YOU CAN BREASTFEED BUT . . . : A RHETORICAL ANALYSIS OF IMAGES AND COMMENTARY ON BREASTFEEDING

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by

Jonna Jo Ziniel

B.A., North Dakota State University, 1999
M.A., North Dakota State University, 2001

A Dissertation
Submitted in Partial Fulfillment of the Requirements for the
Doctor of Philosophy Degree

Department of Speech Communication
in the Graduate School
Southern Illinois University Carbondale
May 2012
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YOU CAN BREASTFEED BUT . . . : A RHETORICAL ANALYSIS OF IMAGES AND COMMENTARY ON BREASTFEEDING

By
Jonna Jo Ziniel

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Philosophy of Doctor in the field of Speech Communication

Approved by:
Suzanne M. Daughton, Chair
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Graduate School
Southern Illinois University Carbondale
March 9, 2012
AN ABSTRACT OF THE DISSERTATION OF

JONNA JO ZINIEL, for the Doctor of Philosophy degree in SPEECH COMMUNICATION, presented on March 9, 2012, at Southern Illinois University Carbondale.

TITLE: YOU CAN BREASTFEED BUT . . . : A RHETORICAL ANALYSIS OF IMAGES AND COMMENTARY ON BREASTFEEDING

MAJOR PROFESSOR: Dr. Suzanne M. Daughton

This dissertation is a study of breastfeeding images and the commentary about those images, from a rhetorical perspective. Specifically, I use a feminist lens in order to analyze images of breastfeeding in both magazine and online environments, as well as online commentary about the images. I examine both celebrity and non-celebrity images of breastfeeding from popular pregnancy and parenting magazines, non-traditional parenting magazines, company web sites, and online articles and blog sites. Chapter one presents a statement of purpose, research questions, and an examination of the current literature pertinent to the study including sections on breastfeeding benefits, the sexualized woman’s body and desexualized mother, and visual rhetoric. Chapter two explains the method for analysis of the study, namely, a feminist rhetorical critique of popular culture images of breastfeeding, informed by my own experiences as a nursing mother. Chapter three is the first chapter of analysis. For this chapter, I collected images of breastfeeding across a six-month time period from the popular magazines: American Baby, Baby Talk, Fit Pregnancy, and Pregnancy. I also examined images from the same time span from magazines that had lower circulation rates, but focused on natural
parenting: *Mothering* and *New Beginnings*. Finally, I examined several online websites that sold nursing bras and breast pumps. Major categories of investigation included location of the mother and child, race, and the amount of breast displayed in the images. In chapter four, I looked at images of celebrity women breastfeeding, specifically Miranda Kerr, Angelina Jolie, Maggie Gyllenhaal, Julie Bowen, and Salma Hayek. I performed searches for key terms for each of these images and analyzed articles and comments that reacted to the images. Included in this chapter is a discussion of what an audience of breastfeeding sees as “public” and “private,” as well as how images of celebrities can assist in encouraging breastfeeding. In chapter five I examined images of non-celebrity mothers breastfeeding, analyzing images and reactions to three YouTube videos. The chapter also included analysis of images of a nurse-in at an Arizona McDonald’s, as well as articles and online comments about the event. The chapter’s analysis includes an examination of how non-celebrity images differ from the celebrity images. Chapter six includes implications of the study, limitations, and suggestions for future studies.
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Taking on a project like a dissertation can be an extremely daunting task for anyone. I took a very long road to completion, and an almost 10 year project is touched and influenced by many people. I hope to mention and acknowledge them all, but if I forget anyone, please know that it does not mean I am not grateful for your presence!

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CHAPTER 1

PURPOSE, SCOPE, AND RATIONALE

Before 2003, I did not know much about breastfeeding. Most people do not think extensively about it until they have children of their own. And yet the topic vitally impacts families throughout the United States, and the world, today. Despite the recommendations by major national and international organizations (American Academy for Pediatrics [AAP], 2005; World Health Organization [WHO] and United Nations Children’s Fund [Unicef], 2007; American Dietetic Association [ADA], 2009) to exclusively breastfeed until at least six months of age, the Centers for Disease Control and Prevention (CDC) (2010) reports that only 33% of women breastfeed exclusively until their child is three months old, and only 13% continue to exclusively breastfeed through the sixth month.

So, from a pro-breastfeeding, or lactivist, perspective, every year mothers deprive their infants of a vital substance that only they are equipped to provide. Considering that women, as a group, have the ability to give their children something free, easily accessible, and crucial to the growth and development of infants, our cultural bias against nursing (for all but the shortest of times) becomes a cultural phenomenon that needs to be explained and rectified, rather than taken for granted. In fact, the AAP (2005) finds that breastfeeding provides many benefits for both the infant and mother, including “health, nutritional, immunological, developmental, psychological, social, economic, and environmental” (p. 496). In this study, I do not assume that every woman can or will breastfeed. Some women cannot breastfeed, while others make the active choice not to. Instead, this study examines how images of breastfeeding may perpetuate commonly held views, which may discourage a woman from initiating or continuing to breastfeed.
When my daughter was born in 2003, I never considered bottle feeding. However, I do not think anything could have prepared me for the first month as a nursing mother. After an emergency cesarean section, I needed assistance in almost every aspect of caring for myself and my newborn. I was receiving an intravenous drip of morphine and if it had not been for my partner, I do not think I could have breastfed in those first few days. I hate admitting that my daughter’s first meal was formula, as I was in the recovery room for over an hour with no visitors allowed (not even my newborn). I had a hard time feeding her after that because of the large amounts of narcotics affecting both my mind and body. My husband would hold my daughter for me, assist her in latching on to my breast, and assist in the feeding process. He did this for three days while I recovered. I learned in those first few days of breastfeeding that it does not take just a woman to decide to breastfeed, it takes an entire “village.” Ultimately, the mother makes the decision to breastfeed, but the choice to continue to breastfeed includes the entire system of people surrounding the mother and child.

Many women are not as fortunate as I was in those first few days. Without a support system for breastfeeding, it can be difficult to maintain upon leaving the hospital. Even today with my third child, I cannot help but feel nervous while feeding her in public. There are stares, frowns, and even the occasional commentary on what I am doing. These nonverbal remarks upon my actions trigger thoughts for me that what I am doing is wrong, as if I have broken some sacred code of motherhood. Recently in a restaurant, I had a complete stranger (another diner) approach my table and suggest I feed my daughter in the restroom. I had a nursing shawl on, so I was fully covered, but this woman was still offended, apparently by the sheer notion of breastfeeding in public. When I started breastfeeding, these moments made me want to hide my breastfeeding even more than I already was. Today, I feel confident enough in myself as a
parent, and as a breastfeeding mother that I allow the comments to greater empower me. However, these are lessons learned after many comments, eight years, and three children.

**Research Questions**

The breast serves as an interesting site of struggle, since it operates both as a sexual and maternal object. American culture often teaches us to separate ideas of motherhood and sexuality. In fact, Friedman, Weinberg, and Pines (1998) significantly link sexuality and perceptions of mothers. They find that participants in their study saw the “non sexual” mother as the best mother (p. 797). Moreover, in today’s culture of “breast is best” the breastfeeding mother is also seen as the “good mother” (Marshall, Godfrey, & Renfrew, 2007, p. 2157). Acker (2009) finds that breastfeeding in public, however, disrupts our notion of gender roles. It is acceptable to breastfeed your child in a nursery, removed from the public eye. Breastfeeding only becomes unacceptable when women are nursing in public. Additionally, when women breastfeed, they expose a sexual part of their bodies, and, therefore, resist a cultural norm. Bartlett (2002) states, “The issue of breastfeeding in public is, after all, about women doing things with their breasts in public places” (p. 117). Because our culture does not view breastfeeding in public as the norm, women often feel the pressure to hide their breasts. Stearns (1999) found, “Women engage in a variety of behaviors to try to make their breastfeeding fit into a hostile environment. In doing so, women actively create the good maternal body before an audience that is more familiar and comfortable with the sexualized breast than the nurturing breast” (p. 321). So new mothers are expected to breastfeed their new infants, but as my study will show, women get such contradictory messages that in order to comply with all the conditions necessary to maintain the “good mother” image, they must only breastfeed in the home, and only when their children are infants.
The types of images the media portray in terms of infant feeding influence how our culture understands breastfeeding and the role of the mother. Although our culture has changed greatly over the past five decades, Lidner (2004) finds that since 1955, “the extent to which women are shown in stereotypical roles has remained fairly consistent throughout the years” (p. 419). Lidner (2004) found that, as of 2004, magazine advertisements still objectify women and show them as subordinate to men. How media present women influences how women see themselves in the world, and often the images media provide stem from a hegemonic bias.

The purpose of this study is to examine the types of mediated images women are presented with in terms of breastfeeding, and to identify some possible ways that public images could become more supportive of breastfeeding. The discipline of communication lacks significant research on the topic of breastfeeding and the media. Although many communication scholars and studies focus on body image, breasts, and sexuality (Aubrey, 2007; Coleman, 2008; D’Enbeau, 2009; Goodman, 2002; Goodman & Walsh-Childers, 2004) the examination of images of acts of breastfeeding remains limited. Nadesan and Sotirin’s (1998) examination of the “Breast is Best” campaign discusses the problems with societal views on and reactions to breastfeeding, while Olson and Smyth (2008) and Hayden (2010) discuss the incorporation of babies and breastfeeding in the workplace. Bartlett (2002) examines two breastfeeding events, and discusses images from the events, but the focus of her study is limited in scope (to only two events) in Australia. Most recently Shome’s (2011) discussion of “Global Motherhood” brings important questions to light about motherhood and whiteness, but does not exclusively focus on breastfeeding or mediated images of the act (although she does provide a section on cross-feeding). The types of images the media portray in terms of infant feeding influence how our culture understands breastfeeding and the role of the mother. By looking at these images, we can
begin to see what women are exposed to on a daily basis. Through a rhetorical lens, I will consider the influence these messages may play on U.S. American society’s reactions to breastfeeding. A rhetorical approach (which I will address in the next chapter) allows a greater understanding of the messages that media portray about breastfeeding. It allows for an in-depth view of the persuasive nature of images presented to women. Specifically (as I will discuss in more detail in the remainder of this chapter and the next), I use a feminist rhetorical perspective to analyze: magazine photos of women breastfeeding; online advertisements for nursing bras and breast pumps; online images of celebrity mothers breastfeeding as well as images of non-celebrity mothers breastfeeding (and online articles and posted comments responding to those images); and online articles, images and posted comments responding to a recent public protest, a “nurse-in” in Arizona.

In this study, I will examine the following questions:

1. What types of breastfeeding images are shown through magazines and websites?
2. What is included in images of breastfeeding, and what is missing?
3. What reactions are generated in response to public displays of breastfeeding?
4. What are the possible implications of such images and reactions?

In the section that follows, I will set the stage for this study by reviewing literature on breastfeeding, mothering, and the public display of the breast, as well as the study of visual rhetoric, especially as it pertains to images of women in the media.

**Review of Literature**

The most recent CDC (2010) report finds that three out of every four birthing women in the USA initiate breastfeeding. This shows an increase in the number of women breastfeeding in America and meets the “Healthy People 2010” national objective. However, the number of
women who exclusively breastfeed at three and six months, as well as continue to breastfeed at 6 and 12 months remains “stagnant and low” (CDC, 2010). Clearly women have received the message that “breast is best,” but the lack of continuation leads the CDC to conclude that women “want to breastfeed and are trying to do so . . . [but] may not be getting the breastfeeding support they need” (CDC, 2010), whether that be at home, socially, or in the work place.

Benefits of Breastfeeding

Society may continue to debate about breastfeeding for many years to come; however medical research proves that breastfeeding provides the best postnatal care for both the mother and the child. Breastfeeding provides the best nutrition for the infant, and it provides benefits for the nursing mother. Although this does not mean that every woman should be required to breastfeed, it does mean that society as a whole can benefit from providing needed support to encourage women to breastfeed.

WHO and Unicef (2007) state, “As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years or beyond” (p. 6). Breast milk provides perfectly-suited nutrition for the infant and changes as the child’s nutritional needs change (Adamson, 2004). During the first few days of an infant’s life, the breast produces colostrum, a vital substance for a newborn infant. Through IgA (secretory immunoglobulin A) and white blood cells (leukocytes), colostrum provides the infant with the needed antibodies and immunities against bacteria, viruses, and other harmful agents to which a newborn may be especially susceptible (Cleary, 2004; Wiessinger, West, & Pitman, 2010; Sears & Sears, 2003). AAP (2005) finds that as the
infant grows, breast milk provides protection against infectious diseases, and links breastfeeding to a decrease in Sudden Infant Death Syndrome. It also aids in the healthy development of the infant’s digestive system (Adamson, 2004; ADA, 2009; AAP, 2005; Walker, 2004).

Breastfeeding not only provides benefits to young infants, but benefits a breastfed person throughout life as well. Several studies associated breastfeeding with a lifelong decrease in obesity (AAP, 2005; ADA, 2009; Sears & Sears, 2003), asthma and respiratory illness (AAP, 2005; ADA, 2009; Wills-Karp, Brandt, & Morrow, 2004), and allergies (AAP, 2005; Wissenger, West, & Pitman, 2010). Some studies even find an association between breastfeeding and increased intelligence (AAP, 2005; Sears & Sears, 2003). No manufactured substance can match the benefits of breast milk. Although many companies claim to produce chemicals that mimic breast milk, AAP (2005) maintains that “human milk is species specific, and all substitute preparations differ markedly from it, making human milk uniquely superior for human feeding” (p. 496).

Not only does breastfeeding benefit the child, but nursing mothers also experience advantages. WHO and Unicef (2003) find that breastfeeding “is an integral part of the reproductive process with important implications for the health of mothers” (p. 7). Due to increased levels of oxytocin while breastfeeding, a nursing mother experiences decreased postpartum bleeding and more ease in delivering the placenta (AAP 2005; Stuart-Macadam, 1995). Studies also link breastfeeding to a lower incidence of breast cancer (AAP, 2005; Wiessinger et al., 2010; Sears & Sears 2003). In fact, because exclusively nursing mothers often do not ovulate for several months after giving birth, breastfeeding can work as a kind of natural contraception (Wiessinger et al., 2010). Breastfeeding can also aid in relaxing new mothers (Sears & Sears, 2003). By the release of oxytocin and prolactin, mothers experience a calming,
relaxing feeling while nursing (Wiessinger et al., 2010). In addition, breastfeeding promotes mother-child bonding, causing a closer and more intimate relationship between the mother and new infant (Wiessinger et al., 2010; Sears & Sears, 2003).

Although breastfeeding provides clear benefits to both mother and child, only 22% of mothers nurse their children until one year of age (CDC, 2010), despite recommendations by the AAP (2005), WHO and Unicef (2007), and ADA (2009) to do so. Although mothers choose not to breastfeed for a variety of reasons¹, (even in relatively rare cases in order to protect the health of the mother or child) the high percentage of women who quit breastfeeding before their infants reach their first birthday indicates that societal influences may play a significant role in a woman’s choice. By looking at the history and societal messages about breastfeeding, we can further understand this cultural phenomenon.

*A Brief History of Breastfeeding*

In order to better understand societal influences on breastfeeding, an examination of the history of breastfeeding in America helps us to see how we came to our current feelings and expectations about breastfeeding. Although the decision to breast or bottle feed has not always posed a conflict in American culture, as pasteurization, and hence, bottle feeding were not introduced until the late 19th century, social status and images of good mothering always remained closely associated with the decision to breastfeed.

Before the 1900s, many women who could not, or rarely chose not, to breastfeed relied on wet nursing as an alternative. The early American woman saw breastfeeding as a part of natural motherhood (Blum, 1999). In fact, women who did not breastfeed experienced ridicule,

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¹ Some cases when it is not ideal for the mother to breastfeed include severe illness of mother, when the mother is taking medications or other drugs that pass through breast milk and are harmful to the infant, or when the mother is infected with HIV.
and often the mother who could not nurse found other means of feeding the child in private. Carter (1995) claims that breastfeeding has always been a social issue, and many different agencies involved themselves in a woman’s decision to breastfeed, including churches, physicians, and community groups. In the North, wet nurses were commonly immigrants, while in the South they were often slaves, thought to be more “maternal” (Blum, 1999, p. 22). However, as Blum (1999) points out, physicians increasingly found difficulty attempting to manage “cross-class, cross-race relations,” and turned to artificial foods late in the 19th century to substitute for a non-nursing mother’s milk (p.22).

The debate involving breastfeeding and bottle feeding increased as the nation reforged itself into a more industrial society, especially when mothers joined the work force. Working mothers often could not afford to purchase supplemental milk, and thus their circumstances brought them to nurse in the workplace, an environment often not seen as proper for children. The negative stigma of nursing and childrearing in the workplace still resonates today. Carter (1995) claims that from about 1900 until today, breastfeeding “became an issue for the state as well as experts of broader population policies” (p. 41). Weitz (1998) adds that throughout time, women held few legal rights, giving men control over not only what women did, but also specifically over what they did with their bodies. However, as the century veered ahead, women began to stake their place in government and society, and the landscape of breastfeeding began to change as well.

Blum (1999) claims that, by the middle of the century, society started to see bottle feeding as “very nearly as good” as breastfeeding (p. 32). Although doctors continued to urge mothers to breastfeed, the medical industry also cautioned mothers that their bodies could be “unreliable” (Blum, 1999, p. 32). As the century progressed, Carter (1995) finds that women
were told increasingly that bottle feeding could allow them freedom that they, as now “free” women, deserved. Throughout the feminist movement, women were encouraged to reclaim their bodies from men. Faludi (1991) finds that in the mid-‘70s the media portrayed women as “no longer seeking new rights- just new lifestyles” (p. 76). These new lifestyles included work, fun and time outside the home. This sentiment, correlated to more freedom from sitting at home to feed the child, can be linked to the era’s increase in bottle feeding.

In today’s world, society and the medical community once again tell women that “breast is best.” However, in a society where women often work outside of the home, in occupations that often do not allow for childrearing in the workplace, that message becomes jumbled with mixed signals. Our society expects women to breastfeed, but also to return to work within weeks of giving birth. These mixed signals often lead to frustration, and I believe, eventually for many women, these contradictory expectations contribute to a decision to discontinue breastfeeding.

Medicalization of Maternity

From the moment a woman walks into a traditional hospital to give birth, she becomes a patient with a “problem.” Often, an entire medical team takes over, and the amount of choice the team gives the mother dwindles from the moment she walks through the doors and places herself in their care. Kline (2003) explains, “The concept of medicalization suggests that the medical institution strives to broaden its reach” (p. 568). That is, the medical professional stakes claims on otherwise healthy bodies, attempting to “cure” an illness that may not exist.

When I was pregnant with my second child, I attempted to find a care provider who would allow me to have a vaginal birth, following my cesarean with my first child. I visited approximately seven different physicians, as there were no midwives in our area. Of the seven providers, one was willing to “consider” a vaginal birth after cesarean (VBAC). However, her
statement to me was that she refused to wait around for me to labor. If I were not ready to give birth when I arrived, then the hospital staff would automatically perform a cesarean section. We eventually did find a care provider over an hour’s drive away who was willing to do a VBAC. In the end, due to the position of my second child, I had a cesarean section, but the lack of choice over my own body was both disappointing and disempowering.

American society sees birth as a dangerous experience, one that is unnatural, and often medical professionals see the fastest birth as the best birth. This has led to the medical community attempting to “perfect childbearing and its outcomes” (Reibel, 2004, p. 329). The medical community attempts to make childbirth “safer” by introducing new technologies and medications, many of which are unnecessary in low risk births (Albers, 2005; Reibel, 2004). We find evidence of this practice in the massive increase in cesarean births in the United States. Menacker and Hamilton (2010) found that the cesarean rate increased by 53% between 1996 and 2007. The highest rate recorded thus far was in 2007, when the rate calculated was 32%. In cases where the infant’s health is deemed “at risk,” Bordo (2003) finds that the rights of the mother are often disregarded, with obstetrical intervention (for instances such as forced cesarean sections) making women’s bodies just that, “medically and legally . . . ‘mere bodies’” (p. 76).

Albers (2005) finds that 99% of the almost four million births in the United States each year occur in hospitals. However, Hotelling (2004) claims that having children in a small setting with midwives may prove beneficial in America. She finds that a large hospital (which might typically provide care to 3000 mothers a year) experiences demand on staff and space that “forc[e] it to initiate interventions not necessary for a smaller facility of birth centers [or home births]” (p. 113). According to Hotelling (2004), birth centers practice a “midwifery model of care” and are more likely to be “mother friendly” (p. 144). Although midwives once served as
the primary caregivers in all births, Reibel (2004) reports that they now serve as a “hand maiden to the specialization of obstetrics” (p. 330). Lay (2003) claims that Roe v. Wade left “ill-defined . . . exactly who could be a recognized health caregiver for pregnant women and whose authoritative knowledge systems would be sanctioned by state statute” (p. 73). Ironically, then, the decision in Roe v. Wade greatly limited the choice a woman has to care for her pregnant body.

Additionally, the medicalization of childbirth works to silence the voice of the mother. The practice of the medicalization of childbirth allows hospitals to dictate what is best for all women. Kline (2003) observes that “most of the studies that critiqued medicalizing discourse referred to the need to pathologize women’s normal bodily processes in order to claim medical jurisdiction” (p. 569). Reibel (2004) states, “Institutionalization of childbirth marked the end of women’s autonomy in childbirth, displaced midwives as primary caregivers, and enabled the medical professional to dictate the terms and conditions of women’s childbearing experiences” (p. 336). By entering into a traditional healthcare setting, a woman loses power to a system, which attempts to dictate her birthing process.

Although once the infant is born, the child can survive without the mother, the decisions of the mother greatly affect an infant. Because the infant relies on adults (usually parents) for care, and only mothers can breastfeed, the establishment of the mother-infant bond is crucial following childbirth. However, Kruse, Denk, Feldman-Winter, and Rotondo (2005) find that hospital staffs often take newborns away from their mothers in the first hours after birth to receive care such as “administration of vitamin K and eye prophylaxis, bathing, and temperature stabilization” (p. 84). These measures often occur, despite recommendations that breastfeeding should be initiated immediately once the child is born (Wiessinger et al., 2010). As noted before,
breastfeeding as soon as possible after delivery not only assists the child in latching on and provides antibodies needed in the first weeks of life, but it also allows the mother to deliver the placenta with greater ease. Kruse et al. (2005) state, “There is a critical window of opportunity immediately after birth whereby suckling should begin, since both mother and baby are acquiring new skills to adapt to a unique relationship while breastfeeding is being established” (p. 84). In fact Manganaro et al. (2008) found that early suckling showed significance in both initiation and duration of breastfeeding.

Many hospitals have implemented new programs to support breastfeeding since the 2005 WHO recommendation for breastfeeding. Many studies show the significant impact of hospital staff support on the initiation of breastfeeding (Declercq, Labbok, Sakala, & O’Hara, 2009; Ogbuanu et al., 2009; Wallis & Harper, 2007). Murray, Ricketts, and Dellaport (2007) explain that “promot[ing] and encourag[ing] […] successful breastfeeding from the start, result[ed] in the development of a good milk supply” (p. 209). However, many hospitals still encourage practices which do not support successful breastfeeding. Although breastfeeding experts strongly discourage use of a pacifier in the first weeks (because, like bottle feeding, pacifier use can result in what is called “nipple confusion” on the part of the newborn), many hospitals still offer pacifiers to newborns (do Espirito Santo, de Oliveira, & Giugliani, 2007; Kronborg & Vaeth, 2009). Another practice that contributes to early cessation of breastfeeding involves distribution of formula to new families (Kaplan & Graff, 2008; Rosenberg, Eastham, Kasehagen, & Sandoval, 2008). The practice of handing out “samples” of formula to new mothers gives the illusion that although “breast is best” in the first few days, mothers will still need formula. Clearly, all hospital staff do not understand the importance of breastfeeding, nor how to promote both initiation and duration once the mother and child return home. This lack of education and
communication lessens hospitals’ ability to provide adequate breastfeeding support to a new mother (Grossman et al., 2009; Nelson, 2007).

When my youngest child was born in 2010, I was a much more experienced parent than with my other previous births. However, I faced a lot of hurdles when trying to initiate breastfeeding. The hurdles were all hospital-induced, unfortunately. The nurses attempted several times to take my daughter to the nursery so I could get “rest.” We allowed my daughter out of the room for testing once without a parent (at their request), and she returned with a pacifier in her mouth. Additionally, a nurse arrived almost every hour and tried to “coach” me on my breastfeeding technique. I was constantly told I was holding my daughter in the incorrect position, or that I had an improper latch. I ignored the advice, and continued to nurse the way my daughter and I chose to do so. I am still breastfeeding my daughter, in that same position, nineteen months later with no negative effects.

Hospitals must also provide postnatal support to breastfeeding women in order to increase duration rates of breastfeeding. Thurman and Allen (2008) find that “breastfeeding rates are affected by the type of care families receive during prenatal and postpartum primary care office visits. All too often, primary care providers are lacking in the expertise of breastfeeding management, and as a result, provide insufficient breastfeeding information and practical support to early parenting families, contributing to breastfeeding attrition” (p. 423). A follow-up visit to the physician’s office during the first weeks of an infant’s life also positively impacts duration of breastfeeding (Kronborg, Vaeth, Olsen, Iversen, & Harder, 2007). The education of, and support by, the infant’s pediatrician remains an important aspect that influences duration as well (Feldman-Winter, Schanler, O’Connor, & Lawrence, 2008). Feldman-Winter et al. (2009) found
that in 2004, 74% of the pediatricians they surveyed told new mothers to exclusively breastfeed (an increase from 65% in 1995).

My own pediatrician claims to support breastfeeding. However, during my youngest daughter’s first visit (a visit that typically occurs at four weeks of age!), the pediatrician supported supplementing her diet with formula so that she would gain weight faster. She even suggested limiting the amount I was breastfeeding. What makes such a suggestion unadvisable is that breastfeeding works on a supply and demand basis. As Wiessinger et al. (2010) point out, “the amount of new milk created depends on how much has been taken out” (p. 23). So, the more a mother nurses, the more milk is made. At my daughter’s nine-month check-up, the pediatrician suggested nursing less and giving more solid foods. Additionally, she suggested introducing butter into my daughter’s diet. (She was apparently not remembering that breastmilk is nutritionally complete in ways that no other substance is, and is already high in species-specific fats that are crucial for brain development [AAP, 2005].) I was also told that I needed to start thinking about weaning, especially when my daughter reached the age of one. (The reader may recall that the WHO and Unicef [2007] recommend nursing at least until 12 months, preferably longer. Also, my pediatrician was seemingly unaware that the nursing mother’s milk automatically adjusts to the nutritional requirements of the nursling as s/he grows—for as long as nursing continues.)

The Modern Workplace and Breastfeeding

Although the breastfeeding initiation rate is similar for working and stay-at-home mothers, the “breastfeeding continuation rate . . . decreases among mothers who return to work” (Bai, Peng, & Fly, 2008, p. 1221). Although new government regulations require organizations to allow a time and space for mothers to pump or breastfeed in the workplace, breastfeeding
itself in the workplace remains socially stigmatized (Gatrell, 2007). Where a mother is given a specific time and location to breastfeed, the technical aspect of breastfeeding is allowed, but this does not mean that the connection between mother and child is honored in the workplace. This system (with work-driven nursing breaks) does not allow for the closeness and connection that occurs when breastfeeding is practiced on a baby-led feeding schedule.

Short maternity leave time is one of the issues affecting breastfeeding and working. My most recent maternity leave was three hours, the amount of time it took for the pain medications to leave my system. I was “fortunate” enough to have had my daughter in the summer, and to teach online classes. However, it made it difficult to concentrate on being a mother, when I was concerned about my work, not to mention sleep-deprived and having my physical reserves tapped by giving birth and breastfeeding! Guendelman et al. (2009) find that shorter maternity leave times were closely linked to higher breastfeeding cessation. The Australian Nursing Journal (2008) finds that the United States and Australia are the only two nations in the OECD (Organization for Economic Co-operation and Development) with “no universal paid scheme for new parents” (p. 5). An interview with the ANF national secretary revealed that nursing mothers “reported being unable to breastfeed or bond properly with their babies and also faced relationship problems as a result of having to return to work early” (p. 5).

The logistics of my everyday breastfeeding and work life are overwhelming. My entire schedule is created in three hour intervals, so I am able to return home every three hours to feed my daughter. I also schedule all of my meetings around my daughter’s feeding schedule. I have been fortunate to have a very understanding chair and Vice President of Academic Affairs, who both have given me time to breastfeed my daughter, and have also allowed me to bring her to my office hour time when it has been needed.
However, I stopped breastfeeding my son (my second child) at 12 months. I am not proud of this fact, given my research area and this study. I know the benefits of long-term breastfeeding, and with my first child allowed her to self-wean (which occurred at 23 months). With my first daughter I was a graduate student, and had a very flexible schedule, as well as an understanding supervisor. However, when my son turned 1 year of age, for economic reasons I returned to work. The position I had only allowed one break during the day. That time was spent picking my oldest daughter up from preschool and dropping her at our nanny’s home. I attempted to feed my son during that time, but it meant I would go without having lunch at all. After attempting this for two weeks, I finally quit the afternoon feeding. A week later, I ceased breastfeeding altogether because I was mentally, physically, and emotionally exhausted trying to balance work and being a “good” mother.

Several recent studies (Bai et al., 2008; Boswell-Penc & Boyer, 2007; Flower, Willoughby, Cadigan, Perrin & Randolph, 2007; Ladomenou, Kafatos, & Galanakis, 2007) associate early breastfeeding cessation with early maternal return to work. Even if companies provide a time and space for women to pump or breastfeed, perception of support (or the lack thereof) remains an important aspect in a woman’s decision to continue breastfeeding. Often, women feel their lactating bodies do not belong in a space such as the workplace, which is commonly male-dominated. Gatrell (2007) related one woman’s struggle in trying to balance both, “Breastfeeding? In school? Putting breast milk in the staff fridge? You’re joking. You can smell testosterone when you walk in the door and you have to fit in, which obviously you can’t do when you’re breastfeeding” (p. 398). Rear Admiral Steven K. Galson, the acting US Surgeon General (2008) encourages companies in the US to support breastfeeding in the workplace. He points out that supporting breastfeeding provides many benefits to the workplace including
“lower health care costs, decreased absenteeism, enhanced productivity, improved employee satisfaction, and a better corporate image” (p. 1106).

How that support by workplaces is articulated is important for the success of the breastfeeding mother. Crenshaw (1995) found that legal “protections” for a woman and her unborn child often limit the choice that a pregnant woman has in the workplace. Rather than allowing the woman to make a choice for both her own body and her unborn child, Crenshaw (1995) claims that the laws actually limit a woman and thereby may put her at even greater risk. For example, when I delivered my youngest daughter in 2010, I was teaching a hybrid public speaking course. The students would complete their work online, and would meet me on campus once every other week to give their speeches. I planned to return to campus the week after giving birth for forty-five minutes to view the speeches. I was quickly told that I was not allowed to return to campus, because of legal restrictions. In fact, I was not legally allowed to meet with students at all face-to-face, and needed to conduct the class completely online. Not only did this cause a severe amount of stress as I attempted to rearrange my class days after giving birth, but it also added a significant amount of work to my schedule as I needed to collect the speeches, view them online, type up critiques, and finally load them to the blackboard system. A process that would have taken me forty-five minutes instead took over four hours. The law in place, instead of assisting me and taking my specific needs into consideration, actually caused more hindrance on my ability to heal and rest. Hayden (2010) adds that a singular focus on “family friendly” policies “can lead to discrimination against those with no caretaking responsibilities, [and] so too can an unbalanced focus on care lead to the adoption of policies that themselves are discriminatory” (p. 133). In order for the best breastfeeding experience to occur, an individual woman’s choice to breastfeed, where to do so, and when to do so, must be encouraged.
In order to allow work and breastfeeding to coexist, a greater societal acceptance of breastfeeding must exist, both in and out of the workplace. As Gatrell (2007) points out, “the ‘scandal’ of breastfeeding lies not in the combining of breastfeeding with paid work, but in employers’ expectations that mothers should problematise their own bodies and maternal desires” (p. 403). Aubrey et al. (2008) recommend having more open discussion about work and home life. They state, “As simple as it sounds, we encourage faculty to talk with colleagues, student, and administrators about the experience and demands of work-life issues” (p. 195). This feminist model of work and parenting, in which both are valued and celebrated, presents a more holistic approach to both breastfeeding and parenting.

Social Support

Support for breastfeeding must stem from more than just the workplace, in a feminist model. Although a woman can see that breastfeeding provides the healthiest diet for her infant, a lack of social support may prevent her from continuing to breastfeed. Having a weak social structure around her, or a social structure that actively discourages the practice, can contribute to early cessation. In fact, McInnes and Chambers (2008) found that “mothers tended to rate social support as more important than health service support” (p. 407).

One of the most significant obstacles I faced as a breastfeeding mother was gaining the support of my mother and my mother-in-law. My mother is now a supporter of breastfeeding, and even encourages other mothers to breastfeed. She was not always this comfortable, telling me disapproving stories when I was pregnant with my first daughter about her colleague who would just “whip it out” at meetings. She has now changed her tune so much that she encourages me to “whip it out” any time I need to. However, my mother-in-law has complimented me many times on my use of a nursing cover with my youngest daughter (I did not use one with my
previous children). This has led to such discomfort for me when nursing at her home, that when we visit her home, we stay at a hotel so I have a more “private” area to nurse.

Current studies point to partner support as a major contributing factor in breastfeeding duration (Fletcher, Vimpani, Russell, & Keating, 2008; Hill, Arnett, & Mauk, 2008; Wallace & Chason, 2007; Ward, Merriwether, & Caruthers, 2006). The days of a mother who exclusively stays home to care for the children, and a father who exclusively works outside of the home, are quickly disappearing; instead there is a “family unit” that cares for a new child. Sherriff, Hall, and Pickin (2009) claim, “It is important to understand more fully the role of a father’s support in the breastfeeding process and it is, arguably, unlikely that any intervention designed to increase rates of breastfeeding will be successful without taking this into account” (p. 226).

Other family members and friends also play a role in breastfeeding duration. Having friends and family to turn to for (breastfeeding) support upon leaving the hospital influences a woman’s likelihood of continued breastfeeding (Akman et al., 2008; Grassley & Nelms, 2008; Hill et al., 2008; Wallace & Chason, 2007). As Akman et al. (2008) explain, “New mothers need support from family members and friends to adjust themselves to their new role as a mother” (p. 2008). Larsen, Hall, and Aagaard (2007) add that “mothers need time and support from their surroundings; they need to feel they are being taken care of and thus are able to manage the demands of life with an infant” (p. 660). Grassley and Eschiti (2008) and Grassley and Nelms (2008) point out the importance of grandmother support, while Hegney, Fallon, and O’Brien (2008) also note that having peers who also breastfeed can encourage women to continue to do
so as well. (Recognition of the importance of this peer support, or “mother to mother support,” is why La Leche League International [LLLI] was created, in fact [LLLI, January 9, 2012]).²

I was fortunate to have breastfeeding mothers as friends when I was pregnant with my first child. I had a solid support structure around me, and whenever I had a question I could always find someone to answer it. When my best friend was nursing her son, she was not as fortunate. When he went on a nursing strike (when an infant refuses to nurse, often because of some trauma, before the time he/she would usually wean), at only nine months, she did not know where to turn. I was over 10 hours away, and it was difficult to give her the constant support that she needed. She was never able to restart her breastfeeding relationship with her son.

Child care providers offer yet an additional outlet of support for breastfeeding mothers. Because many women return to work after giving birth, in order to continue a good breastfeeding relationship, not only does a workplace need to be supportive, but the person caring for the child must offer support as well. Clark, Anderson, Adams, and Baker (2008) found that many care providers wanted more information on “ways to introduce a bottle [of pumped milk] to breastfed infants, to reduce difficulties associated with this transition for both providers and infants” (p. 134). Clark et al. (2008) found that care providers desired knowledge on many feeding topics including the benefits of breastfeeding, the storage and preparation of breast milk, as well as formula and solid foods questions. More knowledge in care centers for infants would allow providers to see the importance of breast milk, and thereby support both breastfeeding and bottle feeding pumped milk from the mother.

² Unfortunately, not every breastfeeding mother is within easy access of a LLLI support group, or has access to the internet, but LLLI does maintain a toll-free phone number for questions at 1-800-LALECHE.
Finally, some research on the power the Internet may play in supporting breastfeeding mothers shows the importance an “online” community can play. As Howard (2008) points out, “Network communication technologies empower individual agents by transcending not just the essential identities of the purely institutional or purely vernacular but also the essential geography of any single location” (p. 508). Network communications can transcend “space” that so often divides breastfeeding mothers. For example, I live in a small city that does not have a LLLI group. The closest LLLI group is over an hour away. However, I have been able to find a group of women online that support me in my breastfeeding. By joining an online forum for breastfeeding mothers as well as finding other breastfeeding mothers through an online store where I frequently shop, I was able to form my own support group not face-to-face, but virtually. My breastfeeding groups discuss our frustrations, our celebrations, and tips for being more effective and happier breastfeeding mothers. From groups like cafemom.com to theleakyboob.com, women are given more “virtual” support than ever before.

The Sexual Woman and the Desexualized Mother

How society views women plays a part in a woman’s decision to breastfeed as well. Because the standard American culture sees women, and especially their breasts, as objects for the heterosexual male gaze, women find difficulty in negotiating the image of “good” mother while using their breasts for something other than sexual satisfaction. As Acker (2009) points out, “In Western society the primary purpose of the breast is to sexually stimulate and titillate as is evident in the breast’s prominence in pornography, mainstream sexualized advertising, and sexual situations in television, music videos and movies” (p. 486).

Sexuality does not exist absent of social structures. Butler (1999) argues that our identities are socially constructed. She states, “To understand identity as a practice, and as a
signifying practice, is to understand culturally intelligible subjects as the resulting effects of a rule-bound discourse that inserts itself in the pervasive and mundane signifying acts of linguistic life” (p. 184). Societal rules, then, govern individuals and their actions, but because individuals are a part of that society, they in turn can make their own rules, participating in an act of self-governing. This suggests the possibility that gender roles can and will change as society changes.

Patriarchal society views and rhetorically constructs women as bodies, as objects. The male gaze upon the female body exists as an important part of such a society, as it works to disempower women and presents them as things, rather than beings. Carter (1995) finds that many women feel that their bodies exist to be “looked at,” especially by men. Therefore they must avoid the “male gaze” on their “sexual parts” (p. 150). Marwick (2010) finds in her analysis of women in reality television that “television’s primary answer to the moral imperative for female self-improvement is to work on the body” (p. 263). She adds that women are allowed a “limited cultural space . . . in the media: as objects to be worked upon” (p. 264). Women become objects meant to be perfected for the male gaze.

The ability to attract men is dependent upon a sexualized body, one that will hold a man’s attention, and a part of this sexualized body is the female breast. Young (1998) finds that “breasts are the symbol of feminine sexuality, so the ‘best’ breasts are like the phallus: high, hard and pointy” (p. 125). She adds, “Breasts are the most visible sign of a woman’s femininity, the signal of her sexuality” (p. 125). Dettwyler (1995) states, “In Western cultures in particular, the image of the female breast as an erotic sexual organ has become pervasive, to the extent that some people would even deny that the breast has any function in child rearing” (p. 169). Acker (2009) argues that “the breast has become sexualized to the exclusion of the maternal role” (p. 486). This objectification of a woman’s body limits an understanding of the breast as maternal.
Because society views the breast as sexual, it limits the motherly, nurturing aspect of the breast. McBride- Henry, White, and Benn (2009) explain, “[T]he objectification of women’s breasts undermines women’s ability to breastfeed because it does not give them access to language that enables them to describe their embodied experience” (p. 40).

The patriarchal society in which we live has typically not viewed motherly bodies as sexual, thus creating a duality in identity for the breastfeeding mother. Writing soon after the infamous 1991 *Vanity Fair* cover (on which a sultry, naked and pregnant Demi Moore gazed out at the camera), several researchers reflected that the cultural understanding has been that a woman can either be sexual, or a mother, but not both (Freidman, Weinberg, & Pines, 1998). Stearns (1999) points out “The construction of the good maternal body as being at all costs not sexual is taken seriously by both the culture and the law” (p. 309). In the ensuing decade or more, this cultural agreement has been increasingly challenged but is not going away quietly.

Society asks women to be motherly and to breastfeed (because after all, breast is best), but to do so in a non-sexual way. Wallace and Chason (2007) find that “In the context of the sexualized breast, the mother-to-infant contact becomes improper and disgusting, especially as the infant ages” (p. 435). The only way to satisfy these dual requirements of breastfeeding, and to do so in a non-sexual way, is to breastfeed in private, at home, where it is “invisible,” and only while the child is still an infant. Friedman et al. (1998) argue that society allows a mother to be sexual as long as she remains in her domestic sphere. If she is seen in public with her breast displayed, the act is “seen as illegitimate and criticized and penalized” (p. 783).

The breast on display while nursing is problematic for many, as it disrupts traditional notions of the body and sexuality. Rather than a body that is used for a specific purpose (such as
to please a male), breastfeeding suggests that the female body has multiple functions and abilities. As Schmeid and Lupton (2001) find:

A number of feminist philosophers . . . argue that the shifting and fluid nature of the female body, including its capacity to reproduce another body within itself and to feed an infant via breast milk, suggest a multiplicity of ways of being that go beyond the limited nature of the masculinated ideal subject and thereby challenge symbolic order. (p. 38)

Women hold a large number of roles, and their breasts serve as objects that symbolize that multiplicity. Maddux (2008) finds in her analysis of The Da Vinci Code that if and when feminism organizes itself based on women’s biology, it “simply replaces patriarchy as the force keeping women constricted to their roles as mothers and sexual partners” (p. 242). Instead, women’s abilities, both socially and biologically, can be seen through an equalizing lens. Women make many decisions: to work or stay home, to become mothers or not, and even to breastfeed or not breastfeed. None of the decisions women make are wrong or make them less “womanly.” Women need to be seen and shown in media as having many roles within society.

