was living in and that was so much fun...As long as I am there with my daughter she is content anywhere and that child has lived in four different houses and has traveled across the country seven or eight times and has flown on fifteen airplanes, and is either at camp or camping every weekend. As long as I am there with her, that is what she needs. I feel like [breastfeeding] is something that has really enabled us to do the things that we like to do, in terms of our lifestyle, and why we can go back and forth to California and live in a popup tent trailer for the entire summer.

Thematic Analysis: Savoring

Across the interviews, the participants repeatedly described their appreciation for the enjoyment of the breastfeeding experience. When speaking about breastfeeding their children, the participants described an enjoyable activity that promoted parent-child bonding and offered mutual for benefits to themselves and their children.

Chelsea, a pregnant mother of two, explained her feelings about breastfeeding after she weaned her youngest child:

Breastfeeding for me was really enjoyable...so yeah I really enjoyed breastfeeding, and I was sad to see it go. And I didn't think I would ever be pregnant again, so I umm, I thought that after I weaned my son that would be the end of it. I was sad, not to have to share my body in that way. Umm, I really enjoyed it while it was happening and while I was doing it.

As a first-time mother, Leah had worried that breast-reduction surgery would make it impossible for her to breastfeed her baby. Here, she reflects on her success of exclusively breastfeeding her now four-month-old son:

I have been so very thankful to be able to [breastfeed] for him, because I know that it is the best thing for him. And that bonding time of course, is just beautiful, I love it. It's just so sweet, and I have been trying to enjoy every minute of it. It has been so wonderful. He loves it, I love it. We are really thankful for that.

Amy, a mother of three children ranging in ages from six years to three weeks old, spoke about the moments of rest afforded by breastfeeding:

For me I mean [breastfeeding is] like our quiet time, to just be still together, and I can't do anything else usually. Sometimes I multitask for a little bit but for the most part I just stop everything. And for a mom I think you are always multitasking, so to have that moment to even give yourself the excuse "Now, I can't do anything else." We are quiet. We are not doing other activities. I have made nursing time a priority.

As these parents reflected on their breastfeeding experiences, their descriptions often aligned with a *savoring* experience. *Savoring* "vividly captures the active process of enjoyment, the ongoing interplay between person and environment... [individuals are] aware of pleasure and appreciate the positive feelings [they were] experiencing" [18]. In this study, parents indicated that, when they focused on the act of breastfeeding their children, they experienced the present moment, enjoyment, stillness, gratefulness, and love.

However, there was also a case in which one participant spoke about frustrations that can occur while breastfeeding. Her description reflects a second aspect of *savoring*, which exemplifies Bryant and Veroff's claim that "savoring experience can also be characterized as a mindful state" [18]. Leah talked about challenge of sitting still for long-periods of time, which often occurs as both first-time parents and infants learn together:

You feel like you are just stuck there in one spot and about to go crazy. You can't really do much else except sit and nurse, but you know I just tried to even then just be really conscientious of how thankful I am that I can even do this. And to you know try to enjoy it, because I know it's not going to last forever. It's a really quick season that goes.

Even when she felt that she was "about to go crazy," Leah reported that she tried to remind herself to enjoy the experience. Leah's self-monitoring speaks to the capacity of "focused mindfulness in savoring [to] enable people to consider their ongoing experience as being something more than just their impulsive personal feelings and sensations" [18].

Breastfeeding provided opportunities for parents to slow down, be in the present moment, and often experience a sense of *savoring*. In their entirety, these examples suggest that, when breastfeeding, parents are more likely to have a *savoring* experience when they stop other activities and focus on their immediate interaction with their child. Bryant and Veroff explain that "savoring [goes] beyond mere sensation to include cognitive reflection is consistent with the etymology of the word 'savor' which comes from Latin...meaning 'to taste,' 'to have good taste,' or 'to be wise [18].' Thus we define the concept of savoring as going beyond the experience of pleasure to encompass a higher order awareness or reflective discernment". At the same time, Bryant and Veroff considered that "given the rich bounties that come from savoring experiences, it is surprising how committed we all seem to be to fulfilling [other] pressures and expectations for ourselves." [18]. In applying their proposition to the parents in this study, it is possible that the health benefits of breastfeeding their children provide the parents a sense of purpose that allows them to experience moments of guilt-free *savoring* throughout

the day. *Savoring* breastfeeding provided the parents opportunities for relaxation, improved health, and greater life enjoyment.