Several studies have shown self-objectification to be a key factor that contributes to more negative reactions to breastfeeding, which leads ultimately to lower duration of breastfeeding (Johnston-Robledo & Fred, 2008; Johnston-Robledo, Wares, Fricker, & Pasek, 2007; McBride-Henry et al., 2009). McBride-Henry et al. (2009) explain that women are left without language to describe breastfeeding, which “undermin[es] women’s ability to articulate and reconcile their embodied breastfeeding experiences” (p. 33).

The Breast in Public

Breastfeeding outside of the home is a reality that most mothers will face. Stearns (1999) points out that if an infant nurses about every two hours, a mother must negotiate how to nurse in
public, unless she stays in her home continuously for several months. This “every two hours”
time frame is an average, not a guarantee, and it refers to the time between the start of one
feeding and the start of the next: it does not translate into a full two-hour window for errands,
chores, or a lunch date. Sometimes in preparation for a growth spurt, infants nurse almost
constantly in what is called “cluster feeding” (Wiessinger et al., 2010). And even when this is not
the case, no one has informed tiny babies that they are supposed to be fine for two hours, which
really often translates into something between 30 and 90 minutes, between the end of one
feeding and the start of the next. Bartlett (2002) adds that the idea of “Literally staying ‘at home’
with a baby now seems unusual. Part of the contestation and scandal . . . is to do with women’s
shifting use of public space” (p. 112).

When mothers decide to breastfeed in public, they are often met with ridicule and disgust.
Wallace and Chason (2007) state that “public breastfeeding is seen as immodest and
unnecessary” (p. 435). Acker (2009) explains, “Women who wish to do more than stay at home
and find themselves in the public eye when breastfeeding will receive the disapproval of the
benevolent sexist male” (p. 486).

Although many public places have rooms in which to breastfeed, such arrangements
conveniently keep mothers out of view, away from the public gaze upon the breast (Bartlett,
2002). And even though a public space may be available, the space may not be comfortable,
convenient, or even sanitary for breastfeeding. In a www.shine.Yahoo.com post, Heather W.
writing for Better Homes and Gardens (2010) wrote about the “9 commandments of dining with
little kids,” a viewpoint which was promptly erased. The article apparently “offended” many
breastfeeding advocates when the writer suggested that not breastfeeding at the table was a
“commandment,” and instead recommended that women should take their children to a restroom to feed them.

When a woman chooses to breastfeed while in public, often she “hides” the actual act. Stearns (1999) found that many women felt the need to “discreetly” breastfeed any time they were in public (p. 312). She reports, “Women would speak with pride about no one even knowing what they were doing, when, in fact, they were really breastfeeding” (p. 313). New products, including nursing shirts and breastfeeding covers, allow women to breastfeed out of the eye of the critical public. Although this “hiding” of breastfeeding is not a negative thing (in fact I often try to discreetly breastfeed when I do so in public), it does limit the amount of breastfeeding a woman sees. I am often encouraged seeing other mothers breastfeed in public, as it makes me feel as if I am not alone in the act.

Visual Rhetoric

Much of our societal relationship to women, to women’s breasts, and to breastfeeding, is visual. Rather than studying communication solely as an oral or written process, scholars who investigate visual rhetoric focus on the ways in which images communicate. Visual rhetoricians are especially interested in ways that artifacts invite the audiences who view them to think and act. Artifacts are not limited to media such as television or magazines. Visual rhetoric can include an abundance of images from statues and architecture, to film and advertisements. In this study, I am primarily interested in images that are in print media or available via the Internet.

That is not to say that all images produced by the media have one specific reading of them. Different people will interpret images differently, based on their own experience. As Hall (1973) explains, the denotative meaning of the visual images may be the same, but the connotative meaning may differ greatly. How individuals decode a message differs amongst
groups of people based on their experience. However, there will always be a preferred or “dominant” reading of the text, the way the encoder wishes the image to be interpreted, as well as a negotiated and globally contrary position in which to read the image.

Images of bodies in media contribute to how we see our own bodies. Aubrey (2007) found that the “media’s superficial emphasis on bodies appears to spark a similarly superficial concern about how one appears to others, with individuals favoring looking good to being comfortable” (p. 19).

By studying images of women, and especially mothers, we begin to see the types of messages sent about women and mothers, and the implications these images may carry. I do not suggest that women, men, or even society at large are passive consumers who believe each message that they see. However, the images that we see every day through media do affect the way we view our social system. Mothers, especially new mothers, look to others for reassurance about mothering. When other mothers are not available, popular media can provide such an outlet, and thus media are an important site of investigation when considering social influences on breastfeeding.

Research focused on body image is important in understanding how we often attempt to “become” what we see. As Coleman (2008) points out, “Bodies and image are not separate (body/image) but, instead, bodies become through images (body-image)” (p. 175). This can be seen more clearly by looking at the relationship between image and eating disorders. Saukko (2006) argues that “media representation of eating disorders [make] legitimate the same gendered structural contradictions that interlace women’s problematic relationships with body, self, and achievement” (p. 167). Bordo (2003) sees links among our bodies, media, and thinness.
She states that “whether externally bound or internally managed, no body can escape either the imprint of culture or its gendered meanings” (p. 212).

How media present women influences how women see themselves in the world, and often the images media provide come from a hegemonic bias. Baker (2005) argues that “the media both reflect and reinforce gender roles . . . specifically, they help to reinforce how the ideal woman should look and behave” (p. 14). Goodman (2002) adds that “the media contribute to learning and adoption of norms and behavioral expectations by showing symbolic rewards and punishments for particular attitudes and behaviors” (p. 718).

Sexuality also plays a key role in the development of how media portray women. Baker (2005) finds that the women in the advertisements she studied existed as objects for the satisfaction of men. She adds that women’s magazines often portray women using a product to “achieve attractiveness,” while in men’s magazines the product was “supposed to attract a sexually attractive woman” (p. 25).

Typically, media, such as television, place women in roles that reflect “traditional roles” that they once filled. Wood (2010) finds that media represent women in caregiver roles, while media portray men as providers. She contends that even when women have professional roles (such as doctors or lawyers) in television series, their roles as “homemakers, mothers and wives” overshadow their professional positions (p. 273). This is also reiterated in Dow’s (1996) findings that *The Mary Tyler Moore Show* portrayed a single woman with a career, but Mary still played the role of caretaker in the office setting, under the power of her authoritative male boss. Signorelli (2009) finds that “even though there are more positive occupational depictions of women and minorities, the images still do not do justice to the reality of the working world in which most people exist” (p. 350).
Popular media also portray motherhood as a natural occurrence. Motherhood and breastfeeding in our society are often deemed “natural.” Although lactation itself is natural, becoming a mother and breastfeeding still involve a great many learned behaviors. Breastfeeding is often painful and full of potential obstacles such as mastitis, clogged milk ducts, and poor latching. In breastfeeding my own children, I struggled with learning how to find a comfortable position, and often felt like a failure as a mother for being unable to breastfeed “perfectly.” When media present motherhood as “natural,” this portrayal greatly downplays the work that goes into being a mother. Dow (1996) finds:

Television has long glorified motherhood, to be sure. Yet the function of discourses of motherhood has taken on a new dimension in postfeminist popular culture, a dimension very much linked, I think to the postfeminist glorification of ‘choice’ and to the embrace of ‘maternal thinking’ by some feminists. (p. 190-191)

Maternal thinking in popular culture influences women to believe that not only do all women have maternal instincts, but that they should “trust” them. I do not suggest here that women do not have a “maternal instinct,” or that some women choose not to be mothers. Rather, I suggest that often society views motherhood, and in this case breastfeeding, as a natural occurrence. A woman, then, who questions her mothering instinct would be an insufficient mother in traditional U. S. American society.

Images of “good mothering” are shown through a variety of ways in media. Johnston and Swanson (2003) found that mothers in magazines often are shown in “double binds.” For example, They found that, “the same women that are lauded in conservative rhetoric for staying home full-time with their children and fulfilling their biologically endowed maternal roles are the targets of messages that disaffirm their natural ability to mother” (p. 260). The mothers who stay
at home to care for their families are shown in magazines as “self-sacrificing and that selflessness is a maternal virtue” (p. 253). They claim that selflessness then is “not presented in magazines as a feminine virtue, but a maternal virtue” (p. 259). Johnston and Swanson (2003) noted a marked absence of working mothers in their study. They also found that working mothers were overall seen as more competent than mothers who stay at home, but at the same time mothers are told, “there are not many mothers who can make this work” (p. 262). They find that “undermining at-home mothers and underrepresenting employed mothers perpetuate patriarchal social power” (p. 262).

Mothers in the media also are happy to be mothers, as it is a societal expectation that all mothers must love being moms. Douglas and Michaels (2004) deem those mothers who do not feel this way “mothers with attitude problems,” women who are “increasingly irritable about this chasm between the ridiculous, honey-hued ideals of perfect motherhood in the mass media and the reality of mothers’ every day lives” (p. 2). They continue by explaining, “Women have been deluged by an ever-thickening mudslide of maternal media advice, programming, and marketing that powerfully shapes how we mothers feel about our relationships with our kids and, indeed, how we feel about ourselves” (p. 7).

Women are also told through media how to control their bodies and actions. Madden and Chamberlain (2004) found in their study of women’s magazines that “the texts . . . construct the ‘appropriately moral citizen,’ a woman who responsibly controls her body through rational processes of self-regulation and self-monitoring” (p. 594). They find that women are expected to maintain a “disciplined” body. This structure of the “disciplined” body reflects back to the medicalized notion that a woman should be “controlled.” Bordo (2003) finds that the concept of “control” permeates women’s advertising of many items, from mascara to cat litter (p. 105).
Even when women are shown in positions of “empowerment” and agency, media often subjugate them and once again place them as “objects.” Pitcher’s (2006) analysis of Girls Gone Wild (GGW) found that while the show had a focus on women’s agency and “choice” to participate, the show still exploited them, “leaving women with tank top mementos and Joe Francis’s enterprise with millions. The ‘choice’ to perform for GGW is already mediated by a capitalist, white, middle-class heteronormative framework” (p. 215).

Media also do not consistently show the changes in the family unit when a baby is born. Mastin, Coe, Hamilton, and Tarr (2004) found in their research of advertisements in Essence and Ladies’ Home Journal that although “more men may be taking on more responsibilities related to children and the home, this behavior is not reflected in advertisements found in the women’s magazines examined in this study” (p. 241). And the families that are shown in media, are what society deems as the “traditional” American family of a mother and father with children. In Landau’s (2009) study of same-sex parenting representations in US print news stories, “same-sex parents are repeatedly shown performing patriarchal ‘stay-at-home mother’ and ‘hard-working-father’ parenting roles” (p. 96). The traditional role of parenting being played out by the media influences the way we act as families. When we are told over and over again that there is a “male/working” parent and a “female/at-home” parent, it undermines the many roles that both parents play in multiple family types across America. In my own immediate family, my partner was a student for several years while I worked outside of the home. Yet, when notes were sent home from school or phone calls were made to the home, they were always addressed to me. The idea of the mother “nurturer” and father “provider” permeate not only media, but many aspects of our society.
This could have a significant impact on seeing men as partners in both parenting and breastfeeding. Because men are influential, the media images they consume are important. Ward et al. (2006) argue that “media content is likely to have little direct effect on men’s views about breastfeeding and childbirth, most likely because these actions are seldom featured in the media. However, by frequently reducing women to sexual objects, media content may make it difficult for men to see women any other way” (p. 712).

However, speaking about women’s roles and lived experience in a non-patriarchal, non-hegemonic way is possible and allows women a “voice” in the media. D’Enbeau (2009) claims that a “feminine” and “feminist” outlet, such as the feminist magazine Bust, can give women “a voice to define their lived experience . . . while giv[ing] the means to acknowledge the absurdity and arbitrariness of their situation” (p. 31). She argues that “by acknowledging the power that language has in constructing and constituting reality and Be-ing, women can use the fluidity and flexibility of language to illuminate their experiences” (p. 31). Such open and “fluid” discussion of breastfeeding can empower and allow women to accept the changes that their bodies go through as new mothers. In my own group of online mothers, we have a list of “Things That No One Ever Told You Would Happen to Your Body When You Become a Mother.” It is a lighthearted way of looking at issues such as hemorrhoids, leaking milk, and stretch marks on your breasts that the parenting magazines and books “rarely” seem to discuss. This “openness” in my own small online community has allowed me not only to become a more accepting and patient mother, but a more accepting and patient woman.

Indeed, the presence, or in this case lack, of depictions of breastfeeding in media reiterates that breasts are a body part that should not be for public consumption, except in ways that perpetuate the idea that breasts are sexual objects. The breast that is shown in media is often
one that is “ideal.” Goodman and Walsh-Childers (2004) found that of the women interviewed, “they hated the models and everyday women who had perfect breasts but simultaneously wanted to look like them” (p. 667). Women in their study repeatedly stated that the “ideal” breast was a C-cup with a thin body, even though in the natural world a C-cup breast usually indicates a more voluptuous body, while a thin body usually includes a smaller breast size, unless manipulated by such practices as plastic surgery. Breastfeeding does grant larger breasts to women, at least for the duration of the breastfeeding period. But usually new mothers’ bodies have a natural softness for at least the first few months postpartum, making them ineligible for the *Sports Illustrated* swimsuit issue. But this post-partum, nursing roundness is not often represented in media portrayals of motherhood. Henderson, Kitzinger, and Green (2000) found that, in a content analysis of British media, bottle feeding was presented as the norm, while breastfeeding remained a rarity. They found no visual representations of breastfeeding women, whereas bottlefed babies were seen often. When the breast of the breastfeeding mother is never shown, women may be left with an unrealistic expectation of what their lactating breasts should look like. And in the absence of realistic portrayals or attitudes of acceptance and celebration of the maternal body, the jokes and exaggerations are hardly flattering. I overheard a student of mine relate to her friend recently that after she had children, she was planning on “getting a boob job, so that [her] breasts [would] not hang down to [her] stomach.” This is a rather discouraging, stereotyped expectation of how most mothers’ breasts compare to the “ideal.”

In addition to body image, formula marketing plays a significant role in a woman’s decision not to breastfeed. Marketing by the formula companies negatively affects breastfeeding initiation and duration (Caplan & Graff, 2008). Seeing women breastfeed in media may positively impact both duration and initiation of breastfeeding. Bramwell (2008) encourages new
programs that “include a shift in the way that women’s bodies and bodily processes are presented in advertising and the media” (p. 253). Hausman (2007) adds that “more represented breasts in public might indicate broader approval of breastfeeding embodiment and be more inviting to new mothers” (p. 497). She cites a recent New York Times letter writer as stating “Women who are considering breast-feeding might well be more likely to do so if they saw other women nursing their babies [in media]. . . If breastfeeding is best for babies, don’t preach or enact laws; show it in action” (p. 497). As of December 7, 2011, there were over 257,000 members of the Facebook group “Hey, Facebook, breastfeeding is not obscene (Official petition to facebook),” a group started when pictures of women breastfeeding were deleted by the popular internet site for being “obscene.”

**Structure of the Study**

Chapter Two of this study will present the methodology and the artifacts I will be examining rhetorically. Chapter Three will include analysis of visual images from magazines, as well as Internet images of breast pump websites and nursing bra websites. Chapter Four will include analysis of images of celebrities nursing, as well as the public forum reactions to these images. Chapter Five will focus on images of non-celebrities nursing, as well as the public forum reactions to these images. Chapter Five also examines coverage of a nurse-in that occurred at an Arizona McDonald’s, images of the nurse-in, and public forum reactions. Chapter Six will include implications from the study and conclusions based on the analysis gathered in Chapters Three, Four, and Five.
CHAPTER 2

METHOD

Breastfeeding is not only an important decision that a mother must make, but also a decision that carries with it many societal implications. Because society plays such an important role in a woman’s decision to breastfeed, it is important to look at the types of messages that new mothers consume about breastfeeding. One of the best ways to view these messages is by looking at popular culture images of breastfeeding mothers.

The current literature on breastfeeding mainly focuses on infant benefits and strategies to increase implementation rates. Specifically in the field of communication, Nadesan and Sotirin (1998) discussed the problems with the “Breast is Best” campaign, which focuses on the benefits of breastfeeding for the infant. They find that “‘Breast is Best’ is an absolute and reductionist claim legitimated in the point-counterpoint of the romance and science of breastfeeding” (p. 229). Additionally, Bartlett’s (2002) communication article examines images of breastfeeding in Australia. However, Carter (1995) finds that “most research has been conducted in pursuit of increased breastfeeding rates” (p. 13). Moreover, as Bartlett (2003) points out, the current strategies to increase breastfeeding do not consider an informed mother. She argues that “almost every study about breastfeeding attitudes . . . show that women know that breast is best . . . Women no longer need to be addressed as if they were ignorant and [therefore] advocacy rhetoric should assume knowing women” (p. 157). The CDC (2010) findings show us that a majority of women choose to initiate breastfeeding, but duration rates are not increasing. Clearly, women receive the message that “breast is best,” but many women are not continuing to breastfeed through the first year, as recommended by the WHO and Unicef (2005).
As a first step toward a long-term goal of creating more effective strategies to encourage breastfeeding, I suggest a rhetorical look at the types of messages women already receive about breastfeeding. Analysis of the influential potential of messages found in popular magazines and websites can assist in understanding the societal beliefs we consume about breastfeeding, parenthood and sexuality, and allow (l)activists the nuanced understanding necessary to address women more compellingly. Although Shaw (2004) does look at two separate images of breastfeeding and their rhetorical strategies, and Henderson et al. (2000) analyze images of breastfeeding in print material in the United Kingdom, this study will follow up on those beginnings and be somewhat broader. I will be building upon this current literature on breastfeeding by analyzing a large number of images from pregnancy, nursing and parenting magazines, and nursing-related product websites in the United States. I expect to find approximately 5-10 images per popular pregnancy and nursing magazine, while I expect to find between 15-20 images in each of the issues of the non-traditional magazines analyzed. I expect to find more images on the nursing-related product websites, with an estimation of 20 images per website. Because the Henderson et al. (2000) study focused on UK print material, it does not provide us with information about print material in the United States. Additionally, Shaw’s (2004) study analyzed only a couple of images. Analyzing a larger number of images should yield more insight into the phenomenon. Finally, the types of materials examined should be considered. Kaplan and Graff (2008) point out that “most women decide how they will feed their baby during the last trimester of pregnancy” (p. 497). It is important, therefore, to examine materials that are viewed by mothers during pregnancy, not just during motherhood, when they have most likely already decided whether they will breastfeed and for how long.
Through this project, I will further explore cultural messages about breastfeeding, and how these influences can perpetuate themselves in popular culture. This study will use a feminist rhetorical lens to analyze the data selected. A rhetorical analysis will allow me to look at an artifact and consider its symbolism and the messages it may carry. Foss, Foss, and Trapp (2002) explain that rhetoric “often involves the deliberate and conscious choice of symbols to communicate with others” (p. 3). Kuypers and King (2004) define rhetorical criticism as, “The strategic use of communication, oral or written, to achieve specifiable goals” (pp. 4-5). As Foss (2009) further explains, a rhetorical critic “asks a question about a rhetorical process or phenomenon and how it works and provides a tentative answer to the question” (p. 7). In this case, the rhetorical artifacts being examined are images of women breastfeeding, and I will be analyzing them as visual rhetoric (discussed above), as well as focusing on the verbal elements of the messages. The images will be analyzed to understand what they say about what society sees as appropriate or inappropriate when it comes to the act of breastfeeding.

Although rhetorical analysis is often from a male, patriarchal viewpoint, this analysis celebrates multiple gendered experiences and perspectives, while bringing to light the inequities that women still face in our society today. A patriarchal society is one in which men are treated as superior to women. As Condit (1998) points out, “Women still suffer oppression, primarily at the hands of men, simply because of their sex” (p. 177). Because we live in a nation in which men still constitute the majority in the government, economic, and judicial systems, the United States can be considered a patriarchal society. We see this in many forms, from the inequity of pay to the ways in which women are represented in the media as mothers or as objects for male heterosexual desire. Foss and Griffin (1995) suggest that rhetoric often asks for change and that, “embedded in efforts to change others is a desire for control and domination, for the act of
changing another establishes the power of the change agent over that other” (p. 3). Although I do self-identify as a lactivist, I conduct this analysis from a perspective that includes what Foss and Griffin (1995) term an “invitational rhetoric.” That is, I note how each rhetorical artifact invites the audience to understand the world, and I do not reject comments that originate from perspectives contrary to my own. I try to consider the various viewpoints represented and keep in mind that every woman makes the choice to breastfeed or not based on her own experiences. Rather than seeking to change individual women’s minds to breastfeed, then, I explore the images available of breastfeeding, and ask how these images can become more inclusive to celebrate and normalize the act within society.

This analysis will use a feminist lens in order to analyze the images. Foss (1996) explains that “feminist criticism has its roots in a social and political movement, the feminist or women’s liberation movement, aimed at improving conditions for women” (p. 165). Tyson (1999) adds that such criticism “examines the ways in which literature (and other cultural productions) reinforce or undermine the economic, political, social and psychological oppression of women” (p. 81). Dow (1995) finds that one general goal is “to use the intellectual resources of feminism to understand and to valorize the contributions of women to public life, specifically public discourse, and to critique the ways in which these contributions have been and continue to be marginalized” (p. 106). A feminist critique of the artifacts allow us to see not only how a woman is positioned within society as she makes choices for both herself and her child, but also how those views of motherhood and breastfeeding can be altered in order to allow women to feel more confident and empowered in the choices that they make.

A feminist rhetorical criticism is ideal for this topic because, as Hart and Daughton (2005) point out, such analysis can examine not only roles of women in rhetoric and literature,
but also mythic conventions. Breastfeeding works under mythic conventions that women are both sexualized and mothers. The mythic quality of breastfeeding is an important aspect for examination. The idea that a woman can be a mother and a sexual being opposes the traditional view of the “virgin mother.” Young (1998) discusses a mythic virgin/whore debate which stems from the Christian notion of the “Virgin Mother.” The mythic quality of “purity” in motherhood, a mother devoid of sexuality, permeates our society even today. We see representations of women as sexually pleasing, or motherly, but rarely both at once. Thus, viewing the images of breastfeeding from a feminist rhetorical perspective will help to uncover ideas about the role of the mother, especially the breastfeeding mother, given the societal views of motherhood and the breast.

Specifically, this study will be what Hart and Daughton (2005) term a “representational critique” (p. 298). That is, it will examine how breastfeeding women are represented in American media, and how a patriarchal society influences the images found. A representational critique will allow for the examination of the artifacts and give perspective on how the nursing mother is seen in society, what society expects of the nursing mother, and how these images may play a role in a woman’s decision to breastfeed. Nudd and Schriver (2005) attest that “feminism is a pluralistic movement interested in altering the political and social landscape so that all people, regardless of their identity categories, can experience freedom and safety, complexity and subjectivity, and economic and political parity—experiences associated with being fully human” (p. 270). A feminist critique, as I will be practicing it here, does not suggest that one gender should be more empowered than another. Instead, it celebrates gender diversity and wishes to acknowledge the skills that all people bring to the society.
This analysis will examine images of breastfeeding and how women are represented in these images. Specifically, in Chapter Three, I will examine magazine images of women breastfeeding. These magazines include not only titles with high readership, but also titles that focus on “natural” mothering, and specifically breastfeeding. I will also look at specific products that a mother may encounter when making a choice to breastfeed or bottlefeed and how such products are represented on their own websites. Because the breast remains a contentious part of the body to display publically, the images present in media such as television and magazines are limited. Additionally, breastfeeding is not a “product” to be “marketed” in the same way that formula feeding is. That is, there is nothing to advertise or sell, in terms of breast milk itself. This limits the amount of images that may be available for public display. The images that are projected, however, are important as they tell a story about what is acceptable and unacceptable when breastfeeding. Additionally, including images that advertise breastfeeding items, such as breast pumps and nursing bras, will help round out the sample of discourse I will be analyzing, providing a wider collection of visual rhetoric.

First, I set out to collect data for this study from six months (January 2010 through June 2010) of print material from six magazines. I chose Pregnancy and Fit Pregnancy because they are both widely circulated titles, with Fit Pregnancy at half a million readers (Fit Pregnancy, 2011) and Pregnancy at 230,000 subscribers and 820,000 readers (Hot to Have, 2011), and access was available. I also examine two baby magazines. Baby Talk and American Baby are highly circulated magazines, but they are also offered free to pregnant mothers for six months prior to the birth of a baby. The free subscriptions are generated by funds mostly from advertisers; however, they attract a large audience, and thus the images they produce are important. American Baby has a circulation of 2 million, with 6.6 million readers (Echo Media,
2011). Baby Talk has a circulation of over 2 million, and 5.2 million readers (America’s Media, 2011). Finally, I examine two “non-traditional” parenting magazines that have a more holistic view of motherhood: *Mothering* and LLLI *New Beginnings*. *Mothering* Magazine recently ended its publication as a print magazine due to increasing costs, decreasing sales, and many subscribers moving to web reading. Their circulation was 100,000. According to Susan Comer (in an email correspondence on March 14, 2011), a customer service representative at LLLI, *New Beginnings* has been an online-only magazine for over a year, and has a current estimated readership of 12,000–17,000. Although magazines, whether print or electronic, have a limited viewership, and not all mothers view magazines, they do provide a starting point for studying images that are available to the public about breastfeeding. Additionally, because the magazines are “mother”-centered, the images provided are presumably produced for a female audience. I have selected these six magazines to provide a wide view of the types of images pregnant women and mothers consume prior to and during the period of breastfeeding their children.

The next sets of images I examine involve advertisements for two items that, although not necessities, can be helpful. The first item, which many if not most nursing mothers will purchase, is a nursing bra. The nursing bra industry is fairly specialized, and its market is limited; my experience and knowledge of nursing mothers suggests that the typical mom will purchase at most, a few nursing bras, reasoning that their time of use will be of relatively short duration. I will examine the images used on several websites selling nursing bras, including Bravado, Medela, LLLI, and Bella Materna. The manufacturers of nursing bras were chosen based on a Google search for top-selling nursing bras, an Amazon.com search of nursing bras, as well as a personal interview (3/17/11) with Judy Masucci, the owner of A Mother’s Boutique, an online store specializing in pregnancy and nursing products.
I also examined advertisements for breast pumps. Again, not all nursing mothers will use a nursing pump. In fact, most mothers who stay at home with their children will probably not use one. Although it was an item I purchased, it was not one that I used often, as I found every pump I tried both cumbersome and painful. However, as the literature indicates, many mothers return to work full time with weeks of giving birth, and there are strong connections between early cessation of breastfeeding and a return to work (Bai et al., 2008; Boswell-Penc & Boyer, 2007; Flower, Willoughby, Cadigan, Perrin & Randolph, 2007; Ladomenou, Kafatos, & Galanakis, 2007). Therefore, unless she takes breaks in her workday to actually nurse her infant, expressing milk on a regular basis would be necessary for those who wish to return to work without disrupting their nursing. I examine the websites of the leading breast pump manufacturers: Avent, Ameda, Lansinoh, Evenflo, First Years, Medela, and Playtex. The top pumps were chosen by a Google search of top-selling pumps, an Amazon.com search, and by examining which pumps were sold at Target and Wal-Mart, both major retailers.

I examine these three types of rhetoric (magazines, ads for bras and ads for pumps) for images of breastfeeding in general, and for what they say about the breastfeeding mother. I would like to know what type of story the available images tell about breastfeeding. The type of woman breastfeeding, with whom she is breastfeeding, where she is breastfeeding, and how she is breastfeeding will all be important aspects of analysis. Specifically I will look at the following elements: location, exposure, and people included in the image. As I anticipated, during analysis, these categories became more nuanced and/or combined; below is the initial framework.

First, I look at the context, or the specific location of breastfeeding. Location is important, as it tells us where breastfeeding is shown as “acceptable.” My initial expectations for locations included the following categories:
1. Home: Any place that appears to be “domestic,” not necessarily the mother’s home

2. Workplace: Any space that appears to be the “professional” environment for the mother

3. Public: A setting, outside of the workplace, that others are able to also enjoy freely

4. Private Other: Includes any space that is not a home or workplace where a mother may be seen breastfeeding

5. None: The image of the mother and child is removed from location entirely (no background image)

Next, I note the degree to which the breast is shown, to answer the question: How much exposure is “acceptable” for public consumption? The categories for exposure include:

1. Nipple can be seen clearly

2. Nipple is partially hidden

3. Nipple is completely hidden, but the breast can still be seen clearly

4. Breast is partially hidden

5. Breast is completely hidden, the baby is shown, but it is implied that the woman is breastfeeding

6. Both breast and baby are hidden, but it is implied that the woman is breastfeeding

Finally, who is present in the picture is important. First, I estimate the age of the nursling based on size and apparent activity, such as holding up head and sitting capabilities. The ages categories will include: 0-3 months, 4-6 months, 6-12 months, 12-18 months, 18-24 months, 2 years and older. Because the father and other friends and peers play an important role in the decision and action to breastfeed, consideration is given to who else is present. The categories for others in the images include:
1. Mother and child are shown alone
2. Mother and child are shown with a male presence, who is the implied father
3. Mother and child are shown with a female presence, who is the implied partnering mother
4. Mother and child are shown with other children present
5. Mother and child are shown with another female present, who is an implied peer or relation (such as a sister or grandmother)
6. Mother and child are shown with another male present, who is an implied peer or relation (such as brother or grandfather)
7. Mother and child are shown with several other females present
8. Mother and child are shown with several other males present
9. Mother and child are shown with both males and females present
10. Mother and child are shown with implied doctor, midwife, nurse, or lactation consultant present
11. Other

Most importantly, I evaluate all of the images to see how they portray women and the breast, specifically focusing, from a feminist perspective, on how these images are shaped within a patriarchal society. I analyze these images and consider what messages may be implied and sent to mothers about breastfeeding. I consider whether and where mothers are encouraged to breastfeeding, as well who should (and should not) be present during the act of breastfeeding. I take the data collected and consider how these images uphold and/or challenge the current assumptions about breastfeeding, and how images can become more breastfeeding-friendly.
Chapter Four focuses on reactions to photos of celebrity mothers breastfeeding. By viewing the comments posted by individuals in response to images of breastfeeding, an understanding of societal reaction to breastfeeding can be formed. This insight will allow a greater understanding of the types of attitudes and reactions that mothers may face on a daily basis. These images are not live or active images, so a direct reaction from the “public” cannot be gauged. It is important to remember that most people are likely to take the time to post a comment only when they are strongly disturbed by, or strongly in support of, what they see. (After all, if you want to make a comment on a website, it is a several step process that requires both time and effort.) With that in mind, however, publicly-shared comments can begin to tell what reactions society has to breastfeeding, and the types of language and reactions that mothers breastfeeding in public may encounter. Zoonen et al. (2007) found that message boards online “not only functioned as unexpected places for dialogue, but also as public spaces in which people could show others their political identity and their opinions without being very interested in those of others . . . operat(ing) as a space for individual demonstrations, so to speak” (p. 336).

My selection process for images of celebrities breastfeeding began with several searches of celebrities breastfeeding in public using the search engines: Google, Lycos, Yahoo, and Bing. I then explored what images were recent enough to have been shown on several websites that allowed public comments to be posted. The images selected for the analysis include:

1. Miranda Kerr’s blog photo (January 19, 2012)  
   (See Figure 4.1)
2. Angelina Jolie’s W magazine cover (November 2008)
3. Julie Bowen’s twin breastfeeding photo (May 18, 2010)
4. Maggie Gyllenhaal’s breastfeeding in public photo (June 6, 2007)
5. Salma Hayek’s breastfeeding a starving infant (February 2009)

I searched for these images using the search engines: Google, Lycos, Yahoo, and Bing. From the search results, I chose to examine the first two pages of results that have commentary for the photos. This commentary includes articles about the photos, but also reader comments for the photos. These comments were collected and rhetorically analyzed.

The analysis focuses on the research questions previously stated:

1. What types of breastfeeding images are shown?
2. What is included in images of breastfeeding, and what is missing?
3. What reactions are generated in response to public displays of breastfeeding?
4. What are the possible implications of such images and reactions?

Although open to adjustment, I anticipated the comments being grouped into the following categories:

1. Supportive
2. Appreciative
3. Negative and relating to breastfeeding
4. Negative and relating to breastfeeding in public
5. Sexual in nature
6. Suggesting abuse or harm to the child

Again, these categories simply served as guides to begin the investigation, as I expected many categories would emerge, or be refined, through the analysis (as indeed, they were). The images themselves were also analyzed rhetorically according to the same methods described above: with discussion about location, position of the mother, and what this tells an audience about the acceptability of breastfeeding.
Chapter Five will focus on non-celebrity mothers breastfeeding in public. In keeping with the analysis of the celebrity mothers, I selected images for which I could also gather the accompanying public commentary and reactions. This necessarily limits the field to those YouTube videos that continue to allow comments. (Several YouTube videos have been so controversial that the comments have been restricted, meaning that they are both unable to be left and unable to be viewed.) So within the parameters of videos that include responses, I selected for analysis the top three YouTube video results from my search for “breastfeeding.” Two of the videos are instructional videos that show women how to breastfeed. The third video is about a woman who breastfeeds her nearly eight-year-old daughter. I analyze the videos themselves, as well as the commentary, using the categories listed above.

Finally in Chapter Five, I will examine the reaction to a recent nurse-in, which occurred at a McDonald’s restaurant in Arizona. Legislation for breastfeeding is far from ideal. As I was first writing this section, Tennessee had just passed a bill removing the infant age-limit cap for breastfeeding in public (it had been set at twelve months). Additionally, as of this writing, two states still do not have laws ensuring women’s rights to breastfeed in public: Idaho and West Virginia. Several other states have provisions that the nipple must be hidden while breastfeeding in public. Other states refer to the child breastfeeding as an “infant,” sparking debate over breastfeeding in public when the child is past one year old. All of these controversies are important in the understanding of reactions to breastfeeding in public. The Arizona case provides the opportunity to analyze a recent event, as well as several articles, and reactions to the articles and events. I performed an internet search for “Arizona McDonald’s nurse in” using the following search engines: Yahoo, Google, Lycos, and Bing. I gathered the articles that result in the first two pages from each search and rhetorically analyzed the article, the comments to each
article, as well as any images provided of the event itself. Through this rhetorical analysis of images and verbal responses to breastfeeding, I hope to discover more about how women breastfeeding are framed in images, what roles they play as breastfeeding mothers, and what type of societal norms and expectations are communicated via public reaction. The communication discipline, and American society as a whole, can benefit greatly from further exploration of images of breastfeeding. Research into different societal implications of breastfeeding can be interwoven into literature on the body, rhetoric, performance, feminism, health communication, and many other areas of communication. By adding to the current strands of knowledge communication scholarship has already produced, a new voice for breastfeeding (and human rights) can emerge and thrive in our discipline.
CHAPTER 3

FINDING BREASTFEEDING

Breastfeeding is an important part of an infant and toddler’s growth. Where we find women breastfeeding in popular culture reflects ideals of where and how society deems breastfeeding should occur. I examined a variety of different magazines. First, I collected images from popular pregnancy magazines: *Pregnancy* and *Fit Pregnancy*. Next, I examined popular baby magazines: *American Baby* and *Baby Talk*. Finally, the last set of magazines included those known to support breastfeeding: *New Beginnings* and *Mothering*. To add more depth to the study, I examined websites that sold nursing bras and nursing pumps (I accessed and collected data from all websites in Chapter 3 on August 26, 2011).

I broadened my initial date ranges due to restrictions in finding all of the magazines. Although most magazines offer online access, many of the formats only include articles. When I could not locate a particular issue, I substituted it for another issue that was as close to the date range as possible. For example, the May 2010 issue of *Pregnancy* could not be located, so I substituted it with the July 2010 issue of the magazine. I gathered materials from my own personal magazine collection, and then contacted several groups both off and online, as well as contacting the publishers, in order to fill in the gaps. I collected a total of 211 images of breastfeeding. (See Figure 3.1 for the complete list of magazines and websites, as well as total numbers of images for each.)

I was surprised by the number of images I discovered. I expected the number of images in the popular magazines to be extremely limited. However, only one issue of one magazine
included no images of breastfeeding women. All of the others included at least one image, and in almost all cases, they included several images. *American Baby* and *Baby Talk* included the fewest images (10) while *New Beginnings* had the most images (51). (This finding is not surprising, given that *New Beginnings* is the magazine for La Leche League International [LLLI], the largest breastfeeding support organization and information clearinghouse in the world.) Although *New Beginnings* included the greatest number of images overall, many of the images throughout the magazine were duplicates. For example, the photo on cover of LLLI’s book *The Womanly Art of Breastfeeding* (Wiessinger et al., 2010) was the same photo as 6 of the 19 images found in the third issue (the issue that covered May and June). Even though *Mothering* had fewer total images (41) than *New Beginnings*, in the end, that magazine had the widest variety of images.

The types of children presented in the images remained fairly consistent. Most of the children shown, 173 images, were 0-3 months, 4-6 months, or 6-12 months (see Figure 3.2). Very rarely did the images include toddlers breastfeeding. In fact, none of the popular magazines or websites presented any, and *Mothering* magazine only presented one toddler in all of its images. *New Beginnings* presented the greatest number of images of non-infant children nursing, with one issue presenting four children over the age of 2. The presence of older children showed the magazine’s readiness to portray breastfeeding as acceptable for children of various ages. However, the primary focus of even *New Beginnings* remained on infants.

By looking at the collected images, and the types of patterns that emerged in the images, we can begin to understand how magazines portray women as mothers and, more importantly, as
breastfeeders in American culture. I collected and sorted the images into major themes. I rhetorically analyzed images that modeled each theme, including page numbers for the images for ease in relocating the individual images discussed. Although breastfeeding rates have increased with infant children, the images implied that the types of women and children who breastfeed have not changed.

**You Breastfeed Doing What?**

When I imagined the images of breastfeeding that I would find before I began this study, I expected that I would find many images of women in home environments, with few displays of breastfeeding in public. This restriction, as I stated in the review of literature, limits where a mother may feel comfortable breastfeeding. Many images either showed the mother in a home environment or placed the woman in a blank canvas. However, when I closely examined the type of clothing she or the child wore, the choice of dress restricted the location, once again, to the home environment, usually the bedroom.

I hoped that I would find displays of women breastfeeding everywhere in *New Beginnings*. Because this magazine focuses primarily on breastfeeding and many readers submit their own photos, I thought that the magazine might display multiple images of women, in multiple places, doing multiple things. However, a majority of the images (134, approximately 60%) positioned the women in the home environment (see Figure 3.3). There were a few notable exceptions.

The most standout exception, found in the first volume of *New Beginnings*, was of a woman breastfeeding in her wedding dress (Ritter, 2010, p. 29). This image is remarkable and
stands out from the other images for a couple of reasons. First, the image shows the breastfeeding mother in a public setting. Although the image does not show people other than the mother and child, the mother seems to be in a hotel room or in a reception room. The location differs from many of the sofa and bed photos that I found elsewhere in the magazine, and in fact, she is seated on a chair. The other reason this photo stands out is that the woman was obviously getting married after having the child. In many of the other images found, a wedding ring was displayed prominently, almost to say to the viewer: This woman is married and, therefore, *can* breastfeed (presumably, with less social stigma because of her married status). This woman, however, is getting married and has a child. This convention is common in today’s American society, but the images found do not often reflect the single mother as a breastfeeding mother. This image breaks the stereotype that mothers are married to fathers and, therefore, allows a greater acceptance of multiple family models for the breastfeeding family.

A total of 51 (almost 25%) images found throughout the data set I collected portrayed women in “blank” spaces (see Figure 3.3). That is, the image did not include a backdrop or setting. The women had a blank wall behind them, or in some cases, their images were simply absent of an environment altogether. Although this blank canvas may invite the viewer to think a woman can breastfeed anywhere, the images often limited women by their clothing, or the image appeared so ambiguous that it did not encourage breastfeeding in public but, instead, left confusion. I found a prime example of a “questionable location” in Volume 1 of *New Beginnings*.

The image shown (“Nursing,” 2010, p. 26) displays a woman in a business suit nursing
an older baby (6-12 months). She sits on a white sofa with a laptop computer. What is refreshing about this image is that the woman shows that women can wear almost anything while breastfeeding. The image does not limit the breastfeeding mother to pajamas, a bathrobe, or a t-shirt. It encourages readers to think that, no matter what you wear, it can most likely be made breastfeeding-accessible. The article to the side of the image talks about returning to work after breastfeeding. The image shown is not a reader-submitted photo. It is a posed photo and does not represent the woman asking the question. The image leaves a lot of ambiguity in terms of location. Because the image presents no indications of a home environment, such as dress, toys in the room, or a television, the woman could be sitting on a sofa at work. The laptop computer reinforces the idea that you can bring breastfeeding “anywhere” with you. At least in theory, it does. However, as a breastfeeding, working mother, I know the location at my work where I can breastfeed does not have a white, leather sofa. In fact, it has an office chair. Although breastfeeding and pumping can prove difficult while sitting in an office chair, it is not impossible. I know: I have done it many times. The woman’s location most likely does not look like many break rooms or breastfeeding rooms across the United States, if the mother’s job provides a “special” room at all. The image can also be read as a mother who returned home during her break to breastfeed her child, or perhaps, she has gone to a daycare to do so. The image leaves these possibilities open, and therefore, it does not necessarily support a woman to breastfeed at work.

The magazine that did provide a vast array of mothers breastfeeding, in multiple locations, doing multiple things, is Mothering. This discovery actually surprised me because,
although I had read the magazine before, I never realized how many images the magazine had and how different they truly are. The images show real women, in real situations, breastfeeding.

When I first started breastfeeding, I was like many mothers in the images found throughout the data collected: focused on the task at hand, concentrating on breastfeeding alone, and almost always at home. However, this period of time lasted only a couple of months. After I returned to school and work, I started breastfeeding almost everywhere I went. Suzanne Daughton once told me, “One day you will find yourself breastfeeding while doing dishes.” At the time, I did not believe such a thing was possible, but now, I breastfeed while writing; while doing laundry; and, yes, even while doing the dishes. *Mothering* allows a space to celebrate and visualize this type of breastfeeding. It invites the reader to believe that you can breastfeed anywhere, doing almost anything!

While many of the images collected from *Mothering* were reader photos, there was one advertising photo that stood out as one that empowered women and encouraged them to breastfeed in public. Although the image does not mention breastfeeding in public, it does mention “discreet nursing features” (see Figure 3.4). I found the image in two different issues of *Mothering*, September/October 2010 and November/December 2010, in both instances on the back cover of the magazine. The image is for Expressiva Nursingwear (2010) and shows a woman nursing her infant at what looks like a restaurant table. The sign behind her, with a curtain, would indicate that she is in public. What appears to be food in front of her and a chair opposite her would indicate that the setting is most likely a restaurant. The woman looks at the camera, smiling. She wears a long-sleeved shirt that does not display any part of her breast
(hence the discreet nursing). She wears a wedding ring to indicate that she is married, perhaps to the person seated across from her at the table. This image invites the reader to believe that not only can you breastfeed in a public place like a restaurant, but you can also do so discreetly. Although the woman is clearly breastfeeding, the reader only knows this because of the position of the baby, as both the shirt and the baby’s head obscure the entire breast.

Another image from *Mothering* that stands out among the others shows a mother playing at a “gig” (Hughes, 2010, p. 26). She sits at a musical keyboard while she nurses her child (see Figure 3.5). The child appears to be approximately two years of age, which breaks the norm of the images displaying only infants. It is also one of the only images found where not only is the mother doing something in addition to breastfeeding, but the child is as well. The child holds a drumstick in his/her hand while nursing. This image showcases the fact that, while nursing, the child often does not stay stationary. Although the mother may prefer to nurse discreetly, the child may not agree. Nursing children often like to entertain themselves as well, whether by pulling their mother’s hair or playing with a toy. This image shows that not only can a woman do multiple things while breastfeeding, but so can the child.

Another image from *Mothering* that shows that you can do anything, anywhere, while breastfeeding displays a mother on top of a Mayan temple (Carusi, 2010, p. 32). The photo shows a mother sitting on a Mayan temple while nursing her child (see Figure 3.6). You can see the lush greenery and water in the background. In addition, it was the only example I found where a complete stranger appeared in the image. A man who does not appear to be “with” her sits behind her, and in fact, has his head turned the opposite direction, looking away from the
camera. The image invites the reader to see breastfeeding as an activity that a woman can perform anywhere.

Many images throughout *Mothering* show women nursing while camping, exploring caves, and at the beach. This pattern truly encourages women to breastfeed anywhere that they may find themselves. Even though I found only 13 total images of public breastfeeding in *Mothering*, this represents a significant majority of the total public breastfeeding images found (21). Sadly, of the magazines I examined, *Mothering* is the only one no longer in print. It does not exist online (only a *Mothering* website exists and not as an online magazine). It is unfortunate to see such a supporter of breastfeeding mothers cease to exist. Hopefully, other magazines, especially those like *New Beginnings*, can start to display images that show more mothers nursing in a variety of places.

**The Boppy Breastfeeder**

One of the most common sets of images found in the traditional baby and pregnancy magazines were advertisements for the Boppy Breastfeeder, with a total of 15 advertisements in the data set collected. The Boppy™, a circular pillow that fits around the waist, can be used for several purposes, including breastfeeding. It can also be used as a general feeding pillow, a prop to assist a young baby in sitting up, or as a support system for “tummy time” (a recommended position for infants who can lift themselves up in order to develop their back and neck muscles). In the February 2010 issue of *Baby Talk*, an advertisement for the Boppy™ shows each of these uses of the pillow (see Figure 3.7), including a father (who appears Latino) bottle feeding the child (Boppy, 2010a, back cover). In several publications, I found almost the same exact image.
In fact, in the May 2010 issue of Baby Talk, we see the same woman three times, and she appears as the only breastfeeding mother in that entire issue of the magazine.

The image itself changes slightly throughout the different advertisements for the Boppy™. However, in many cases, the mother stays the same, with only the slightest modification. Although the images may not appear exactly the same, they remain so similar that only the most discerning eye would recognize that they are not the same image. In two separate images, Boppy™ displays the same woman, the same baby, and the same breastfeeding position (Boppy, 2010c, p. 37; Boppy, 2010d, p.38). Because the hair and clothing remain the same, as well as the facial expression of the mother, I believe the image is actually the same image, while the photo has been flipped and the Boppy™ pillow has been changed digitally (see Figure 3.8, Figure 3.9). In one image (with the pink Boppy™), her shirt appears to be open on the left side while, in the other image (with the floral Boppy™), her shirt appears to be open on the right side. However, upon close examination of the photo, I found that the finger placement in the two photos remained exactly the same. Interestingly, the wedding ring that appears in the more common (pink Boppy™) photo is on the woman’s left hand, while in the other (floral Boppy™) photo, the ring actually appears on the right hand.

Although this change may seem inconsequential, Boppy™ presents two separate images of breastfeeding, or at least is attempting to do so. However, it did not take the opportunity to show a different mother, child, or even (so it would seem) a different photo, only one that the advertiser digitally enhanced to appear different. Showing multiple mothers, instead, might have assisted a variety of breastfeeders in identifying with the woman in the photo itself.
The mother presented in the photo remains important to consider because she represents the character with which Boppy™ presumably hopes the audience will identify. The mother appears to be of European descent, with light-colored skin and brown hair (Boppy, 2010c, p. 37). The child also appears to have light skin with brown hair. The child appears to be about three-to-six months in age while the mother appears to be in her late twenties or early thirties. The child wears a white onesie (a one-piece outfit that snaps on the bottom, often worn by infants); therefore, the gender of the child remains unknown.

The mother dresses in casual clothing that appears to be pajamas. They do not appear to be nursing pajamas, an article of clothing with access designed specifically for nursing, but rather a regular pair of pajamas. She is not wearing shoes. She also has two items of jewelry. She wears what appears to be a wedding ring and also pearl earrings. Given these observations of the image, the Boppy™ mother is similar to the mother we see in most of the breastfeeding images. She has light skin, her style of dress and jewelry is fairly classic or conservative, she is somewhat thin, and she is married.

In the case of the Boppy™ advertisement found in the February 2010 issue of Baby Talk, we also see a father feeding a baby in a separate image (Boppy, 2010a, back cover). There are many contrasts between the parents. The father appears to be Latino with much darker skin than the mother and dark hair (for a close up of an image of the father see Figure 3.10). The child he holds also appears to have darker skin. He does not wear a wedding ring in the image, leaving questions about whether he is married. Like the mother depicted, he gazes down at the child with a smile on his face. Both he and the infant wear white, although unlike the mother depicted, he
does not appear to be wearing pajamas. This wardrobe choice allows him much more freedom in whom he could be and what he could be doing. Through her dress, the image confines the mother much more than the father, who dresses in a button-down shirt and slacks. His dress proves appropriate for a public environment, whereas the mother clearly exists in a private setting. The fact that he does not wear a wedding ring allows him more ambiguity as a male figure in the infant’s life. The infant could easily be a niece or nephew. Based on the mother wearing a wedding ring, she is clearly married, and with such a traditional display of motherhood, we also can safely assume she is the mother of the child.

The advertiser does not provide a location for this photo. The advertisement does not actually surround the mother and child with anything at all. In some instances, we could say that this spatial ambiguity allows her to be anywhere breastfeeding. However, given the previous notations about her dress, and especially given that she is barefoot, she is most likely at home and not in public or at work because wearing pajamas without shoes in a public or work location would be seen as a taboo.

We may also see the mother as not in public (and as most likely at home), given the product being advertised. Although some nursing pillows are portable, the Boppy™ nursing pillow measures 18” x 16” x 5.5” (Amazon 31, 2011). This pillow would be a rather large product to carry in public because it would not easily fit in a typical diaper bag. It is, therefore, not surprising that the mother wears pajamas and appears in a home environment, given that the product will most likely be used only at home.

The actual position of the baby is also important to consider. Although I considered this
image a “breastfeeding image,” the image gives no indication that breastfeeding is actually occurring, other than the open shirt and position of the infant. We neither see the child latched onto the nipple, nor do we see any part of the breast that we would not normally see with a woman wearing a lower-cut top.

Although many other holds for breastfeeding exist, including a football hold and a side-lying hold, the most common is the cradle hold. In this position, the child places his/her hand above his/her head and covers most of the breast area. Thus, I am not surprised that the mother uses such a hold in this image. However, this type of hold greatly limits breast exposure. In this photo, the hold severely limits the amount of latch and nipple that the audience can view, and it also reinforces the fact that a breastfeeding woman generally exposes about the same amount of her breast that you would find with a woman wearing a regular-cut top.

The advertisements do not display the woman in a sexual position. It seems the advertisers have gone out of their way to show her “purity” as a mother and to reiterate that she is not a sexualized being. From her traditional pearl earrings to her wedding ring, she represents the epitome of the wholesome mother. Even her clothing (and her child’s) is white, indicating purity.

Her gaze indicates that all of her attention is focused on her baby. Of course, we can clearly see that there is literally nothing around her to distract her from her baby and the act of breastfeeding. She smiles, clearly happy as a breastfeeding mother.

The Boppy™ advertisements only appeared in the baby magazines American Baby, Baby Talk, and Fit Pregnancy. Pregnancy did not include any advertisements for Boppy™ in the
issues examined, and no advertisements for Boppy™ appeared in either *Mothering* or *New Beginnings*. *Mothering* included images of a rival support pillow, My Brest Friend. The absence of the advertisements from the other magazines most likely stems from the type of the magazines and their ownership. *American Baby*, *Baby Talk*, and *Fit Pregnancy* all belong to larger publication companies. *Baby Talk* is owned by the Bonnier Corporation, which publishes magazines such as *Parenting* and *Popular Science* and represent 52 brands (Bonnier Corporation, 2011). *American Baby* belongs to Meredith corporation, which boasts “21 subscription titles and more than 150 newsstand titles” (Meredith Corporation, 2011). *Fit Pregnancy* is a part of American Media, Inc., a corporation that oversees 15 other brands including *Playboy* (American Media, Inc., 2011). The magazines represent large networks of media. Contrastingly, *Pregnancy*, *New Beginnings*, and *Mothering* have smaller circulations and do not have the backing of a large corporate entity. The advertisements, especially the breastfeeding advertisements, in the smaller magazines were detailed to reach a very narrow target market.

Although the mother in pajamas feeding her child reflects an image often found in society, it greatly limits whom, where, and how a mother breastfeeds. Although I probably breastfeed a majority of the time at home, where I am most often, advertisers could provide more support if they displayed more mothers breastfeeding in public, especially in images. Perhaps a Boppy™ could easily fit in the booth at a restaurant or be used at work. However, this image clearly tells us where a Boppy™ belongs: home.
The Womanly Art of Breastfeeding Breastfeeder

Another advertisement that appeared several times in my sample was for the book *The Womanly Art of Breastfeeding* (Wiessinger et al., 2010). In Volume 3 of *New Beginnings* (2010), I found a total of six advertisements for the book, a surprisingly high number of advertisements for the book in just one issue (four additional images of the book were found in Volume 2 of *New Beginnings*, 2010). However, the publishers released a new issue of the book that month, and therefore, it should be no surprise that it received an increased amount of advertising. Additionally, as I mentioned before, La Leche League International (LLLl) sponsors the book and also publishes *New Beginnings*. Although the volume of advertisements is high, I am not surprised that the organization would spend some time advertising its own product. Unfortunately, I only found one small advertisement for the release of the new edition of the book in the June issues of the other magazines examined. Although LLLI advertised in several other publications, it did not include this book in those advertisements.

Currently in its 8th edition, many lactivists and physicians regard *The Womanly Art of Breastfeeding* as the Holy Bible of breastfeeding. Ranked #35 in sales of parenting books on amazon.com on August 12, 2011, it beat out other books dedicated to breastfeeding by a large margin (Amazon, August 12, 2011).

The image from the cover of the book, which appears in the advertisements including Volume 3 of *New Beginnings* (2010), depicts a mother breastfeeding (p. 4). The similarities between the image in the Boppy™ advertisement and the cover of the book surprised me (see Figure 3.11). Like the woman and child in the Boppy™ advertisement, the woman and child on
The child on the cover of the book appears to be wearing a onesie, too. In the case of the book cover, the mother wears a white robe. The deliberate use of the color white once again, reinforces the holiness and purity of the mother. Although not an uncommon color for clothing, both women wearing white in the most common advertisements reminds us that women should remain clean and pure, and they must remain both clean and pure while breastfeeding. In my experience with breastfeeding, I tried to avoid wearing white, especially with pajamas. In the early months of breastfeeding (and, for some mothers, even in later months), milk can leak and will stain white clothing rather easily. When you add those stains to ones that the child may make while spitting up, it is not a very “clean” act.

The image on the cover of the book displays more of a close-up image than that in the Boppy™ advertisement. We cannot see the woman’s entire body and cannot even see her entire head. Although we cannot see her entire head, she appears to have brown or black hair, based on her eyebrows. The child also has brown hair. Both the mother and child have light-colored skin. Based on nose shape, the woman most likely comes from European descent, although she could be Latina. We can only see a part of her hand and, therefore, cannot determine whether she wears a wedding ring.

Once again, the mother holds the child in the cradle position, and the image does not display any part of the nipple. The infant’s head, once again, covers a majority of the breast area. However, the mother raises the infant’s hand to the mother’s mouth for a kiss; therefore, the image displays slightly more breast than is shown in the Boppy™ advertisement. Like the
Boppy™ advertisement, the image does not expose more breast than the audience could see if a woman wears a low-cut top.

In this image, the woman’s eyes appear to be closed as she kisses her baby’s hand. She clearly pays no attention to anything else around her, and the image makes this fact clear, with nothing else in the photo. Rather than a complete blank space around her, the image includes a tan-colored background.

The child shown on the cover appears younger than the infant in the Boppy™ advertisement. The head appears slightly smaller; therefore, the infant may be closer to the two-to-three-month age range. The white color of the clothing on the baby, once again, makes the baby gender neutral, in a society where girls often wear colors thought of as feminine (such as pink and yellow) while boys often wear colors thought of as masculine (such as blue and green).

The advertisements for the book vary. Although all depict the cover of the book, several include other images as well. In each issue of New Beginnings, the publication shows items you can buy in its store, including The Womanly Art of Breastfeeding. On that page in both the March/April 2010 and May/June 2010 issues, another book, The Breastfeeding Mother’s Guide to Making More Milk, also shows a mother breastfeeding (see Figure 3.12). (The January/February 2010 issue depicts the cover for the seventh edition of The Womanly Art of Breastfeeding and, therefore, does not contain the same central image discussed). The woman shown on the cover of The Breastfeeding Mother’s Guide to Making More Milk has dark hair with light skin (“The Breastfeeding”, 2010, p.2). The baby also has light skin and dark hair, and appears to be between 9 and 12 months. Although, once again, the mother holds the baby in the
cradle hold, the angle of the camera is from the top, thus the audience is exposed to more breast.
However, the baby’s mouth and head still completely conceal the nipple area. The mother, once again, gazes down at the child while the child gazes back at the mother. In this image, a fuzzy focus on her head completely obscures the mother’s face.

In the May/June 2010 issue of *New Beginnings*, advertisements for *The Womanly Art of Breastfeeding* appear throughout the magazine. In each case, the magazine displays the cover of the book as well as additional images. The store page (as discussed above) in the May/June 2010 issue includes the book *Mothering Your Nursing Toddler* (“Mothering,” 2010, p.2). That book cover shows a woman with light brown hair and light skin as well as a toddler nursing (see Figure 3.13). The mother wears a shirt and overalls. Although the image does not include a background, this mother could easily sit outside at a park, at a restaurant, or in any public place in the clothing she wears. Rather than staring down at her child, she looks at the camera. Her child and her clothing conceal her entire breast area, and a viewer of the image may not know she was breastfeeding except for the position of the child and the obvious title of the book.

On page 6 of the May/June 2010 issue, an image (which is much larger) of a mother breastfeeding overpowers the image of the book (“The Womanly,” 2010b, p. 6). The mother in this image has brown, almost red, hair (see Figure 3.14). She has light-colored skin, as does the child. This image focuses on the infant alone, and it blurs the features of the mother. A two-page advertisement for the book displays this same mother and child twice. The image does not include the same mother as the cover of the book, nor do these images appear anywhere in the book itself. This mother wears a black tank top, with one side of the top brought down for
breastfeeding access. The image displays the entire breast as well as a small amount of the
nipple. Although still an infant, this child is around six-to-nine months old, based on his/her
mobility. The mother wears a necklace with a diamond-colored jewel on it. She gazes down at
the child, and the child gazes at the breast. In the background, the viewer can see what appears to
be a bed sheet and a teddy bear.

Although the image differs from the book cover, several things remain the same. Although
the background does not display a blank canvas, the articles included in the
background limit the woman, once again, to the home, specifically the bedroom. Although the
clothing does not limit the location of the mother, in this case, the background does. This picture
also depicts more of the breast and nipple than the book cover. However, the more breast these
images expose, the less face is shown, as the image blurs the mother’s face and body. Although
older than the baby in the image on the book cover, the nursling here still takes part in the
mother/child gaze.

Throughout the book-cover advertisements and the Boppy™ advertisements, several
trends emerged. Although the images may not give a background, the mother clearly remained in
a home environment because a bathrobe and pajamas would not be suitable clothing for
anywhere but home. All mothers depicted in both advertisements were dark haired (brown) with
light-colored skin. This choice reinforces that the nursing mother is a white woman (apparently
with mostly brown hair) who focuses her energy and attention on breastfeeding while in the act.
She appears happy and blissful like the many other mothers we see in breastfeeding images.
Race and Breastfeeding

In the magazine images, we find very little variety in terms of apparent race or ethnicity. While the images predominantly depicted brown-haired women who appear “white” (and occasionally a white woman with blond hair), in all instances, the infant in the image had the same skin tone and hair color as the mother. Visual depiction of race is a sensitive area for me because I am the mother of children of mixed race. My children are ¼ Filipino, and I am constantly asked questions about their race, with the most common one being from which country did I adopt them. My children have a different skin tone than I do and have significantly darker hair, with their hair being a completely different texture than my own. I realize that not all people of mixed race “look” non-white, nor is it possible to know a person’s race without asking. (Indeed, it may be that brown hair was often shown because it is a color shared by many individuals across multiple races and ethnicities.) However, because of the lack of a clear variety in racial representations, it remains an important aspect to point out in the images.

In this context, any apparent racial or ethnic variation stands out when compared to the many other images. *Fit Pregnancy* included two issues that portrayed two different Asian mothers with Asian babies (“A win-win for pregnancy”, 2010, p. 22; “Breastfeeding offers many health benefits”, 2010, p. 20). This inclusion demonstrates that the magazine attempts to bring multiple types of mothers to breastfeeding. Posed and non-candid, in both cases, the mother participates in the breastfeeding “gaze” with her child. In both cases, the child appears to share the same race as the mother.

Another example was found in *Mothering*. The image mentioned previously for the
Expressive Nursingwear advertisements include a Latino woman (see Figure 3.4). She has an olive skin tone as well as dark hair and eyes. Although I found dark hair as a trend in the images, the images rarely combined it with a darker skin tone. Such images may be an attempt to welcome multiple races by using a woman with a hair color that could apply to many different races. Women of Latino, Asian, African, Middle Eastern, or many other backgrounds may look at the women in the images and conclude that they could be of mixed race. However, the absence of a darker skin tone remains a disturbing trend.

Perhaps most disturbing is the lack of unambiguously African-American women in the images. In the magazine images alone, only one African-American woman was presented breastfeeding, including both modeled images and reader images. McDowell, Wand, and Kennedy-Stephenson (2008) find, in the most recent National Health and Nutrition Examination Surveys, that African-American women are the lowest racial group for breastfeeding, with only 65% of non-Hispanic black infants breastfed, compared to 80% of Mexican-American and 79% of non-Hispanic white infants in the same study. It is not surprising, therefore, that there would be fewer images of African-American women. What surprised me was finding only one image. This absence sends a clear message about the type of woman who breastfeeds: she is not African-American.

I found an image that clearly shows an African-American mother in the July/August 2010 issue of Mothering (Jacobson, 2010, p. 18). Interestingly, the image is a reader-submitted image accompanying a letter on the lack of cultural diversity in the magazine (see Figure 3.15). The mother breastfeeds in an outdoor setting and no one else is in the image. The reader wrote
that perhaps there were not as many diverse images because they simply were not available; thus she submitted her own. Although this may be true of images sent in by readers, advertisers and publishers of the magazines choose from many models to use in their images. Publishers make an active choice of what races to include and which to no represent.

One image that included a (possibly) African-American mother who is (questionably) breastfeeding appears in the January 2010 issue of *American Baby* (Glamourmom, 2010a, p. 71). The woman has skin that is slightly darker than most other mothers in the images collected, almost a tan color. She also has dark brown, long, curly hair. The mother is not clearly breastfeeding. Although she appears in an advertisement for Glamourmom, a company that sells nursing tank tops, and the nursing latch on the tank top is noticeably undone, she places the infant in an awkward position for feeding, as the head of the infant seems too high to properly position a breastfeeding infant. The mother looks directly at the camera, and not at the child, which I rarely found in the images. This image was found in several different magazines, mostly at the back of the magazines in the “advertisement” section and, thus, appears as a small image in a large space of advertisements. However, the September/ October 2010 issue of *Mothering* includes it as a full-page advertisement (Glamourmom, 2010b, p.21).

In terms of the Boppy™ advertisements in many of the magazines I examined, one advertisement, found in the March 2010 issue of *Baby Talk*, did include an African-American mother with an African-American child (*Boppy*, 2010b, p. 40). In this image, Boppy™ includes a blond mother breastfeeding her blond child. Next to her, Boppy™ places an African-American mother bottle-feeding her African-American child (see Figure 3.16). Although similar in many
ways, the images also differ in many notable ways. Both mothers have the feeding “gaze,” and both have smiles on their faces. Both mothers have their hair pulled in what appears to be a bun. Finally, both mothers wear white. However, the blond mother wears white pajamas while the African-American woman wears a white t-shirt and khaki slacks. The African-American woman holds her infant in a similar fashion to the blond mother, but has a “Newborn Booster” pad between the child and the Boppy™. The blond, breastfeeding mother cradles her child. Finally, the African-American mother clearly does not have a wedding ring on her finger, whereas the blond, breastfeeding mother appears to have a wedding ring on her left hand.

Through this image, and comparing the two women side by side, Boppy™ clearly sends messages about race, breastfeeding, and mothering. The breastfeeding mother is, once again, married, white, and apparently “should” remain at home in her pajamas. Because the African-American woman is bottle-feeding, it is possible that the image could be read as the woman not being the child’s mother. However, considering that the image shows two women, one clearly representing the mother, the dominant reading would be that the African-American woman is also a mother. She is a mother who is unmarried and who bottle-feeds.

This image feeds into the stereotype of the African-American unmarried mother and reinforces the idea that African-American women do not breastfeed. Breastfeeding is acceptable if you are white, married, and at home. The bottle-feeding mother has more mobility in the fact that she wears clothes acceptable in public, and her actions (bottle-feeding) are also acceptable in public. However, she does not possess the same qualities of the “ideal mother” as the married, breastfeeding mother. Not only does she remain disconnected because of a lack of breastfeeding,
but the pad lying under the child and the Boppy™ pillow itself reinforce that she separates herself from the child while feeding him/her. As implied in the text of many of their advertisements as the best way to feed your child, any mother shown not breastfeeding must represent a woman who chooses a feeding method that is inferior. The Boppy™ advertisement itself shows support for breastfeeding in its advertisement in the February 2010 issue of *American Baby*, stating “Your favorite time is even better with Boppy™. Parents count on our feeding pillow for nursing, lounging, sitting, propping and bottle-feeding. Besides each other, it’s all you and [your] baby really need” (Boppy, 2010a, back cover). Not only does the company list nursing as the first activity that mothers perform with the Boppy™ pillow, but stating “besides each other, it’s all you and [your] baby really need” implies that the baby only needs the mother, a statement that can only be literally true if the mother breastfeeds.

Additionally, the lack of multi-racial mother/infant dyads proves significant. In all of the images, I located very few images that showed a mother with a child of an apparently different race or even with different hair color. In almost all cases, if the mother had red hair, the child had red hair. If the child had brown hair, the mother had brown hair. There are many reasons this similarity may occur. First, I acknowledge that many children will have the same color hair as their mother. Obviously, biological children and mothers share genes, thus (depending of course on the coloring of the father, and which genes are dominant) it is quite likely that mother and child will share the same coloring. However, another message being sent is that mothers “should” have the same hair and skin color as the nursing child. This message brings up two interesting social issues: multi-racial families and cross-nursing.
The images found in both the magazines and websites support the stereotype of families of all one race. However, many children in today’s society, including my own family, look vastly different from their parents. The images reflect the societal expectation that children should look like their parents.

The second issue that the consistency in mother and child appearance exposes is the general societal rejection of cross-nursing. Cross-nursing occurs when someone other than the biological mother nurses the child. American culture looks down on cross-nursing, although it was once accepted as an occupation (wet nursing). Today in the USA, a mother nursing anyone other than her own child performs a taboo act. Each image reminds us that the mother/child bond must occur between two people who look alike, the mother and the child. I even had difficulty locating information on cross-nursing. In fact, *The Womanly Art of Breastfeeding* does not have one mention of the topic in its expansive book on breastfeeding (nor does it mention wet nursing) (Wiessinger et al., 2010). The LLLI (2011) website simply talks about milk banking, as does the book, and a Google search of the term yielded very few useful pieces of information. The images and literature on the topic reinforce the idea that mothers should nurse only their own children. LLLI does support nursing adopted children through induced lactation, “bringing in a milk supply without having been pregnant” for instances when “you may have an adopted baby or your baby may have been born with the help of a surrogate or female partner” (Wiessinger et al., 2010). However, in such cases, once the adoption is formalized the child becomes the mother’s own.
Bella Materna: A Departure from the Norm

Bella Materna presents the one exceptional departure from the lack of racial variation in advertisements for breastfeeding. A company that specializes in intimate wear for nursing mothers (including nursing bras), Bella Materna displays a very different promotion of nursing bras. It uses dark colors, and most of the women are unlike most mothers you would encounter in daily life because they are very thin and appear to be models.

Similar to a Victoria’s Secret catalog, the site displays women in sexy poses. The women stand scantily clad (they are advertising bras after all) with their breasts on clear display and with “sexy” looks for the camera. These images show a drastic difference from the motherly gaze as well as from the other bra-advertising sites that display a focus on functionality rather than sexual appeal. This departure both limits the women in these images and, at the same time, frees them. In almost every other image of breastfeeding, mothers are women who fit the “mother” prototype. Wearing white and dressed conservatively, these “prototypically maternal” women are focused on their children. If the child does not appear in the image (which occurred in several images on other sites advertising bras), the women often have their hair pulled back with a smile for the camera, not a sexy, “come hither” look. Some of the models for Bella Materna have dramatic makeup, and the bras sold are often sexier than the traditional, plain nursing bra. These types of images encourage mothers, especially breastfeeding mothers, to believe that they can still be sexy. It opens the prototype of the breastfeeding mother to include a woman who recognizes and embraces her sexuality.
However, an alternative reading includes a woman needing to be sexual in order to appear attractive. The website places attractiveness and sexuality together so that one is not exclusive of the other. The images tell women that it is acceptable to be attractive as a nursing mother, but to do so, you must also be sexy. By fighting against the standard that mothers and sexiness should not co-exist, Bella Materna risks reinforcing the other extreme, the idea that a woman must be sexual at all times.

On this small website, which only had a limited number of products and, thus, images, the company includes women from multiple races, skin tones, and hair colors. The website even includes images of mothers who do not have the same hair color or skin tone as the child they hold. This was the only location that included children who possessed a different appearance than their mothers. Unlike the other websites selling nursing bras, this website also included images of women breastfeeding within the bra advertisements. Other nursing bra websites showed the bras without images of them in use. The functionality of the nursing bra is one of the most important aspects of it. A breastfeeding mother uses a nursing bra not only to look wonderful, to feel wonderful, and to offer good support, but also to allow easy access for breastfeeding. Before I gave birth to my youngest child, I bought several nursing bras that I loved during my pregnancy. However, when I actually tried to use them after my child was born, I soon discovered that the latching mechanism was awkward and that the padding in the bra made it almost impossible to allow access for breastfeeding. While several of the other websites had images of breastfeeding, no other site included images of breastfeeding within the nursing bra section. (They displayed nursing in other areas, such as tips for breastfeeding.)
The Bella Materna website includes two images of a breastfeeding mother (see Figure 3.17, Figure 3.18). Unfortunately, like the other websites selling nursing products, the images were not readily available. The only way to access the image came from clicking on an image on the initial page (the bra being sold). The image appeared as an “alternate image” for the bra. Confusingly, the bra in the image did not always match the bra the consumer had just chosen for purchase. The woman breastfeeding in the images appears to be the same woman, with the same child, wearing the same bra. She has lighter-colored hair (as does the baby) and has light-colored skin. She wears a wedding ring on her left hand. Although we see her hair in both images, the image almost completely obscures her face. In one image, the site almost entirely cuts her face from the image, and in the other, the site partially cuts out her face while the rest of her face hides behind her hair. In both cases, the images reveal her breast in its entirety, with the infant’s head covering the entire nipple area. These images reinforce the same message sent by the other images: that breastfeeding is for white, married women. The site also positions the woman at her home, as she wears only a bra (with the lower part of her body obscured). The infant wears only a diaper, further reinforcing the idea that a woman should be at home when nursing her child.

At first glance when looking at the overall site, Bella Materna offers an alternative view of the breastfeeding mother. However, when examining the actual images of breastfeeding (not just the images of a mother wearing a breastfeeding bra), the site presents only one breastfeeding woman who reinforces the stereotypes found in other images. Additionally, the amount of breast and nipple allowed in the images inversely correlates with the amount of the mother’s face seen,
a pattern I noted in images across the study, and which I will discuss in greater detail in the following section.

**Less is More**

Because of the social norm that recognizes the breasts almost exclusively as sexual organs, I did not enter into this study expecting to find bare breasts everywhere I looked. In fact, when experienced women breastfeed, people around them may find it difficult to even tell. With many nursing clothes, nursing can be a very discreet act. Breastfeeding in public does not mean a group of women taking off their tops, as many people imagine. In most cases once the nursing pair has their routine established, it can mean the mother smoothly finding an opening in her clothing, bringing the child to her breast, and the child latching on quickly and discreetly. However, this is not always the case, especially with a first child or any new baby. For instance, my first child breastfed very actively, wanting to do many other things while feeding, and thus I found difficulty in not “exposing” myself while breastfeeding.

Finding that a majority of the images with the most exposure occurred in a private setting did not surprise me because many women probably wear a robe, or simply a bra, while nursing at home. Alternatively, a woman nursing in public wears clothing and, therefore, reveals less.

I found an inverse correlation between the amount an image showed of a woman’s breast and the amount the image showed of the mother’s face and head. In most images, the less breast and nipple shown, the more of the mother’s face we see. Similarly, the more nipple and breast were displayed, the less the face of the mother showed. This relationship resulted in a phenomenon that I am calling “the motherless nipple.”
I found an example of the motherless nipple in many of the images I collected. Avent advertisements provide an example of this phenomenon, one that I found in the June 2010 issue of *American Baby* (Avent, 2010, p.9). In this advertisement, the focus is on the infant. The infant has brown eyes and light-colored skin. The infant is breastfeeding, and the viewer can clearly see the breast with a part of the nipple showing (only the areola area). The advertisement only displays the breast and the infant’s head. The advertisement shows no part of the woman other than her breast. It appears that the breast just exists on its own, absent of a human being. The mother in this image does not matter. The advertiser presents the breast as merely an object with a purpose, to feed the child. The image completely objectifies breastfeeding by removing the subjectivity of the mother. The mother in this image does not have a purpose in the breastfeeding relationship. She has no importance. The relationship exists, instead, between the child and the breast. The image reinforces the idea that breastfeeding is an act, a job the object (the breast) completes. The absence of the woman’s face also protects her privacy. Breastfeeding is an intimate act. Women may have discomfort with baring their breasts for the entire world to see, and the act of hiding their faces, much like the black band across faces to hide their identity, allows them to protect their privacy.

In the December/ January 2010 issue of *Pregnancy* magazine, the editors present a similar image (“Cradle Crib Notes,” 2010, p.24). In this case, the viewers see an infant nursing (see Figure 3.19). The infant has his/her eyes closed. The image reveals the entire breast and areola area, but does not reveal any other part of the mother. Again, this image reinforces the idea that the mother does not hold importance in the relationship; the act of breastfeeding exists
between the breast and the child. In fact, the caption says, “All About the Boob.” The magazine image leads women to believe that breastfeeding is an act that a body part performs, not that women perform. Women do not hold an importance in the breastfeeding relationship; their body parts do. Those body parts are represented as purely functional.

In instances where viewers can clearly see a part of the areola, we often only see the breast itself, absent of the mother. The opposite is true when we see very little or no breast. The image displays the face of the mother, but the facial expression and gaze remain similar across most of the images.

**The Motherly Gaze**

In images of breastfeeding mothers, the women predominantly wear a similar expression, even when the audience can see only a part of the mother’s head or face. In a majority of the images collected, the mother turns her face downwards towards her child, gazing upon her child with a look of love and adoration (see Figure 3.20).

The December/January 2010 issue of *Fit Pregnancy* presents an example of this gaze (Lucia, 2010, p. 71). The image shows a mother with a smile on her face gazing down at her nursing infant. She holds the child’s hand in her hand, and she lovingly smiles down at her child. The image includes a blurred background, indicating to the viewer that nothing else matters; the mother and the infant share this special moment. The mother looks serene, happy, and almost glowing from sharing this occasion with her baby.

The gaze of the mother invites the viewer to believe that breastfeeding is a loving act that a mother shares with her child. If a mother breastfeeds, her sole attention must remain on the
child. The act of breastfeeding brings pleasure to the mother. It is not a sexual pleasure, but it is an act that displays love for a child.

What most breastfeeding mothers know is that breastfeeding, while certainly special and often pleasurable, can also be less than ideal. In the first few weeks especially, it can cause incredible pain or discomfort, and it demands a significant amount of time, often when the mother is already exhausted. I do not expect that advertisers or magazines would show models in pain or angry about breastfeeding. After all, they are trying to sell a product. Suffice it to say, most women do not have the same euphoric and adoring expression every time they breastfeed, and if exhausted or harried mothers compare themselves to the women in these images, they may judge themselves harshly (or reject the images and products, or even the process altogether).

As noted above, many mothers perform other tasks while breastfeeding. I often read, watch television, or perform some other task. The reason for multitasking in the first few months is simple. A woman breastfeeds so frequently, with very few breaks in between, that if she focuses only on breastfeeding during the first few months, she would probably not have time to do anything else, including sleeping and eating. Especially with more than one child, women need to find a way to multitask when breastfeeding. This multitasking usually involves not only focusing on more than one task, but also almost inevitably results in more than one other person being present during the breastfeeding sessions.

The serene, adoring look becomes unrealistic when a woman also cares for the rest of her family, or has a job or activities outside the home. In all of the images found, very few of them included other family members. In fact, when organizing the data, I realized that I had not
included one important category, tandem nursing. Often, mothers with more than one child will nurse both children at the same time. This type of nursing may occur with twins or with an older child and an infant.

I found very few examples of co-nursing or even nursing with other children present. In fact, the only image that included more than a mother and child in the magazines *Fit Pregnancy*, *Pregnancy, American Baby*, and *Baby Talk* was an older photo from the 1950s of a mother breastfeeding at a restaurant table seated next to an older child and across from a man [Out in the open (2010)]. The other images showed only the mother and infant, allowing the mother to focus solely on the child in the image. However, in both *Mothering* and *New Beginnings*, we see mothers nursing their children with other children present in the images. In some of these images the mother is co-nursing while, in others, the children are simply present in the image. In this case, co-nursing indicated that the mother is nursing more than one child at once.

Issue 1 of *New Beginnings* 2010 presents a prime example of the breastfeeding family. In the image, a mother breastfeeds her infant while an older child (around the age of three) observes (“Helping Your Child,” 2010, p. 23). The mother focuses on the older child who watches her mother breastfeed. The image partially obscures the mother’s face, but her gaze focuses clearly on her older child, not downward on her infant. This image presents the many possibilities that exist within a breastfeeding family. In fact, the magazine includes a question with the image about what to do with an older, weaned toddler while nursing an infant. This image represents the realistic version of how many mothers breastfeed, especially when they have older children.

Like having children present, having a father present also shows breastfeeding as a family
activity. In my personal experience, having a breastfeeding support person, especially in the first few weeks, is vital to being a successful breastfeeder. I would often find myself with a nursing baby and then suddenly need something to drink or a footstool. My partner was often present for my breastfeeding sessions, and as mentioned in Chapter 2, he played a vital role in the first days of my first daughter’s life after she was born via emergency cesarean.

I only found two images that included a parental partner in the image. The first image is the Expressiva Nursingwear advertisement mentioned previously (see Figure 3.4). There is a male in the image, and he clearly belongs with the mother and child. However, much like the blurred and obscured faces of the mothers showing “too much breast,” the advertiser blurs his face from the picture. One potential message is that he does not play an important role because he is not helping position the baby or providing visible support to the mother. Therefore, although he is present and part of the family (and his presence may be understood as emotionally supportive), he is not presented as an integral part of the mother/child breastfeeding relationship. The focus of the image rests solely on the mother and child.

The other image appeared in *Mothering* (Kendall-Tackett, 2010, p. 61). The image shows a mother nursing her infant in bed (see Figure 3.21). Behind her, the image displays the top of a male’s head, and his arm is reaching over the mother allowing his hand to be seen. Although this image includes the father more (as he is not merely a passive observer), his involvement is limited. The central focus of the image remains on the mother and child. The father is hidden behind the mother in the image, obscuring him almost entirely.
No other images that included a parental figure were found. It is unfortunate that women were not regularly shown with the father of the children and that the magazines did not support multiple family types by showing two women who are parents of the child. As noted in Chapter 2, breastfeeding requires the support of the entire family. Although a mother can make the decision on her own to breastfeed, the decision affects the entire family. The presence of the father or additional parent during the first weeks of a child’s life offers support to the mother, who often suffers from exhaustion and fatigue after the process of giving birth. As I illustrated, my husband played an instrumental role in my breastfeeding relationship with my first child. Breastfeeding should become a family activity, one that includes not only mothers and father, but also older children.

I did discover several images of women co-nursing, in this case any time a woman nurses in the company of other nursing women. The number of co-nursing images I found surprised me. This aspect of breastfeeding is important because, often, women do need advice about breastfeeding, advice that often needs to come from other nursing mothers. From positions for feeding to realistic answers about solving problems such as thrush, I rely on other nursing mothers every day for their advice and tips to make breastfeeding easier. I only found such images in New Beginnings and Mothering, but the presence of so many of these types of images shows the acceptance of breastfeeding around other women who are also breastfeeding.

Volume 3 of New Beginnings 2010 presents an image of two sisters breastfeeding next to each other (Brown, 2010, p.8). They are obviously in a home environment because they sit on a sofa in a living room. Both mothers turn their attention to the camera. In one sense, their focal
point is not unusual because, when most people have photos taken, they smile at the camera.

However, as indicated above, in most advertising images of breastfeeding mothers, the women have “the motherly gaze” with the focus on the infant. This image, by contrast, shows women that, not only can your attention be distracted from the child, but breastfeeding mothers can also carry on happy, meaningful relationships with other individuals while they nurse. Interestingly, both women have their children positioned in the same, exact manner (a cradle hold), and their arm and hand positions are very similar. Readers may infer that they learned from each other (or someone else they both know) about how to position their children for the best possible latch.

Another place mothers often find support is the medical community. As the literature indicates, pediatricians and birthing support providers, such as midwives and obstetricians, may serve as important components of a successful breastfeeding relationship. Although I did not find much support from my children’s pediatrician, I did find support from my lactation consultant. The hospital staff did not seem to know what type of support to offer after I gave birth. However, with my youngest child, the hospital provided a lactation consultant who has answered many of my questions during the past year. Visually depicting this relationship, between a medical practitioner and a nursing mother, would present such relationships as a norm. Unfortunately, the only image with a medical practitioner and a nursing mother occurred in the September/October 2010 issue of *Mothering* (Kendall-Tackett, 2010, p. 67). The image shows a mother nursing a young infant with a medical support person behind her (see Figure 3.22). The room looks like a birthing room. An air conditioner rests in the window, and the medical person wears blue scrubs and a stethoscope. She sits on a radiator or heating unit while the mother sits immediately in
front of her. Although the mother focuses on her child, she does not wear a happy, serene look. Instead, she looks depressed and worried. The medical support person also has a look of concern as she watches the mother breastfeed. They both look down at the nursing infant. The image is for awareness about depressed mothers. It concerns me that the only image of a mother seeking medical help with breastfeeding is seen as “depressed.” Although depression remains an important issue in our society, especially for new mothers, the image reinforces the idea that a mother who needs medical help is clearly in dire “need.” Our society views breastfeeding as a “natural” act, one that mothers should just “know.” However, a more realistic view recognizes that many mothers need assistance. I needed assistance because my family physician constantly prescribed medications for me that were not breastfeeding-friendly. I needed the lactation consultant to assist me in making good medical choices for my child and myself. If this image stood alongside many other images of women needing medical support while nursing, it would not have as much significance. However, because it is the only image of its kind, it invites the audience to believe that a mother only receives (or needs) assistance in breastfeeding if she suffers from depression. Unfortunately, both depression and seeking help for any challenges with breastfeeding become stigmatized, rather than normalized, as a result.