Thematic Analysis: Cultivating Connection

During these interviews, the parents also spoke about how breastfeeding their children brought new meaning and depth into their lives. Often, this deeper awareness about what they value was connected to the parents' experiences of savoring.

For example, Leah reflected on slowing down to nurse her child:

Before I had him, I was really busy because I was involved in so many things. I felt so spread out. Being able to shut all those doors and the simplicity of being able to be a mom has been a welcome change for me. It really brings me a lot of joy. I didn't know being a mom would bring me such joy. I am just trying to enjoy as much as I can.

Many of the participants commented that even when presented with an opportunity to socialize without their children or simply to have some time alone, they prefer to be with their children, particularly to be able to breastfeed. Trinity spoke about this when she told me about her mother's most recent visit:

My mom was here the other night, she was like 'Go out to eat. Leave the baby here with me. I will give him a bottle.' And it's just like, 'Mama you are trying to de-stress me but you are actually increasing my stress.' I just want to be peaceful here with the baby. It's actually more fun for me.

While the desire to have relationships with one's children may be present for most parents, this quote from Trinity and similar stories from the other participants point to a divergence from the normative breastfeeding discourse. The participants recounted numerous examples of having to convince others that they wanted to stay with their children because their friends and mothers could not understand this desire. In fact, Jennifer said: "I don't think my friends believe me. I think that they think, 'Oh, she has to be miserable. She needs some time out of the house.' And I just don't feel that." For these parents, their desire to deeply connect with their children through breastfeeding and other activities surmounts their other interests.

From my conversations with these participants, I have come to believe that this interest in relationship is rooted in the participants' joy, contentment, and self-fulfillment. In our second interview, Jennifer's face lit up as she told me:

This morning [Lane] just started making noises, kind of talking. He wakes up and is really ready to go, and I am not always. So, usually I take a few minutes and smile at him and laugh at him and that kind of thing. Then the cutest part is I will usually throw my phone to the end of the bed and he will crawl after it and then I will crawl to the end of the bed and get off, and then he will grab my hands and stand up. Then he smiles and gives me the biggest hug when he stands up. So it's really cute.

As she was speaking, Jennifer's joy was unmistakable; it was written across her face and evident in the tone of her voice. After I mentioned my observation to her, I asked Jennifer if there

were other moments that bring her this kind of fulfillment. She told me about reading with Lane, being outside together, and playing with Lane in the house. I found it really interesting that everything she described were experiences with her son. So, I asked her about things she does by herself that bring her that kind of joy. She responded:

I mean, there are things that I used to do that I wouldn't say that they brought me the same kind of joy. It used to be going on a date with Michael or when I was editing photos and I came across a photo that I just really loved and I was so happy that I captured it. But that doesn't make me feel that way anymore.

Similar to this conversation with Jennifer, it was not unusual for a woman to tell me that even simple, day-to-day interactions with her children brought greater joy into her life than connections with other loved ones or those things she enjoyed doing before having kids.

The participants were clear that, although there are moments of incredible joy, breastfeeding children is not always easy and can include moments of doubt and frustration. However, our discussions lead me to believe that placing emphasis on connecting with their children—through moments of happiness and challenge—brought the participants a sense of deep personal fulfillment. The following quote from Sara exemplifies this idea:

Right now being home is the most rewarding thing for me. There are days that I go absolutely insane and I am like, 'I cannot believe I decided this was going to be a good idea.' But when I look overall at the moments and the quality of time that I have gotten to have with them, it makes sense for us and that's been the most rewarding feeling, like I am doing what I feel is best for my family right now.