The motherly gaze occurs when the image includes no one else, and it reinforces the idea that the breastfeeding relationship exists between the mother and child alone. No other person needs to, or should, interrupt breastfeeding. It is a private moment that ideally occurs in seclusion, away from everyone. This idealistic form of the breastfeeding relationship will most
likely fail in the real world because the support of those around the breastfeeding mother is vital to having a successful experience.

**The Cases of Lansinoh and Medela**

Perhaps the most significant surprise, through looking at the images, came from comparing print advertisements to online advertisements for the same products. I thought that the online advertisements would show more breastfeeding women. Because viewers can only see those advertisements by going directly to the company’s website, they seem more discreet and less public, and I expected to find images of more breastfeeding mothers. This, overall, was not the case.

Two major “breastfeeding” support companies, businesses that sell breastfeeding products, are Medela and Lansinoh. While Medela sells more breast pumps than any other brand, and recently acquired Bravado bras, Lansinoh is perhaps the most well-known trademark name for lanolin, a product used to prevent and treat sore nipples that result from breastfeeding. These companies approach advertising their breastfeeding products quite differently from each other, both in print and online. While Medela shows many images of mothers breastfeeding in print, Lansinoh paled in comparison with its print advertising. However, when comparing the websites of the companies, Lansinoh displayed breastfeeding mothers fewer times, but more openly than Medela.

The most common Medela advertisement appeared several times across different magazines, including in the February/March issue of *Fit Pregnancy* (Medela, 2010, p. 24). It displays an image of a mother nursing her infant. The infant appears to be 6-12 months of age.
The mother has light skin and light brown hair. She wears a wedding ring and has the motherly gaze, as she looks lovingly down at her infant with a smile on her face. Although the background is blurry, the mother appears to be sitting in an armchair, in a home environment. She wears a light green top, and her breast is partially exposed. Her child wears a white onesie, similar to the other images found in this study. The mother does not differ much from the mothers in the other images collected, including the Boppy™ mother. Medela reinforces the idea that the breastfeeding mother is white, married, thin, and conventionally attractive. She holds a white infant with dark colored hair.

What is striking is comparing this advertisement to the advertisements of Lansinoh. I found various Lansinoh advertisements across several of the magazines. None of them included a breastfeeding mother. In the December 2009/January 2010 issue of Pregnancy (Lansinoh, 2010a, pp. 44-45), the magazine offers a two-page advertisement for Lansinoh. On one of the pages, the text says, “Breastfeeding is an experience only a mom can truly understand. (Unfortunately the same goes for sore nipples)” (Lansinoh, 2010a, p. 45). On the previous page, there is an advertisement for Lansinoh diaper rash cream. On the breastfeeding part of the page, Lansinoh presents an image of the product and the image shows a mother and child. However, this mother is not breastfeeding. She holds her child close to her and is participating in the motherly gaze, but she is not nursing the infant. This image begs the question: Do sore nipples prohibit her from breastfeeding? Although the advertisement seems to support breastfeeding, by showing a woman who is not breastfeeding, it invites the audience to view that part of the statement as unimportant. The important part of the statement is the “sore nipples.”
In the April 2010 issue of *Pregnancy*, Lansinoh gives another example of its advertising. In the image, the company advertises a breast pump (Lansinoh, 2010b, 18). The advertisement presents a mother and child in the image, but again, the mother is not breastfeeding. Instead, she holds her child, snuggling the infant similar to the previous image and participating in the motherly gaze. In this advertisement, Lansinoh states that it is the “#1 brand in breastfeeding” (Lansinoh, 2010b, p. 18). Based on their print images alone, I find difficulty in believing that Lansinoh is supportive of breastfeeding when it does not use breastfeeding mothers in its images. These images reinforce the idea that breastfeeding belongs in private, behind closed doors, and should not be viewed in public, not even in a public venue such as a magazine advertisement.

The online pages for both Lansinoh and Medela also differ in the way they displayed breastfeeding women. Although Medela does not show images of breastfeeding mothers on the pages where it sells bras and pumps, its website has many images of breastfeeding mothers. Medela includes images that show specifically how products, such as a nipple shield, work. On the area called “Breastfeeding Your Premature Baby Using a Nipple Shield,” the company shows both nipple shields and how they look while in place (Medela, 2011a). The company does not show the mother’s head in these images; rather, we see an infant nursing with a nipple shield in place. A nipple shield is a product that a breastfeeding mother may use to assist an infant in latching on to the nipple. A nursing mother may use a nipple shield to compensate for inverted nipples, or to nurse an infant with nipple confusion, or a premature infant who does not yet have the necessary muscle control in his/her mouth. Wiessinger et al. (2010) define a nipple shield in *The Womanly Art of Breastfeeding* as, “A nipple shield looks something like a hat made of
silicone. It doesn’t move or recede when a baby tries to latch, the way a nipple can, and can sometimes help a persistently non-latching baby” (p. 406). Although the site includes several images of nursing mothers, almost all of the images have similarities to what I found previously. The images show women at home, or they give an ambiguous background. The women in the images are predominantly white, with the exception of an Asian woman in one image. The images only depict infants breastfeeding, and all mothers participate in a motherly gaze. One exception is the amount of nipple and breast shown. In the Medela images, throughout the website, the company shows mothers with a full breast and part of a nipple exposed, even with a fully exposed face of the mother (Medela, 2011b). However, the viewer cannot find these images on the homepage of the website. In order to find the images, the viewer really needs to “dig” into the website, resulting in several clicks to come to these images. The images themselves are “hidden,” much as society encourages women breastfeeding to “hide” from the public eye.

The Lansinoh website provides significantly fewer images of breastfeeding mothers than the Medela website. One of the images is displayed on each part of the “Breastfeeding” section of the website (Lansinoh, 2011a). The image shows a woman seated in a chair, breastfeeding her infant. She wears a white shirt while her child wears a white onesie. The woman has light-colored skin and dark blond hair. The website shows her breast completely, and the viewer can clearly see her face. This image is one of the few that breaks the trend of showing a large amount of breast and nipple area and still showing the mother’s face. Although it does not represent the motherless nipple, as commonly seen in many of the other images, it is not presented in an area that a consumer would encounter by simply visiting the web site. Only after I choose to look at
an internal area of the website called “Breastfeeding,” am I able to access the image. However, it shows more comfort with breastfeeding than many of the images displayed in the magazines. In another image, which is on the front page as the images scroll by on the website, Lansinoh shows a woman breastfeeding (Lansinoh, 2011b). In this case, the company illustrates an anonymous breast because the viewer can only see the infant and a breast.

Finally, the website provides a video to show a woman how to breastfeed. The video offers helpful instruction and includes two different women breastfeeding (Lansinoh, 2011c; Lansinoh, 2011d). The women have light skin, one with blond hair and the other with brown hair. This video shows breastfeeding from several vantage points, including a close-up of the nipple and baby’s mouth, so a mother knows what to look for in a proper latch. It also shows several positions, allowing for many more options while breastfeeding. In both cases, the woman has the motherly gaze (no matter the position), and the child shown is an infant. This video is available on the very front (home) page of the company website; therefore, it does not hide breastfeeding as the Medela website does. However, the site positions the women at home, as indicated by a rocking chair, a bed, and/or a nursery theme in the background. The site reinforces breastfeeding as something that occurs in private. It is interesting that Lansinoh is willing to show more images of breastfeeding on its specific website and not in a more public venue, such as a magazine. It reinforces the notion that the images should remain somewhat hidden. However, Lansinoh takes almost an opposite approach to Medela which hides its breastfeeding mothers on its website but not in print advertising. This juxtaposition shows the many variations of “hiding” and promoting breastfeeding. Perhaps the overdetermination of these as “private”
contexts also works to reassure viewers that no mass baring of flesh is planned, to “compensate,” as Kenneth Burke would say, for the “public” accessibility of these images, to soothe any possible public outcry, or anxiety on the part of a new mother, because as Burke (2001) uses the term, rhetoric can use one term to “compensate” for its opposite (p. 1326).

The two companies and their approaches both support women in their own way. While Medela sells breastfeeding supplies, they also sell supplies that support women who choose to pump and then feed their children. Medela sells products such as bottles, nipples for bottles, and other feeding supplies (including pumps). Not only does it sell these products, but it is also in direct violation of the WHO International Code of Marketing of Breast-milk Substitutes (1981), which restricts the marketing of bottles and teats. Medela admits their non-compliance, but defends their actions by stating that they support breastfeeding through offering products (such as bottles and teats) that can assist in extending duration of breastfeeding, claiming that the Medela “systems include breastpumps, as well as bottles and teats to feed expressed breastmilk to their babies” (Medela, 2008, p.1). Although it claims to support breastfeeding mothers, and show this in its print advertising, the Medela company is well aware that not all of its customers exclusively breastfeed. Lansinoh, in contrast, sells products that primarily support mothers who exclusively breastfeed. Although it sells breast pumps, its primary product is lanolin. Perhaps it does not feel the same pressure Medela does, to “support” breastfeeding mothers in its print advertising, since Lansinoh is both WHO compliant and provides products aimed at mothers who primarily breastfeed.
Conclusion

Many of the websites did not show breastfeeding at all. Evenflo.com and Playtex.com both sell breastfeeding supplies, including pumps, but did not show any mothers breastfeeding. Sometimes, no video is better than a video that does harm. The video that The First Years presents of its new breast pump alarms me. The video explains how the pump works and what makes it superior to other pumps. However, the video does not show the breast pump in use at all. A woman presents the features of the breast pump, but not how a breastfeeding mother can use it in real life. This choice not to present the product in use shows the overall market tendency to avoid showing women in the act of breastfeeding. Because the website is on display for public consumption, it mirrors what happens in real life as women attempt to hide breastfeeding. The First Years website does present images of women breastfeeding three different times, but in each of those cases, the women wear a nursing cover. The product being sold is a nursing cover; thus displaying and using covers is not surprising in these instances. However, it reinforces the idea that, when a woman breastfeeds, she needs to be covered, hiding the act.

Although Evenflo.com does not present any images of women breastfeeding, the company recently acquired Ameda, which did present several images of women breastfeeding, including two videos. Perhaps it sees the companies as different markets, with one supporting breastfeeding mothers and the other selling bottle-feeding products. Perhaps the two companies’ approaches might begin to resemble one another. The future marketing of Ameda under the ownership of Evenflo will be interesting to watch in order to track whether Ameda produces less advertising featuring breastfeeding mothers or, perhaps, whether Evenflo begins to show more
breastfeeding mothers in its publicity.

Perhaps most surprising was the lack of breastfeeding women on the La Leche League International’s clothing page. The website I examined for this study was exclusively www.llliclothes.com. This website focuses completely on selling clothing, including nursing bras, for LLLI. To keep consistent with other advertising images, I did not include examination of the entire LLLI website which includes many images of women breastfeeding. (I did examine the entire Medela page as well as the other pages that sold the nursing bras and pumps. However, the LLLI clothes website is separate from the main web page, thus I treated it as its own website, separate from the LLLI website.) Even when taking all of this information into consideration, it surprised me that the website included only one image of a mother pumping and none of women breastfeeding.

Other sites, such as Medela, Ameda, and even Bella Materna, all present mothers breastfeeding. However, LLLI does not use images of women breastfeeding, even in its non-product parts of the page. The site includes many images of women playing with their children or relaxing with their children, but none of the mothers are breastfeeding their children. This lack of breastfeeding images concerns me greatly because LLLI is the largest organization that supports breastfeeding mothers. The lack of images directly contradicts the company’s willingness to support mothers. It invites the audience to deduce that breastfeeding belongs somewhere that no one else can view, including a public website.

How the companies presented the images, online versus print, did not change the idealized representation of the breastfeeding mother and child perpetuated by the media. The
images collected predominantly displayed married, white women with white infants. The location (online or offline) of the images did not seem to significantly affect the age of the child, nor did it affect the image of the mother presented. The images showed mothers in private locations, such as their home, and usually in their bedroom (indicated by the women wearing pajamas or just a bra). The images, in general, did not include additional people outside the mother and child relationship, in either online or print images of mothers breastfeeding.

There clearly was a difference between the images found in *Mothering* and the other magazines. *Mothering* was the most open magazine, including images of co-nursing, older children nursing, and women completing other tasks while nursing. *New Beginnings* represented a “middle ground” between the more popular magazines and *Mothering*. Although it included a wider variety of images, it did not offer the same type of support as *Mothering*. The high-circulation pregnancy magazines contained more breastfeeding images than I had expected, but the mother shown in these images remained very consistent. Most of the images depicted, again and again, a breastfeeding mother who was white; married; alone with her child (an infant); unexposed (or exposed as little as possible); and, by all means, in private. In addition, most of the images (with the exception of the images in *Mothering*) presented breastfeeding mothers who are models. Because they are models, they have thin frames and are beautiful according to the idealized social standards of beauty. These images severely limited the possibilities of what a breastfeeding relationship can be and often is in the real world.

A final image caught my eye in the December/January 2010 issue of *Fit Pregnancy*. This advertisement was for the brand Nuby (Nuby, 2010, p. 15). Nuby is a brand most commonly
associated with “sippy cups” and bottles. In fact, it is the sippy cup that I recommend most to my friends and family. Nuby advertises here for bottle nipples, and in the image, we do see a bottle with the nipple. However, the largest part of the advertisement shows a woman breastfeeding her infant. The advertisement page says that the brand is “inspired by nature,” thus explaining why a company primarily focused on bottles, nipples, and cups would show a breastfeeding mother. This image implies that breastfeeding mothers can do both, bottle feed and breastfeed. A breastfeeding mother can pump both at home and at work, and bottlefeed her infant breast milk while she is away. This image belongs to one of the only advertising campaigns I found that shows how a breastfeeding mother can exist as both a breasfeeder and a bottle feeder. It is interesting that the image comes not from a company that sells primarily breastfeeding items (it does sell nipple protectors and disposable nursing pads, but this area is not the main line of products), but instead from a feeding company. This advertisement perhaps shows a future where more companies (such as bottle companies), not just breastfeeding-supply companies, support breastfeeding women. Perhaps as breastfeeding becomes more acceptable in society, we might hope that images of breastfeeding would become more normalized, appearing in television, advertising, and other media, even when the media content is not necessarily tied exclusively to breastfeeding.
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* Issue was substituted because sequenced issue was not available

Totals may differ from previous and future figures due to instances of co and tandem nursing

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* - Issue was substituted because sequenced issue was not available

Figure 3.3

Figure 3.4


Figure 3.5

Figure 3.6


Figure 3.7

Figure 3.8


Figure 3.9


(close-up of larger advertisement)

Figure 3.10

Figure 3.11


Figure 3.12

Figure 3.13


Figure 3.14

Figure 3.15


Figure 3.16
Figure 3.17

Bella Materna. (2011a, August 26). [Photo]. Retrieved from 

Figure 3.18

Bella Materna. (2011b, August 26). [Photo]. Retrieved from 
http://www.bellamaterna.com/shop/Anytime-Bralet-at-Bella-PID6000-1155.aspx

Figure 3.19
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* - Issue was substituted because sequenced issue was not available

Totals may differ from previous figures due to instances of co and tandem nursing

Figure 3.20
Figure 3.21


Figure 3.22

CHAPTER 4

ANALYSIS OF CELEBRITY BREASTFEEDERS

This second section of analysis focuses on online images about acts of breastfeeding by celebrities. Because they are images of celebrities, they represent popular images that many people encounter. Additionally, I am able to gather public feedback to the images through the images’ online comment boards.

I chose the images by conducting Internet searches for celebrity breastfeeding photos as well as for breastfeeding events. The searches resulted in four photos and one video of celebrities breastfeeding. The celebrity photos included model Miranda Kerr, and actors Angelina Jolie, Maggie Gyllenhaal, Julie Bowen, and Salma Hayek participating in breastfeeding. Miranda Kerr, Angelina Jolie, and Julie Bowen shared their private photos with the public via different media venues, and later, several Internet sites republished the images. In the case of Gyllenhaal, the paparazzi captured images of her breastfeeding in public places. Finally, in the case of Salma Hayek, ABC’s Nightline shared a video of her breastfeeding a starving infant. The video later went viral, and several websites shared the image. These images display a wide variety of different places, types, and ways of breastfeeding.

I rhetorically analyzed each of the images individually using the categories previously chosen for the images in Chapter 3. These categories attend to the amount of breast displayed; the presence of any other people in the image; the age of the child; the race of the mother and child; and whether the mother participated in a motherly gaze. Through the rhetorical analysis of each image, I was able to gain more information about how the media present breastfeeding, especially with celebrity breastfeeding mothers. The rhetorical analysis of the images also set the stage for the types of reactions and comments the public has to such images.
Once I collected the images, I conducted several Internet searches. I used key term searches on four search-engine sites on September 28, 2011: Google, Yahoo, Bing, and Lycos. I wanted to collect a cross-section of articles, not just those advertised by a specific site. I collected all of the articles in the first two result pages from the searches using the search terms. Once I collected the articles, I also gathered the comments left for each article. Surprisingly, some images were accompanied by thousands of comments. In cases where there were more than 100 comments, I collected a sample of 75 comments. In order to try to capture a flavor of the comments across the time of the photo’s exposure to the public, I collected the first 25 comments, 25 comments located in the middle, and the final 25 comments for analysis.

After I collected comments for each image, I organized the comments and articles into common themes and patterns. Because the context for each image differed, the themes and patterns that emerged for each image varied as well. From the themes and patterns, I chose the most representative comments to analyze. When necessary in the analysis, I recognize the specific authors of blogs or articles (to distinguish blog and article authors from commenters: those who leave a response to an image or article). These references are only made in areas where information or a quotation is directly taken from the article or blog itself, not from the comment section. (See Figures 4.2, 4.4, 4.6, 4.8 and 4.10 for complete lists of articles and the number of comments found for each article.) When the articles and comments were examined, I analyzed them as a whole. Because the theme, length, and overall rhetorical strategies used in the articles were similar to those in the comments, I considered them the same type of reaction to the images and hereafter do not separate them in my analysis. At times, a comment was longer than the article itself, or the article presented as many misspellings and errors as the comments. Because the articles represented not only magazine or newspaper articles, but also personal blogs
and “guest” bloggers for websites, they often had little-to-no qualitative or length differences from the comment section. To give an authenticity of voice to the commenters and authors, all of the comments are left in their original context. I have added any edits in brackets [ ], to provide clarity to the comment when needed. As a result, grammar and spelling within the comments have often been left in their original state.

**Miranda Kerr Breastfeeding Blog**

When I started this analysis, the search term I chose to use was the phrase “Miranda Kerr Breastfeeding Blog.” The search terms only yielded textual responses to the photo. When I added the term “photo” to the search, my results included mostly the photo posted on her blog that had been reproduced on several sites. When I searched for “Miranda Kerr Breastfeeding,” my results were too wide and often did not include the image in which I specifically was interested. Thus, the search term became “Miranda Kerr Breastfeeding Blog.” However, the Internet and searches change over time, and while I was collecting data, Kerr posted an additional photo of her breastfeeding her child on her blog. I decided to keep this search term because responses to the second photo added to the analysis.

Miranda Kerr shared the first public photo of her and Orlando Bloom’s son, Flynn, on her personal blog (see Figure 4.1). Orlando Bloom took the photo when Flynn was a few days old. In the photo, Kerr breastfeeds her son in a private setting. She wears a flowered bathrobe and lies on her side, indicating that she is most likely in bed while she nurses her new baby. Kerr looks at the camera in the photo. Kerr and Bloom use the image to announce the birth of their son to the world.

Much like the images I collected from magazines and product websites, this image shows a private setting. The child is an infant, and has the same hair and skin color as the mother. The
mother wears clothing, a flowered silk robe, inappropriate to wear outside the home. However, unlike the photos of the mothers breastfeeding in the magazines and in website advertising, the clothing that Kerr chooses to wear has more overtly sexual appeal. Unlike the white terrycloth bathrobe of the Medela mother or the white cotton pajamas of the Boppy Breastfeeder, Kerr wears a silk robe, which is culturally understood as much more provocative attire. (Indeed, the robe is comparable to an item of clothing she would wear in photos for her professional modeling work.) Additionally, she strays away from the traditional white clothing of other breastfeeding images and, instead, wears a flowered robe.

The image exposes a small amount of her breast. Because of the infant’s position, the public is able to view a significant amount of Kerr’s breast, but no part of her nipple or areola area shows. The audience could easily see the same amount of breast showing for a woman wearing a bra or bikini swim top. In the previous images, the amount of breast may represent more than the average woman would show. However, in this case, the audience members know the person in the photo, thus they add many additional layers of context to the photo based on known facts about Kerr.

First, Kerr works as a Victoria’s Secret model (Internet Movie Data Base [IMDB], 2011b). Because of this occupation, in her public photos, she almost constantly displays a significant amount of her breast, whether she models a bikini or new bra. Her breasts are an area of her body that she professionally displays for public consumption. As a professional model, she often displays her entire body. However, unlike this photo, modeling for a sexy lingerie company displays much more sexual connotation in the images. Victoria’s Secret runway shows and catalogs capitalize on a woman’s sexuality and her ability to attract others in a sexual manner. This photo displays Kerr’s breast area for an entirely different reason: motherhood. This
dichotomy in the use of the breast plays a significant role in how society views breastfeeding. Breasts have multiple uses. They represent not only objects for mothering and motherhood, but also objects for sexual desire and sexuality. Because they have multiple uses, when they are predominantly used for one role (as a sexual item in the case of Kerr), it may prove difficult (for viewers) to separate that use from the breasts being used in a mothering action such as breastfeeding.

The audience members who choose to view this image are likely to know much more about Kerr, which further influences their perception of the image. First, Kerr is married to Orlando Bloom (which, one could argue, expands their individual celebrity exponentially) (IMDB, 2011b). Although the audience cannot clearly see a ring in the image, she does not need to display a ring for the audience to know that she is married. It is public (or publically available) knowledge. This photo differs from the nameless figures in the images rhetorically analyzed in the previous chapter. Giving the image a name and assigning her personal qualities change the way the audience looks at the image. When audience members encounter an image in a magazine (not of a celebrity), they only have what the advertiser wants to portray. However, when the image displays a celebrity, the audience can connect with the image on a different level. The audience knows information about the person in the image without the direction of an outside entity such as an advertiser.

The audience also knows that Kerr and Bloom are the parents of the child in the image because the photo presented on her website was a kind of birth announcement to her fans. Kerr published the image on her website days after giving birth and even described the birth in her blog that accompanied the image. This photo represents a situation where the image could display a mother and a child with different hair or skin color from each other because the
audience may already know that Kerr nurses her child (based on Kerr sharing this intimate moment with her fans on her blog). In previous images, having the mother and child look like each other may prevent the audience from believing that the mother is nursing a child who is not her own.

The audience can also discover, through researching Kerr’s background, that she is a supermodel married to a successful actor, which most likely makes them extremely wealthy; in fact, Forbes listed Miranda Kerr as the tenth wealthiest model in 2008 (IMDB, 2011b). The audience can, thus, infer that Kerr nurses her infant because she chooses to do so. She does not nurse because she cannot afford bottles or formula. However, the audience can also deduce that Kerr, because she is wealthy, most likely does not lead the breastfeeding life that most nursing mothers live. She most likely does not need to return to work within weeks of giving birth because of financial need. She does not need to enroll her child in a daycare center (that may or may not support her continuing to breastfeed, and may or may not cooperate by feeding only her pumped breastmilk to her baby). Finally, the audience can safely presume that she has a significant amount of support, including individuals paid to assist her, especially during the first days of her child’s life.

The audience does not need to question the ethnicity of Kerr because, as a celebrity, the basic facts of Kerr’s biography are available to interested people through magazines and the Internet. Kerr has dark hair and olive-toned skin, and has publicly claimed Australian citizenship and European ancestry (IMDB, 2011b).

Although the photo does not include the father, Kerr reports that he is the one behind the camera: “The attached picture is the one that Orlando took of us” directly below the photo on her blog (Kerr, 2011). In the case of the magazine advertisements where the company does not show
a father, the company encourages the audience to believe that the breastfeeding relationship
remains between the mother and the child. However, in this case, even though the audience
cannot see Bloom’s face, they know he has a presence during the photo. The breastfeeding
relationship, in this case, includes the father of the child as well.

Kerr does not display a motherly gaze while she breastfeeds. Instead, she looks at the
camera with a smile. She smiles, and she focuses on the camera and, therefore, the person
holding the camera, her husband. Not only does the presence of the image capturer indicate the
mother’s willingness to include someone in the breastfeeding relationship, but her focus on the
person indicates to the audience that she welcomes her husband into that relationship as well.

This gaze and welcoming of another person into the relationship could be read in an
alternate way. Because Kerr chose to share this image with the public, she not only invites her
husband to share in this intimate moment, but she also invites the entire world. Although the
image does not occur in a public setting, the image becomes public by being shared on the
Internet. The situation then acts as both a private and public display of breastfeeding.

Kerr began to show that she does not have reservations about breastfeeding in public with
this first shared image of her son. She continued this display by posting another photo of herself
breastfeeding her son on her Twitter page. In this case, her son is older, and she breastfeeds at
work (MirandaKerr, 2011). Although the image represents breastfeeding in the workplace, the
image itself does not seem representative of most mothers breastfeeding at work.

Although Kerr sits in an office chair while breastfeeding, her clothing indicates a more
private, intimate setting than most would expect at a traditional workplace. Her choice of seating
clearly shows that women can comfortably breastfeed in an office chair. However, in this case,
Kerr wears a short, white robe. Unlike the robes seen in many of the other advertisements I have
examined, this robe is not a thick, plush material, but shinier. Although at work, she has the ability (and arguably, the requirement) to dress seductively for her career as a lingerie model. Obviously, this type of dress does not reflect the realistic wardrobe of most women for their own employment.

Although the image shows a breastfeeding mother at work within weeks of giving birth, Kerr’s career does not represent the reality that most women face while trying to breastfeed at work. First, most women must wear “street” clothes for the workplace environment. Although robes may provide ease for breastfeeding, most women cannot wear them to their own places of work. Most women also do not have an entire staff of people ready to bring the child to them and to take the child away when finished nursing. I feel extremely fortunate to have the ability to run home to nurse my daughter and to return to my office when I finish. However, for most women who return to work, they must work nursing or pumping into an extremely tight schedule. Although the photo champions breastfeeding at work, it does not show a normal woman or a normal work situation, and does not represent what most women encounter when attempting to return to work and breastfeed.

The image, once again, shows Kerr looking directly at the camera rather than down at her child. The absence of a motherly gaze shows that Kerr can do more than just breastfeed. She possesses the ability to complete multiple tasks while breastfeeding. The photo reaches out to the audience and invites women to believe that they, too, can breastfeed and still maintain the rest of their lives. This encouragement allows women to see breastfeeding as an act that they can perform in a variety of places. It also challenges the “good mother” stereotype that reinforces the ideology that mothers, especially new mothers, belong at home with their infants, especially when breastfeeding. The “good mother” cannot have outside activities because she concentrates
exclusively on her child by staying at home, participating in the motherly gaze, and devoting her life to the child. This image shows that the breastfeeding mother *can* work, breastfeed, and focus on her child all at the same time.

The initial blog itself treats the photo as a normal image that someone would share with others. Kerr treated the blog as a way to share her new son with the world. She does not mention breastfeeding in the written part of the blog and does not address that part of the photo. Instead, she writes about the child’s birth date, his weight, and natural labor. Much like a note you would write to family and friends, she gives the details of the birth of her child. She writes:

> On the 6th of January I gave birth to our beautiful little son Flynn. He weighed 9lb 12 ounces (a very healthy and big baby boy). I gave birth to him naturally; without any pain medication and it was a long, arduous and difficult labor, but Orlando was with me the whole time supporting and guiding me through it. (Kerr, 2011)

This birth announcement differs from most new mothers’ birth announcements because, rather than sharing it with close family and friends, she shares it with the world.

Celebrities often share the births of their babies. Many news agencies will bid on producing the first photo of the child in their publication. One news agency reportedly paid Marc Anthony and Jennifer Lopez over $5 million for the first photo of their twins, while Angelina Jolie and Brad Pitt allegedly made over $14 million from photos of their twins (World Records Academy, 2011). Although it may seem odd that Kerr would share a photo and announcement of her child with the world, she did so on her own blog in a more personal fashion than that chosen by many other celebrities. (And she did it without direct financial compensation.) However, even though the parents did not share the photo in a large publication, they did choose to share it with
the world. Thus, this very private image became a public image. Even though Kerr breastfeeds in private in the photo, the image, in some ways, still acts as a public display of breastfeeding.

The commentary on the image supports this theory. Many individuals reacted to the photo as if they were seeing someone breastfeed in public. Many comments focused on the public nature of the image. Again, the image was taken in the privacy of the parents’ own home and, thus, does not truly involve a public display of breastfeeding. (In a sense, then, the breastfeeding act is primarily private and only secondarily public.) In total, I collected 32 articles that discussed this image. For these 32 articles, a total of 414 comments were left (see Figure 4.2). Only one of the articles had more than 100 comments, with 102 comments. In that case, I analyzed a sample 75 of the 102 comments. As a result, I analyzed 387 comments and 32 articles for the “Miranda Kerr Breastfeeding Blog” image. Because the articles differed in their content, from short blog posts to longer articles, and the tone of the articles were similar to the comments, I classified the reactions as a whole. Therefore, when I mention percentages and proportions, I will be referring to a particular pattern in the context of the entire set of comments and articles I collected. As noted above, when an article author is cited, to provide clarity, I will specifically point out that the voice is that of the article author, not a commenter.

Although many commenters saw the Kerr image as supportive of breastfeeding or supported the image’s display of breastfeeding, many people posted negative comments about the photo as well. The thematic categories I found (see Figure 4.3) from my analysis of the articles and comments included negative reactions to breastfeeding in public, including comments relating the image to pornography (which combined both the “Negative and relating to breastfeeding in public” and “Sexual in nature” categories anticipated); being supportive of breastfeeding in public, including stigmatization of the breast in society (which emerged from
the anticipated category of “Supportive”); being supportive and appreciative of the image, including simply calling the image or Kerr beautiful, and specifically recognizing Kerr as a model and as a sexy mother (which emerged from the categories of “Supportive” and “Appreciative”); encouraging other nursing mothers, including working mothers who choose to nurse (which emerged from the “Supportive” category); sharing the experience of breastfeeding, both positive and negative (an unanticipated category); and, finally, claiming that the image was a publicity stunt (an unanticipated category). Some comments accomplished multiple rhetorical tasks and so I counted them in each relevant category (rather than treating the categories as mutually exclusive). Some comments did not group into a relevant category and therefore were not considered in the analysis.

Over 10% of the comments left focused exclusively on objections to breastfeeding in public. Jeanne Ferrer of Melbourne (2011) left one of the 51 negative comments regarding breastfeeding in public. She stated, “Show us some pics of the actual baby—not his mother’s breast or back of his head. Less is more—maybe that’s why we have to put up with public breastfeeding while our stomachs turn!” Kinney (2011) commented, “It’s only ‘beautiful’ for the mothers— not for the casual observers—too much like the farmyard for me.” Tiffany (2011) added, “Why on earth would you make that photo public? To me that should be kept private . . . that’s just as bad as women doing it out in public for everyone to see . . . disgusting.” Frank (2011) shared his or her view: “What a gross picture. No decent person wants to see that.”

These comments invite the audience to believe that sharing breastfeeding with others, especially in a public fashion, is taboo. Not only should breastfeeding remain private, but images of it should remain private as well. Breastfeeding, then, becomes an activity that a mother should perform, but only under the conditions that society allows. As a woman in a patriarchal society,
her actions are monitored, especially if she is a mother. Therefore, making the choice to not only leave the house, but also to show her body to the public represents a severe breaking of the social norms. Frank articulates this sentiment quite clearly that a “decent” person would not be involved in such (presumably indecent) activities. The audience is led to presume that a “decent” person would keep her breasts private no matter what.

Although a small subset, I noted six comments that referred to the image as an illegal activity or pornography. These comments, although limited, show the extreme viewpoints that some commenters took without acknowledging their own complicity in seeking the image. James (2011) comments, “That photo is porn.” Robin (2011) says that “pictures flaunting breastfeeding are nothing more than soft porn. I’m sick of seeing them plastered everywhere and seeing women whipping out their boobs just because they can.” Robin (2011), in a later comment, likens the image to an illegal act, stating “Last time I checked, public nudity was illegal in most places. If I am eating a meal out, the last thing I want to see is a woman whip out her boob for the whole world to see.” Presumably, to be consistent, Robin and James boycott the Victoria’s Secret catalog as well as most popular women’s and men’s magazines that regularly display pictures of cleavage on their covers. (Or perhaps not.) Additionally, Robin’s comments suggest that breastfeeding mothers, and especially images of breastfeeding mothers, are everywhere. These comments greatly exaggerate the very small number of public images of breastfeeding as well as the number of mothers nursing in public.

The most interesting aspect of comments in regards to the public nature of breastfeeding lies in the detail that this photo is, in fact, not a photo of a woman breastfeeding in public. Kerr’s husband takes the photo in a private place, and Kerr originally shared the image with her fans through her blog. Although the image became much more public after it went viral, this venue
where she shared the photo, although public, is much more private than if she had shared the image with a national magazine or newspaper. The idea of privacy, then, becomes more loosely defined than the traditional understandings of “private” and “public.” Because other websites posted the image on their more public sites (such as www.people.com), the image then becomes open for public comment. The very image of a woman breastfeeding (not even an actual woman in front of the commenters) becomes just as offensive as a woman breastfeeding in a restaurant. Ironically, the commenters need to click into the article and choose to view the image itself. The image does not just “appear” on their screen, and Kerr does not simply “whip it out” in front of them. Instead, the commenters are active in their own decision to view the image, and then, usually without acknowledging their own responsibility in seeking out the image, they make a judgment that it is “TMI” (or “too much information,” a common phrase found among the comments).

Negative comments on the nature of breastfeeding in public reinforce the idea that breastfeeding should remain a private affair. The comments above simply reiterate what many mothers who are breastfeeding in public already hear. The comments show that a subset of society has great discomfort when seeing a breast in public. The breast does not even need to be fully displayed for the commenters to take offense. In this case, a very minimal part of the breast can be seen. Therefore, the commenters are offended not by public display of the breast, but by the idea that the breast may, at some unspecified time, become displayed in public. The idea of breastfeeding, then, becomes an offensive act. Although some of the negative comments in this theme mentioned covering up, the apparent inconsistency of their argument is that, for the most part, the baby and the shirt are indeed “covering up” the mother. However, because the child is not covered and because the viewer can clearly tell that breastfeeding is occurring, the act
becomes taboo and unacceptable for public viewing. This reaction to the image reinforces the idea, not that a woman should be more discreet in nursing, but that nursing is an activity that needs to be hidden away, unseen, unsuitable for anyone but the mother and child to see. The “good mother” remains at home with her child where she can nurse him/her away from the easily-shocked eyes of the public.

The pungency of the outcry might give readers the impression that these commenters speak for the population at large and that public nursing is taboo for a majority of the (online) public. However, positive comments (about public nursing, not just about nursing or about the photo) actually edged out the total number of negative comments by 1 (52 to 51). Like the comments before, the people commenting about breastfeeding in public seemed to also believe that the image represented a woman breastfeeding in public. Again, the image under analysis is a private image taken in a private space, yet the public nature of its release allows these commenters to see it as a “public image.” Ninja Koala (2011) shares, “There is nothing wrong with breastfeeding in public. Babies have to eat too. No one makes a big deal when a grown up eats around others, what’s wrong with feeding an infant?” JG (2011) adds:

Are you neanderthals? Are you relegated to eating in private? Why would you insist that of a baby? Babies can nurse as frequently as every 2 hours. Should moms take their babies into public washrooms to eat if they go out? How appetizing. Do you think it’s healthy for a new mom to be isolated so much of the day just because her baby is hungry. Get with the times. I’m outraged that these backwards attitudes still exist in 2011. Such reactions were common among the 52 comments that supported breastfeeding in public. Such commenters take the argument and apply it to adults to demonstrate unfairness, or a discriminatory effect, toward infants and moms. They appeal to the universality of the need for
nourishment and oppose viewer’s expressed disgust with seeing body parts “in public,”
contrasting it with the presumed societal disgust about eating in a place designed for the
elimination of bodily waste.

Even more compelling, 21 of those commenters showed an acute awareness about the
stigma of breasts seen as both sexual and motherly objects in society, and critiqued this
dichotomy for creating a tension in the way society reacts to breasts. Serai1 (2011) posts, “The
only reason that breastfeeding is ‘intimate’ and ‘private’ is because people SAY it is. And the
only reason they say it is? The intractable connection between breasts and sex on which our
culture stubbornly insists.” In response to a hostile comment, Sitka0230 (2011) writes, “My two
month old daughter begs to differ. To her, my wife’s breasts are a source of nourishment. Pretty
sad that a newborn has more sense than you on this one.” Heather Dunham (2011) acknowledges
that “it takes time for social norms to change, it’s just weird that we ever got this [breastfeeding
in public] phobia in the first place.”

Comments supporting breastfeeding, especially those attempting to destigmatize the
female breast, assist in seeing the breast for its dual purposes. The comments that support
breastfeeding in general invite the audience to see breastfeeding as a norm, as something that is
natural and should be accepted as an everyday occurrence in public. The comments show that,
although 12% of the commenters did not support breastfeeding in public (51 comments total), a
slightly higher number of people (52) did support the act. By framing breastfeeding as an
acceptable act in public, breastfeeding mothers can start to feel greater comfort, especially in
knowing that many people around them are supportive. The image also assists in allowing others,
especially those who had not thought about the issue before, to see the act as natural so that, if
they do encounter a breastfeeding mother in public, they can provide encouragement (or at least will not discourage the mother through stares or negative comments).

Although 21 favorable comments about sexual views of the breast in society is not a majority, this significant minority shows that the sexual stigma of the female breasts is a topic about which at least a small number of people are knowledgeable. The more these comments are shared on public boards (such as the case with the comments on the articles and blogs discussed here), the more society as a whole is exposed to the implications that such information holds. Such a discussion opens up the possibilities to accept the many functions and abilities of the female breast, and assists in easing the social stigma often placed on the bare female breast.

The positive comments did not all focus exclusively on breastfeeding in public. Almost 33% of the comments focused on supporting and appreciating the image. I analyzed these comments differently because they show a different type of acceptance for the image. Although they may show a general acceptance of breastfeeding in public (I most likely would not say I liked the image if I did not like an action in the image), if the comments did not specifically mention breastfeeding in public, but showed an appreciation of the image, I considered the comments generally supportive and appreciative. If I said I liked an image, it could mean I like the person in the image to such an extreme degree that I could overlook the actions of the image. In this case, the image shows Miranda Kerr breastfeeding in public, not just any woman, and her beauty as well as her occupation as a supermodel are likely to influence the overall reaction to the image.

The fact that the audience sees Kerr breastfeeding impacts the reaction to the public display of breastfeeding. In the end, Kerr works as a supermodel. By most standards in the United States, she is beautiful. She is thin; has a toned body; and, as many commenters point out,
has wonderful-looking breasts. In fact, 91 comments specifically mention beauty, of the image, Kerr, or the child. Furthermore, 37 comments discuss that Kerr is a model. As HaleyO (2011) writes in Today’s Parent, “Maybe [we can accept this image] because Miranda Kerr and Gisele Bündchen have some of the most beautiful breasts in the world.” RKF (2011) liked the image as well: “I must admit, I am not a fan of breastfeeding photos (too much information, for my taste), but WOW!, she is glowing, happy, and simply gorgeous.” Princessstacy (2011) agrees, writing, “I usually hate breast feeding pics but this one is not that bad its [sic] really good it looks like there [sic] cuddling so I approve.” Rebecca (2011), a writer for www.babble.com, expresses in her blog post, “[I]t’s not like it’s some big ol’ floppy flappy breast spilling into an amorphous blob on the bed. Maybe seeing those perfect champagne glass orbs in baby feeding mode is somehow less threatening than everyday mortal breasts.”

For Rebecca, the firmness of the breast holds importance. This focus echoes back to findings in the review of literature that breasts should be firm and erect, and that the floppiness or liquidity of them disturbs many people (including the writer above). In other words, the lower the percentage of body fat, the better. Men generally have a lower percentage of body fat than women. As Young (1998) notes, the more breasts are like the phallus, the more acceptable they are. The more filled with milk, or the softer and fuller they are (the more stereotypically, prototypically feminine), the less socially acceptable they are for public viewing. Breastfeeding, thus, becomes more acceptable from breasts that hold their firm, erect state, and as the previous commenters above note, if the person breastfeeding has a beautiful face and/or body, then breastfeeding becomes more acceptable. These types of comments reinforce our cultural idea that, in order to be a model or in order to be on display in public at all, a woman must be thin
with firm, erect breasts. Breastfeeding, at least for the commenters on these photos, becomes more acceptable in such a package.

On the one hand, Kerr, acting as an example for breastfeeding mothers, perpetuates the idea that, for women to be beautiful (and have beautiful breasts), they must meet a certain image prototype. On the other hand, Kerr sharing images of breastfeeding also helps to legitimize breastfeeding (as well as destigmatize breastfeeding in public). Although the public may react differently to seeing a regular woman breastfeeding in public than they would to seeing Miranda Kerr breastfeeding in public, by sharing the images, Kerr allows people to see that breastfeeding in public can be a natural and beautiful action. She allows people to think about breastfeeding differently, thus giving a more public platform to breastfeeding, especially breastfeeding in public. Almost 9% of the comments applauded the fact that the photo may encourage other mothers to breastfeed. Vanessa (2011) says:

Breastfeeding your child is the best gift you can give your baby. I also think it’s great that celebrities show people how easy it can be (she’s doing it at work) and if someone makes the decision to breastfeed their child because of her then WONDERFUL!

This photo may influence many women, such as Brenda Godinez (2011) who shares, “36 weeks now. Hope I will be able to breastfeed when the time comes.” Tina (2011), tells her blog audience about the photo: “I think that as a role model to an entire generation of young women, Miranda Kerr is fabulous.”

These comments underline the rhetorical potential of Kerr’s photos. Although the public image that Kerr gives to breastfeeding may perpetuate the societal idealized standards of beauty, especially idealized standards of the breast, the image also helps more people become exposed to breastfeeding, especially in a public venue. The more exposure breastfeeding has with the public,
the more normalized it becomes. If people are able to accept an image of someone like Kerr breastfeeding, then they may become more accustomed to seeing breastfeeding in general. By sharing her images of breastfeeding with the world, Kerr invites that world to see beauty breastfeeding, which may lead to greater social acceptance.

Five people specifically talked about how the image of Kerr breastfeeding at work encouraged mothers to consider breastfeeding, even as working mothers. The image of Kerr breastfeeding at work was one of the very few images I found that showed a woman at work who was breastfeeding. These types of images need to be shared more because most women do both work and breastfeed. An anonymous post (2011a) states on lendaikeji.blogspot.com, “I love the picture . . . it is fierce. . . She is a mother and a working woman at the same time . . . Can’t beat that.” Jillian (2011) enjoyed the image as well, stating “I think this is a beautiful photo because she is showing that you can work, be a mother and be hands on.”

Although these comments represent a very small portion of the overall comments, they bring to light an important social issue. Even though many women return to work before they stop breastfeeding, they often do not find support to continue breastfeeding. Chapter 2 articulated returning to work as a possible reason that many women discontinue breastfeeding. The image of Kerr breastfeeding at work can encourage other breastfeeding mothers to do so. It shows (as the comments reflect) that women can breastfeed and work. Although most women do not have the same work situation as Kerr, and some may experience discouragement in light of the comparison, the image can provide hope and encouragement that the two worlds (breastfeeding and being a working mother) can come together. The image also shows the general public that breastfeeding in the workplace is possible and can be done in a non-intrusive way.
Not only do the images expose the public to breastfeeding, but they also lend support to breastfeeding mothers, not just to breastfeed, but also to share their own experience of breastfeeding. And when women saw the images of breastfeeding, they shared their own breastfeeding stories online. I found 47 comments that told stories about breastfeeding, 20 of them sharing positive experiences of breastfeeding. For example, Erika Douglass (2011) writes:

I made the decision to nurse my son until he was at least a year old. He’s now 8 months and only nurses 4 or 5 times a day now. There is an end in sight and it is incredibly bittersweet. This photo makes me wish for a real life rewind. I miss my little Levi being so tiny, but love how he’s such a ham now.

The positive stories of breastfeeding allow readers to not only relate to Kerr and her image, but also to one another. By showing more than one person’s experience of breastfeeding, other breastfeeding mothers reading the story and comments see that many women have positive experiences breastfeeding. Not only does Kerr potentially influence and persuade mothers to breastfeed through her images and story, but by encouraging other mothers to share their own stories, the combination of posts also works to build a more holistic view of breastfeeding. As a new mother or pregnant woman, I may look at Kerr and think “Of course, she can do it!” However, when I hear stories from other mothers, especially several other mothers, I can start to see that many people have positive experiences breastfeeding. Kerr’s posts provide occasions for these mothers to tell their stories, which, in turn, encourages many other women to consider breastfeeding.

A small number of stories, eight in total, reported frustrating experiences with breastfeeding in public. Nicole (2011) writes:
I was just out for lunch with my husband and his friend and my 10 month old daughter needed to nurse. As I discreetly lifted my shirt and got her latched on, my husband’s friend said: “You’re allowed to do that here? Just out in public like this? At a restaurant? Really?!” I was really offended, even though he quickly changed his tune once I explained that it was actually illegal for them to ask me not to, or to leave.

Kristine (2011) comments:

I was scared to take my son out of the house the first few months because I was worried he would get hungry, and I would start sweating just thinking about the stares and glares.

A new mom, sleep deprived, house bound and hopped up on hormones should never feel this way.

Although these stories do not have the same uplifting, encouraging words that the positive stories of breastfeeding have, they may still work to encourage other mothers. Although negative stories may discourage mothers from beginning breastfeeding because they work to reinforce the negative aspects of breastfeeding, by highlighting the problems that mothers encounter while breastfeeding, they may also help to motivate breastfeeding mothers. As a breastfeeding mother, I can relate to these negative stories. The “breast is best” campaign has encouraged many mothers to initiate breastfeeding. However, it also works to hide and underscore many of the negative aspects of breastfeeding. A mother only has to breastfeed for one night to discover that, in order to exclusively breastfeed, she will need to wake up to feed her newborn every 2-3 hours. She will need to think about and plan bringing the baby into public, and how she will feed him/her. Negative stories such as those shared in the comments reflect on these struggles and normalize these everyday struggles of breastfeeding mothers. By reading such comments, other mothers can see that they are not alone in their struggles to breastfeed.
Kerr’s story encourages others to tell their own stories, either good or bad. This subjectivity of the woman in the image allows for women to identify further with her. Much like connecting with people on television, as parasocial interaction theory shows, the image invites the audience to see Kerr not as an object, a nameless woman breastfeeding, but as a friend whom they know and with whom they can share their stories (Rubin and McHugh, 1987). Kerr’s breastfeeding story becomes one with the image; therefore, her story and her photo become one. In turn a woman’s own breastfeeding story may become one with her own image (either internal or external) as she breastfeeds and begins to see herself as a breastfeeder.

Perhaps the most negative comments focused neither on breastfeeding in public nor breastfeeding in general, but focused on the images as a publicity stunt. Over 8% of the comments (34) claimed that the images did not serve any purpose other than to propel Kerr’s celebrity status further. As Peteena (2011) points out, “All new parents are self-indulgent attention whores.” JCourt (2011) adds, “All parents who have kids think everyone else gives as much a s*** as they do about their new baby and/or thinks their baby is as cute as they do. We don’t.” Others made comments that reflected their lack of caring about the image, such as Michelle who wrote, “You are not special for what you have done.”

These comments show the negative aspect that celebrity images of breastfeeding may bring to lactivism. Although the images allow breastfeeding to be at the forefront of social discussion, when the images are seen to “flaunt” breastfeeding, they work against the cause of normalizing breastfeeding in public. If individuals believe that mothers breastfeeding in public are simply doing so to gain more attention, as the comments here claim that Kerr is seeking more attention through the images, then the “normalization” does not occur; instead, breastfeeding in public actually becomes further stigmatized. When the audience sees the images as being used
purely for sensationalism, the danger is that that audience will see all acts of breastfeeding in public as sensationalism. The fact remains that Kerr did not need to share images of breastfeeding her son. She certainly did not need to share images that showed her breast partially exposed. She chose which images to share and how much breast the images exposed. The images were deliberate in both how and where they were taken, but also how and where they were shared. Publicizing this breastfeeding makes the images “public breastfeeding.”

**Angelina Jolie W Breastfeeding Magazine Cover**

Angelina Jolie holds much more star power than Miranda Kerr. This observation became very clear when narrowing the search for her magazine cover for *W* magazine. I specifically searched for the cover that displayed her breastfeeding one of her twins (Pitt, 2008). Because of the many images of Jolie on the Internet, the search I performed needed to be very specific. Thus, the search phrase which generated the most results was “Angelina Jolie *W* Breastfeeding Magazine Cover.”

Jolie’s cover possesses many similarities to Kerr’s photo. Brad Pitt, Jolie’s partner, took the photo in their own home. The cover itself proclaims, “Exclusive: Brad Pitt’s private Photos of Angelina Jolie.” Both photos are private moments shared publically with the audience. However, rather than appearing in a small personal blog, Angelina Jolie and Brad Pitt shared their photo with the world not just in a magazine, but on a magazine cover.

Jolie is extremely famous, not only in the United States, but also around the world. In fact, *Forbes* (2011) magazine named Jolie the highest-paid actress in the world (tying with Sarah Jessica Parker) in 2011. Her fame, as well as her image, commands much more recognition and notice than that of Kerr. Therefore, the reaction to her private photos represents an opportunity to see the impact that fame has on breastfeeding.
Rather than a color image, Jolie’s black-and-white image presents a less exposed image than that of Kerr. Although the two images present about the same amount of breast exposure, Jolie sits in a chair. (Kerr lies on a bed.) The back of a piece of furniture partially blocks the audience’s view of Jolie, and her knees are pulled up, which partially obscure the rest of her body from view. A child’s hand can be seen reaching up, working as a cover for the nipple area. She is wearing what appears to be a long white nightgown, unbuttoned in front, with one breast clearly outside the flap for feeding. Both Kerr’s and Jolie’s image limit their choice to breastfeed to a very private space.

Jolie wears her hair long and flowing. Like Kerr, she looks directly at the camera and, again, at her partner. This gaze could be read as her looking at the audience or at her partner, Brad Pitt. Unlike Kerr’s photo, where she wears an almost dreamy look, Jolie has a closed-mouth smile. Although Jolie appears happy, to my mind, she does not possess the same serene quality as Kerr in her photo. With Jolie’s wider smile and upright position, she appears more alert and active in the image. Where Jolie has slightly wider eyes and more pronounced makeup (especially eye makeup), Kerr has soft makeup and lower lighting. The black-and-white nature of Jolie’s image also contributes to the overall “harshness” of the image while the color of Kerr’s image allows it to seem almost like a watercolor painting. Although Kerr seems “lost” in the moment of breastfeeding and sharing the moment with her partner, Jolie’s face shows that she focuses on the photo being taken. She has not “lost” herself in motherhood and, thus, seems to be less a part of the mystique of breastfeeding that could be found in many of the other images.

Perhaps even more than with Kerr, the audience is likely to know background information about Jolie. Not only does the public likely know about her relationship with her partner, Brad Pitt, but also about her family and her background. Jolie has been a public figure in
the United States for over a decade, and many readers probably know that her father is Jon Voight (IMDB, 2011a). Because of her presence in many tabloids, many people know about her relationship with her partner, her father, and even her brother (a relationship that came to the attention of many people in the United States as the result of a kiss at the 2000 Oscars) (IMDB, 2011a).

An interesting difference between Kerr and Jolie lies in the fact that Kerr is legally married to Orlando Bloom (IMDB, 2011b). Although Jolie has a domestic partner, Brad Pitt, they have never legally married (IMDB, 2011a). Fans are likely to know that Jolie is not a married woman, and in fact, rumors accuse her of breaking up Brad Pitt’s former marriage to Jennifer Aniston (IMDB, 2011a). Although this Hollywood gossip usually just represents drivel for tabloids to make money, many people have awareness about the situation, and that awareness may influence how people see Jolie as a mother. The advertising images usually featured wedding rings on nursing mothers, leading the audience to believe that they were married. Thus, at least in the previous images, marriage and being a good breastfeeding mother showed a significant correlation.

Finally, the location of the image differs from any other images examined in this study. Throughout the entire study, this picture remains the only image that graces the cover of any publication. In all of the other magazines I examined, not one magazine featured a woman breastfeeding on the cover. Unlike the image of Kerr, which audiences could only view if they clicked a link, and unlike the photos within magazines (only found if the audience opened the magazine), this image sat on newsstands and grocery-store aisles with a woman breastfeeding out in the open. Whereas the image of Kerr remained somewhat hidden, and thus more private, the image of Jolie (although a private image) became a very public photo. The image, then,
occupies a rhetorically interesting space. It represents a private image of breastfeeding, one that the audience would expect to find behind the closed doors of a home. It also represents a public image by appearing on the cover of a magazine.

The public exposure of the image allows the audience to consider the image as a public act of breastfeeding. However, the image does not assist women with knowing what breastfeeding in public can look like. In the end, the image remains that of a woman in her home space. Therefore, although the image allows the freedom of “publically” displaying breastfeeding, such a display sends a clear message that, although such images are allowed and acceptable, they can only be accepted and allowed if they are done behind closed doors in private spaces. In many ways, then, the image acts rhetorically much like the images with a blank background. Although they may be read as initiating an “open” dialogue about where a woman can breastfeed, they limit her ability to breastfeed in public by not definitively showing her in a clearly public space.

Like Kerr’s photo, W magazine claims Jolie’s photo is a “private” photo. I also have private photos of me breastfeeding all of my children. After seeing many professional shots of women breastfeeding, I wish I had had more formal portraits taken as well. However, my private photos show me naturally. In most of them, I wear no make up; I have messy hair; and I look completely sleep-deprived. They represent real motherhood. In both Kerr and Jolie’s photos, both women look prepared for the photos. Although “private” photos, Pitt most likely took Jolie’s photos with the magazine in mind. I cannot be sure whether a hair and makeup team was present, but the photo was clearly chosen because it was a beautiful image of Jolie. Even though it was taken by Pitt, the photo does not represent a random snapshot of Jolie’s life. Most likely, Jolie and Pitt planned the photo and chose it from many photos taken at that time. Although the
image may encourage other mothers to breastfeed simply by increasing the visibility of breastfeeding, the image of Jolie breastfeeding most likely does not reflect what mothers internalize when they imagine themselves breastfeeding, but may reflect the idealized image that some mothers want to be while nursing their own children. Such an image, then, can encourage mothers to accept the notion that beauty and motherhood can exist in the same space. Mothers can be beautiful and sexy as well as good mothers. Such an image also can discourage breastfeeding mothers because they may not feel as beautiful as Jolie while breastfeeding.

The text that accompanies the image sets the stage for the type of photos the audience sees. The front cover states, “Exclusive: Brad Pitt’s Private Photos of Angelina Jolie” (W, 2008). In the discussion of the article on the W magazine website which promotes the issue, it calls the images “remarkably intimate.” By attaching words such as “private” and “intimate” to the image, the audience is led to believe that a woman breastfeeding is thereby both “private” and “intimate.” Even though the image becomes much less “private” when it is shared on the cover of a magazine, and thereby the world, by calling the image private, the magazine acknowledges that the act that Jolie displays in the image is not meant for public consumption. Such statements, then, reinforce the social standard that breastfeeding should remain behind closed doors in a private, intimate setting.

I collected a total of 28 articles that focused on the Jolie breastfeeding cover of W magazine. From those 28 articles, I collected 1,262 comments (see Figure 4.4). This number of comments shows significantly more interest in the Jolie image than the Kerr image. Because Pitt and Jolie are better-known celebrities, I had anticipated that an image of Jolie would attract more attention and, therefore, more comments than the Kerr image.
Two articles had more than 100 comments, with 550 and 380 comments respectively. From each of these two articles, I collected a sample of 75 comments. I analyzed 482 total comments plus the content of the 28 articles. Again, these reactions were analyzed as a whole, and the data are inclusive of both the articles and comments. The comments and articles yielded five key rhetorical patterns (see Figure 4.5), many of them similar to my findings for the Kerr image: a focus on Jolie’s beauty (which emerged from the “Appreciative” category); questions regarding publicity and privacy (an unanticipated category); comments on the amount of breast displayed, including comments that indicate that you cannot see any part of the breast (which emerged from the “Supportive” category); posts that express discomfort with images of breastfeeding (which emerged from the “Negative and relating to breastfeeding in public” category); and a focus on how the image supports breastfeeding (which emerged from the “Supportive” category). As before, comments and articles could, and often did, show up in more than one category. Some comments did not group into a relevant category and therefore were not considered in the analysis.

Like the Kerr image, many people articulated their adoration for Jolie, especially noting her beauty. Comments about her beauty represented the largest category I discovered, with almost 28% (142) of the comments focusing on her attractiveness. In an article on www.stupidcelebrities.net, Monya (2008) in her article for stupidcelebrities.net refers to her as “the beautiful Angelina Jolie.” Eggbox (2008) summarizes the image as “it’s a picture of a beautiful woman doing what comes naturally.” Mary (2008) shares, “She is so hot. Beautiful photo!”

This focus on beauty in the image reinforces the idea that women must be beautiful in order to secure social approval, even when breastfeeding in public. Like the Kerr photo,
magazine cover does not present a regular woman with regular breasts breastfeeding. Instead, the image reminds women that beauty is a necessity, especially if she plans to expose her breasts to the public. Greggie (2008b) shares her own insecurities about breastfeeding: “If my face wasn’t twice the size of hers and if I wasn’t bald, I’d copy this photo to make my avatar. But mine wouldn’t be beautiful, it’d be scary. *lol.*” Like the Kerr image, the public may accept the Jolie image simply because it represents “beauty,” whereas a noncelebrity woman in public, without the aid of makeup and airbrushing, may not be seen as “beautiful,” making the public breastfeeding’s image less than acceptable.

Surprisingly, some comments focused on Jolie as unattractive. Of the 511 total items analyzed, 44 discussed Jolie as someone who was not beautiful or had unattractive qualities. Anonymous (2008b) commented, “Brad Pitt can keep his private [image] of Angelina. Her lips look bigger than [her] head.” Fernando Marcus (2008) called her the “Queen of The Fug.” An Anonymous (2008a) poster simply shared, “She’s not attractive at all, inside or out.” Other comments that I coded as “unattractive” focused on issues such as bad parenting or being disgusting.

These types of comments show a clear dislike for the celebrity. However, the commenters not only had to click into an article about Jolie, but also had to register for the site (in most cases) to leave a comment. Not only do they dislike Jolie, but also they dislike her to the point that they feel the need to share that opinion with the world. Much speculation could be made about why the audience dislikes Jolie. This dislike, however, further shows how the audience feels connected to the celebrity in the images. I would not look at an image of a woman breastfeeding for an advertisement and simply say “I do not like her” because I do not know her. People who comment on her unattractiveness or less-than-redeeming qualities show a bond with
the celebrity even if they do not personally know her. This bond could mean that the use of celebrities in images of breastfeeding, or at least using an image of someone “recognizable,” could assist people in connecting with the image. However, if the celebrity in the image is someone whom the audience dislikes, it may hurt the lactivist cause rather than help it.

A smaller theme discovered focused on Jolie’s past. I was not surprised to find very few comments on Kerr’s past. However, because Jolie is a more popular and famous celebrity, I did expect to find comments about hers. Although the number was small, 21 people specifically mentioned Jennifer Aniston in their comments. The actual percentage sounds insignificant (less than 5%). However, that 21 people could specifically comment on a person’s past without actually knowing the person seems significant. This set of comments shows that people know who Jolie is and remember very specific parts of her life. This recognition of Brad Pitt’s former marriage shows the tight bonds that some people feel to celebrities in society.

While many people may feel connected to Jolie in a more personal way because of her celebrity status, over 10% of the comments (51 total) expressed anger that the couple would use these “private” images for publicity. The comments for the photo, rather than focusing on whether breastfeeding in public should be acceptable, focus on the morality of sharing such private images. Although many people asked why Kerr would share such an intimate moment, most readers seemed more understanding, perhaps because she shared the moment on her blog rather than on a magazine cover. In the end, the exact same number of comments (51) were left in regards to the two celebrities sharing the image simply for publicity. However, a special subset of comments emerged with the Jolie image. Of the 51 comments, 21 focused specifically on Jolie’s previous complaints about the need for privacy. Debbie (2008) wonders, “If these are Brad’s private loving shots of Angelina, why the hell are we seeing them?” Meg (2008) writes in
her bitterandbound.com article, “Just when they had us believing they went to the French Riviera to be in seclusion and away from prying eyes, they open up their most intimate moments for the world to view.” Lola (2008) sounds off, “Can they complain about privacy or lack of after this? How desperate are they for publicity to [do] something like this?”

This negative reaction to the photo could impact the way society views breastfeeding. The individuals here are lamenting that they cannot control the actions of the other person who has chosen to “expose” them to such things. When the public views a celebrity couple as “flaunting” themselves for fame, flaunting breastfeeding for that fame becomes intricately tied to those ideas. As KatiaD (2008) points out, “Breastfeeding is so great and natural, and these people are downgrading it.” A public image of a celebrity breastfeeding, then, presents both potential advantages and disadvantages. While it exposes more people to breastfeeding in a public fashion, depending in part on the previous reputation of the celebrity mother in question, people may see it as a way for the celebrity to gain attention. Such a view may invite people to associate public breastfeeding with mothers’ attempts to gain attention, thereby making the practice more taboo than it already is.

One commenter, using the screen name “a real mom” (2008), even goes as far as to claim the photo does not include breastfeeding at all. She asserts “any mother can recognize this- the child is too far down. What a fraud these two are.” Like the image of the woman breastfeeding in the Glamourmom advertisement (where, clearly, the company implied that the mother was breastfeeding but the position was questionable), the lack of clear breastfeeding leaves the audience to doubt whether Jolie actually breastfeeds in this image. Therefore, the image works to support breastfeeding as an idea, not as an act. In almost all breastfeeding images collected, unless the audience could clearly see the child latched and, therefore, showing a significant
amount of breast, breastfeeding remains “questionable.” However, what this “real mom” fails to point out is that, many times, when a woman breastfeeds, she appears to be “questionably” breastfeeding. When women discreetly breastfeed, most people around them do not even realize they are breastfeeding. I often breastfeed my daughter in public places. I do not make a “show” of the entire process, not because I am afraid of the reactions of others, but because it seems unimportant to do so. Most images of breastfeeding will leave the audience wondering whether the person actually breastfeeds because the mother shows so little of her breast.

The limited amount of breast, and even baby, displayed creates more comfort with the image overall. More people (67) commented that the image was acceptable or “tasteful” than with the Kerr image. This acceptance does not mean, however, that these people supported public breastfeeding. Unlike the Kerr image, very few people made comments about breastfeeding in public as an issue. Instead, most people simply commented that the image was acceptable. This acceptability was expressed in multiple ways, including a recognition that many images display more breast when the women are fully dressed and not breastfeeding. Jatra (2008) thinks “when some stars put on a bathing suit or gowns at a function you see wayyyy more than what you see in this picture.” Faye (2008) adds, “I’ve seen more of a woman’s breast on a weekly celebrity magazine.”

This expressed comfort with the image directly correlates with the amount of breast displayed in the image. Much like the magazine images (which displayed an inverse relationship between the amount of the mother’s face displayed and the amount of her breast displayed), commenters said that they felt more comfort because the image did not show much of the breast area. In fact, the image shows only the very top of the breast and does not show the child at all (with the exception of his or her hand). The image encourages breastfeeding only because it
invokes the “idea” of breastfeeding, supported by the textual information on the magazine cover. Because of the publicity of the image, people recognized the image as a breastfeeding photo. However, without the textual support or sensationalism of the image, viewers might not even realize that Jolie breastfeeds in this photo.

In fact, 25 people remarked on not seeing “anything” in the photo. “I think it’s tasteful, you can’t even see the baby’s head or the breast” (Californiagirlx7, 2008). 356UIK (2008) agreed, “This pic aint so bad tho cause you cant really see anything.” Dougerty (2008) states in his review of the cover: “The black-and-white cover photo of Angelina Jolie doesn’t graphically show the breast or the breastfeeding act. The reader would have to glance down at the bottom right to see part of Jolie’s exposed breast covered by the baby.”

These comments show a clear comfort level associated with less display of the breast and the baby. In this case, the amount of breast shown is very similar to that of Kerr. However, the audience can clearly see the baby in the Kerr image. In this image, the audience can only see the hand of the baby. Like the comments with the Kerr image that focused on the mother covering up, the discomfort seems to lie not in seeing the breast exposed (as very little is exposed) but, instead, how much the image displays of the baby, which strengthens the case that breastfeeding is occurring. The image could easily be of Jolie holding her infant (perhaps after nursing). However, when the audience clearly sees the baby’s head blocking the rest of the breast, it becomes more unacceptable. The audience, then, does not view the baby as an acceptable “cover” for breastfeeding because in the presence and position of the baby, the public can clearly infer the act of breastfeeding.

Even though the audience cannot see any part of her nipple and they cannot even see the baby’s head, the very idea of breastfeeding still upset some commenters. A small but vocal group
(less than 5% of the comments, 24 total) found the image unacceptable because it displays breastfeeding. “I don’t know where anyone got the idea that pics of breastfeeding/pregnant women are ‘beautiful.’ Its nasty” (Hownasty, 2008). Some people even associated breastfeeding in public with urinating in public. “This is disgusting. We’re not animals. Going to the bathroom is ‘natural.’ We don’t do that in public. Get a room Angelina” (Boo, 2008). Others related their own stories of seeing women breastfeed in public. PhatE (2008) sounded off:

A couple of weeks ago, I was at a business lunch and we glanced over and a woman was doing it while at her table. It made the people I was with very uncomfortable and we moved tables. People can do whatever they want, but respect the rest of society who would prefer to not see or hear about it.

About the image being displayed on a cover, Bacon (2008) adds, “Little kids and horny teenagers don’t have the maturity to see things the way adults do.”

The fact that the image does not show Jolie’s complete breast, and in fact does not show even enough breast to accurately assess whether she is indeed breastfeeding, means that what commenters above found disturbing was not the actual act of breastfeeding, but the idea that she may be breastfeeding. PhatE’s (2008) comment refers to the act as “doing it,” a euphemism often reserved for a sexual act. Indeed, pointing out that a child or teenager may see this photo and, therefore, be negatively affected indicates that many commenters saw the act not as that of mothering, but as a sexual and deviant act. This perspective represents the breast as a sexual object for desire and, as many people commented, “intimacy.” The “intimate” comments could be referring to the language from the image itself, that the photos capture “intimate” moments (in the sense of close connections between two people). However, the word “intimate” is ambiguous
and also carries sexual connotations. The intimacy, therefore, could indicate a sexual aspect to the images, which readers are quick to judge as inappropriate and then reject.

Jolie’s photo also lacks a personal story about breastfeeding. Unlike Kerr’s image which included a lovely story written by Kerr herself, Jolie’s image is accompanied by an article written by a journalist. In that sense, Jolie does not share her own story with the image. In fact, much of the article that accompanied the image discussed her career, and had a brief mention of breastfeeding (a brief mention in one line of the article). Kerr’s story includes her own voice, while Jolie relies on another person to write the article from *W*. Far fewer comments focused on readers’ own stories of breastfeeding than with the Kerr image, thus it did not become a major category for analysis. If someone shares her own story, she opens the door for others to share their stories in return. By Kerr telling her story, other mothers apparently felt inspired to share their own breastfeeding experiences. However, when the image lacks an accompanying story, it becomes just an image. If Jolie had spoken about her struggle with breastfeeding twins or with breastfeeding while raising other children, the audience response might have differed.

The image, however, may assist other women in deciding to breastfeed. Having a woman on the cover of a major magazine helps in normalizing breastfeeding, especially in public. Although far less than with the Kerr image, the Jolie image resulted in 13 comments that focused on how the image supports breastfeeding. If Jolie breastfeeds, the logic goes, then perhaps other women will attempt to do so as well. “Almost anything that works to normalize breastfeeding is great” (Greggie, 2008a). Jodi Cleghorn (2008) adds, “This is the sort of PR that breastfeeding and motherhood deserves.” Perhaps Caribassett (2008) sums it up best in her comments on a celebitchy.com article, “Maybe young ladies who look up to her, or admire her will consider breastfeeding, if they previously had not considered it.” Rhetorically, the comments of these
readers would suggest that the image does not need to flaunt breastfeeding; it does not even need to fully show what breastfeeding looks like, but if the image assists in making breastfeeding a “norm,” then it works as a positive influence to promote breastfeeding.

**Julie Bowen Twins Breastfeeding**

Although a long-time actress, most people know Julie Bowen as the star of the television series *Modern Family* (2009-present). Although not the first woman to share her photo of breastfeeding, she gained a lot of attention by sharing her photo of breastfeeding because of its unique qualities (Bowen, 2010). Bowen appeared on the television talk show *The View* after giving birth to twin boys. She wanted to share a breastfeeding photo she had brought, but the show’s producers refused to allow the image to air. Instead, she shared the photo on *Lopez Tonight* (2009-2011) which aired on a cable network late at night, rather than the primetime network on which *The View* (1997-present) airs during the afternoon. Almost immediately, the image created buzz on the Internet.

Bowen’s photo takes a perspective from the top down, and the only parts of Bowen’s anatomy the viewer can see are her chest area and her breasts (and a tiny bit of her left arm and her hands). Much like the images of women who are nameless and faceless in many advertisements that show a significant amount of breast, this image also hides the mother’s face. However, this image is *not* of a faceless, nameless woman because, in the context of the photo’s introduction, the audience is told to whom the breasts belong. Therefore, rather than showing breasts as objects, they are given subjectivity simply because the person in the image delivers the photo herself.

In the photo, the audience can see the entire top part of the chest and breasts. The audience can also see a small amount of areola. Latched on to each breast are Bowen’s twin
boys. This image differs from most of the other images of breastfeeding in several ways. It is one of the few images that the photographer captures from the top down and, in fact, appears to be a snapshot rather than an “artistic” or “glamourous” image. The photo also represents one of the very few images of tandem nursing that I found in my search.

The image differs from the other celebrity photos of breastfeeding I discussed previously in several ways. First, the image displays more breast and areola area than the other photos. The image focuses not on the mother and child (like the Kerr photo) sharing a moment, or even completely on the mother (as in the Jolie photo), but instead on the breasts and the children nursing. The image invites the audience to see the breasts as objects of labor. They have a job to perform, and this image displays them doing that job. Removing the mother’s head from the photo partially removes her as a subject from the act of breastfeeding. But because we know the identity of the person in the photo, she retains some of her subjectivity. Unlike the image of Jolie, where she is clearly the subject of the photo, Bowen’s breasts and twin boys are clearly the subjects of this photo.

Unlike previous images of breasts feeding children, we do not need objects in the photo to further tell the story of the mother. The audience can investigate and discover that Bowen is a married woman. The audience members do not need a wedding ring or other symbol to tell them that she is married. The audience also knows that the face and body of the woman with the breasts displayed is attractive according to most standards in the United States. She is extremely thin, despite having just had twins, and although her beauty may not be celebrated in quite the same way as that of Kerr or Jolie, with her blond hair and blue eyes, she portrays a picture of a “wholesome, All-American” (read, of Northern European descent) mother.
I found it difficult to discern the type of clothing she wears or where the photo takes place. She might be wearing a black short-sleeved shirt, stretchy enough (or unbuttoned enough) for her breasts to be exposed from the top. The white corduroy-like fabric behind the babies’ heads may be a Boppy-esque bolster of some sort, a pillow wrapping around her midriff and helping to support the babies. Like many other images, it leaves the location in a type of limbo. It does not support breastfeeding in public per se because the audience cannot clearly identify the background of the image. However, like the previous celebrity photos, by sharing the image with the world, she makes the photo a public affair. The image, again, is both a representation of breastfeeding in public as well as a recording of an act of breastfeeding that almost certainly occurred in private. Available for public consumption, especially in the case of television, the audience can easily view the image not only when it originally aired on television, but also through many websites after the image went viral. However, I do not consider it a true support of breastfeeding in public because the image does not show that the breastfeeding takes place in public. This image differs from the other two because the audience of Lopez Tonight viewed the image as a part of the show.

I collected a total of 26 articles that discussed the image using the search engines mentioned previously (Yahoo, Google, Bing, and Lycos). I also collected 2,027 comments left for those articles (see Figure 4.6). Three articles received more than 100 comments, with 1,350 comments; 143 comments; and 157 comments. By taking a sampling of these comment sections, I analyzed 26 articles and 602 comments. Many of the reactions revealed similar patterns to the reactions for the Kerr and Jolie photos. The major categories that I discovered while analyzing the comments include (see Figure 4.7) views that the image or subject is beautiful (which emerged from the “Appreciative” category); support for public breastfeeding, including critiques
of societal sexualization of the breast (which emerged from the “Supportive” category); criticism of public breastfeeding (which emerged from the “Negative and relating to breastfeeding in public” category); criticism of “indiscreet” public breastfeeding (which emerged from “Negative and relating to breastfeeding in public”); sharing stories of breastfeeding, including sharing stories of tandem nursing; and interpretations of the image as encouragement for other mothers to breastfeed (which emerged from the “Supportive” category). Some comments accomplished multiple rhetorical tasks and so I counted them in each relevant category (rather than treating the categories as mutually exclusive). Some comments did not group into a relevant category and therefore were not considered in the analysis.

Unlike the previous two photos, this image brought with it a type of baggage. Because (ironically, given its title) the television show *The View* would not permit the image to be, well, *viewed*, many articles and blogs questioned whether they should publish the image as well. Several articles came with a warning if they did publish the image and simply placed a link for it, such as the case of a www.entertainment.blogs.foxnews.com (2010) article, which stated on the bottom (with a link to the photo): “Warning: The image may be NSFW” (Not Safe for Work). On www.celebitchy.com (2010), the blogger also called the image inappropriate, stating “The photo in the video above and shown below is semi-NSFW.” On Ashley Love (2010), did not even include the image or a link to it, instead simply stating that the image was “a pretty controversial photo” on the celebs.gather.com website. Of the 28 articles collected, only 12 articles actually showed the image in question even though the articles were about the photo. In some cases, the website managers blurred the image; in others, the websites included a link to the image. The writer for the www.thesuperficial.com (2010) stated in her article, “I didn’t think the site’s ready for two babies sucking on engorged breasts to be at the top of the page.”
Interestingly, www.thesuperficial.com DID publish the photo of Angelina Jolie. The website’s creator expresses discomfort in the amount of breast shown while breastfeeding, not breastfeeding itself. In the image, although the audience sees more breast than the previous images of Kerr and Jolie (because of the angle of the image), very little of Bowen’s breast is actually exposed, yet the image of the child actually attached to the breast proved too controversial for the website. For some sites, reactions from the public caused them to remove the image. Fuller (2010) shared, “Strangely to me, when we put this photo up on Hollywoodlife.com—we had some immediate emails—imploring us to take it down.”

When the publication itself questions the appropriateness of the image displayed, the comments produced show the polar sides of the issues. Many people spoke up strongly either for breastfeeding in public or against it. Interestingly, this image, again, does not display a woman actually breastfeeding in public. The image displays breasts and twin infants. The audience cannot be sure of the photo’s location. However, because Bowen shared the image with the world, many commenters, once again, considered it to be a representation of “breastfeeding in public” rather than a “representation of breastfeeding” (that was shared in public). Instead of reacting to the photos as people would react to art, seeing the image as a “representation” of the act, many people responded to the images as if they had seen the act itself taking place. Rather than an image, the photo becomes reality, as if the woman were breastfeeding in front of them.

Like the previous photos of celebrities breastfeeding, many people posted comments that expressed appreciation for the image. Of the 602 comments and 26 articles, 109 expressed positive thoughts or appreciation about the image. These comments showed a general acceptance of the image overall but did not specifically mention support for breastfeeding. Like the previous
celebrity images, many people commented on the subject being beautiful. This amount, 51 total, was far less than the other images.

This image presents a different view of Bowen when compared to the other celebrity images of breastfeeding, most notably because her face is completely absent from the image. I find difficulty in believing that the commenters based their perception of Bowen’s appearance based on this specific image given that the audience can only see her chest, and not even a full view of her chest. Instead, the commenters are relying on their memory of her beauty or perhaps referring to another image of her. The remarks about beauty, then, are not specific to the image of breastfeeding but to the breastfeeder, or perhaps to the babies. Although the image of breastfeeding may be beautiful, the actual breastfeeder becomes the subject of the claim even when she is not in the image. Fewer comments on her beauty than the other images, then, most likely reflects the fact that the audience cannot see her face (or more than one part of her body) and, thus, cannot easily determine her overall “beauty.”

Interestingly, 13 comments did not call Bowen “beautiful,” but cute. Although the other images elicited “cute” responses about the babies or the images themselves, these 13 comments actually called Bowen cute or adorable. Although these types of reactions may show that the commenter appreciated Bowen’s looks, these comments could also be viewed as degrading because “cute” or “adorable” are generally terms to refer to someone or something that is inferior to your own status, such as a child or a puppy. Additionally, 12 people commented that they felt Bowen was unattractive, most of them citing “ultra thinness” as the reason. Most of the comments (10) were directly related to an alternate photo posted of Bowen in a bikini (Splash News Online, 2010).
Talking about Bowen as if she were a child shows a patriarchal response to the image. The commenters do not see her as an equal but as someone who is inferior. I cannot say here that the commenters made such comments as a result of general feelings towards Bowen or towards an image of breastfeeding, but calling a grown woman “cute” may indicate a lack of respect for her as an adult and, more specifically, as a mother. Alternatively, the comments could be expressions of appreciation for her willingness to be vulnerable, in showing a photo of herself doing such a challenging act. There may be an endearment factor that mingles sympathy and admiration for the extra demands of mother, and nursing, twin infants.

Furthermore, negative reactions to her thin body show a discomfort with the body being both used as a motherly provider and as a sex symbol. In the image of Bowen in a bikini, her breasts are not high and phallic. If she had larger breasts, perhaps she would be seen as more womanly and, thus, less thin. In fact, she does not appear ultra-thin as many Hollywood celebrities do. Her stomach actually protrudes slightly in the image (most likely because she had recently given birth to twins). The types of comments invite the audience to see the idealized body image of a woman as someone who is thin (like Jolie or Kerr), but who also has higher, somewhat large (but not “floppy”) breasts. The breast shape and size play an important role in the definition and acceptance of “beauty.”

As with the previous images, many people applauded the public “display” of breastfeeding. In fact, over 36% of the reactions to the image supported public breastfeeding! This reaction represents the highest percentage of support expressed for any of the images I examined. Of the 227 comments, many people encouraged acceptance for an image that shows a woman breastfeeding. As FrogExaggerator (2010) shares:
Julie Bowen is a saint for nursing twins. Hard to do that without taking off your shirt, but I see nursing moms every day and none of them look like exhibitionists or like they don’t understand discretion. They just want to feed their babies while not getting rickets for never going outside that whole first year.

Some commenters simply defended Bowen, in response to articles and other comments that the image was inappropriate. Laura Tucker (2010) posts, “I say good for her . . . [breastfeeding] should be a choice, like any other parenting style . . . it has nothing to do with sexuality.”

Such an abundance of support for breastfeeding shows a society that accepts women breastfeeding, especially in public. However, most people who would click into an article about breastfeeding probably support breastfeeding. Those individuals who do not support breastfeeding or who find it offensive may avoid the article all together. (However, this did not protect the other celebrity images from critique.) The supportive commenters add their voices to many lactivists across the nation, and they show that the United States may be becoming more accepting of breastfeeding, especially media images of breastfeeding. Although the comments lend support to this type of “public” display of breastfeeding, they do not directly correlate to actual public breastfeeding. However, these comments do provide hope that more people accept breastfeeding as a norm. Because if they accept breastfeeding as a norm, as a natural act, then it becomes more difficult to object to women breastfeeding in public.

Interestingly, people also specifically addressed U.S. culture and its over-sexualization of the breast. These comments supporting breastfeeding in public blamed this sexualization with the discomfort others feel with breastfeeding, especially in public. Although not large numbers (39 comments total), such a specific topic, shared among many people across many articles, shows a possible trend to see the dual uses of the breast. “I think women need to stop sexualizing breasts
if they expect society at large to do so. Breastfeeding is just a part of life, and there’s nothing
dirty or gross about it” (Aspen, 2010). Many readers quickly pointed out that the issues about
breasts being shown did not lie in the breasts themselves but because a baby was attached to
them. Whatever (2010) explains, “Nobody has a problem with boobs, unless they are actually
being used for their purpose.”

The tone of these comments is often snotty, or combative, as we see in the above
reaction. The comments invite the audience to be shocked into recognition that breasts have a
function and to consider breastfeeding as an acceptable act, no matter where it occurs. These
comments suggest an already shocking act (breasts being used!), thus to take such a tone
becomes appropriate to make people realize that the shocking part of the image is not the breasts
shown but the reaction to the breasts being shown.

Although much support was shown for breastfeeding in public, almost 17% of the
reactions were negative and did not support breastfeeding in public. Not only did the image
produce the highest number of comments in support of breastfeeding, but it also produced the
highest number of negative reactions to breastfeeding. These negative reactions were similar to
the other negative comments analyzed previously. Jean (2010) comments:

Who would show such a private moment to the public? No, it’s not shameful, but nor is it
something to be shared on national television unless you are sharing your mommy duties
like you are a whore or something. She turned a private nursing moment into a joke.

Although Jean states it is not “shameful,” calling Bowen a “whore” and, in fact, later shaming
her, clearly belies her first assertion. Such strong reactions were not isolated, but most were more
understated, with many people saying that they support breastfeeding, but not in public.
Schnauzers!!! (2010) shares, “I believe that breastfeeding is private. Not something you should show the world.”

Like the other images, the comments did not take issue with breastfeeding, but with taking such an act public. These types of comments not only reinforce the idea that breastfeeding is a private act, but they also reinforce the patriarchal ideology that a woman’s place, especially if she is a mother, is not in public (where she can easily feed her children anytime), but behind closed doors, most acceptably in the home taking care of her children, feeding them in a private location. It not only restricts what a mother can do, but also where she is allowed to go if she chooses to make the “correct” decision by breastfeeding.

Intriguingly, 24 comments specifically addressed the notion of “discreetly” breastfeeding in public. These comments accepted breastfeeding, even breastfeeding in public, but noted that it should be done in a discreet manner. What makes these comments intriguing is the clear notion that the image here does not represent discreet breastfeeding. Even though the image displays a fairly insignificant amount of breast, it presents too much breast for some people to accept it as “discreet” breastfeeding. The comments, again, focused on “covering up.” Once again the audience is invited to understand “discretion” as hiding the act itself, not just the breast. The discomfort lies not in the amount of breast shown (at least for these commenters), but in that the image clearly displays the breasts being used for breastfeeding. A cover or blanket would not necessarily conceal more of the breast, but more of the baby’s head.