All of the participants talked about knowing that cultivating relationships with their children was best for their families, as well as themselves. Some of the participants felt that focusing on relationships would be the foundation of their parenting, even before they had children. However, for some of the participants, the depth of their desire to connect with their children came as a surprise. For example, before having kids Trinity explained that she most enjoyed reading and literature and was pursuing a graduate degree:

Before you have a baby you just can't know what the feeling is. There is no way to even imagine it. When the baby came out, came out on my chest straight from delivery, and I heard him crying and I would sing to him. Just like falling in love with him. And then I ended up actually finishing out my semester as a teacher and resigning and resigning from my graduate program too. I decided that was not what I wanted to do with my life, because as passionate as I was about English and literature, I was more passionate about having time as a mom. I just can't see myself being that person anymore. Sitting there reading for hours somewhere else. You know? I just wanted to have time with the kids.

For all of the participants, organizing their lives to have time with their children and be able to exclusively breastfeed was a choice that highlights their financial (and educational) privileges. Most have at least one college degree, and all had successful careers before having children. While they all spoke

of picking up their professional interests again in the future—after their children were no longer breastfeeding or at home throughout the day—they recognized their decision to be with their children as a day-to-day choice that they value.

In their efforts to connect with their children, the participants explained that they have not forsaken their personal interests. In many ways, the participants have built relationships with their children around the activities that they enjoyed before having kids: cooking, crafts, exercise, and hobbies. Coming into the participant's homes to conduct the interviews, I was often able to watch the participants interact and engage in these types of activities with their children. The youngest children were often in the participants' arms and breastfeeding as the participants washed dishes, cooked, or played, while the older children were moving dishes, fetching bread, or laying out paints. The participants often initiated the activities, which were not focused on entertaining the child. Rather, the participants continued the activities that they enjoy while breastfeeding—making coffee, watering the garden, or chatting with another adult, using these opportunities to interact with and engage their children.

From this perspective, it seems natural to discuss the savored moments of breastfeeding and childrearing as cultivating connections. The distinction lies not in the act of breastfeeding itself but in the attitude with which a parent approaches each individual act of breastfeeding a child.

Discussion

While the greater body of literature discusses the physical health benefits of breastfeeding for children and—to a lesser degree—parents, little research has considered the mental, emotional, and physiological benefits of breastfeeding for parents. The parents in this study were reflective about their breastfeeding experiences speaking about them in the context of the busyness of their lives. They were cognitive of the ways that breastfeeding gave them an opportunity to pause, taking a break in their hectic lives, which were often filled with caring for numerous children, managing the upkeep of their homes, providing nutritious meals for their families, and participating in committed activities outside of the home.

The results of this examination suggest that breastfeeding allows parents to experience moments of *savoring*, to frequently participate in the activities that they enjoy, and to cultivate deeper connections. Such findings seem to contradict some of the commonly held negative connotations of parental experiences of breastfeeding in the United States. As a breastfeeding parent, I was surprised by these findings, although I certainly agree with them. These participant's stories have given me new insight into the benefits of breastfeeding for parents. Further examination into and dissemination of other parents' insights and stories about the positive impacts of breastfeeding in their lives can begin to change the dominant narrative that permeates mass media and cultural norms in the United States, which posits that breastfeeding is best but is also challenging and inconvenient. These attitudes about breastfeeding are a social construct of the socio-sexual mores of life in America and are not common across the globe.

Exploring the benefits of breastfeeding as opportunities

for *savoring*, convivence, and deeper connection reframes breastfeeding, moving away from the normative discourse of “breast is best,” to center parents’ pleasurable experiences. This reframe may increase parental desire to begin and sustain breastfeeding, increase social support, and provide support for improving public health outcomes through interventions across all levels of the socio-ecological model. In order to effectively promote increased breastfeeding, organizations, social norms, and public policy in the United States, must be cognizant of the socially constructed values that influence parents’ decisions to breastfeed.

Implications

Utilizing positive parental experiences of breastfeeding to improve breastfeeding rates may be most effective if interventions occur at each level of influence across the socio-ecological mode. By researching and developing educational messaging that reflects the experiences of parents who have been successful in meeting WHO’s breastfeeding guidance, the knowledge, attitude, and behaviors of parents successful in breastfeeding can be learned from and utilized to reshape our social environment to improve breastfeeding rates. The purpose of future efforts should not be to minimize or reduce supports for challenges that parents encounter when breastfeeding, rather to reshape the narrative so that the pleasurable aspects of breastfeeding are normalized and can be internalized by parents to increase their resiliency and desire to breastfeed, if they do encounter challenges.