As with the other images, many women shared their own nursing stories. I found 67 examples of shared stories of nursing, with 21 of them specifically focused on tandem nursing (nursing more than one child at a time). Throughout the images in Chapter 3, I found very few images of tandem nursing. Although 21 comments represents a small fraction (3%) of the overall
comments, they represent such a unique and important viewpoint that I felt they were an important aspect to include. The comments included not only stories of tandem nursing twins, but nursing children of different ages as well. “I nursed my twin boys together all over the place—stores, restaurants, parks, airports, even on the airplane a few times” (Sally, 2010). A.K.A. (2010) shared, “Yup, that’s how I did it with my twin boys!” These commenters applauded Bowen for doing what many considered the impossible. I also applaud her. As a mother who has struggled, at times, to breastfeed one child, I admire and appreciate any mother who makes the choice to do the same. Breastfeeding two children (rather than just one) truly amazes me, and I believe that people should celebrate such an incredible feat! These comments encourage us to see tandem nursing as a normal (if challenging), acceptable (and admirable) act. By giving their own voices to tandem nursing (like the general story-sharing of nursing found in reactions to all of the images), these breastfeedingers help to build solidarity among women who tandem nurse and encourage other women to do so as well.

Many people (32) applauded Bowen for making the image public to encourage breastfeeding. As Jenn (2010) states, “I’m beginning to think the more people BF [breastfeed] in public and the more pictures we see of it, the better it is . . . If we don’t see [breastfeeding] and come to realize naturally that it’s no big deal, it is very hard to emulate it.” Sara (2010) adds, “I think we need to see more positive images of breastfeeding . . . Kudos to Julie Bowen for bringing this image to the world.” JustBe (2010) argues, “I’d actually like to see more pictures like these in the public sphere [. . .] As long as any stigma exists surrounding the act of breastfeeding, there will be an extra layer of stress for new mothers and their babies.” These comments urge readers to believe that breastfeeding is acceptable, and that the more exposure people, overall, have to women breastfeeding, the more normalized it becomes. If no one sees
breastfeeding in the open, then society will forever lock it away behind closed doors. Such a need for public breastfeeding does not mean that every woman must breastfeed in public or that every woman needs to share her images of breastfeeding. However, even though the images of breastfeeding do not show a mother in public, the sharing of them with the public reinforces the idea that breastfeeding is acceptable in the public sphere.

**Maggie Gyllenhaal Breastfeeding in Public**

When a celebrity chooses to breastfeed in public, the paparazzi respond. In the case of the previous celebrity photos, the mother released the photos to the public. In the case of Maggie Gyllenhaal, a paid photographer snapped pictures of her while she nursed in public. The way the photographer captured the image impacts the image itself. Additionally, because Gyllenhaal did not control the sharing of the image with the public, she lacks the ability to manipulate the face she shows to the public while breastfeeding. In the case of both Kerr’s and Jolie’s photos, even though the website and magazine touted the images as candid and natural, they still remained posed, deliberate photos. When I know someone is about to take a photo of me, I look to the camera, make sure I look presentable, and smile. When someone takes a random photo of me without my knowledge, I do not present the same face. I once experienced terrible embarrassment when my sister posted a photo of me on her Facebook wall. I am in the background of the photo yelling at my then three-year-old son. I admit that I am not the perfect parent, and I would never hide that I, on occasion, yell at my children. However, having photographic evidence shared with the world does not reflect the face I want to present.

In my search for the photo of Maggie Gyllenhaal breastfeeding (which I had heard about previously), I found several images that photographers took around the same time. I found five different photos with one search. However, because these photos are close in time and because
they have similar characteristics, I kept my search to simply “Maggie Gyllenhaal Breastfeeding in Public.”

The images of Gyllenhaal show her breastfeeding naturally and very much in public. She does not hide breastfeeding behind closed doors in the privacy of her home or work office. Instead, the photograph captured her breastfeeding at a park and very much in the public eye. I do not assert here that Gyllenhaal’s actions were not deliberate, nor that she would be surprised to have a photo would taken of her. She is a celebrity who most likely expects that the paparazzi will take photos of her, especially if she breaks a social norm and begins to breastfeed in public. However, unlike the images of Jolie and Kerr, she does not look at the camera. She simply smiles and appears to enjoy her day. The photographer even managed to take some photos of her breastfeeding without a smile, but with a more natural look on her face.

What sets these images apart from the others lies in the fact that the images show a woman naturally breastfeeding while going about her day. She sits on a park bench with her husband and enjoys the day, and in one image, she reaches for a plastic cup. Her attention does not remain solely on her child, showing mothers that breastfeeding does not need to be an all-encompassing task.

In the images, the viewer can clearly see Gyllenhaal’s entire breast as well as her areola area (Splash News Online, 2007a; Splash News Online, 2007b). Her baby sits happily on her lap eating and, therefore, covers a part of her nipple. Gyllenhaal does not wear a bra, and because she sits in public, she wears clothes suitable for a public location. She wears a button-down jacket with a shirt underneath and jeans. She pulls down her bottom-layer shirt in order to allow breastfeeding access for her child. This apparel represents clothing that most women might wear if they went to the park with their own families. Because Gyllenhaal does not wear a bra, her
breast appears lower on her chest wall, than does Kerr’s breast in her photo. Kerr also has the advantage of lying on her side, which may make breasts look (at least in a photo) more solid and less fluid. Instead, Gyllenhaal’s breast naturally hangs down (as most women’s breasts would without a bra). The liquid, flowing nature of her breast breaks the ideal that the breast must be firm and erect.

In another photo that emerged from the Internet search of her breastfeeding, she again dresses very casually (Pacific Coast News, 2007). She participates in a motherly gaze in the second image, looking down at her daughter as she nurses. In the first image, although she does not participate in a motherly gaze, she holds her daughter’s hand while nursing, demonstrating an additional form of connection with her daughter during this moment. The second image displays a happy face as well, although she has a much more serene, reserved look. The photo appears more natural than the previous celebrity photos, which seemed staged and purposeful. The images of Gyllenhaal nursing represent a more natural and public view of breastfeeding. She clearly does not hide her breastfeeding and seems happy to nurse in public, not so that she can appear on the cover of a magazine but because she chooses to feed her child.

Unlike the previous images of celebrities breastfeeding, Gyllenhaal’s daughter is not a newborn. The children in the other images were all quite young and did not show breastfeeding past three months of age. Gyllenhaal’s daughter is seven months old in these photos. Most images of breastfeeding focus on the youngest infants, especially those under the age of seven months (see Figure 3.2 for the ages of babies in the magazine images). In the images of Gyllenhaal, the baby sits up on her own and actively participates in breastfeeding. Most women in the United States nurse their children for the first few months (after all, breast is best!). The Centers for Disease Control and Prevention (CDC, 2011) shows that, in 2008, while nearly 75%
of mothers attempted to breastfeed, only 44% continued through 6 months, with only 23% still breastfeeding when the child was at the age of 12 months. Furthermore, the same study found that nearly 25% of infants were given formula as a supplement before 2 days of age, increasing to 36% by 3 months of age, and 43% before 6 months of age. Despite several health organizations, such as WHO and the CDC, urging mothers to exclusively breastfeed through six months of age, and to continue throughout the first year, most mothers in the United States do not follow this recommendation. Thus, Gyllenhaal presents a taboo by breastfeeding an infant at only 7 months because she makes the bold choice to continue breastfeeding past the very early stages of infancy seen in many of the images of breastfeeding, especially in advertising.

Because Gyllenhaal did not authorize the photos, I have some discomfort with the images. Seeing her breastfeeding does not make me uncomfortable but, rather, the invasion of privacy that they seem to represent. I breastfeed in public, but would be greatly offended and outraged if someone took a photo of me doing so. I do not see the act as something that needs to remain in private, but I would not want anyone to take photos of my children unless I authorized them to do so. If a stranger took a photo of any of my children, breastfeeding or not, while we played at the park, I would probably call the police. Unlike the photos of Jolie, where she allowed the sharing, Gyllenhaal’s images represent a less clear, assumed sense of permission to allow the images. Unlike myself, Gyllenhaal, as a public figure, has her picture taken in public even at unplanned moments. Although she did not officially give her consent, she does not hide her act of breastfeeding knowing that a photo may be taken. The images show her in a public space, and therefore do not necessarily represent an invasion of her privacy from her perspective. (Without asking her directly, we cannot know.)
I collected a total of 17 articles focused on Gyllenhaal’s breastfeeding images. These 17 articles resulted in 1,101 comments (see Figure 4.8). Four articles included more than 100 comments with 508, 149, 134, and 184 comments respectively. For those comments, a sample of 75 comments were taken, resulting in 426 comments and 17 articles analyzed. As with the other celebrity images, because the articles and comments had similarities in length and tone, they were collected and analyzed as a whole.

Five specific themes emerged from the comments and articles I analyzed (see Figure 4.9): reactions to the photos as an invasion of privacy (an unanticipated category); support for breastfeeding in public (which emerged from “Supportive”); reactions that reflected seeing as much breast elsewhere (which emerged from the categories of “Supportive” and “Appreciative”); opposition to breastfeeding in public (which emerged from “Negative and relating to breastfeeding in public”); and assertions that public breastfeeding should be more discreet (which emerged from “Negative and relating to breastfeeding in public”). Some comments accomplished multiple rhetorical tasks and so I counted them in each relevant category (rather than treating the categories as mutually exclusive). Some comments did not group into a relevant category and therefore were not considered in the analysis.

The comments about the image reflect the tension that I felt about the privacy of the images. Almost 10% of the comments remarked on the paparazzi and expressed disdain for them. An anonymous (2011b) poster shares, “AGAIN invasion of her privacy, that’s very disturbing that someone take a picture of a mother feeding her by nature’s way. Get a better job paparazzis.” Alisyn (2007) adds, “I think this is a lovely photo, but feel sad that Maggie and Ramona were followed by paparazzi, who took unauthorized pix of them nursing.”
The comments reflect not a distaste for breastfeeding in public, but for the clear lack of consent that the photos represent. The audience responded differently to the images because they were not taken by a loved one or a friend in a private space, but instead in a public venue. This public image of a truly public display of breastfeeding, then, shows that people have discomfort with the presentation of an image that lacks the subject’s authorization.

However, only a small number of people commented that she was a great role model to promote breastfeeding. The problem here is clear: when celebrities planned photos of breastfeeding and supplied them to the media, the celebrities were trying to propagandize breastfeeding. When a natural image is taken of a celebrity breastfeeding in public, the image becomes complicated because it represents for some readers an invasion of privacy. In order for the celebrities to lend their breasts to the lactivist cause, the images must come from either a staged photo or one taken naturally by the paparazzi. Although I am uncomfortable with the images because they do seem like an invasion of privacy, what the image provides is a true image of a celebrity breastfeeding in public. The image shows that Gyllenhaal, in her every day life, breastfeeds in public. She does not need a photo opportunity to do so; she does so because she apparently feels it is the right choice. This evidence of her personal choice, not her choice to gain publicity, helps the breastfeeding cause significantly because it shows women that they, too, can breastfeed in public.

Like the other images, Gyllenhaal’s images brought comments both supporting and opposing breastfeeding in public. Overall, comments showed more support than opposition, with 194 supporting breastfeeding in public, and only 46 opposing breastfeeding in public. This swell of support for breastfeeding seems to indicate that more people, in general, accept than disapprove of public displays of breastfeeding. However, when in public, it is often the negative
displays of reaction that attract the most attention. Although supporters of public breastfeeding may not walk up to a nursing mother and speak to her, someone opposed to the act most likely will. For the most part, a woman who is nursing her child in public probably wants it to be simply accepted, thus no comment is needed. Therefore, when negative comments are made, those comments are the ones that sting the most and discourage mothers from continuing to nurse in public.

Some of the comments (43) supported breastfeeding in public, but only with a blanket or nursing shawl. BKA (2007) reacts:

No one is saying that a baby shouldn’t eat or that a woman shouldn’t breastfeed. In fact, I’m not even going to say that a woman can’t breastfeed in public. All many of us are asking for is for a mother to cover her exposed breast during the process.

Many other readers suggested using pumped milk as a solution:

You can express your milk and feed your baby with a bottle in public [. . . ] you can bring a bottle of formula, you can use a blanket, you can time your outings better, you do not need to flash your breasts for everyone to see, it’s unnecessary and definitely rude and impolite. (Megan, 2007)

Pinkgirl (2007) commented, “I think that the way she chose to breastfeed in public is sloppy and rude! In my opinion she looks like trash!”

These comments show a clear discomfort with the amount of breast displayed and the choice to nurse in public. They reinforce the notion that breastfeeding belongs in the home or under a blanket. The comments may cause more anxiety for mothers who nurse in public, especially if they try covering up and it fails. With an older child, using a nursing shawl or a blanket can be nearly impossible. If a mother has an active child who resists a cover, but does not
feel comfortable nursing without a cover, then this discomfort may create a double bind, and she may end the nursing relationship earlier than she would otherwise prefer to do. Additionally, when a woman is first learning how to breastfeed, she usually needs to visibly see the child latch in order to get a proper breastfeeding position. Trying to manage holding a baby while latching properly is difficult enough without a cover, and for many mothers, trying to juggle an additional obstacle (imagine signing your name on a moving piece of paper, in a straight line, with your eyes closed) may be enough to make them cease breastfeeding.

Many people were quick to inform those individuals asking the nursing mothers to do so discreetly or in a more private space that such options simply do not exist.

You want us to go off somewhere private to breastfeed? We’re not in Europe. The US isn’t breastfeeding friendly. There aren’t places we could go to [feed] in private. Oh yeah there are, they’re called bathrooms. Sorry. The days of feeding my son on a public toilet are over. (Joanie, 2007)

Mothers were fast to point out that the solutions offered by many did not reflect a realistic solution for most breastfeeders. Danielle (2007) points out that “sometimes what you’re wearing doesn’t allow you to be discreet nor does your baby.” Many mothers shared that their child did not tolerate a blanket or a nursing shawl. In my own experience, my younger daughter was comfortable with a nursing shawl when she was an infant, but as an older child, she will not allow anything to cover her head.

The comments that the breast should simply remain more covered reflect discomfort with the amount of breast shown. Most commenters who took issue with breastfeeding in public focused on the amount of breast that Gyllenhaal showed, not the actual action. However, what those commenters offered as “realistic” solutions often did not give practical answers for most
nursing mothers. Planning an entire day around a child’s feeding “schedule” presents an unrealistic goal, whether the mother works or not. Babies often have a schedule of their own, demanding to be fed at perhaps the most inopportune (and unpredictable!) of moments. Mothers in today’s world have responsibilities outside the home; therefore, sitting at home all day does not reflect the reality of today’s nursing mother.

Although many people commented on the amount of breast shown, others pointed out that just as much breast can be seen everywhere in our society. Sandy Johnson (2007) responds, “How is it acceptable for young girls to go outside wearing next to nothing, exposing bare legs, lots of cleavage and such but Maggie who is fully clothed feeding her baby is deemed unacceptable.” Wren (2007) adds, “You’d best find a blindfold for your children, because there are images of T & A all over the place.” An article on egotastic.com (2007) mentions the double standard the media have towards breastfeeding and exposing breasts: “It’s not everyday you see celebrities pop their breasts out on the side of the street. Well, unless that celebrity is Lindsay Lohan, Paris Hilton, Britney Spears, or Sienna Miller.”

Although comments such as these seem to support breastfeeding in public, comparing breastfeeding to an act of publically displaying breasts in socially unacceptable ways risks inviting audiences to evaluate breastfeeding as equally inappropriate. I understand that many of the comments that mention seeing breasts on runways, in magazines, and on television attempt to normalize seeing breasts for breastfeeding (especially because Gyllenhaal has shared her breasts with the world in several films). However, comparing the two sets of images in order to argue the point that society should accept women baring their breasts for feeding does not actually help the breastfeeding cause. The people who argue against public displays of breastfeeding most likely include the same people who argue against showing too much breast in the media. When
arguments link the two displays of breasts in society, the argument against breastfeeding in public becomes stronger, not weaker. Society needs to accept breasts for their dual purposes. Breasts are both sexual and nurturing. They represent women as both mothers and lovers, thus society needs to make more strides to recognize women as both.

Salma Hayek Breastfeeding a Starving Infant

The very last image I discovered in my search of the most popular celebrity breastfeeding images breaks the most social norms and expectations with breastfeeding. Not only is the mother non-white, she is also unmarried, nurses in public on video for a show that would air on television, and even nurses a child who is not her own. If all of these “taboos” were not enough, she also breaks a norm (if not a recommendation) by nursing her daughter who is one year of age! All these factors go against the picture the advertisements paint of the perfect breastfeeding mother.

In the video, Hayek sits on a chair nursing a child (Salma breast-feeds another’s baby, 2009). Hayek tells us that this one-week-old child has the same birthday as her own daughter at home who has just turned one year old. (Hayek pumped during the filming of the show so that she could keep up her milk supply.) The child is African with dark skin and dark hair while Hayek is Latina, with dark hair but lighter-colored skin than the child. She breastfeeds the child while sitting on a chair in what appears to be a room in a clinic. Two other women stand and watch her breastfeed. Because someone records this event, there is most likely a cameraperson, if not a full camera crew, present in the room.

Because she sits in a public space, she wears attire suitable for the public location. She wears a button-down shirt and slacks. She has her shirt open, and she feeds the child in a cradle hold. Because of the hold, the audience can see very little of her breast even though she does not
wear nursing clothes and does not cover the baby’s head with anything. The video shows a close-up of the baby nursing, and even in that image, the audience sees very little of Hayek’s breast. (Someone, presumably the show’s producer or art director, has managed to provide a small strip of fabric that lays across the top of Hayek’s breast once the child is latched on and nursing peacefully, greatly limiting the appearance of cleavage during the close-up.) This image demonstrates that, when a woman breastfeeds, the nursing mother may show very little breast. At times, she looks down at the child with a motherly gaze, but also spends time looking at and talking to the other women in the room.

Because of her celebrity status, the people reading the articles most likely know some things about Salma Hayek. They may know that she is a Mexican woman. At the time the video was made, she was not married but had a child. She is a prolific actress, and many people consider her not only beautiful, but also sexy.

ABC produced the video segment for Nightline. The image, then, doubly serves as a public display of breastfeeding because she breastfeeds in a public venue and also because the video airs in a very public place. Unlike many of the other images of celebrities nursing their children in private places, images which were later shared in public ways, this video represents a woman breastfeeding in public in both live and mediated ways (television). Unlike Bowen’s photo of breastfeeding twins, Hayek’s video appears on a network television station, although it does appear late at night. Through the sharing of the video on the Internet, the video went viral, and the audience can access the video on various websites (including YouTube).

In my analysis, I collected a total of 38 articles about the video. Included in this total was a YouTube posting of the video. With the 38 articles, I found 1,737 comments (see Figure 4.10). From those comments, four articles received more than 100 comments, with 873, 103, 107, and
232 comments respectively. From these three sets of comments, I collected a sample of 75 comments each. The total number of comments analyzed, then, was 722 and 38 articles. From these reactions, three main themes emerged (see Figure 4.11): celebration of the video, including people who said they would do the same (which emerged from the “Supportive” and “Appreciative” categories); disgust or disagreement with cross-nursing, including two main concerns: the threat to Hayek of contracting HIV from the baby, and a danger to the baby because of Hayek’s smoking (which emerged from “Suggesting abuse of harm to the child”); and Hayek’s sexual appeal (which emerged from the “Sexual in nature” category). Comments could, and often did, belong to more than one of the emergent themes. Some comments did not group into a relevant category and therefore were not considered in the analysis.

Although the video provides an example of cross-nursing, which is a less common form of nursing in the United States today, and therefore presumably might be more shocking for viewers, many of the articles and accompanying commentary celebrated the video and Hayek’s actions. In fact, 339 of the 760 reactions celebrated and applauded Hayek. Esmailian (2009) writes in her article for www.hollyscoop.com, “Her breasts have certainly made headlines in the past before, but this time they were for a good cause. We commend her for going out of her way to help save a child.” McGinnis (2009) shares, “I just saw something heartwrenching and amazing.” While SunnyChanel (2009) thinks that, “when actress and mother Salma Hayek does charity work, she doesn’t just give her time and super star status, she gives it her all, including her famous and bountiful boobs.” From those comments, 38 people specifically responded that they would take the same action as Hayek if faced with a similar situation.

The comments show the positive effect that Hayek’s video had on the public. Instead of a public outcry against her nursing another woman’s child, most people interpreted it as an
amazing act. Unlike the Gyllenhaal images, Hayek’s own voice is given to the images. Not only do the audience members have the opportunity to know a part of the story, they actually can hear Hayek’s voice explaining her actions. Hayek is given the opportunity to talk about her choices, to share her own decision-making process, to link her own actions to the story of her great grandmother feeding a hungry baby. She exhibits so much agency, so much compassion, and as a result viewers are invited and allowed to experience the context and meaning of the event (generosity and support) in a deeper way.

Many of the comments about articles reflected the positivity and heartwarming feelings of the articles. Even when people thought they would find the video offensive, they often walked away surprised. Wonderchild (2009) comments:

I was a little shocked when first hearing of this as all the media headlines simply said “Salma breast feeds another’s child” etc. etc. and made it out at first glance that she were some loony who had creepily stolen a random woman’s child to feed. Silly media. [. . .]

She seems really lovely with a good sense of humour.

Lauren (2009) adds, “I thought this was going to be weird, but she really makes it seem okay, like it’s nothing.” Many others gave general support and applause to this act, some noting that the video made them cry.

The comments analyzed in this chapter bring to light many individuals’ discomfort with breastfeeding, and, especially, breastfeeding that happens in front of them. Many readers of previous posts noted that breastfeeding in public was only appropriate if the woman covers up, but as a breastfeeding mother, I breastfeed many times in front of others who do not even realize I am breastfeeding. Because the child’s head often covers the area, breastfeeding in public can be a very discreet act. However, the idea of breastfeeding in public often bothers people. Like the
comments above, some individuals were initially anxious about the video, but once they actually watched it, they understood the situation better and, therefore, became accepting. It helps that the producers of the video have placed a cleverly-designed cover over the top of Hayek’s bosom so that no part of her breast is shared. These reactions forecast what we might hope for in future reactions to breastfeeding in public, given increased understanding. Once those individuals who express discomfort begin to see women breastfeeding in public as a common act and an act that does not necessarily involve public nudity, comfort levels may rise.

Surprisingly, the scathing reviews that Gyllenhaal’s photos elicited did not appear for Hayek. This lack of discussion, when all the other celebrity photos became an opportunity to trot out arguments about whether women should nurse in public and how much breast can actually show in public, surprised me. She does not nurse her own child, an act that would surely have elicited public outcry, but instead nurses another woman’s child. She does not just cross-nurse, but she generously donates her own milk to a starving child. When breastfeeding merely serves the purpose of feeding a child, the public reacts strongly, either positively or negatively, not to breastfeeding itself, but to breastfeeding in public. However, when breastfeeding involves a charitable act, the public shows more comfort with the situation and, in fact, applauds the action. I found almost no comments to any of the photos questioning the healthy effects of breastfeeding. I did locate a few arguments about whether formula feeding was, in fact, “evil.” However, for the most part, as the literature shows, people in the United States accept that “breast is best.” Therefore, the audience has little hesitation that Hayek assists the child by donating her own milk. The audience overlooks the action itself, perhaps in part, because Hayek is performing a charitable action.
Additionally, Hayek does not nurse the child in just any public venue. She sits in what appears to be an adobe hut in Sierra Leone. Because she is not in the United States, she is not breastfeeding in public here. If she sat in a park breastfeeding someone else’s child in New York, more people might react negatively. However, because the video takes place in a country far removed from the United States, the public recognizes that Hayek is not breastfeeding in public in the United States, and that realization may make a difference for how the audience reacts. (There may be a presumed distancing that allows one to offer charity to “others,” such as people from cultures believed to be less advantaged than one’s own.)

Hayek’s sexuality and sex appeal also play a significant role in the way individuals viewed and commented on the video. As Calhoun (2009) writes in her article for time.com, “If anyone on the planet could convince men that breast-feeding moms can have a sex life, it would be Salma Hayek.” Although the video in no way shows Hayek in a sexual role, because she is Salma Hayek, many people see her as a sexual person. Her attractiveness and sexual appeal were cited by 60 people (almost 8%) who made comments that were sexual in nature. Although such sexual comments appeared for all of the celebrity photos, Hayek’s sexual appeal apparently overshadowed that of the other celebrities, enough that I considered it an emergent theme in the reactions. Hayek’s race may be just one of the reasons that commenters felt more “free” to post such reactions. In Black Feminist Thought, Collins (2000) tells us that black women are treated as animals in pornography. She explains that, while white women are “objects,” black women “receive no such redeeming dose of culture and remain open to the type of exploitation visited on nature overall” (p. 139). Similarly, as a Latina woman, Hayek’s body is likely eroticized in white-dominated U.S. American culture, marked not only as an object for the voyeuristic pleasure of men, but also perhaps marked as animalistic. As a result, the audience may not only
be invited to see her as a sexual being, but also encouraged to comment and respond in an even less respectful way than with the images of the white celebrity women.

Although the comments ranged in their approach, perhaps most disturbing were those people who said they wished they were the baby, with playj25 (2010) even noting on YouTube, “damn that lucky baby.” Although these types of comments could be found for all of the celebrity images, when the child in question is one who is starving, the effect becomes more offensive. Within all of these sexual responses exists some truth in how people feel. Perhaps the poster made the comments as off-the-cuff jokes, but breasts represent symbols of both women as mothers and women as sexual beings. Although the act of breastfeeding is not sexual, because Hayek is considered sexy, many viewers had a difficult time separating the two. (Indeed, that inability is probably where most of the societal discomfort with public breastfeeding arises.) Although not a sexual act, it shows that women can be both sexual and mothering at the same time. They can act as both, and as Clark-Flory (2009) states, “The video clip is so genuinely heartwarming, even the predictably sophomoric commentary (‘I’d kill to be that baby!’) fails to diminish it.”

In total, only 33 reactions showed a discomfort with cross-nursing. Although some people did not give a reason for this discomfort, a significant amount of discomfort with the video came from people concerned with the possible health dangers that the situation may have posed. The first threat that 17 comments mentioned involved the HIV epidemic. Many commenters did not provide clarity about whether they had concerns about Hayek or the infant being HIV positive. However, because the HIV virus infects many people in Sierra Leone, the likelihood is that people were concerned that the child might carry the virus and put Hayek (and her breastfeeding child at home) at risk. Nine4u67 (2011) points out, “Better make sure that kid
doesn’t bite her nipple and give her AIDS.” Although not the most intellectual of answers, it sums up the valid concerns that many people expressed. It also brought up conversations about whether HIV passes through breastmilk, a contentious topic in the medical community. These types of discussion bring breastfeeding and formula solicitation in third-world countries to light for many individuals not aware of these issues.

Questions about the health dangers (such as HIV) of cross-nursing also highlight a general discomfort with cross-nursing. As mentioned in Chapter 4, images tend not to show families with mixed races, and this absence could perhaps represent racial anxieties that are expressed as a discomfort with displaying cross-nursing. Three articles about Hayek’s video specifically cite LLLI’s policy against cross-nursing. LLLI’s (2011) official stance from its website is as follows: “La Leche League does not encourage or suggest wet nursing or cross nursing of infants. Indeed, the practice is discouraged for a number of physical and psychological reasons.” I could not locate a section or even a mention of cross-nursing in The Womanly Art of Breastfeeding (Wiessinger, West and Pitman, 2010). The comments concerned or uncomfortable with cross-nursing reflect and reinforce its rejection by society in general, and by at least a part of the lactivist community.

The other health concern stemmed from the commenter’s personal knowledge about a detail of Hayek’s life; 15 commenters claimed that Hayek is a known smoker and included concerns about the quality of the milk provided from a smoker. A former breast feeder (2009) posted, “Salma smokes and she’s breastfeeding?????” CaterpillarGirl (2009) adds, “I only have a problem with this, because she is a smoker.” Most viewers support both breastfeeding and breastfeeding in public, but only at times when the child’s health could benefit. Many questions exist about the health effects of smoking on breastmilk. I have a lot of discomfort with knowing
a nursing mother is also a smoker. I would probably feel compelled to action if I saw a mother
nursing and smoking at the same time. However, in this case, most of the audience may not
know Hayek smokes. Additionally, the video did not show her doing so while she nursed, and
the audience does not know whether she smoked directly before nursing. Therefore, for many
audience members, the benefit a starving child would receive from breastmilk could outweigh
the possibility that an unknown small amount of chemicals may pass through the breastmilk to
the child.

The concern with smoking illustrates and highlights the requirements of being a “good
mother.” Hayek can only nurse this starving child because she nurses her own child at home. The
comments not only question the safety of this starving child, but also the safety of her own child
at home. The criticism of her parenting choices reinforces the idea that a mother must follow
certain “rules” and that she must act in certain ways. In this case, she cannot smoke, especially if
she still breastfeeds. This criticism perpetuates the idea that the breastfeeding mother must
breastfeed in certain locations, around no other people, and in a loving way; additionally, under
no circumstances should she smoke or participate in any other questionable activities (such as
drug or alcohol use). Although not a smoker, I can relate to this rigid structure that is built for
nursing mothers because I choose to drink wine occasionally even though I still nurse my
daughter. There is a hegemonic bias that allows the public to judge and condemn women because
they are seen as people who can and should be controlled, especially if they are mothers.

Some ethical questions about the entire situation remain. Because Sierra Leone is a third-
world country, many people question the potentially exploitive nature of both the video and the
act itself. Indeed, Proctor and Gamble paid for the production of the video. Proctor and Gamble
produces infant formula and distributes it to third-world countries, which almost exclusively
formula feed; a UNICEF (2006) report states that in developing nations, only one-third of infants are exclusively breastfed until 6 months of age. Questions also remain about the act of power and privilege in the video. Hayek, the Americanized movie star, swooping in as the “savior” to those “poor people” in Sierra Leone who do not breastfeed, reinforces the prejudice that people who have wealth and power are more intelligent and know how to better care for their children.

Breastfeeding remains the best option for feeding an infant, but in a nation plagued with HIV and lacking education, providing the breastfeeding education and knowledge to new mothers so that they make the active choice to breastfeed, as well as inspiring future generations of women to do so, may prove a better use of time and energy for both Hayek and companies such as Proctor and Gamble.

In the end, though, Hayek perhaps did what any other mother would do in her situation. Many mothers commented that they would perform the same action she did. These comments resonated with me. While I have never cross-nursed, and never really considered it, if I saw a starving infant, I would like to think I would do the same thing as Hayek. The video is touching, and the emotional sentiment is perhaps why the reactions to it remained primarily positive. When most people see a starving child, their gut reaction is to feed that child. In this case, Hayek fed the child the way she feeds her own child.

**Conclusion**

Although images of celebrities may not give an audience a realistic notion of what a nursing mother faces in her daily life, they do show the idealistic representations of nursing mothers. Celebrities often embody a culture’s ideals of beauty, and in this case, they are the idealized representations of beautiful, breastfeeding mothers.
This idealized representation of beauty did not go unnoticed by the people viewing the images. In fact, many people commented on the beauty (or in Hayek’s case the sexiness) of the person in the image. Like the images from Chapter 3, the women breastfeeding in the celebrity images fit the stereotype of beauty in our society. First, the images showed women who are thin. All of the breasts displayed were erect (not sagging) and generously sized (not incredibly small), with the exception of Gyllenhaal’s breast in a photo that was taken in a true public setting and was the least staged of the images. The celebrities were predominantly white, with the exception of Hayek. In fact, in my initial search for celebrity images of breastfeeding mothers, Hayek was the only exception I could find to the whiteness monopoly. This does not mean Hayek is the only non-white breastfeeding celebrity. Erykah Badu, Brandy Norwood, and Gloria Estefan have breastfed or are breastfeeding. The absence, then, is not because of an absence of non-white breastfeeders. Many factors may play into this absence: it could be that these women have not themselves provided images to the public; and/or paparazzi have not caught them nursing in public; and/or more ominously perhaps, as non-white women, they may be marginalized to the point of almost non-existence from the breastfeeding story perpetuated by the media.

Perhaps not very surprisingly, the images often mimicked the practices seen in Chapter 3. The images, when purposeful, often did not include a defined space. When they did, the space often occurred in a home or other private environment. However, the reaction to the image treated the images not as representations of breastfeeding, as portraits of breastfeeding, but as if the actors in the images had performed the action in front of the audience. People did not respond to the image as if it were static, as they would to a painting on a wall. Instead, the images were treated as breastfeeding in public even if the images occurred in a private place.
The reactions also indicated a personal connection to the images. Although the audience most likely did not know the celebrities personally, the reactions showed an interpersonal type of relationship with them. At times, the reactions would indicate knowledge of their personal lives, such as Jolie’s relationship with Pitt, or Hayek’s smoking habits.

Although this personal connection could rhetorically act against the breastfeeding cause (if the celebrity is unpopular, a backlash against breastfeeding might result), it also provided many benefits to the breastfeeding cause. The images encouraged other mothers to tell their own stories, especially if the celebrity shared her story. These stories provide support, encouragement, and a collective voice for breastfeeding.

Finally, the images allowed the public to be exposed to breastfeeding in a less invasive way than if the action had happened in public. Although reactions often treated the images as a public form of breastfeeding, encountering the images in the media also allowed people a sense of the control in how they viewed the image. In the case of the Hayek video, some people reported that, although they had expected to be offended, they actually found the image perfectly acceptable. Celebrity images, then, could act as a stepping-stone for the acceptance of breastfeeding in public. With more images of breastfeeding in our mainstream media, the public will hopefully become more accustomed, and thus more accepting, of breastfeeding as a norm.

Figure 4.1
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<td>Modern Family Actress Julie Bowen Can Double Breastfeed</td>
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<td>blogs.babycenter.com</td>
<td>39</td>
<td>Julie Bowen's bird's eye photo of twins breastfeeding</td>
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<tr>
<td>breastfeeding.blog.motherwear.com</td>
<td>7</td>
<td>Julie Bowen shows picture of her twin nursing hold, but not on The View</td>
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<tr>
<td>celebs.gather.com</td>
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<td>Julie Bowen Shows Off Her Twins Breastfeeding (PHOTO)</td>
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<td>celebs.gather.com</td>
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<td>Julie Bowen Shows Off Her Breastfeeding Picture (Photo/Video)</td>
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<td>entertainment.blogs.foxnews.com</td>
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<td>Did 'Modern Family' mom Julie Bowen go too far with breastfeeding snap?</td>
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<td>moms.gather.com</td>
<td>3</td>
<td>Julie Bowen Talks Breastfeeding (PHOTO)</td>
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<tr>
<td>thestir.cafemom.com</td>
<td>22</td>
<td>Julie Bowen Breastfeeds Twins &amp; Shows Her Boobs On TV</td>
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<td><a href="http://www.associatedcontent.com">www.associatedcontent.com</a></td>
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<td>Julie Bowen Breastfeeds Twins Photo Too Much for 'The View' (But Not George Lopez)</td>
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<td>The Controversy Over Julie Bowen's Breastfeeding Photo</td>
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<td><a href="http://www.buzzfeed.com">www.buzzfeed.com</a></td>
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<td>Julie Bowe Breastfeeding Her Twins</td>
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<td>Julie Bowen of 'Modern Family' shares picture of newborn twins breastfeeding</td>
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<td><a href="http://www.eonline.com">www.eonline.com</a></td>
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<td>Who's the Celeb Breastfeeding Twins?</td>
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<td><a href="http://www.growingyourbaby.com">www.growingyourbaby.com</a></td>
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<td><a href="http://www.hollywoodlife.com">www.hollywoodlife.com</a></td>
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<td>Bonnie Says: Stop Freaking Out Over Julie Bowen's Pic Of Her Breastfeeding twins!</td>
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<td><a href="http://www.huffingtonpost.com">www.huffingtonpost.com</a></td>
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<td>Modern Family's Julie Bowen Double Breastfeeds Twins</td>
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<td><a href="http://www.huffingtonpost.com">www.huffingtonpost.com</a></td>
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<td>Celebrity Breastfeeding Photos Are NOT Offensive on TV!</td>
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<td><a href="http://www.ivillage.com">www.ivillage.com</a></td>
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<td>Julie Bowen of Modern Family Breastfeeds Twins</td>
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<td><a href="http://www.mamaknowsbreast.com">www.mamaknowsbreast.com</a></td>
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<td><a href="http://www.momlogic.com">www.momlogic.com</a></td>
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<td>Modern Family' Star's Breastfeeding Pic Causes Controversy</td>
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<td><a href="http://www.nypost.com">www.nypost.com</a></td>
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<td>Modern Family&quot; star Julie Bowen hits 'em with her breast shot</td>
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<td><a href="http://www.thesuperficial.com">www.thesuperficial.com</a></td>
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<td><a href="http://www.youtube.com">www.youtube.com</a></td>
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**Figure 4.6**
Figure 4.7

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<td>egotastic.com</td>
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<td>Maggie Gyllenhaal Breast Feeding in Public</td>
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<td>icydk.com</td>
<td>37</td>
<td>Maggie Gyllenhaal breastfeeding on the sidewalk</td>
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<td>justjared.buzznet.com</td>
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<td>Maggie Gyllenhaal Boldly Breastfeeds</td>
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<td>sassypriscilla.typepad.com</td>
<td>6</td>
<td>Yay to Maggie Gyllenha for Breastfeeding in Public</td>
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<td><a href="http://www.babble.com">www.babble.com</a></td>
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<td>Celebs Who Breastfeed in Public: Maggie Gyllenhaal</td>
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<td>Maggie Gyllenhaal Nurses in Public</td>
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<td>Parental Advisory: How can I discreetly breastfeed in public?</td>
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<td>Maggie Gyllenhaal and Ramona Sarsgaard out Friday evening, nurse in public</td>
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<td><a href="http://www.motherpopper.com">www.motherpopper.com</a></td>
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<td><a href="http://www.popcrunch.com">www.popcrunch.com</a></td>
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<td><a href="http://www.suite101.com">www.suite101.com</a></td>
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<td>Gyllenhaal Nurses in Public: Celebrities Who Publicly Breastfeed Help Mainstream Nursing</td>
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<td>Hayek Breastfeeding: Why Do We Care</td>
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<td>abcnews.go.com</td>
<td>24</td>
<td>Feed the Baby, Starve Mom?</td>
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<td>abcnews.go.com</td>
<td>232</td>
<td>Salma Hayek on Why She Breastfed Another Woman's Baby</td>
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<td>alphamom.com</td>
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<td>Moms Would Follow Salma Hayek &amp; Breastfeed Another's Starving Baby</td>
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<td>blackandmarriedwithkids.com</td>
<td>11</td>
<td>Salma Hayek Breastfeeds A Starving Baby in Africa</td>
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<td>blog.sfgate.com</td>
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<td>Salma Hayek breast-feeds starving child</td>
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<td>blogs.babycenter.com</td>
<td>66</td>
<td>Video: Salma Hayek breastfeeding a sick baby in Sierra Leone</td>
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<td>breastfeeding.tribe.net</td>
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<td>Video: Salma Hayek Breastfeeds Starving Infant in Sierra Leone</td>
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<td>ecochildsplay.com</td>
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<td>Salma Hayek Breastfeeds African Infant</td>
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<td>entertainment.oneindia.in</td>
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<td>Salma Hayek suckled another woman's baby</td>
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<td>Salma Hayek Breastfeeds Starving Infant in Sierra Leone [Archive]</td>
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<td>Selma Hayek breastfeeds a starving African baby</td>
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<td>George Galloway seeks Salma Hayek for breastfeeding</td>
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<td>Salma Hayek, Breast-Feeding and One Very Public Service</td>
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CHAPTER 5

REAL MOTHERS, REAL BREASTFEEDING

With information gathered about reactions to celebrity images of breastfeeding, examining images of ordinary women breastfeeding was also important. The rhetorical analysis of the images gives insight about the type of “real women” breastfeeding. Additionally, I gathered comments to these images, allowing a glimpse into the public reaction to everyday women breastfeeding.

I examined a final set of images from two sources. First, I examined the three top videos about breastfeeding on YouTube. To collect the videos, I did a search on YouTube for “breastfeeding.” I then arranged the videos based on the number of views (highest to lowest) and chose the top three videos. Videos that did not allow comments were not included in this collection. This analysis not only rhetorically analyzes the videos themselves, but also the comments left for the videos. I collected a sample of the comments for each video. Because the least-viewed video had over 400 comments and the most-viewed video had over 100,000 comments, I found it necessary to take a sampling of the comments rather than analyze the entire set. Since I examined far less material for these sets of images (I was only examining the comments from the YouTube video rather than multiple sets of comments for several articles), I increased the sampling to 225 total per video. I collected the first 75 comments, the middle 75 comments, and the final 75 comments.

I also collected images from a recent nurse-in at a McDonald’s in Arizona. The manager of an Arizona McDonald’s asked a mother to leave after customers complained about her breastfeeding in the restaurant. The mother advised the manager of her rights, but the manager still demanded that she leave the restaurant with her family. The mother shared her story, and
many other mothers banded together to stage a nurse-in at the restaurant. A nurse-in is a public protest performance in which mothers nurse at a public location, in most cases where an establishment previously banned breastfeeding. Arizona law allows for women to breastfeed in public, and McDonald’s later publically acknowledged that it allows breastfeeding in its restaurants, citing management error for the way the mother was treated. To collect information about reactions to the nurse-in, I searched for the term “Arizona McDonald’s nurse-in.” I collected the first two pages of articles on the nurse-in that resulted from searches using Google, Yahoo, Lycos, and Bing. In this chapter I rhetorically analyze the images present in the articles, the articles themselves, and the comments left by the public (when there were fewer than 100 total comments). When the comments left exceeded 100, I collected a random sampling of 75 comments: the first 25 comments, the 25 middle comments, and the final 25 comments.

**Breastfeeding Video: “Breastfeeding Tips”**

The video titled “Breastfeeding Tips” had received 6,188,636 total views, had elicited 484 comments and was the third-most popular video when I searched for “breastfeeding” on YouTube (on September 28, 2011). From the 484 comments, I selected and examined the first 75, the middle 75, and the last 75 comments. From these comments, I found two main themes (see Figure 5.1): the inappropriateness of the video (which emerged from my original category of “Negative and related to breastfeeding in public”) and the support that the video provided (which combines the “Supportive” and “Appreciative” functions I anticipated finding). The video presents a woman breastfeeding and gives many tips about breastfeeding, from positioning to scheduling, in just over six minutes; the video acts as an instructional tool.

The woman in the video, Jessica, is similar to many of the women presented in the breastfeeding advertisements (ParentsTV, 2008). She has a thin frame and blond, wavy hair. She
seems happy and relaxed. Although she wears a button-down shirt and slacks, she breastfeeds in a private space. The space looks like a nursery. Because of the brief mention of the furniture and where the audience can purchase the furniture seen in the video, the video most likely took place in a studio set up to look like a nursery. The producers of the video, however, have created a setting that gives the sense that Jessica breastfeeds at home in a nursery.

The infant in the video is a newborn baby named Luna. She is small and does not have much motor control. Like most other breastfeeding images that I located, this video does not provide the infant’s exact age. The information provided also primarily focuses on tips for nursing infants. The amount the child should eat, the time it takes the child to eat, and almost all of the other information pertain only to infants, not to older babies or toddlers. This exclusive use of information that relates only to breastfeeding infants reinforces the ideology that the breastfeeding relationship exists between a mother and an infant, not a mother and an older baby, and certainly not a mother and a toddler. The video does not mention tips for children who are older, nor even how a mother can continue to breastfeed once the child can hold his/her own head up.

Although Jessica participates in a motherly gaze with her child, she also spends time talking to the lactation consultant. The motherly gaze still has a significant presence in the video. The video shows Jessica stroking Luna’s hair and interacting with her while she nurses. The video reinforces the idea that, while breastfeeding, the mother should bond and connect with the child (ParentsTV, 2008). However, it also shows mothers that they can converse with other people while breastfeeding. Jessica carries on a conversation with the lactation consultant and diverts her eye contact from baby Luna to the lactation consultant on several occasions. From
this, the audience can infer that mothers can complete other tasks (including but not necessarily limited to having conversations), while breastfeeding.

The video differs from the magazine and website images of breastfeeding in many ways. First, Jessica does not wear a wedding ring in the video. Because Jessica is not a celebrity, the audience does not know whether she is married. We simply may notice that she does not wear a ring. The advertisements that showed breastfeeding paid careful attention to the mothers' entire wardrobes, and most mothers wore wedding rings. The relatively high production value of this video, created by ParentsTV, leads me to infer that each choice was purposeful rather than haphazard. However, regardless of intent, the missing wedding ring signals to the audience that the woman may be unmarried. This omission represents a change in the images of breastfeeding I examined earlier. By not specifying the mother’s marital status through the visual cue of a wedding band, the ParentsTV video opens up possibilities for a wider variety of breastfeeding mothers to identify with Jessica.

The video also names the woman. In the advertisements, the companies do not give power to the women in the images by naming them. The simple act of calling the woman by her name, and giving a name to the child, grants both of them subjectivity. Although the audience knows neither Jessica nor Luna personally, and does not recognize them as celebrities, the act of giving them names encourages the audience to see them as people, rather than just as objects representing “mother” (or just “breast”) and “baby.”

The inclusion of medical personnel makes this video stand out as well. In the images I collected from the magazines and Internet, only one image represented a mother breastfeeding in the presence of a medical professional. However, the information from the review of literature points out a real opportunity for medical professionals to support successful breastfeeding
relationships. Not every woman needs a medical professional to assist in breastfeeding. Many women are able to successfully breastfeed without any assistance. However, many more women do need assistance, from medical personnel, La Leche League leaders, or other experienced nursing mothers. As I pointed out earlier, although I am a seasoned breastfeeder, with my third child, I still needed assistance from my lactation consultant throughout my breastfeeding journey. I personally relied on my lactation consultant to assist me in choosing over-the-counter medication when I became ill. Lactation consultants can also provide assistance with finding good positions for nursing, tips on pumping, and many other breastfeeding questions. By contrast, the absence of medical professionals (or even other women offering support) in the other images leads to the assumption that this is a natural process that comes easily. Therefore, women who do encounter problems may believe that they are alone in their difficulty, may judge themselves as failures, and may give up on breastfeeding altogether. The relative invisibility of nursing support people in our public images of breastfeeding thus correlates with the lack of public understanding that breastfeeding, although a natural act, is not always something that comes “naturally.” I explained to a friend that, although human beings can “naturally” swim in water, that does not mean you throw your child into a pool and hope for the best. Most people take swimming lessons to prepare them for the water. The same is true for breastfeeding. It is an act that, for many women, needs to be learned.

This video also shows a complete latch by the baby onto the breast. Unlike most of the images I found previously, the image shows a complete breast and takes latching step by step. This video shows the infant latching on to the nipple from multiple angles so that a breastfeeding mother knows what a proper latch should look like. This video gives several views of the entire breast and nipple as well. The angles show the complete breast and nipple and, therefore, allow
the audience to see the act of breastfeeding. When a mother acts discreetly in breastfeeding, she is not modeling what breastfeeding looks like in the home. If the audience cannot see the entire breast, new nursing mothers cannot learn how to properly breastfeed from the image. In order to see a proper latch and to learn how to attain that latch themselves, it is very helpful for mothers to see the nipple from multiple angles.

The comments for the video are similar to the comments left for the celebrity images. Although there were comments of a sexual nature, there were far fewer than for the celebrity images. Perhaps people had a harder time making sexual comments about a “real” woman than a celebrity. I do not suggest here that celebrities are not real. However, the woman in this video does not have the same mystique as a celebrity. Because she does not present herself in a sexual manner on film or in magazines, she represents a more realistic version of women that people would encounter every day. Perhaps because of her relative familiarity and accessibility, people identify with her more, and thus find it harder to comment in a sexual manner towards the woman. In our culture, we find it acceptable to ogle women on television or on a billboard, but we find it less appropriate to ogle a woman passing on the street. As mentioned before, Jessica does not wear a wedding ring. However, in my analysis, I did not find a single comment that reflected discomfort or disapproval of her lack of a wedding ring. Although I found comments that reflected on the marital status of Angelina Jolie (as indicated in Chapter 4), the same displeased remarks did not appear with the non-celebrity mother. This could indicate an acceptance and implicit support of the mother with no concern over her marital situation. In my own situation, although I have experienced negative remarks about breastfeeding in public, I have never had someone comment on my marital status even though I rarely wear a wedding ring.
Of the 225 comments collected, one theme involved the inappropriateness of the video (a category that emerged from the original category of negative and relating to breastfeeding in public). Ten comments focused on whether the video was appropriate for all audiences on YouTube. YouTube, much like television, has a rating system. Some software packages can block videos with certain ratings, for the protection of children who might be using the computer. YouTube did not flag this video for a mature rating because of its educational nature. Dementalpoptart (2009) worried, “Not good for my kids to watch this on youtube [be]cause my 13 year old gets in he[re] and he might see this.” Nero2zero (2008) wondered, “ok . . . why is a boob showing[.] No offen[s]e[. ] Try to block it [.]” Sumblocka (2008) gave the obvious reply, “Then they wouldn’t be able to properly demonstrate it.” Such comments indicated that some viewers had a problem with the amount of breast and nipple shown because they felt the amount was inappropriate, especially for a website such as YouTube which is often frequented by young people. However, in order to properly demonstrate breastfeeding, a woman must expose her entire breast. Although the image takes place in a private setting, its worldwide accessibility amounts to a public display of breastfeeding. However, in this case, most audience members accepted it as “educational” and therefore, found it more acceptable.

More so than with the images of celebrities, most commenters talked about the support the video provided (a category that emerged from the original categories of “Supportive” and “Appreciative”), with 41 comments asserting that the video provided more support than they received from lactation consultants and medical personnel. Amg101080 (2010) shared:

While pregnant, I prepared for everything BUT breastfeeding. All that was available were books/articles w/diagrams/still photos that I had to dis[s]ect. The lactation consultant cost $ every time we visited w/ her. Breastfeeding was a challenge. I found this video 1 month
after my daughter was born & it helped tremendously! How else are new mothers supposed to learn these things if no one is willing to make videos like this? For some moms, it takes a lot of work to build breastfeeding confidence.

She was not alone in her experience. Girlnamedbillie (2009) shared:

This has really helped me out. I have been trying and trying to properly understand how to breastfeed because I am 6 ½ months along with my first and I strongly want to breastfeed but I didn’t know how and didn’t know anyone else that did. Now I know how to do it! Thank you so much!

These types of comments show the support that women find from the video. As a video, it is an educational tool that women can visit multiple times. In some ways, the video acts as a locus of community support for these women.

The mutual support of breastfeeding mothers showed in the comment threads that women created to cheer for one another. When mothers talked about their struggles to breastfeed and how they were considering giving up, other mothers posted their support and encouragement; 1945nik (2010) told another commenter about her own struggles with breastfeeding and concluded with “Don’t worry just keep trying.” When women posted their feelings of failure because they could not breastfeed, others supported them and encouraged them to try with their next child, often adding tips to find more success.

Most of the expression of frustration and challenge with breastfeeding came in response to comments demonstrating confusion about why someone would need a lactation consultant or video. Although there were only five comments that illustrated this point of view among those I analyzed, the message they sent drove right to the heart of why society often frowns upon women seeking help for breastfeeding. Issareign (2010) stated, “Do people have absolutely no
common sense anymore? Seriously, soon there will be instructional videos on how to watch an instructional video.” Bumba26 (2009) wondered, “How can women have problems breastfeeding their kids which is supposed to be a natural process.” He/she likened breastfeeding mothers to his/her nursing cat and suggested that women “learn the basics” from a house cat. In some ways, this argument supports breastfeeding in public. It represents how nature intended for mothers to feed their children. However, this mentality has another side to it. If breastfeeding is pure nature, then women should not need assistance with breastfeeding. They “should” be able to perform the act naturally, without even thinking about it. Most breastfeeding mothers know that breastfeeding takes time, patience, energy, and practice. Because of our culture, this natural act has become more difficult. If we lived in a culture where every mother breastfed in public, women would be able to see the process all around them. However, many women do not see other mothers breastfeeding, and when problems occur, they do not have any reference points from which to draw.

The comments indicated that most people had received and accepted the message that “breast is best.” None of the people replying to the video argued that breast milk did not provide the best food for an infant. However, where a woman chooses to breastfeed, how she chooses to do so, and whom she breastfeeds remained debatable. In one section of the comments, a mother noted that her child was biting her when breastfeeding. Many people replied that she should not breastfeed a child who has teeth. These comments reinforced the common misconception that women should breastfeed until the infant has teeth. The video represented this social norm by only showing an infant, not an older child. The message that “breast is best” worked effectively but only to the extent that “breast is best” for an infant. A broader public acceptance of breastfeeding for older babies and toddlers is still missing.
Breastfeeding Video: “Breastfeeding Tips on Scheduling”

The next video I examined was the second-most popular “breastfeeding” video on YouTube (on September 28, 2011). The title of the video was deceptive about the topic of breastfeeding. Although some mothers may click on the video link to gain insight on “scheduling,” the video actually talked about why mothers should feed their babies on demand and, therefore, should follow a baby-led schedule. The video received 2,036 comments, from which I analyzed the first 75, the middle 75, and the final 75 comments available on September 28, 2011. From the comments, I found two key themes (see Figure 5.2): negative reactions to breastfeeding in public (one of the original categories anticipated), and support for breastfeeding in public because it is a natural act (a category that emerged from the original categories of “supportive” and “appreciative”).

The video differs from the other YouTube video significantly. The previous YouTube video focused on how to breastfeed an infant and showed the steps a mother should take in order to feed her baby. “Breastfeeding Tips on Scheduling” simply talks about “tips” for breastfeeding. Although breastfeeding women may find the video useful, in terms of the information provided, the video only showed one image of breastfeeding for a very short time period.

Overall, the woman in the video has a more relaxed nature than the previous YouTube video (Solomon, 2008a). She seems more natural, unlike the professionally-produced video from ParentsTV. In fact, I believe the woman actually sits in her own living room and talks to us from her own home. She holds a child who is much older than the one in the ParentsTV video. The audience knows the child is older because we see him/her dancing around and wanting to move around the room. Unfortunately, the audience never actually sees the mother in the video...
breastfeed the child. Although the mother talks about breastfeeding, she never actually shows the audience how to do so.

The video presents the audience with one still image. In the image, the audience sees a blond child (Solomon, 2008b). The audience knows the child is not an infant because the mother does not hold the child to his/her breast, but instead, the child sits near the breast to nurse, holding onto the other breast for comfort. Although the audience can clearly see both breasts and a small amount of their areola area, the image hides the rest of the mother. Similar to the magazine images of the phantom breast, this image only presents the child and the breasts. The rest of the mother has no importance in the image. The child looks up, at what the audience can guess would be the face of the mother, but viewers do not see her actual face. The omission of every part of the mother, except for her breasts, removes the subjectivity of the mother and shows the breasts as mere objects for a sole duty: to provide for the child. The child is not the same child in the video itself because the child looks remarkably different.

Although the woman in the still image lacks subjectivity, this video provides a unique opportunity which none of the other images provide. In the comments following the video, the mother talking and presenting the video actually responds to the other commenters. The poster who self-identifies as “4breastfeeding” is the woman in the video. I discovered this fact when examining the comments and noticing that she responded to many people posting with a “thank you” or explaining the benefits of breastfeeding. The video itself almost represents an advertisement for the mother’s blog and website, which we see a link to at the end of the video. The audience does not know about the mother in the video from just viewing the video. However, viewers are able to learn about her by going to her blog and website. They also can directly interface and communicate with the main person in the video, which gives her greater
subjectivity than any people in the previous images. The commenters know that she actually reads the comments they leave and, therefore, know that they are talking, at least indirectly, to another person. This presence differs from the other images, especially those for which I gathered comments. Although Angelina Jolie may read the comments on justjared.com, the audience probably assumes that she does not. The comments people leave are for public consumption, not for a conversation directly with the person in the image. In the case of the previous YouTube video, no one among the posters whose comments I analyzed left messages to indicate that she was the mother in the video itself. Thus, the people leaving comments left them, again, for public consumption. However, in this case, if the audience follows the threads of the comments, it becomes available that the mother in the video reads the comments and replies to many of them. Although she does not reply to every comment (with over 2,000 that would be difficult), she attempts to address almost every question, and she occasionally addresses specific people who have thanked her.

Again, the mother who presents the information in the video does not provide a live breastfeeding demonstration. The mother in the still image who breastfeeds is objectified; she remains an unknown, unnamed breast. However, because the mother presenting the video gives information about breastfeeding and presents the image of the breastfeeding mother, she takes implicit ownership of the image and stands behind it. When people leave comments, they do not leave them for a company such as ParentsTV but, instead, for a specific person, “4breastfeeding.” The situation holds many similarities to those of the people who shared the images of breastfeeding celebrities on their blogs. However, very few blog owners actually responded to the articles and to the comments left. They did not participate in ongoing
conversations about the images themselves; rather, they simply posted the images and allowed others to comment on their articles.

Surprisingly, 15 posters still commented negatively on the question of breastfeeding in public, more than for the previous video. The presence of these comments surprised me because the video presents the image for a very short period of time, the images do not display the entire breast and nipple area, and the audience does not even see the face of the mother. The previously analyzed video showed the entire mother who was breastfeeding, showed much more of the breast and nipple, and showed the breast for extended periods of time. Although that video received fewer negative comments about breastfeeding in public, many people still claimed that the video displayed too much breast for public viewing. The presenter, 4breastfeeding, did not breastfeed in the video at all, a point she articulates in one reply: “This mom doesn’t just want to flash her breasts. You cannot even see my breasts in this video” (4breastfeeding, 2010).

Although many people defended the video as a “natural” act, some commenters pointed out the many “natural” things that should not be displayed on YouTube for all to see. Maizmaul (2010) stated:

Actually, I don’t see the difference, people need to learn to have sex too, and it can be educational. In fact, I think they should start teaching this. Too many people can’t please their partners and it makes their marriages fall apart.

The inference of the comment suggested that public breastfeeding carries the same public display of sexuality as sex itself. Because the video displayed a partially hidden breast, for this commenter, it was not different than showing how to have sex. Some people pointed out that such a popular video could be popular for reasons other than information about breastfeeding. Chrisxrush (2010) thought, “its amazing how the most viewed videos are about breastfeeding. In
my opinion, there are WAY too many horny teens.” Again, the video displays very little actual breastfeeding. Although it talks about breastfeeding over the majority of the video, the image of breastfeeding was displayed for only eight seconds.

Other people displeased with the video discussed, again, the “natural” part of breastfeeding. Both supporters and people who disliked the video used breastfeeding as “natural” as an argument. The “natural” element of the act, therefore, could be read in two different rhetorical ways. First, many people claimed that, because breastfeeding is a natural act, woman should not need an instructional video about it. Many commenters, such as GothicLoser411 (2009), compared breastfeeding mothers to barnyard animals, stating “No animal is taught how to be a mom.” Eight people commented to the effect that a YouTube video on breastfeeding was unneeded or ridiculous. The idea that mothers do not need assistance to breastfeed because it is natural contradicted the argument that society should accept nursing in public because it is a natural act.

Almost 10% of the comments focused on the act of breastfeeding as natural and, therefore, suitable for public viewing on a medium such as YouTube. Jadayoo (2010) suggested that “breastfeeding is the most natural and wonderful gift a mother can give her child.” Gibson (2009) added, “Breastfeeding is a totally natural thing to do, and I’m proud of all of you girls.” The acceptance of breastfeeding can act as advocacy of breastfeeding in public, as women defend the act as natural and, therefore, acceptable in public. However, this acceptance presents a double-edged sword because most people accept “natural” as something that does not need to be taught. When new mothers see nursing portrayed as a natural act, they may find disappointment and frustration if their breastfeeding relationships with their children do not go smoothly. Breastfeeding often involves pain, exhaustion, and frustration, especially in the beginning weeks.
When “breast is best” is touted as the “natural” solution, mothers may conclude that it will therefore be “easy,” and may become disillusioned if that is not their experience.

Six mothers defended their right to breastfeed their children in public. However, very few comments actually ridiculed women for breastfeeding in public. Even with this relative absence of negative judgment, the mothers appeared to be responding to pressure and tension from being attacked for breastfeeding in public, not necessarily in this forum, but in their day-to-day lives as breastfeeders. EmerysMommy (2010) wrote:

> Women aren’t asked to cover their bottles when they feed their baby in the mall. Why are breastfeeding mothers asked to cover up? And go to the bathroom to nurse their babies. Screw that. I don’t eat in the bathroom, my baby isn’t gonna eat in a bathroom.

The comments defending women’s choices to breastfeed in public represent not just a defense and reaction to the comments themselves, but a defense and reaction to the lived practice of breastfeeding in public. EmerysMommy speaks out about her right, which someone violated by asking her to go to a bathroom to breastfeed. I cannot even count the number of times someone at a restaurant or store asked if I could “please take that somewhere else.” When I first took my daughter out to eat with a group of friends, a friend had a daughter the same age as my child. She took her child into the bathroom to nurse while I chose to eat my meal and nurse my daughter at the table. My mother commented afterwards that she felt I made everyone at the table uncomfortable by nursing my daughter while we ate. I honestly do not believe that a single person even noticed, except for my mother who was mortified to be seen with a breastfeeding mother.
Breastfeeding Video: “Breastfeeding . . . at 8”

The most popular video I found on YouTube regarding breastfeeding was “Breastfeeding . . . at 8.” With over 38 million views (as of September 28, 2011), and over 100,000 comments, the video had received more views and comments than all of the previous images (for which comments were collected) combined, including all of the celebrity videos. The audience members needed to click into the video itself. Unlike a news program or a magazine, in order to watch YouTube videos, the audience must actively seek them. The audience chose to watch the video. I analyzed 225 comments total, and discover four major themes (see Figure 5.3): general displeasure with the video (which emerged from the “Negative” themes), the mother receiving sexual satisfaction (which emerged from the “Sexual in nature” theme), allegations of abuse (which emerged from the original category of “Suggesting abuse or harm”), and discussion of age of weaning (a category not anticipated). Although a few people expressed support for the video, it did not emerge as a major theme for analysis.

The video itself shows a mother who nurses her daughter. The video states two different ages for the daughter, and although the title claims the child is eight, the video says she is seven, almost eight. The child, at seven, verbalizes her desire to breastfeed, and can carry on a conversation in the video. Although the child represents a much older age group than the other images and videos, and shows an extreme, as a popular video on YouTube, the video itself plays an important role in people’s interest in breastfeeding children who have passed infancy. I did not breastfeed any of my children past the age of two, but I know many mothers who have chosen to allow the child to self-wean. Although I do not know anyone who is vocal about breastfeeding until the age of seven, like many parenting decisions, I have learned to respect the decisions of other parents. No one knows his or her children like a mother or father does. No one
knows what is best for an individual child like that child’s parents; thus I have learned to trust other parents in their decision-making for their own families. Additionally my lack of knowledge about a parent nursing her child until the age of 7 also does not mean that I do not know anyone who did so, rather that no one I know has shared such information with me, which is not surprising given the negative societal reaction to continued nursing at such an age.

Even though I breastfed my oldest daughter until 19 months and my youngest daughter is now 16 months, I get asked every day about my decision to continue breastfeeding. I am fortunate that many organizations stress the importance of breast milk past the age of one. When I continued to breastfeed my oldest child past the age of one, many people questioned my decision. Now, I have the backing of several health organizations and many years of previous nursing experience to support my decision. However, as a new mother nursing my first child, I constantly doubted my decision to continue breastfeeding. I was extremely fortunate that I had several close friends and colleagues who also breastfed their children past the age of one, and I received a great amount of support for my own decision. Without that support, I probably would not have breastfed past my oldest daughter’s first birthday. My youngest child still breastfeeds at 19 months and verbalizes when she would like to do so. She long ago passed the stage of getting a first tooth, which my well-meaning mother-in-law told me represented the age to wean a child.

The video shows a mother who is white with brown hair. The video tells us that the family is from Cambria, thus we know the family is British. The children’s father, who is the mother’s husband, appears in the video as well, so we know that Veronica (the mother) is married. Veronica talks about why she chooses to continue breastfeeding with her youngest daughter, and the audience is able to hear her voice and the reasoning behind her decision. This personal testimony allows the audience to see the mother as a subject and as a real person who
makes real decisions. Although there were positive comments, they represented a minority of the comments and therefore were not considered a major category for analysis.

The video shows very little actual breastfeeding. The video presents three scenes of Veronica and Eliza (the youngest daughter) breastfeeding. The first scene shows Veronica breastfeeding Eliza, but while breastfeeding, Veronica does not reveal any part of her breast (RDF Media, 2006). The video shows her breastfeeding in the same position twice. She simply pulls up her shirt, and her shirt hides the top part of her breast while her nursing daughter hides the lower part. In the second scene, Veronica wears a sweater that she unbuttons to allow access for nursing. In this scene, she reveals more of her breast, and the audience can see the top part of her breast as well as a small amount of her areola.

In another part of the video, the daughters draw loving pictures of their mother’s breasts (RDF Media, 2006). The hand-drawn pictures show Veronica’s breasts for which the children have different names. Because the children have more mature linguistic skills, they also have the ability to express how they feel about breastfeeding. Bethany, the oldest daughter, who was breastfed until age five, tells the audience it is “The best thing in the world.”

This video received the most negative comments of any image that I collected (154 of the 225 comments, the remaining comments were either irrelevant to the video or appeared in such small numbers that they were not considered a major category). The negative comments seemed to focus on three specific areas. The first area involved general disgust. Many comments left a simple “ewww” or “gross.” These comments allow for little critique because the people posting did not leave much information to determine what they found disgusting and why. However, I presume that the age of the child played a significant role in their reaction to the video.
The second area of negative comments focused on breastfeeding as a source of satisfaction for the mother. Over 10% of the comments focused on satisfaction, especially sexual satisfaction for the mother. Many women found breastfeeding to be an enjoyable experience. The comments left about sexuality and breastfeeding showed a discomfort with the notion that breastfeeding can be sexually arousing. Clearly, the people commenting felt that the two areas should have a separation and that, if a mother felt sexual satisfaction from breastfeeding, she must have a “sickness.” Fscutiepiee (2011) shared, “This is sick! She acts like she’s enjoying this more than they are!?” GangstaBroker (2011) thought, “Well, the mom must really be desperate.” Macky4Ace (2011) added, “I bet she loves it. She just forces the kids.” Throughout the comments, people expressed their discomfort with the mother finding pleasure from breastfeeding. Unfortunately, these comments work to delegitimize the natural enjoyment a woman may feel about breastfeeding. Enjoying breastfeeding does not make a woman a sexual deviant or less of a mother. The discomfort people express with sexuality and breastfeeding shows the need for individuals to compartmentalize how women use their breasts. Women cannot use breasts for both pleasure and mothering. The mothering act must be pure mothering, thereby not pleasuring, and certainly not sexually pleasuring. This restriction limits the ways women can express their own breastfeeding stories and experiences.

Many people also likened the act to incest or abuse of the children. Of the 225 comments analyzed, 24 indicated abuse of the child. Zachforeman (2011) called Veronica an “incest crazed b****.” TheAmerican732 (2011) called them, “[ . . .] inbred British dogs.” Altec2007 (2011) thought that Veronica’s actions will “ruin those kids mentally.” Barb488260 (2011) explained:

I think breastfeeding is a good thing. I think that doing it this long could be sexual abuse of a child. This woman has taught her children that this abuse is ok . . . she seriously
needs counseling. I think it’s her addiction more than the child’s need. When she said that the children talk to her breasts and draw pictures of them that’s just disturbing. When she says that they name them or they don’t care if they sag or have stretchmarks[,] it’s like she is making up for her husband not liking them.

Comments, such Barb488260’s show, like many negative comments about breastfeeding, an initial cry of “support” of breastfeeding. Such comments that follow a “I support breastfeeding, but . . .” show that although support for breastfeeding is given, it is only within a certain time, space, and specific parameters to make the act acceptable. When those parameters and social norms, are broken, the act then becomes unacceptable, deviant, and in the case of Barb488260’s response, twisted and abusive.

Amusingly, my daughter drew a picture of me breastfeeding in one of her classes. Breastfeeding is a norm in our household. My children see me breastfeed my youngest daughter, and we talk about the importance of breastfeeding. My youngest daughter, at 19 months, can verbalize her want to breastfeed. One of the first words for almost all my children involved their word for breastfeeding. At a young age, most children will give names to the things common in their lives, so even for young children, naming their mother’s breasts probably represents a commonality in many breastfeeding households where the mother extends feeding. Seeing commenters liken breastfeeding at a later age to a form of child abuse or incest (which would also represent abuse) saddens me. Many women wean their children early because of public perceptions about the negative impact of extended breastfeeding.

A few people expressed their concerns about the mother and children’s sexuality. Cstritz (2011) stated, “Hmmm . . . creating lesbians.” AliSamir (2011) added, “She is leb,” and Luv8sU213 (2011) commented, “Her daughters are lesbians.” Although these comments were
limited (6 total), calling children lesbians because they extended breastfeeding concerns me. The use of the word “lesbian” to denigrate the children and the mother shows a clear dislike for diverse sexual lifestyles. The fact that “lesbian” holds a negative connotation to the people commenting shows the discomfort that people hold with anything other than a heterosexual lifestyle. To assume that the children or mother are lesbians because she breastfeeds displays the idea that some people view breastfeeding as a sexual act. The comments do not clearly define whether the act of breastfeeding makes the children lesbians, or the age they breastfeed at does so. The implication is that after a certain age children are no longer innocent. Somehow, sadly, in our culture, adults’ perception of that age has gotten lower and lower. Seven-year-olds are accused of having sexual desire for breasts, rather than the more likely story of merely continuing to desire the sensuality of nursing: the warmth, closeness, comfort and sweetness of mother’s milk and skin-to-skin contact.

The most disturbing part of this comment lies in the fact that labeling the children as “lesbians” sexualizes not only the act of breastfeeding, but also the child who is being breastfed. At seven years of age, children still hold an innocence about them. Sensuality is universal; judgments of sexual inappropriateness (or, in effect, “perversion”) are culture-specific. To effectively identify such a young child as a knowingly “perverse” sexual being shows not only disturbing homophobia, but a lack of care about the welfare of the child; it represents an act of verbal violence against her.

The age deemed as appropriate for breastfeeding varied from the comments. Immer4Rammstein (2011) argued, “When a child is old enough to go to school, talk back, and have a full set of teeth, you need to stop breastfeeding!” Bunny4life (2011) found the verbalization about breastfeeding to be disturbing as well, adding “They touch them and talk to
them? Jesus. I stopped at 5 months.” Other people argued that breastfeeding should cease a little later, with many people often mentioning one year. Foresthunter2 (2011) shared, “When I become a mother, I will never allow my kids to breastfeed after 1 year old. They don’t need it anymore.” The need to breastfeed played an important role in people’s arguments that children do not need to breastfeed past the age of one. Electronicoffee (2011) used “science” as his/her evidence: “There’s NOT a single study that is peer-reviewed by SCIENCE that shows any nutritional benefit of breast milk over food past one year of age. That is a FACT, no matter what the ‘mommy cult’ tries and tells you.” Mrkidd22 (2011) gave a much wider range, arguing that “it starts being creepy after about 5.” The commenters here introduced the argument that children cannot survive on just breast milk after one year. Although it is generally accepted that children should be introduced to solid food after one year, extended breastfeeding still provides many health benefits. The composition of the milk changes with the child as he/she matures and, therefore, adjusts to that child’s specific needs; as Sears and Sears (2003) point out, “Mother’s milk is special. No two mothers make the same milk: no two babies need the same milk” (p. 117). In the video, the audience actually sees Eliza eating dinner towards the end of the video. Clearly, Eliza eats regular food along with having breast milk. The mother also explains that Eliza does not nurse as much as she did as an infant. Extended breastfeeding does not involve depriving children of solid foods but, instead, provides breast milk along with a regular diet.

The perception remains that if a child can eat regular foods, then he/she no longer has a need or benefit from breastfeeding, despite organizations such as the World Health Organization’s best effort to inform the public. The lack of extended breastfeeding should not surprise many people. When the common phrase associated with the breastfeeding campaign remains “breast is best,” lactivists must learn to expect the backlash. What happens when the
“breast” is no longer “best?” What happens when breast is only best when supplemented with the introduction of solid food? The slogan assisted in persuading many women to implement breastfeeding, but when it no longer offers the “best” all on its own, the slogan no longer fits the situation. As a result, many women experience the negative and scathing remarks left about the video if they choose to break the norms of breastfeeding and decide to nurse past the age of one, and especially if they do so in public.

**Arizona McDonald’s Nurse-in**

On a summer day in August of 2010, a mother and her friend went to McDonald’s with their children for a snack and to allow their children to play. What should have been an ordinary play date for the children quickly turned into a nightmare for the mother. She nursed her child while they ate their food, and a manager requested that she leave the restaurant because her actions disturbed some of the other patrons. Although the mother stated that the law allowed her to breastfeed, the manager threatened to call the police, scaring the older children, and the mother opted to leave. The manager followed her and her children outside the store and to their vehicle (English, 2010). This incident sparked outrage in the lactivist community, and women from as far away as California drove to the Arizona McDonald’s for a nurse-in, a protest activity that involves public displays of breastfeeding in areas where establishments have previously restricted nursing. The protest was portrayed favorably by the local media, and McDonald’s quickly issued an apology. Although the apology may seem proactive on McDonald’s part, in this case, the restaurant had no legal standing to do otherwise, because Arizona law protects breastfeeding women in both public and private places.

Although Arizona provides protection for women breastfeeding in public, not all women are so fortunate. Arizona law allows women to breastfeed in both public and private places,
specifically stating that breastfeeding in public is not an act of indecent exposure. However, not all states provide the same rights. As of the writing of this analysis, there is no federal law to protect women if they choose to breastfeed in public. Although many states have legislation that protects breastfeeding in public, as of the date of this writing, West Virginia has not passed any legislation protecting breastfeeding mothers, and Idaho only included dismissal from jury duty for nursing mothers (National Conference of State Legislatures, 2011). As a result, a woman may be asked to leave any public location for breastfeeding and can have charges of public indecency brought against her for breastfeeding in public. Other legislation is vague and therefore offers questionable protection, such as a Missouri law which states that a mother must breastfeed in public “with as much discretion as possible” (National Conference of State Legislatures, 2011).

While most of the rhetors whose words and images I analyzed agree that breastfeeding provides the best possible nutrition for an infant, the discomfort that many people have with breastfeeding in public remains. The McDonald’s incident brings to light the confusion and misunderstanding that many people have about breastfeeding in public. Although McDonald’s has a policy protecting breastfeeding mothers in its restaurants, the manager in this case either chose to ignore the policy or did not have knowledge of the policy. This confusion reflects the public’s lack of understanding of breastfeeding in public as well.

The media stories about the protest were positive. I did not find a single story about the nurse-in that portrayed the act as negative in the 22 articles I analyzed (see Figure 5.4). The articles supported a woman’s right to breastfeed in public, many of them citing Arizona state law. The images with the stories varied. Local media in the area reported on the story, providing interviews with the mothers, but they did not enter the restaurant. Therefore, the local media did
not share any images of women breastfeeding in their stories. Zemanta (2010) on the website purestrange.wordpress.com provided video with its coverage of the story (video taken from erinml05[2010]). However, the video seemed to show a home video of children playing at a McDonald’s Playland, and also did not share any images of women breastfeeding (erinml05, 2010).

Although some articles included stock photos of images representing McDonald’s, 7 of the 22 collected articles included images of women breastfeeding. Julie Gerstein (2010) provided a short article and a stock image of a woman breastfeeding on www.thefrisky.com. The image displayed a blond woman with a nursing infant. She wore a white, button-down shirt which she opened for breastfeeding access. She participated in the motherly gaze, looking down at her infant as he/she nursed. This image represents many of the magazine and website images collected. She looks similar to the women found in many of the advertisements analyzed previously and perpetuates the stereotype of the breastfeeding woman.

The website eideard.wordpress.com (2010) also uses an image of breastfeeding that reinforces many of the images previously found. The image shows a baby nursing. The baby looks to be a little older, perhaps about four to five months. The baby nurses, and we see the full breast from which he/she nurses. However, the image only displays the mother’s breast. The viewer cannot see any other part of the mother, and because the image focuses solely on the baby and the breast, the viewer cannot determine the location of breastfeeding. This omission, again, reiterates the many images of the breast unattached to the mother that were collected throughout the study. It clearly shows the audience that the importance of the relationship in breastfeeding remains between the child and the breast, and the mother simply represents someone who “provides” those breasts. It objectifies the mother as a product providing food to the child.
The remaining five images show women breastfeeding, presumably at the nurse-in itself. Two articles, one posted to guerillawomentn.blogspot.com by egalía (2010) and the other posted to jezebel.com by Margaret Hartmann (2010), display the same image of the same woman. The articles do not identify the woman in the photo, but she sits in a chair like those at a McDonald’s in front of a blank wall. She smiles at the camera while she feeds her child. The child in this image appears to be around the age of two. He is considerably larger than the infants who appear in many of the other images throughout the analysis. The woman has brown hair but light skin. She wears a t-shirt and jeans, but shows very little breast as she nurses because the child covers her entire breast area. Jennie (2010) at www.myfreerangefamily.com also shares a similar photo, which she identifies as herself breastfeeding at the nurse-in (see Figure 5.5). She also wears a t-shirt, and her child holds a toy in one hand. The child appears to be about the age of two as well. The audience cannot see any part of her breast because, again, the child’s head blocks the entire breast area. She participates in the motherly gaze as she nurses her child.

The images show how breastfeeding in public often appears. Although many people talk about being exposed to breastfeeding by mothers who do not “cover up,” realistically, even without a nursing cover, the people around the mother can see very little. Generally, the child’s head almost covers the entire breast area. Therefore, unless someone closely watches as the mother breastfeeds and sees a brief glimpse of the breast or nipple as the child unlatches, most likely the “public” sees very little actual breast during the act. The images also show real women breastfeeding in public. Rather than women whom photographers have carefully constructed into a breastfeeding scene, the images show women that they, too, can breastfeed in public, even discreetly! They also show nursing mothers that you do not need a nursing wardrobe (of specially-designed clothing) to breastfeed in public. The images themselves provide
empowerment to women to breastfeed in public if they choose to do so. Rather than seeing predominantly thin models or celebrities breastfeeding, these “real” mothers show women that their breasts do not need to be “perfect” in order to breastfeed in public.

Morran (2010), in his article on the event, provides images of women breastfeeding that were taken by women at the nurse-in (video from ABC15.com [2010]). The story reports that McDonald’s did not allow media coverage in the store. However, this story includes images of women breastfeeding through a still image and a short video. The still image shows two women breastfeeding their children, who both appear to be around the age of two. The mothers appear to be passing something between them, and neither participates in a motherly gaze. They sit on the floor in t-shirts and shorts, clothing you would expect to find ordinary mothers wearing in a casual setting and a hot climate. Both women have light skin.

This image shows women that not only can they breastfeed in public, but they can also do so while completing other tasks. They can breastfeed while socializing with other mothers, and it shows the solidarity of the two mothers participating in the nurse-in. Like the previous two images, this picture shows women breastfeeding children who have passed infancy. This inclusion encourages women to breastfeed past the first few months of a child’s life. The more images of toddlers breastfeeding that are shown in the media, the more normalized the act becomes. The women in the images look like “regular” mothers. They both have their hair in ponytails and even appear a little disheveled as if they may have actually been chasing children around a McDonald’s all afternoon. Although the image does not show a “perfect, peaceful” image of breastfeeding, it shows the realistic side of breastfeeding; therefore, women can see breastfeeding as a natural act that can occur anywhere.
The final image of breastfeeding included in the articles covering the nurse-in shows a mother nursing her son on the grass (myjuly, 2010) which appears in a blog posting (Lieberman, 2010). She sits in the grass, and the audience can see a bush with trash underneath it behind her. The image also shows a vehicle behind her, so she may be sitting on the grass outside McDonald’s, although I am not certain. She has a smile on her face and simply looks down, but not at her child. She wears a t-shirt and slacks, and shows a small amount of breast because her child’s head does not cover the entire area. The child appears to be less than one year of age, perhaps approximately six or nine months of age. Oddly, the child’s overall pants seem unbuttoned on the bottom, and she has a clean diaper sitting on her knee. The child appears to sleep while nursing, so it is unlikely she is changing his diaper during the nursing session.

This image strikes me as odd in several ways. First, most women would choose to nurse in a relatively clean environment. I do not suggest that women clean the entire area before nursing, but sitting on the ground with trash behind her seems like an odd choice. The child looks disheveled with his pants half on and a diaper at his feet (and on the knee of his mother). Perhaps the child fell asleep while nursing and caught the mother, planning to change his/ her diaper, off guard. I do not know what the image attempts to show the audience, except that it shows a mother breastfeeding in public. Perhaps the photographer took the image of a woman breastfeeding at a picnic or at her home on the ground. Although the image could show a woman at McDonald’s breastfeeding, nothing in the image indicates where she is. The article gives credit for the image to “Flickr user myjuly.” The woman does not wear a wedding ring, and she has dark hair and light skin.

This image encourages women to breastfeed, but because the background and situation of the image remain unclear, it does not necessarily encourage women to breastfeed in public. The
woman shown could be breastfeeding in her own backyard. No other people surround her, so the image acts much like the images that showed neutral backgrounds. Although the image may encourage breastfeeding in public, it does not do so definitively because it does not show the public nature of where it was taken.

All images found of the nurse-in and YouTube video displayed white mothers breastfeeding. Although some women at the nurse-in may have been Latina, none of the images clearly displayed cultural diversity. In addition, disappointingly, the photos did not include any images of African-American, Asian, Middle Eastern, or Native American women breastfeeding. These “natural” settings of breastfeeding did not include diversity in the types of women they showed, except for showing more natural-looking women who weighed more than the typical model. Because of the lack of multiple races shown, the pictures did not specifically encourage acceptance for more types of women breastfeeding. The images reinforce the idea that white women breastfeed.

The comments for the articles showed a significant amount of support for the nurse-in. I collected over 500 comments about the event and analyzed 307 of them. I analyzed all comments for an artifact when they totaled 100 or fewer. In cases where there were more than 100 comments, I collected the first 25, the middle 25, and the last 25 comments. While the comments I collected from mother-centered websites, such as babycenter.com and circleofmoms.com, showed almost unanimous support for the mother kicked out of McDonald’s, the general websites showed a reaction that is more diverse. The general categories I found were: Supportive of breastfeeding, but not in public (which emerged from “Negative and relating to breastfeeding in public”), including breastfeeding more discreetly; questioning age of the child breastfeeding (an unanticipated category); defending McDonald’s rights (an emergent category from “Negative
and relating to breastfeeding in public”); and stating the legal rights of the women breastfeeding (emergent from the original categories of “Supportive” and “Appreciative”) (see Figure 5.6).