Individual Level of Influence

The dominant discourse of breastfeeding indicates that “breast is best,” and that breastfeeding is challenging and inconvenient. These discourses influence individuals’ decisions to start and stop breastfeeding, both consciously and unconsciously. Researchers should build a body of literature that emphasizes parental mental, emotional, and physiological benefits to balance the dominant narratives to support individuals attitudes, behaviors, and skills. This research could examine parental resistance to the dominant discourses around breastfeeding. In particular, research should focus on the parental motivations, experiences, and social supports that enable exclusively breastfeeding through 6 months and continued breastfeeding through at least year two (meeting the WHO breastfeeding guidance). Additionally, research should explore parental perceptions of breastfeeding in public as a convenience. Practitioners can develop and disseminate educational messaging about the socio-emotional parental benefits of breastfeeding to expectant and new parents to improve parental knowledge, attitudes, and skills about exclusive breastfeeding and breastfeeding in public.

Interpersonal Level of Influence

At the interpersonal level, individuals’ breastfeeding decisions can be supported or harmed through close relationships. Individual’s closest friendships and familial relationships (Individuals’ spouses and parents) influence their behaviors and contribute to their breastfeeding decisions. Researchers can improve interpersonal levels of influence for breastfeeding support through research that examines interpersonal relationships that positively impact parental decisions and

efforts to breastfeed. Practitioners can develop interventions that include family-focused breastfeeding programs, as well as peer and mentoring groups designed to strengthen social supports for breastfeeding, problem-solving skills, and promote breastfeeding acceptance.

Organizational Level of Influence

At the organizational level, individuals’ breastfeeding decisions can be supported or undermined by the policies, systems, and environments that are in place. Organizations like workplaces, churches, healthcare facilities, businesses, and schools can opt to engage in practices that support breastfeeding. Researchers can support improved organizational influence by examining the practices and ethos of organizations that positively impact parental decisions and efforts to breastfeed. Organizations can do this by normalizing public breastfeeding and/or providing safe lactation facilities. Additionally, organizations can create breastfeeding friendly policies (c.f. Breastfeeding and Family Friendly Workplace Guidelines) that celebrate parental mental, emotional, and physiological benefits as strategies to reduce employee turnover and increase employee morale. Organizations should ensure that all employees, especially identified candidates, are aware of these policies to show that support for breastfeeding parents is part of the organizational cultures.

Community Level of Influence

At the community level, the culmination of the various organizations and social groups in a geographical area can emphasize and enhance social norms that support breastfeeding and value parental mental, emotional, and physiological benefits. This level considers the broad societal factors that create climates where breastfeeding is supported and encouraged. Researchers can support improved community influence by examining the social norms and supports provided by communities that positively impact parental decisions and efforts to breastfeeding. Decisionmakers in these communities can share broader resources and embrace positive breastfeeding messages to improve breastfeeding outcomes. For example, normalizing public breastfeeding in television shows and movies, welcoming breastfeeding parents in restaurants and other public spaces, or providing educational resources on parental benefits of breastfeeding in community spaces, like libraries or schools. This level of improvements have potential to impact a great number of people as social norms—both consciously and unconsciously—impact parental beliefs, attitudes, and decisions.

Public Policy Level of Influence

At the public policy level, governing bodies can lead efforts to support parental wellbeing and exclusive breastfeeding. Governing bodies establish taskforces, agencies, and laws across all levels of government (city to federal) to support research on breastfeeding and to improve policy, system, and environmental supports. Researchers can support improved public policy by researching how existing policies support—or miss opportunities to support—parental wellbeing and exclusive breastfeeding. Governing bodies should set and enforce laws that support public breastfeeding and reduce stigma. At this level, improvements have the potential for the

greatest impact (and harm), because decisions here impact the largest portion of the population. For example, statewide laws that prohibit harassment and discrimination of breastfeeding parents have greater influence than community level support. Governing bodies should place special attention on the economic, health, and education policies that contribute to inequity for breastfeeding support between varying populations (i.e. parents who utilize WIC or English language learners).

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