Like many of the previous images, several people had a strong reaction to breastfeeding in public. From the comments, 35 focused on the inappropriateness of breastfeeding in public, especially when doing so indiscreetly (a category that emerged from the original category of “Negative and relating to breastfeeding in public”). Many comments focused on the women “whipping it out” or not being discreet. The images actually did not show much breastfeeding, especially the actual images of the nurse-in itself. Many comments focused on not only discomfort with breastfeeding in public, but also suggested alternatives for women who chose to do so. Many people, such as evilbetty (2010), suggested using a pump or nursing at home. She stated, “As for these ladies, get a pump or at least a towel! Folks are trying to slam Big Macs here!” Res1ems3 (2010) added, “For parents NURSING you should cover-up, do it in private, or pump at home. Take a bottle with you.” Pumping is not even necessary, as Cookie (2010) explained, “Smart moms would bring a formula bottle along for instances like this.”

Comments such as those shown above, show a clear lack of understanding of what a nurse-in represents. The women are present at the McDonald’s to show support for nursing in public. Additionally, it treats nursing as simply a mode of product delivery. The woman is there, simply, to provide milk to the child and how the child receives the milk holds little importance. As discussed previously, pumping does not work for every woman. I had a very difficult time pumping and eventually abandoned my attempts. Many breastfed babies lack the ability to drink from a bottle, and introducing a bottle at an early age can cause nipple confusion, leading to trouble with breastfeeding. Additionally, the benefits provided from breastfeeding do not stop with the actual milk. Many benefits (including the immunological benefits) stem from sharing
skin-to-skin contact with the mother. Although using a bottle occasionally would not greatly diminish the positive benefits, if the mother has a job or goes out in public daily, as most women do, then pumping and feeding with a bottle would become the norm rather than breastfeeding, and the woman’s milk supply would eventually diminish. (The baby suckling at the breast is a more effective way than pumping, to signal the body to produce more milk. As Wiessinger et al. [2010] point out, “Expressing milk . . . doesn’t empty the breast as thoroughly as a well-nursing baby” [p.312].) The comments reflect the misconception that women still spend a majority of their time with a child at home. The comments do not account for the busy lives that modern women often have, which often require women to nurse in public spaces, especially when private spaces often involve a restroom or a car.

Although the women appeared to breastfeed discreetly, the comments clearly indicated that discreetly meant that the women should not only use the child to shield outside eyes from the breast, but they should also cover the entire area. Seventeen comments focused on actually seeing the breast or women not being discreet. Although the women in the images did not use a cover-up or a towel (as the two comments above suggest), they also did not expose themselves in the images. The discomfort lies not in exposing the public to a bare breast, but in the idea that the public may be exposed to a bare breast. Cassiela (2010) suggested, “women . . . wear the covering that they sell at Target . . . It’s the perfect way to breastfe[e]d and NOT expose yourself.” Although a cover allows the child’s head to be completely hidden, I did not find from the collected images that it necessarily exposed the public to less breast. When my daughter was very young and breastfeeding, she tolerated a breastfeeding cover. I used one primarily to hide her from the public so that she would focus on eating, rather than covering up. Now that she is older, she will not allow anything to be put on her head. Most people would not place a cover,
blanket, or towel over their own heads when eating because it causes discomfort or distraction.

Offering a nursing cover as a universal solution only works in an ideal world, and assumes a placid nursling. Nurslings who are irritated at being covered will often wriggle and cry and flail about, attracting far more attention, being more disruptive to the adults around them, and exposing far more of the mother’s breast, than a child who is nursing contentedly. So covers can actually be counterproductive. The women in these images show that they expose themselves very little even though they do not wear nursing covers.

The age of the children represented another common theme across the comments. Twenty-five comments focused primarily on the age of the nursing children. As noted above, the children nursing in several of the articles were not infants. Instead, they appeared to be about two years of age. Although a few comments defended the age of the children, almost all of them were negative remarks. Chilly2583 (2010) shared her story of seeing a woman breastfeed a toddler: “I once saw a woman breastfeed what had to be a 3 year old boy. He walked up to her, TOLD her he was hungry, she whipped one out and he STOOD there ‘suckling.’ Gross.” Taylvie3 (2010) joked, “I’m surprised he didn’t walk up to the counter and order a glass of milk himself.”

Discomfort with the age of a nursing child centers around many factors. While some arguments cite the arrival of teeth as proof that nursing should stop, others believe that nursing should cease as soon as children can start eating solid foods, which on average can be as early as six months of age. (Although some babies are given solids earlier, the current AAP/WHO recommendations are for exclusive nursing at least until six months of age.) Although most breastfed children should receive supplemental foods after one year of age for nutritional and growth reasons, agencies such as the AAP and WHO urge mothers to continue breastfeeding past the age of one, using breast milk as one of the foods offered to young toddlers. Talking seems to
mark a point where people experience the most discomfort. Verbalizing wants and needs, especially in terms of breastfeeding, triggered discomfort in many commenters. This argument sees infants as passive feeders with the inability to express themselves through language. They can simply receive milk, without having truly reflective relationships with breastfeeding. Whereas children who can express their wants, needs, likes, and dislikes represent a taboo for some in our culture. However, every nursing mother could probably tell you that even the youngest infants express their needs through their different cries. They possess distinct cries for being hungry, being tired, or needing a diaper change. They also express pleasure and happiness. As I noted above, my daughter has communicated her word for breastfeeding since six months of age. The rhetorical implication seems to be that if children can think about nursing, those thoughts must be sexual, or disgusting or inappropriate in some way. Clearly, adults are projecting their own anxieties and uncertainties about the breast onto young children, rather than taking the children’s perspective: that nursing is a source of warmth, comfort, nourishment, reassurance, cuddling, rest, and a time to calm down and recenter.

One prominent issue that emerged specifically for this topic involved the legalities of the situation. Although 5% of the commenters (apparently ignorant of the law) asserted that McDonald’s was within its rights to eject the breastfeeding mother, nearly 10% of the comments involved legal advice. Although some commenters did not side with the mother, many people believed that her reaction should have involved calling the authorities. The law in Arizona protected the mother’s right to breastfeed at McDonald’s, and even McDonald’s policy protected that right. The manager did not have knowledge of what was allowed. If the manager or mother had phoned the authorities, they would presumably have sided with the mother, making the nurse-in unnecessary. Mothers need to work as self-advocates for breastfeeding in public.
Mothers should know the laws of the specific state in which they breastfeed, and as Ruby (2010) suggested, “Breastfeeding mamas: Print off your state’s statutes and carry it with you in your handbag/diaper bag- everywhere you go!” Others suggested changing the laws and introducing a national law because not all women in all states have protection.

When mothers and the public have more awareness about the issue of nursing in public and the laws in each state, both can advocate for breastfeeding, especially in public. Although President Obama issued a national mandate focused on breastfeeding in the workplace (Department of Labor, 2009), when several states lack or have inferior laws protecting a mother’s right to breastfeed, especially in public, the United States clearly needs a change. Discomfort with breastfeeding in public would not immediately cease, but individuals would know that breastfeeding mothers have the legal right to do so, and perhaps this action would cause less harassment for nursing mothers across the country.

Conclusion

Through examining the images of everyday mothers breastfeeding and collecting the comments about those actions, I found that, rather than a discomfort with breastfeeding in general, the major theme I discovered involved breastfeeding in public (with over 25% of all comments from Chapter 5 focused on negative reactions to breastfeeding in public). Although most of those critical said that they would find more comfort in “discreet” breastfeeding, there is no agreement on what counts as discreet. In every case, images where women breastfed without displaying their breasts still received comments that they did not breastfeed “discreetly” enough. “Discreetly” breastfeeding, to these critics, apparently did not mean showing as little skin as possible but, instead, having the entire child and breast area covered with a nursing cover,
blanket, or towel. And for some commenters, perhaps “discreet” means “nurse so that no one knows you are nursing.”

On the other hand, the comments demonstrated the success of the “breast is best” campaign. In all the comments I collected (for both Chapters 4 and 5), less than one percent seemed unaware that breast milk is superior to formula. However, images of real women breastfeeding toddlers sparked negative reactions from the public. Again, the campaign that “breast is best” has effectively reached a mass audience in the United States, but the message clearly remained that “breast is best” for infants. Despite the AAP and WHO recommendations to breastfeed past the age of one, many people lacked this knowledge or simply wrote it off as an excuse for extended breastfeeding. Rhetorically, audiences are encouraged to believe that nursing is not just sensually pleasurable but also sexually gratifying, and therefore inappropriate, for women to share with young children. Lactivists and breastfeeding advocacy groups need to better explain and promote the benefits of extended breastfeeding to encourage more women to breastfeed beyond the very first months of life. In the next and final chapter, I will articulate the rhetorical and social implications of my study, and possible future directions for such work.
Figure 5.1

Breastfeeding Tips
Inappropriate 10
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Breastfeeding . . . At 8
General Displeasure 175
Mother Receiving Sexual Satisfaction 30
Allegations of Abuse 24

Figure 5.3
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<thead>
<tr>
<th>Article by Website</th>
<th>Number of Comments</th>
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<td>Around the Web</td>
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<td>Moms hold nurse-in at Arizona McDonald's</td>
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<td>Moms Stage &quot;Nurse-In&quot; At McDonald's</td>
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<td>nursingbling.com</td>
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**Figure 5.4**

![Image](image_url)


**Figure 5.5**
Arizona McDonald's Nurse-in

<table>
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Figure 5.6
CHAPTER 6

CONCLUSIONS

This analysis investigated images of breastfeeding from three different perspectives. First, I collected images from magazines as well as websites of companies that specifically sold breastfeeding supplies. Next, I examined celebrity images of breastfeeding as well as the articles and comments that reacted to those images. Finally, I looked at three website videos and images relating to a recent nurse-in to gain more information about non-celebrity mothers who breastfeed, as well as the articles and comments that responded to those images. Overall, the images of breastfeeding mothers remained relatively consistent, regardless of the type or media source. This idealized representation of the breastfeeding mother was similar to and supported the findings in the review of literature.

In this study, I sought to answer the following questions:

1. What types of breastfeeding images are shown through magazines and websites?
2. What is included in images of breastfeeding, and what is missing?
3. What reactions are generated in response to public displays of breastfeeding?
4. What are the possible implications of such images and reactions?

Review of Patterns

Although overall breastfeeding rates have increased in the United States in the past several years, the CDC (2010) reports that only 33% of women exclusively breastfeed until their infants are 3 months of age. This figure falls drastically to 13% once the child is 6 months of age (CDC, 2010). This decrease is despite the recommendations of several health organizations, such as WHO and UNICEF (2007), the ADA (2009), and the AAP (2005), to exclusively breastfeed
until 6 months of age. By looking at images of breastfeeding, I found that images reflect what the
studies show in terms of who breastfeeds and for how long.

Throughout all the images I discovered, the women were primarily shown breastfeeding
infants. Not only were the children primarily infants, but they were also primarily young infants
between the ages of 0 and 3 months. Although some images showed infants who ranged up to 6
months, the stopping point for most images of breastfeeding was 6 months of age.

Examining the reactions to age, I found that when the nurslings depicted were below 6
months old, few to no comments were left about the image. However, once the age started to
increase, there was more reaction about the age of the infant. With the image of Maggie
Gyllenhaal, people questioned the age of the child and whether the child was too old to be
breastfeeding. In the case of the YouTube video “Breastfeeding . . . at 8,” most of the comments
remained negative and suggested child abuse for breastfeeding to such an advanced age. This
finding directly relates to the work by Wallace and Chason (2007) who found that “mother-to-
infant contact becomes improper and disgusting, especially as the child ages” (p. 435). The
comments revealed that people believed there were two key indicators to determine whether a
child should be weaned: the presence of teeth and/or the ability to verbalize wants and needs.
Although organizations such as WHO (2011) suggest breastfeeding until 2 years of age or
beyond, public support of such initiatives seems to be lacking. By showing infants breastfeeding,
rather than older babies or even toddlers, the images perpetuate the idea that only the youngest
infants should breastfeed. The lack of images with older infants and children breastfeeding
greatly limits the possibilities for the ages of breastfeeding children. The use of only young
infants as “models” of breastfeeding reasserts that any other age is both inappropriate and
unacceptable. Therefore, women who choose to breastfeed past such an age are breaking not
only a societal expectation, but also, in many minds, breaking a moral, ethical, and perhaps even legal code. Indeed, in reviewing the state laws regarding breastfeeding, many of the laws specifically use the word “infant” in their language. This type of language not only mirrors what is seen in the images and reactions to an older child breastfeeding, but it also leaves open the possibility that a mother breastfeeding any child other than an infant could be arrested for doing so. In order to change the public reaction to images of breastfeeding older infants, toddlers, and even children, the rhetoric in both our legal system and our public images must change. Some women are fortunate enough to experience the shared rhetorical culture of a support group such as a local chapter of La Leche League, which may offer (as the Carbondale, IL chapter did in the 1990s and early 2000s) special meetings for women nursing children past the age of two (Daughton, 2011). This would help provide a sense that nursing past infancy is possible and beneficial and something that other ‘normal, healthy’ peers do. But for the majority of women who are without this rhetorical resource, whose only systematic exposure to other nursing mothers comes through mediated images, the visible display in our mass media of a wider age range for breastfeeding may help women feel comfortable and empowered to continue breastfeeding past the earliest months of their children’s lives.

The image of the breastfeeding mother is also consistent across the images. First, most of the women in the images were white. This discovery does not accurately reflect McDowell, Wang, and Kennedy-Stephenson’s (2008) findings for the National Center for Health Statistics (NCHS) Data Brief, which found that 79% of non-Hispanic white infants breastfed while 80% of Mexican-American infants breastfed (65% of non-Hispanic black infants breastfed). According to these data, the images should have displayed more Mexican-American women breastfeeding than white women. Interestingly, many of the images included white women with dark hair,
rather than blond or red hair. In such cases, the image could be read as questionable race because the image could represent a Latina woman with light skin. However, the lack of color variation shows that the images predominantly include only women with light skin even if they are non-white. Darker-skinned Latinas, although present, were overshadowed numerically by women with light-colored skin. This lack of cultural diversity not only misrepresents the breastfeeding population, but, again, it also greatly limits perceptions of who can and should breastfeed. By repeatedly showing women with light-colored skin, the images reemphasize that white women are the women who should breastfeed.

The overwhelming presence of white mothers in the images could be read in an alternative manner. Rather than their presence reasserting the act of breastfeeding from a white perspective, the images could be an example of recognizing that white women do not breastfeed as much as Latina women and, therefore, need to be encouraged more than the Latina women. However, if this were the case, then there should be a predominant presence of black women depicted breastfeeding as well, because their racial group was the least likely to breastfeed according to the most recent NCHS data (McDowell et al., 2008).

Breastfeeding mothers pictured, then, were predominantly white, and they were often shown wearing a wedding ring, indicating marriage. Even though this symbolism indicates marriage, the visual absence of a partner in the breastfeeding images belies the research that partner support is a major contributing factor in breastfeeding duration (Fletcher, Vimpani, Ruseel, & Keating, 2008; Hill, Arnett, & Mauk, 2008; Wallace & Chason, 2007; Ward, Merriwether, & Caruthers, 2006). Including a partner in images of breastfeeding would show that the breastfeeding relationship is not only between the mother and child, but involves and affects the entire family structure. The absence of a partner reinforces the idea that women
should focus on just their child, and not any outside influences, while nursing. (Also, the lack of visible partners intensifies the impression that breastfeeding should be completely “private.”)

Not only were partners unrealistically absent, but the images, overall, also lacked the presence of any support system, despite a study by McInnes and Chambers (2008) indicating that mothers “rate social support as more important than health service support” (p. 407). In order to adequately serve the needs of breastfeeding mothers, images must show the importance of a social network that supports the breastfeeding mother. With the inclusion of family, friends, and especially a partner, the images can assist in a more realistic vision of breastfeeding, and thus offer more support for nursing mothers.

The images also notably lacked any display of medical support to women breastfeeding. Only two images included medical personnel: one image addressing depression, and one YouTube video featuring a lactation consultant. Even more troubling, perhaps, the posted reactions to these images showed a severe lack of understanding for how challenging breastfeeding can be. In the two videos that offered breastfeeding support for mothers, at least five people (in response to each video), said that women should not need help breastfeeding. A common lactivist response about why breastfeeding in public should be accepted is because it is “natural.” The problem with such rhetoric is that people then assume that breastfeeding, as a natural act, does not need the assistance of medical personnel, other professionals, or even La Leche League’s invaluable mother-to-mother support. Not only does this rhetoric place an unrealistic expectation upon women that they should be able to “go it alone,” but failing at something that is “natural” to motherhood clearly implies failure as a mother as well. Additionally, public reactions questioning the need for assistance or guidance with such a “natural” act may inhibit a woman’s decision to seek assistance if she needs help when nursing.
Thus, asserting that breastfeeding is a “natural” act, ironically, may actually prevent women from increasing their breastfeeding duration.

The motherly gaze reemphasizes the assertion that breastfeeding is a relationship between a mother and a child exclusively. The images I collected showed women predominantly with the motherly gaze. The woman in the images I found typically looked down at her child with a loving and adoring look, often with a small smile to indicate that she was happy breastfeeding. Although I did not expect to find women with looks of pain or disgust while breastfeeding, because that expression would not encourage the act, the motherly gaze limits the woman not only in her allowed emotions while breastfeeding, but also in her actions. A mother with such a gaze reinforces the idea that breastfeeding belongs between a mother and child, not with outside influences. The mother must concentrate on and connect with her child in order to appropriately breastfeed, according to such images. Such images greatly limit a mother’s ability to form other relationships and to conduct other activities while breastfeeding.

The images of nursing mothers also restrict mothers in terms of location. The most common location I found was actually a blank background. By showing nothing, the images could be rhetorically read as saying that breastfeeding can occur anywhere. However, women were often shown in clothing such as pajamas, a robe, or only a bra, which would be inappropriate for public wear. Although the location was left open, such a wardrobe further reinforces the stereotype that a breastfeeding mother’s place is in the home.

Not only does this wardrobe choice limit a woman’s ability to breastfeed in public versus private places, but it also reinforces the patriarchal notion that, overall, a woman’s position remains in the home, not at a place of employment. However, many women choose to work outside the home, and several studies show that early breastfeeding cessation is often associated
with an early return to work (Bai et al., 2008; Boswell-Penc & Bower, 2007; Flower, Willoughby, Cadigan, Perrin, & Randolph, 2007; Ladomenou, Kafatos, & Galanakis, 2007). The medical community encourages women to breastfeed, but showing women continuously in the home environment while breastfeeding does not assist in women finding ways to do so. In order to further support breastfeeding women, images and rhetoric about how women find ways to breastfeed even after returning to work are extremely important.

Location played a significant role in the images, and the amount of breast displayed did, too. The analysis from Chapter 3 showed a relationship between the amount of breast displayed and the amount of the mother’s face shown. When more breast was shown, less of the mother’s face was pictured. This finding was reinforced in Chapters 4 and 5 by posted reactions asking women to be more discreet in their public breastfeeding. But in the images in question, the women displayed very little breast because the child was often covering the breast and nipple area. The negative reaction, then, was not to the amount of breast, but to the actual display of breastfeeding. For those individuals bothered by public breastfeeding, discomfort lay not in the fact that a breast was on display, but that a child was attached to the breast. Indeed, some commenters (quoted in Chapter 4) were troubled just to imagine that breastfeeding was going on at all, even behind a cover. Their ideal solution would seem to be to restrict nursing mothers to the home at all times. Instead of being a question about public and private breastfeeding, the true issue remains what women are allowed to do with their bodies in the public arena. Because a patriarchal society works to control how a woman uses her body, such a reaction is not surprising. Although the debate seems to be about public and private displays of breastfeeding, reactions to the images show that the debate focuses on control of the female body.
Surprisingly, in reactions to both the celebrity images and the images of non-celebrity mothers, I found more positive support for breastfeeding in public than negative reactions. However, the images often showed women in private places. Because the image was shared publically, the reactions treated the image as a public display of breastfeeding. Although such a public sharing of breastfeeding images may assist in normalizing the act of breastfeeding in public, because they still show women breastfeeding in private places, they do not assist in supporting public breastfeeding as much as they could. The public sharing of breastfeeding images, both by celebrities and non-celebrities, is important, but the pictures could have a greater impact if they showed more women breastfeeding in public. Showing the act of breastfeeding in public, and then sharing such images publically, will normalize the act much more than sharing a private image of breastfeeding would do. When private individuals share their private images, they are still in some ways reinforcing the social norm that breastfeeding should remain in private. Although it may be acceptable to share images of such an act, the unspoken message is that the act itself must occur in a private setting. By sharing images that contain public displays of breastfeeding, individuals can assist in normalizing the act in public as well as private settings.

When celebrities shared their images of breastfeeding, a significant amount of reaction focused on the beauty of the person sharing the image. This finding reinforces the idea that, in order to publically display a body, the person must meet idealized representations of beauty. Although celebrities may encourage more women to breastfeed because they are idealized representations, such images may also produce unrealistic expectations of how a mother should look. This possibility presents concerns in our consumer culture, as Bordo (2003) points out “when the regulation of desire becomes especially problematic [as in advanced consumer cultures], women and their bodies will pay the greatest symbolic and material toll” (p. 212).
Indeed, the celebrity images display mothers who are thin and meet the idealized societal measures of beauty. Presenting mothers with such idealized representations may invite mothers to be like them and to breastfeed as well, but those images also invite them to strive to appear like those pictured, perpetuating thinness as a cultural and societal measure of beauty. Additionally, the breasts that celebrity mothers often display represent the “ideal” breasts: firm, erect, and neither too small nor too large. (In fact, they are “just right” by social standards.) But especially after the first few days of a baby’s life, when the mother’s milk comes in and the breasts become larger, such a display may present unrealistic expectations about how a nursing breast appears.

Even though the images present unrealistic notions of beauty, they also give women the opportunity to share their own stories of breastfeeding. In fact, the images seem to allow women a voice and a language to describe their own experiences. McBride et al. (2009) explain the importance of women having a language to define their experiences with breastfeeding, of using breasts for a non-sexual purpose. In a culture where identities are socially constructed (and Butler [1995] describes “identity as a practice, as a signifying practice”), such language allows women to write their own identity, their own story (p. 184). When celebrities and non-celebrities share their own experiences, they empower women to reconstruct, to reimagine their own identities as breastfeeding women, and to tell their own stories. By sharing stories of breastfeeding, women may feel more empowered and more encouraged to breastfeed.

Societal Implications

The comments and images found in this analysis shape the perception of audiences, influencing them to make decisions and choices about their own breastfeeding relationships. The producers of these images send messages not only to breastfeeding mothers, but also to anyone
who encounters the images. These messages are important because they function as rhetorical strategies which invite the audience to see breastfeeding in a certain way, a way that is often distorted from the realistic aspects of breastfeeding that mothers face every day.

The images offer limited perceptions of who, what, and where a mother can safely breastfeed her child. Although women hold government positions and have obtained the right to vote in the United States, control is still being sought over their bodies and the decisions they make about their bodies. As Carter (1995) points out, breastfeeding is still an “issue” that is policed by states and other organizations (p. 41). Much as the medical industry seeks to control women’s bodies through birthing by what Reibel (2004) calls the “institutionalization of childbirth,” hospitals and governments seek to control women’s bodies by institutionalizing the act of breastfeeding (p. 336). Images that restrict women to a specific location within a certain framework, much as these images do, send a message to women that their bodies, and the actions they perform with those bodies, are not their own.

Not only do the images act in a rhetorical fashion to limit women’s decisions about where to breastfeed, but they also specifically paint a picture about who can and should breastfeed. The comments and images reflect the significant amount of research on body image, specifically the body image of women in the media. Bordo’s (2003) findings about women’s bodies in the media and slenderness support what I found within this analysis. Interestingly, most of the images portrayed a woman with a young child, implying that the mother had given birth no more than six months before. Although images that portray slenderness can damage the female psyche, portraying new mothers as slender offers an even more dangerous implication in terms of body images. While new mothers adjust to their new bodies, often ones that are not as slender and fit as pre-pregnancy, the images bombard them with the message that extreme slenderness is still
the ideal for women’s bodies. As Bordo (2003) points out, “one cannot have any body that one wants--for not every body will do” (p. 250). In the case of this analysis, not any motherly body will do either.

Not only do the images rhetorically invite thin bodies, but they also selectively portray women who are white. Whiteness theory discusses the implications of such a portrayal of race within the media. The images do not overtly discuss race but, instead, completely ignore it, and as Wise (2002) points out, “Being white means never having to think about it” (p. 107). Indeed, the images invite the consumer to believe that the women who need to be concerned with breastfeeding are, in fact, white women. The absence of women of color in the images marks a distinction between maternal decisions based on race. The images perpetuate rather than trouble the ideology that white women should have privileges that other mothers do not. That is, they have the privilege to, in this case, breastfeed. Not only do they have the privilege to breastfeed, but the implication here is that they have the privilege to provide the best possible nutrition, and perhaps life, for their child. Dalton (2002) sums up the privilege well: “Far and away the most troublesome consequence of race obliviousness is the failure of many to recognize the privileges our society confers on them because they have white skin” (p. 18). The images displaying white women do not alone give power and privilege. It is the ease with which those organizations displaying the images can almost completely ignore all other races that becomes a concern. The power and privilege that stem from a whiteness construct, serve to give the privilege to provide something as vital as breast milk to children, to predominantly white mothers.

Not only does race become a recurring factor within the images, but class assumptions also play a significant role in the message sent through both the comments and images. The images show not only white women, but also women who are both well-dressed and able to take
the time to nurse their children in the home environment. Although being able to nurse a child at home is ideal, most women do not have this possibility as a realistic option in their lives (at least beyond the first days or weeks). I was fortunate that many factors came together in order for me to continue breastfeeding while at work: I lived near my job (within walking distance); I had a job that was flexible in my scheduling so that I could work around feeding times; and finally, I had a full-time nanny who was able to work from my home and care for my child. All of these aspects represent a class privilege that allowed me to breastfeed. Bai et al. (2008) found that breastfeeding continuation was negatively impacted by a mother’s return to work. At first glance, it may seem that a situation where a breastfeeding mother returns to work could be easily resolved. In fact, the government’s answer is to provide nursing mothers mandatory break times and a comfortable place to nurse. However, such a response assumes that the mother is able to have her child brought to her during her work hours, a privilege that many people could not afford (as it would most likely involve a partner who does not work or a full-time person hired to specifically care for that child, as opposed to a daycare center).

Of course, such a complex situation and conflict are not explicit within the images. The photos simply invite women to believe that breastfeeding occurs most successfully at home. The images place women into a double bind because, if they were to follow the implications of the images, they would find themselves not working and, thus, less able to provide for their families financially. The comments reflect a lack of knowledge about such a situation. When commenters simply ask women to nurse at home or to provide a nursing cover (again a class privilege), it represents an ignorance about the experience of breastfeeding. Freire (2000) tells us, “When people lack an understanding of their reality, apprehending it in fragments which they do not perceive as interacting constituent elements of the whole, they cannot truly know that reality” (p.
Indeed, not every person within society can understand breastfeeding through the lens of the breastfeeding mother. Only women, who are mothers, who are lactating, and have chosen to breastfeed, can see the situation from such a perspective.

The conflicting arguments among women in the comments illustrate the rift that occurs between women. While some commenters defended their decision to breastfeed, other commenters felt the need to defend their decision not to breastfeed. Such a rift simply divides women. As Freire (2000) points out, “It is in the interest of the oppressor to weaken the oppressed still further, to isolate them” (p. 141). The debate that stems from the images does not focus on whether breastfeeding is best or even whether breastfeeding in public is acceptable. Instead, it is an argument of what makes a “good mother.” When outside entities make decisions about what constitutes a “good mother,” by creating campaigns such as “Breast is Best,” they work not to unite and support mothers, but instead to divide and continue to oppress them. The images and comments, then, perpetuate the class and privilege disparities within our nation.

The support that online communities offer, and the fact that some support communities formerly created through magazine readership are being transferred to an online environment (as is the case with New Beginnings and Mothering), reflects a disturbing trend. Such a move greatly restricts access to the materials. Not only having a computer, but having an Internet connection (and, in these cases, a fast connection that is able to produce high-resolution images) are class privileges. Although these two magazines do provide support to nursing mothers, because access is primarily available to wealthier women, the medium greatly limits the possible recipients for this support.

The images and comments perpetuate the idea that women do not even control what occurs with their bodies. Of course, this rhetorical strategy is carefully constructed so that
women seem to have a “choice.” Women can choose to pump rather than breastfeed (which, of course, would necessitate having to purchase many expensive items such as a nursing pump, milk storage bags, bottles, and nipples), or women can simply choose to stay at home rather than nursing their child in public. Freire (2000) points out that the passivity of the oppressed works “by the oppressor’s depositing myths indispensable to the preservation of the status quo” (p. 139). In this case, the images and comments work to maintain the ideological notion that not only are women “free,” but they are also free to make decisions about what they can do with their bodies, especially when parenting. The images analyzed here offer an idealized representation of both breastfeeding and mothering, one only attainable by individuals who are already privileged. As McLaren (1997) points out, “Experiences never speak for themselves, and certainly not those of the oppressed” (p. 61).

I do not suggest here that the images always need to show true depictions of what women look like when they breastfeed. Would showing a mother who has not slept more than a couple of hours per night, for over a month, portray a “healthy” or “appealing” image of breastfeeding? Perhaps not. However, it would show a realistic notion of what many women experience when they breastfeed. The images and comments serve to limit women breastfeeding through the restriction of an understanding of how breastfeeding can work anywhere.

Limitations

This study only examined a relatively small cross-section of publically-available breastfeeding images, as well as the public reactions to those images. Many other images and reactions exist, and a more concentrated focus on another area of breastfeeding would likely yield more results that can promote breastfeeding in the United States.
This study only utilized magazines and websites in the English language. Because members of many Latina cultures speak Spanish as well, a focus on magazines and websites in the Spanish language may show more images of Latina women. Comparing images from both languages could show the disparities in the images gathered from the white culture and how images can be shaped differently in order to be more inclusive of a variety of cultures. Those images may also show a difference in location, support, and other aspects of this study.

This study only examined images and reactions to those images that were posted on websites. Interviews with both nursing mothers and individuals who support nursing mothers could allow for more understanding about the struggles that mothers face on a daily basis, as well as the type of support that is specifically needed. Personal interviews would also give nursing mothers further “voice” in describing their breastfeeding experiences.

This analysis focused on images from a very limited timeframe. Looking at images in a longitudinal study could assist in understanding the changing depictions of breastfeeding mothers. Such research would provide a lens to show whether and how attitudes towards public breastfeeding have shifted over time.

Finally, an examination of the rhetorical strategies of both breastfeeding and bottle-feeding companies would produce further insight about how both types of feeding are advertised. Specifically looking at the adherence to WHO guidelines for infant feeding in advertisements would provide information about the companies in addition to whether and how they support breastfeeding initiatives.

Future Studies

In order to more adequately meet the needs of nursing mothers in the United States and, as a result, increase breastfeeding duration, more research is needed in this area, especially in
communication. Studies about images of breastfeeding are limited, thus more studies that focus on a broad range of images can assist in supporting women on their breastfeeding journeys.

The discussion about media produced by LLLI such as *The Womanly Art of Breastfeeding*, its clothing website, and *New Beginnings* raised important questions. Although not a part of this study, the focus of LLLI and the images it uses seems to have shifted over the past decade. The 2010 cover image of *The Womanly Art of Breastfeeding* differs from earlier editions that show women in clothing appropriate for public. In the editions of *New Beginnings* examined for this analysis, *not one cover showed an image of a woman breastfeeding*, despite earlier editions having such depictions. This trend towards showing women in more private settings for breastfeeding, as well as the clothing website not incorporating mothers who are breastfeeding, shows an interesting rhetorical move. I believe that looking at these materials and the images they display over the past decade could be an interesting source of information.

Because breastfeeding for working mothers remains an issue critical to breastfeeding duration, looking at specific legislation and breastfeeding policies for organizations can allow for further insight into how government and corporations actually provide support to enhance nursing mothers’ workplace satisfaction. Examining state legislation can assist in writing better laws to protect breastfeeding mothers. Encouraging a national law protecting their rights, especially to breastfeed in public, is a critical area for both research and activism.

**Final Notes**

As in my own life, breastfeeding is often a topic that neither men nor women in the United States think about until they are personally touched by the experience. Because not all people in the United States are mothers or fathers, it is important to reach the public about issues concerning the decision to breastfeed. Producing images and sharing them in a public venue is
one way to bring breastfeeding more into the public eye, with the significant by-product of asserting women’s right to control their own bodies in the public sphere.

Considering the many individual and societal advantages gained from breastfeeding (including a more intelligent populace, a smaller carbon footprint and lower health care costs), the topic needs more attention on a national and global level. By exposing the public to breastfeeding, the act becomes more normalized, and thus more accepted, in the public sphere. This exposure allows women more options when breastfeeding. Women do not need to breastfeed in public, but those who choose to do so should feel safe and supported.

Communication scholarship includes a wide array of research on visual rhetoric. This study adds to this conversation by giving new insight into how women are portrayed as mothers, and how people react to these images. It gives not only knowledge about the types of images projected, but the types of feedback individuals have to such images. This study also assists in our understanding, as communication scholars, of the societal expectations of motherhood and thus adds to the conversation of gender communication. In the end, the study may be focused on breastfeeding, but rearticulates the importance of power and voice in society. Although the study is predominantly focused on women, it also has strong implications in family communication as we begin to look at the role of men in the breastfeeding relationship. Finally, this study looks at performance and how breastfeeding women “act out” their beliefs of what it means to be a “good mother,” especially a good breastfeeding mother.

My own breastfeeding journey has differed with each of my children. As a new, first-time mother, I lacked the confidence and courage to speak up for my rights to breastfeed where and when I wanted. Today, I am fortunate to have the guidance and the support to speak for
breastfeeding mothers. My hope is that other mothers will find their own voice and courage to create their own breastfeeding story, and in so doing, claim their rights to bodily agency.
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doi: 10.1191/1463423604pc223oa


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APPENDICES
APPENDIX A

LOCATIONS FOR CITED IMAGES


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APPENDIX B

ARTICLES AND COMMENTS CITED FOR ANALYSIS


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Californiagirlx7. (2008, October 9). Re: Photo of Angelina Jolie breastfeeding on the


Chrisxrush. (2010). Re: Breastfeeding tips on scheduling [Online forum comment].
Retrieved from http://www.youtube.com/watch?v=NN4pZGXAsJ1U


Greggie. (2008b, October 9). Re: Photo of Angelina Jolie breastfeeding on the cover of W


James. (2011, January 19). Re: Miranda Kerr and Orlando Bloom name their baby boy


Kristine. (2011, May 2). Re: Miranda Kerr back to work- and breastfeeding [Online


Mary. (2008, October 10). Re: Angelina Jolie’s much ballyhooed breastfeeding cover of


Sally. (2010, May 18). Re: Modern Family actress Julie Bowen can double breastfeed!
The Julie Bowen breastfeeding photo [Web log comment]. Retrieved from


Schnauzers!!! (2010, May 19). Re: Julie Bowen of “Modern Family” shares pictures of newborn twins breastfeeding [Web log comment]. Retrieved from

http://www.salon.com/2011/01/19/miranda_kerr_breastfeeding_picture/

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Wren. (2007, May 8). Re: Maggie Gyllenhaal and Ramona Sarsgaard out Friday evening,
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http://celebritybabies.people.com/2007/05/05/maggie_gyllenha/


APPENDIX C

PERMISSIONS TO REPRINT IMAGES

Figure 3.4 Permission

Ed Hyken (Expressiva) [ed@expressiva.com]

Actions
To:
Jonna Ziniel
Attachments:
Figure 6, Chapter 4.pdf (414 KB)[Open as Web Page]

Thursday, February 23, 2012 10:15 AM

You replied on 2/23/2012 11:52 AM.
Dear Jonna,

Thank you very much for your message.

You have our permission to use the attached ad in your dissertation. If you would like to use a better quality image, please let us know and we will try to find the original graphics file.

If you pursue further publication opportunities, please contact us at that time.

Please consider emailing us a copy of your completed dissertation - we are interested in your subject matter.

Thank you,

Ed Hyken, President, Expressiva Inc.
Figures 3.5, 3.6, 3.15, 3.21, 3.22 Permission

Request for Permission to Reprint Images for Educational Purposes

Peggy O'Mara [peggyo@mothering.com]

Actions
To:
Jonna Ziniel
Cc:
Melanie Mayo-Laakso [melaniem@mothering.com]
Attachments:

Monday, February 27, 2012 9:07 PM
Hi Jonna:
Thank you for your email. You can have our permission to use the images you attached. Please give them credit, of course. I would love to see your dissertation when it's completed. Maybe we could do an excerpt or you could adapt it for the website. Please stay in touch and thanks for your kind words,
Best,
Peggy

Begin forwarded message:

From: Melanie Mayo <melaniem@mothering.com>
Date: 22 February, 2012 1:41:12 PM MST
To: Peggy O'Mara <peggyO@mothering.com>
Subject: Fwd: Request for Permission to Reprint Images for Educational Purposes

For you.

Melanie Mayo  Web Editor  Mothering.com  218-830-1361

------- Original Message -------
Subject:Request for Permission to Reprint Images for Educational Purposes
Date:Wed, 22 Feb 2012 17:06:50 +0000
Figure 3.7, 3.8, 3.9, 3.10 Permission

Request to Reprint Images for Education Purposes

Cindi Rapp [CindiRapp@boppy.com]

Actions
To:
Jonna Ziniel

Thursday, February 23, 2012 4:19 PM
Jonna,
Thanks for providing a copy of the chapter containing references to Boppy brand products. After further review of your request, we have determined that since your use is strictly for scholarly & educational purposes, we will not process a formal permission form. However, in the event that you want to use our images in any commercial publications in the future, please contact us at that time to request formal permission.

As you make final revisions to your dissertation, we would appreciate you making corrections to properly use the Boppy® trademark. Boppy® is a federally registered trademark owned by The Boppy Company. Pursuant to proper use guidelines, trademarks should not be used as nouns. They should always be used as adjectives in conjunction with the generic name of the product. For instance, any references to our pillow product should be listed as the “Boppy® Feeding & Infant Support Pillow.”

However, if you are using the term “Boppy” as an abbreviated version of our company name, the “®” is not necessary.

We enjoyed reading your thoughts on Boppy’s advertising. We make an effort to portray many different sizes, shapes and ethnicities in our advertising and on our product packaging. Additionally, all our models are real moms photographed with their real babies.

We wish you the best of luck with your dissertation!

Cindi Rapp | The Boppy Company | WINNER! #1 Baby Product
Figures 3.11, 3.12, 3.13, 3.14 Permission
Please note since the request of the images, the numbering of the images has been modified. However, the images requested has remained the same.

- NB Editor [nbeditor@llusa.org]
- Actions
- To:
  - Jonna Ziniel
- Thursday, February 23, 2012 7:59 AM
- You replied on 2/23/2012 9:26 AM.
  - Hi Jonna,
- I've heard back from the LLL regarding the photos you requested permission to use. Here is what I've been told:

  • **Figure 16, Chapter 4.png:** You can use these only if you include the whole page spread, not just the image by itself. Also, credit New Beginnings Issue #, Year and LLL USA.

  • **Chapter 4, Figure 13.png:** Yes
    Figure 14, Chapter 4.png: Yes
    Figure 15, Chapter 4.png: Yes

  • Warmly,
  • Amy
Figures 3.17, 3.18 Permission

Anne Dimond [anne@bellamaterna.com]

Actions
To:
Jonna Ziniel

Wednesday, February 22, 2012 3:37 PM

You replied on 2/23/2012 11:56 AM.

Dear Jonna –

1. Please advise the outcome of your dissertation – positive or negative impact?
2. We would need to ensure proper photo credit: Bella Materna (copy right) on each photo....
3. Also – is it possible that we can read your dissertation when complete? Would be valuable to read your findings....

Thank you,
Anne Dimond

Bella Materna - Beautifully Crafted Intimates
Figure 3.19 Permission

Request for Permission to Reprint Images for Educational Purposes

Paul Banas [paul@pregnancymagazine.com]

Actions
To:
Jonna Ziniel

Wednesday, February 22, 2012 1:26 PM
Hi,
I can't give permission on behalf of the advertiser, Lansinoh.

We do maintain all rights for the photo you sent "All about the Boob," but are happy to give you permission to use only in this context. Please let us know if your dissertation is reprinted to a larger audience.

Thanks,

Paul

Paul Banas
Publisher
Pregnancy Magazine Group

paul@PregnancyMagazine.com
Skype: pmbanas
415.572.8181

iPad:
http://www.PregnancyMagazine.com
http://Twitter.com/PregnancyMag
Figure 4.1 Permission

lyoncarlii@gmail.com on behalf of Carlii Lyon [carlii@carliilyon.com]

Actions
To:
Jonna Ziniel

Tuesday, February 28, 2012 6:19 PM

You replied on 3/2/2012 11:37 AM.
Dear Jonna

Thank you for your email in regards to usage of the Miranda Kerr breastfeeding image for educational purposes only.

We do not have a high res version of the image to offer you. If you are able to use what you have found on the net and reference KORA Organics as being the source, we are happy for you to use it.

Warmest wishes

Carlii

--
Carlii Lyon
Public Relations

Cell- +61 (0) 407 293 504
Website- www.carliilyon.com
Figure 5.5 Permission

Re: Permission to Reprint Image for Educational Purposes

Jennie Free Range [jennie@myfreerangefamily.com]

Actions
To: Jonna Ziniel

Wednesday, February 29, 2012 11:20 AM
Hi, Jonna. I received your email about wanting to use an image from myfreerangefamily.com for your dissertation. That's fine, and you have my permission to do so. I would be interested in seeing your work when you're done :)

Best of luck,
Jennie
VITA

Graduate School
Southern Illinois University

Jonna J. Ziniel
jonna.ziniel@vcsu.edu

North Dakota State University
Bachelor of Arts, Communications, May 1999

North Dakota State University
Master of Arts, Mass Communication, December 2001

Dissertation Title:
You Can Breastfeed but . . . : A Rhetorical Analysis of Images and Commentary on Breastfeeding

Major Professor: Suzanne M. Daughton

Publications: