

BREASTFEEDING: POWER, ETHICS, POETICS

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Abstract

In this dissertation I aim to put women back into breastfeeding through the development of an ethics and poetics drawn from Levinas, Irigaray and the later work of Foucault. In contrast with currently dominant discourses, I explore breastfeeding not from the infant's perspective but rather as an ongoing activity of self-creation for breastfeeding women. I argue that properly understanding and supporting breastfeeding means taking the perspective of the breastfeeding mother seriously, recognizing that she is not merely a means for the development of the infant's subjectivity but is in fact an ethical subject in her own right. This, however, does not mean disregarding the well-being of the infant, as the experience of the breastfeeding mother is fundamentally relational and it involves tremendous responsibility for the care of a vulnerable other.

An ethics of breastfeeding needs to be developed that does not dictate women's breastfeeding practices under the guise of following what is "natural", but instead recognizes that these practices constitute an ethical project requiring intelligence, creativity, and a relationship of care and responsiveness to the other. Doing so means understanding ethics as a form of *poiesis*: living life as an artistic creation. An ethico-poetics of breastfeeding challenges prescriptive morality, public health guidelines, and clinical advice. Understanding breastfeeding as an ethico-poetic project involves recognizing that the self is never fixed or complete but is instead an ongoing creative project continually changing in response to alterity.

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Introduction

Jeez, keep it in your shirts... and you're shirts in your houses. I'm out shopping for video games or something, i don't want to see an infant getting his suck on. "Oh, its just feeding, its perfectly natural." So's urinating, but can't do that in public. There are change stations in bathrooms, out of sight, and that's where breast feeding should be done.

--Anonymous online comment on news story about a “nurse-in” protest staged at a Montreal store where a woman was asked to leave because she was breastfeeding (CBC News, 2011).

Breastfeeding presents us with the seeming paradox of being habitually described as a “natural” process while at the same time being the subject of deep and abiding controversy (Crossley, 2009). Arguments continue to rage over best practices of breastfeeding: how to do it, when to do it, and for how long. Women are variously accused of being selfish if they do not breastfeed, of slatternly behaviour if they breastfeed in public or in any place where an exposed nipple might offend an adult or child’s sensitive morals, of laziness if they spend time on the job pumping breastmilk, and even of sexual deviance if they breastfeed for “too long” – whatever period of time that might be (Murphy, Elizabeth, 1999; Stearns, 1999; J. H. Wolf, 2008). Although advocates of breastfeeding consistently refer to the “naturalness” of breastfeeding, many women find it difficult or even impossible to breastfeed. Nevertheless, failure to breastfeed is now often considered a moral failure on the part of the mother, who is

considered to thereby jeopardize the health and flourishing of her child (Wall, Glenda, 2001).

Despite the extent to which the breastfeeding mother is subject to moral concern, she is not recognized as a moral agent. Historically, the infant – consistently gendered male – has instead been held up as the active subject. Examinations of the origins of subjectivity in the Western tradition have long treated breastfeeding from the perspective of the infant and neglected that of the mother. The majority of breastfeeding imagery in Christian scripture and tradition depicts the author or speaker as a suckling child, or addresses the readers of the texts as suckling children, and the mother is denied a voice (Muers, 2010). Consistent with this tradition, Augustine, in his *Confessions*, describes the infant jealous of his mother's breast as demonstrating the original sin of human life (Augustine, 2006, pp. 10–11). Freud notably posited that feeding from the breast was “the starting point of the whole of sexual life” (Freud, 1955, p. 314) and understood adult subjectivity as developing relative to the pleasure that the infant takes in suckling at the breast. The breastfed infant has often been described as forming himself (sic) as a subject, without a corresponding description of the formation of the breastfeeding mother as a subject. Without examining the development of the mother's subjectivity we miss the relationality inherent in all subjectivity, an essential corrective to the liberal, implicitly male, autonomous ideal.

Current understandings of breastfeeding are inadequate and harmful to women because they restrict how breastfeeding is practiced by treating women as, on the one hand, milk-producing machines necessary for providing optimal nutrition for infants, and on the other hand, as deriving their identity and self-fulfillment primarily through self-

sacrificing care for children. Both of these ways of understanding breastfeeding erase women as subjects. In doing so, they also fail to recognize the relationality inherent in the breastfeeding dyad of mother and child. Both mother and child are intimately connected to each other in the practice of breastfeeding, but this goes unrecognized when breastfeeding is understood as a merely physiological process or as unconditional giving in the absence of maternal enjoyment.

In this dissertation I aim to put women back into breastfeeding through the development of an alternative ethics of breastfeeding. In contrast with the Western philosophical tradition, I will be discussing breastfeeding not from the infant's perspective but rather as an ongoing activity of self-creation for breastfeeding women. I argue that properly understanding and supporting breastfeeding means taking the perspective of the breastfeeding mother seriously, recognizing that she is not merely a means for the development of the infant's subjectivity, but is in fact an ethical subject in her own right. This does not mean excluding the infant since the experience of the breastfeeding mother is fundamentally relational and involves tremendous responsibility for the care of a vulnerable other. An ethics of breastfeeding needs to be developed that does not dictate women's breastfeeding practices under the guise of following what is "natural", but instead recognizes that these practices constitute an ethical project requiring intelligence, creativity, and a relationship of care and responsiveness to the child. Doing so means understanding ethics as a form of *poiesis* through living life as an artistic creation. An ethico-poetics of breastfeeding represents an alternative to prescriptive morality, public health guidelines, and clinical advice.

In this chapter I explore problems with how breastfeeding is currently understood: as an uncritically “natural” practice predicated on an untenable mind/body dualism, and as a form of biopower, as conceptualized by Michel Foucault. I then go on to outline an alternative model of understanding breastfeeding as an ethico-poetics. Finally, I summarize the chapters to follow.

“Natural” Breastfeeding and Mind/Body Dualism

Advocates of breastfeeding often defend it on the grounds that it is “natural” and therefore morally good (Stearns, 1999). This stance has a long tradition. By way of example, in the eighteenth century Rousseau defended breastfeeding by birth mothers rather than by wet nurses because he believed that it would reinforce an ideal of natural motherhood and would thereby form the basis for a general reform of morals in society (Rousseau, 1979). Rousseau’s support of breastfeeding derived from his belief that it was natural. He considered breastfeeding an important part of the education of a child, an education that must support the natural tendencies, while nevertheless preparing the child to take his place in the decidedly unnatural society of men (Rousseau, 1979). Rousseau did not see a need for the education of female children to extend beyond cultivating virtues necessary to the domestic sphere of life.

The problem with describing breastfeeding as natural is that it obscures the extent to which it is a skilled practice carried out in a cultural context in which women are both subject to social forces and potentially able to respond to external influences in creative ways. In describing breastfeeding as natural the powerful role of culture is obscured. It

then becomes very difficult to criticize culturally determined norms and recognize that breastfeeding can be practiced in a myriad of different ways. Emphasizing the cultural production of breastfeeding as I do in this dissertation is aimed not at erasing the body but rather at exploring how the body may be expressed in many different ways; our current practices of breastfeeding are not the only ones possible.

The characterization of breastfeeding as natural and therefore as morally good continues today, with the unfortunate result that women who have difficulties breastfeeding may perceive themselves as “unnatural” or as failed mothers. Describing breastfeeding as natural also obscures the amount of skill and practice that is often required in order to carry it out. Bartlett contests the received view of breastfeeding as an automatic or purely instinctual process, arguing instead that breastfeeding “is entirely unpredictable...because a woman’s lived experiences are crucial to her body’s lactational responses” (Bartlett, 2002a, p. 375).

Breastfeeding problematizes the conception of subjectivity as unencumbered, autonomous and involving a separation between body and mind. Supporting breastfeeding demands an understanding of the self that is both embodied and responsible for the other. It therefore cannot be adequately understood or practiced against the background assumption of mind/body dualism. The conflict between body and mind, with the recalcitrant breasts refusing to obey mental desire, and the conflict between the discrete, autonomous self and responsibility for a hungry infant, are both results of an erroneous conception of subjectivity that must be overcome in order to support breastfeeding.

Plato distinguished between soul and body, with the soul associated with cognitive

or intellectual capacity, and the body and its senses obscuring clear reasoning. He understood the proper relationship between soul and body to be that between ruler and ruled, with the rational soul moderating desire and appetite (Plato, 1997a). Descartes heightened this separation, making consciousness or thought the line of division between human and non-human beings and between the mind and the body (Descartes, 1993). In his search for certainty, Descartes discovered his solid foundation for truth in his own thinking. For Descartes, thought was the product of a disembodied mind that exists independently of the world. Descartes used mechanistic imagery to further suggest the passivity and complete mindlessness of nature. Implicit in this imagery is the ability to control and shape nature. Human reason is the foremost tool of control and nature becomes an object of human control. Dualism is inherently hierarchical and each term is defined in opposition to the other, making relation between the two terms impossible.

There is an implicit set of hierarchies in narratives of breastfeeding as natural: the mind is in control of the body, but even within the mind there is a rational part of the brain that needs to deal with irrational emotions which might upset lactation. Women have long been associated with the body and consequently understood to be less than rational, prone to passions stemming from their disorderly bodies. Breastfeeding is associated with femininity, and thus with passivity and bodily instinct instead of creative intelligence (Bartlett, 2002a). Women's emotions are seen as a continual threat to the unthinking body's capacity to breastfeed, therefore warranting surveillance, regulation and education from the rational fields of the mind and medicine (Young, 2005a, p. 55). Characterizing breastfeeding as natural without recognizing social and cultural influences means that when difficulties with breastfeeding arise women's emotions and

psychological states are often blamed for interfering with “proper” biological activity.

Breastfeeding and Biopower

Current dominant discourses of breastfeeding shape the practice of breastfeeding in powerful and pervasive ways and reflect what Foucault calls biopower. Biopower governs the life forces of a population, taking as its object human beings as a species (Foucault, 1990a). Biopower controls the biological processes of the population in order to maximize health and well-being. Governments take an increasing control over variables such as birth and death rates, rates of illness, fertility, rates of sexual activities, life expectancy, migration, fertility, and nutrition. But biopower is not just exerted by the state over its citizens. As Weir points out, “Governance is a mobile political technology that passes below, through and across the institutional and territorial divisions of the state” (Weir, 2006, p. 11). Through biopower techniques of population control permeate all levels of life.

Biopower emerges as an apparently benevolent, but peculiarly invasive and effective form of social control. McGushin describes how under biopower the freedom and truth of the individual is defined in economic and biological terms (McGushin, 2007, p. 239). Breastfeeding has been taken up in the context of biopower as a means of maximizing the health of children. Breastfeeding became a subject of public health campaigns during the early 20th century in Europe and North America as a response to high rates of infant mortality (Golden, 2001, 2011; Meckel, 1990; Wegman, 2001). After breastfeeding rates dropped dramatically as a result of increasing reliance on formula

feeding, concern with breastfeeding again intensified beginning in the 1980s as a result of increased scientific awareness about the nutritional advantages of breastmilk.

Breastfeeding is an important contemporary example of how biopower aims to act on the vital events of populations.

Although Foucault's terminology was not standardized, there are commonalities between his descriptions of biopower and biopolitics. Foucault describes biopolitics in his seminar "Security, Territory, and Population" as the treatment of "'population' as a mass of living and coexisting beings who present particular biological and pathological traits and who thus come under specific knowledge and technologies" (Foucault, 1997a, p. 71). Biopolitics develops after and out of "reason of state", an early modern art of governing that has its principles and specific domain of application in the state (Foucault, 1997a, p. 68). Population becomes a political problem of sovereignty, not as a collection of legal citizens, but instead as a system of living beings that may be controlled through both laws and campaigns to change attitudes and ways of acting and living (Foucault, 1997b, p. 70).

Biopolitics developed out of the emergence of state rationality, an art of governing that has its principles and specific domain of application in the state (Foucault, 1997a, p. 68). Population became a political problem of sovereignty, not as a collection of legal citizens, but instead as a system of living beings that may be controlled through expert techniques, laws and campaigns to change attitudes and ways of acting and living (Foucault, 1997a, p. 70).

While the immediate object of the emerging system of government was to create general prosperity in the territory of the prince/ruler, the ultimate goal was to make people agents of their own subjection through incorporating within themselves external

authority structures, including dominant cultural ideas and practices. O'Grady asserts that the power of this

self-policing can be understood, in part, in terms of the pervasive western ethos of individual responsibility and autonomy. The internalizing impulse of such an ethos discourages the contextualization of experience. This is reflected in the widespread belief that, regardless of circumstances, individuals are largely responsible for their own life choices and experience (O'Grady, 2004).

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The two currently dominant discourses of breastfeeding, the medical and maternalist models (Blum, 2000), attempt to control women's behaviour in order to maximize the health of populations without regard to the well-being and agency of women. The medical model treats breastfeeding as a merely physiological process of obtaining optimal nutrition for the child while the maternalist model valorizes the self-sacrifice of the mother for the benefit of her child (Blum, 2000). Women are subject to discourses of power that tell them what breastfeeding is (a "natural" and instinctual process) and why they ought to do it (for the good of their infant). Mothers are treated as passive recipients of expert medical knowledge, while at the same time intense responsibility is imposed upon mothers to make optimal infant feeding decisions. This is consistent with the construction of women in health care as empowered only insofar as they follow the advice of medical experts (Dubriwny, 2012).

Since the end of the nineteenth century public health and medical authorities have recognized a relationship between infant mortality and morbidity rates and infant feeding practices (Arnup, 1994; Comacchio, 1994; Dyhouse, 1978; J. H. Wolf, 2003). Mothering practices, particularly breastfeeding, were seen as essential to solving the infant mortality

crisis (Arnup, 1994). But with the spread of pasteurization and electricity in homes in the early twentieth century the threats posed by unsafe milk and water being used in infant formula significantly decreased. Although breastfeeding was still supported in theory by medical practitioners and governments, breastfeeding promotion became a low priority for public health efforts. The practical knowledge required for breastfeeding had largely disappeared and because formula feeding was perceived as the modern, scientific option, breastfeeding rates hit an historic low in the 1960s (J. H. Wolf, 2001).

Breastfeeding began receiving attention again when the natural motherhood movement that began in the late 1960s and the Nestlé boycott opposing the marketing of infant formula in developing countries of the late 1970s combined to raise awareness about the risks of infant formula and the benefits of breastfeeding. By the late 1970s scientific awareness of the substantial health benefits of breastfeeding grew considerably and led to renewed public health campaigns to promote breastfeeding in the early 1980s. Health benefits of breastfeeding include but are not limited to strengthened immune systems, reduced risks of respiratory illness and diarrheal disease, and reduced incidence of allergies and ear infections (Stuebe, 2009). As a result of the large body of research since then demonstrating the health, psychological and developmental advantages of breastfeeding (Lawrence, 1995), breastfeeding became the subject of extensive public health campaigns aimed at improving infant health (Kukla, 2006; J. B. Wolf, 2007). With awareness of the benefits of breastfeeding now widespread (Guttman & Zimmerman, 2000), formula feeding is perceived as a questionable or risky decision that leaves women open to the charge of being bad mothers (Stearns, 1999). Public health campaigns have focused on educating women about the benefits of breastfeeding, failing to recognize that

social and material constraints significantly influence women's decisions regarding infant feeding (Earle, 2002; Kolinsky, 2010; Meedya, 2010; Nathoo & Ostry, 2009). Wolf and Kukla, in their analyses of breastfeeding promotion campaigns, found that mothers are constructed as the social actors most responsible for the health and well-being of their children (Kukla, 2006; J. B. Wolf, 2007). Enormous pressure has been put upon mothers to breastfeed or risk being accused of jeopardizing their child's health.

Mothers are assigned the responsibility for their children's preventative health care, and breastfeeding is required in order to minimize risk to the health of babies (E. J. Lee, 2008). Despite the common description of breast milk as a pure and healthy food, this is nonetheless dependent on the proper self-management of the maternal body. The same techniques of the self that have been applied to pregnancy have been extended to breastfeeding. Women are discouraged from consuming alcohol, tobacco and drugs and encouraged to maintain a healthy diet while breastfeeding (Health Canada, 2011). The female subject is displaced by an emphasis on the health and well-being of the infant, resulting in an expanding list of self-regulatory behaviour for women to abide by.

Early maternal feminists saw mothers as potentially playing an important national role: breastfeeding was considered a national duty (Arnup, 1994; Comacchio, 1994). Although the natural motherhood movement began in the 1960s and 1970s by contesting the medicalization of childbirth, increasingly maternalist organizations such as the La Leche League have turned breastfeeding and intensive mothering into moral imperatives and construct mothers as being primarily or even solely responsible for the health and well-being of their children (Bobel, 2001; La Leche League International, 2010a). Maternalist breastfeeding advocacy argues that breastfeeding is "natural", but this has the

effect of making women who have difficulties with breastfeeding feel unnatural or that their bodies are deficient. Under the medical model women are treated as dependent upon the advice of experts; while under the maternalist model, the ideology of the “good mother” holds women to increasingly high standards of intensive mothering in isolation from social supports. Both the medical and maternalist models enforce reliance on expert advice as an essential part of good mothering practice. Women are treated as fully responsible for the health of their children but also as completely reliant on experts in order to determine appropriate techniques for caring for them. As Stephanie Knaak (2005) points out, the structure of infant feeding choice has become one of “non-choice” because of the rigidity of expert advice women now receive, neither the medical or maternalist model makes space for the needs and desires of women.

Women’s breastfeeding choices are limited by material and social constraints as well as circumscribed by discourses of power that categorize women as either “good” mothers or deviants in need of education and assistance depending on how they feed their children (Murphy, Elizabeth, 1999; Stearns, 1999). There are many impediments to breastfeeding including race, youth, low socioeconomic status, history of sexual abuse, and negative body image. White, middle-class, highly-educated, heterosexually partnered, and older mothers are more likely to initiate breastfeeding and achieve exclusive breastfeeding (Ahluwalia, Morrow, Hsia, & Grummer-Strawn, 2003; A. S. Ryan, Wenjun, & Acosta, 2002). Breastfeeding rates are very low among many other groups of women (Hausman, 2003, p. 489). In addition to financial constraints, there are other social factors that prevent racialized and poor women from breastfeeding. Compared to middle class white mothers they are perceived as being highly sexualized

and suspicion is raised as to whether or not they are “fit” mothers. Bernice Hausman notes that in the USA black mothers “are represented publicly as being quite capable, all on their own, of negligently causing the death of their infants, while white women are portrayed as inherently well-meaning and thus needing to be misled by experts in order to inflict the same damage” (Hausman, 2007, p. 485). While in the USA white women of high socioeconomic status often internalize the demand for “perfecting” children, more vulnerable women including low-income, racialized, unmarried and younger mothers are more likely to be under surveillance in their infant feeding practices and experience scrutiny as an external coercive force (Hausman, 2007, p. 485). The health benefits of breastfeeding thus present questions of social justice since, if white women and women of higher socioeconomic status are more likely to breastfeed, breastfeeding could be considered a class-based and race-based privilege rather than a viable infant-feeding decision, as the health benefits of breastfeeding will not be distributed equally to all infants (McCarter-Spaulling, 2008, p. 489).

Towards an Ethico-poetics of Breastfeeding

Despite the deep influence of medical and maternalist discourses, women can and do resist dominant breastfeeding discourses (Koerber, 2006). Foucault recognizes that power always implies the possibility of freedom through resisting and transforming dominant discourses. Power “is exercised only over free subjects, and only insofar as they are free” (Foucault, 1983a, p. 222). Freedom is the condition of power: it is what distinguishes power from slavery or physical determination. In this dissertation, I first

explore the ways in which the practice of breastfeeding is currently constrained and shaped by discourses of power and then go on to explore how breastfeeding can be understood differently through applying the work of Emmanuel Levinas, Luce Irigaray, and Foucault's later work on the ethics of the self.

I read breastfeeding against the modernist model in which subjects are bounded and self-complete and implicitly masculine, instead following the postmodern claim that all corporeality is inherently leaky, uncontained, and uncontainable (Shildrick, 1997). Embodied subjects are volatile (Grosz, 1994), and this volatility means that subjectivity is never a completed project but is rather a process without an end. In place of existing breastfeeding discourses I argue that we need to develop an alternative ethics of breastfeeding that is responsible for the vulnerable child without collapsing women's identity into care for the child. Instead of being dictated by external authorities, this ethics needs to be developed intersubjectively, through responding to the differing needs of embodied women and children. Such an ethics needs to be understood as an ongoing, creative endeavour because it engages with existing breastfeeding discourses in a critical way in order to develop new ways of conceiving the breastfeeding subject.

Changing how we think about breastfeeding requires developing both an ethics and poetics of breastfeeding. In this dissertation ethics and poetics are treated as inseparably linked; therefore I use the term ethico-poetics to refer to the crafting of an "art of living" that connects both responsibility for the other with creative transformations of the self in response to and in relation to broader social discourses. I take up poetics in the broad sense of making (*poiesis*) a world in which to live (Kearney, 1998, p. 8), or as an "open, ever-changing theoretical structure by which to order both our cultural

knowledge and our critical procedures... [going] beyond the study of literary discourse to the study of cultural practice and theory” (Hutcheon, 2004, p. 14). Wolosky points out that poetry has been bracketed out of social and cultural discourses in the same way that women have been; she therefore argues that we must take up the “poetic representation of the body as a site of practices and of language as itself a central practice instituting selves in social processes” (Wolosky, 2004, p. 492). Doing so, she argues, will provide important insight into the relationship between social and cultural discourses and the ways in which individuals are both shaped by and transform these discourses.

Poetics and poiesis must be recognized as having a closely linked linguistic and philosophical history. As Whitehead points out, poiesis is a concept “in process”; although poiesis cannot be abstracted from human thought or artistic activity, neither can it fully account for the complex expressions of contemporary art forms (Whitehead, 2003). In the *Poetics* Aristotle defined poiesis as the “mimetic art of constructing and representing a *mythos*, a story”, even though the more prevalent meaning of poiesis in Antiquity was the doing or making of verse (Walker, 2000). In his later work, Heidegger drew on the ancient Greek concept of poiesis in an attempt to reunify the artistic and productive dimensions of social life. Heidegger drew on the concept of poiesis in order to argue that art, of which he considered poetry the exemplar, could bring about a renewal of society (Whitehead, 2003).¹ Threadgold argues that in the twentieth century there has been a gradual shift from a focus on poetics, understood as the analysis of text as autonomous artifact, to poiesis, which involves greater recognition of “embodied and

¹ It should be noted that the German words “das Dichten” and “die Dichtung” are not exactly synonymous with the English word “poetry”: they are closer to the Greek word “poiesis” (Fâoti, 1992, p. xv).

processual making of meanings in complex social and cultural contexts” (Threadgold, 1997, p. 85). She identifies poetics as primarily theoretical and aligned with structuralism and modernism, while poiesis is performative and aligned with poststructuralism and postmodernism. Threadgold insists that we need to combine our contemporary understandings of poetics and poiesis in order to understand the production and transformation of subjectivity through linguistic and sociocultural forces (Threadgold, 1997). I follow Threadgold in reading poetics and poiesis together in this dissertation. Levinas, Irigaray and Foucault (and their commentators) refer both to poetics and to poiesis. In my readings of their work I follow their usage while reading the two terms together in order to reflect how these three thinkers all recognize that subjectivity is shaped and transformed through both linguistic and sociocultural means. I also investigate how Levinas, Irigaray and Foucault treat art, poetry and aesthetics since these are essential aspects of poetics and poiesis.

Throughout this dissertation poetics/poiesis is understood to be inseparably connected with ethics. Poetics alone is insufficient to a proper understanding of breastfeeding since, as Kearney notes, poetics must be thought through the relation to the other; therefore connecting poetics with ethics is essential (Kearney, 1998, pp. 9–10). The breastfeeding subject must be reconceptualized as responsible for the vulnerable other and yet capable of creative self-transformation through embodied practices of the self. The responsibility for infant feeding must not be restricted to individual women but must be recognized as being shared by everyone in society. We all must take responsibility for helping to support the practice of breastfeeding. The ethico-poetics I develop is not

limited to individuals who breastfeed because it requires transforming the way breastfeeding is socially and culturally understood.

In order to develop an alternative understanding of the breastfeeding subject I draw upon the ethical theories of Levinas, Irigaray, and Foucault. From Levinas I develop an understanding of breastfeeding as an ethical response to the hunger of the Other. Through a reading of Irigaray I explore the importance of sexual difference to breastfeeding. Finally, I apply Foucault's late work on the ancient Greek and Roman concept of ethics of the self to breastfeeding. I do not remain loyal to the theories of these writers but rather follow their strategy of revising the philosophical tradition. I argue that elements from their work may be combined to develop a new art of breastfeeding consisting of bodily practices that are creatively imagined and continually transformed in order to respond to the needs of the vulnerable child.

With a few exceptions, breastfeeding has only recently begun to receive significant attention in feminist theory (Wall, Glenda, 2001) and has yet to receive in-depth philosophical treatment. This is consistent with the general disregard for the body and women in the philosophical tradition. Main approaches to breastfeeding carried out to date have been in the realm of anthropology, sociology, cultural studies, and collections of personal stories and writings by breastfeeding mothers. This dissertation attempts to redress the dearth of theoretical discussion of breastfeeding and is unique in applying the theoretical contributions of Levinas, Irigaray, and Foucault to an examination of breastfeeding. My approach to breastfeeding is explicitly feminist in challenging the overwhelming focus on the needs of children and disregard for the needs of women. I argue that the apparent conflict between the needs of children and women is

a consequence of a flawed understanding of subjectivity and that under the alternative model of subjectivity that I develop in this dissertation this apparent conflict can be overcome. Existing feminist work on breastfeeding does not adequately theorize subjectivity, but this is a crucial part of challenging currently dominant discourses of breastfeeding and opening the way for new understandings of breastfeeding. Through readings of Foucault, Levinas, and Irigaray I develop a new model of breastfeeding as an ethico-poetic project of self-transformation. This makes a contribution to existing feminist theory as well as to the body of secondary literature on Foucault, Levinas and Irigaray.

This project is deeply interdisciplinary in combining theory, social science research (both qualitative and quantitative) along with references to literary texts, media reports, web blogs, and performance art pieces. An interdisciplinary approach is required because philosophy alone is ill equipped to deal with the body and sexual difference since these topics have been long neglected in the philosophical tradition. In this dissertation I develop new ways of understanding and practicing breastfeeding; therefore I rely on theory that provides alternative ways of understanding ethics, the body, and what it means to be a subject.

Breastfeeding challenges Cartesian mind-body dualism and makes apparent that we need an alternative way of conceptualizing the relationship between mind and body: embodiment, in which mind and body are intertwined rather than separate. The subject's becoming is dependent not on having or owning a body; rather embodiment is the condition of being a self at all. Grosz uses the metaphor of the mobius strip to describe

embodiment: mind and body are neither separated nor reducible to each other (Grosz, 1994).

Replacing mind/body dualism with the recognition that mind and body are intrinsically related, as I seek to do in this dissertation, also makes it apparent that individuals are always necessarily related to others. Winnicott argued that there is no infant independent of the mother (Winnicott, 1987). However, Wynn argues that because Winnicott conceptualized only the mother's holding of the infant as active he failed to recognize the dynamic role that the infant plays in holding (Wynn, 1997). Taking up Merleau-Ponty, Wynn argues that holding must be re-thought as a chiasmic relationship. The holding relationship becomes a "reversible one in which both mother and infant are holding and held. Both actively constitute the relationship" (Wynn, 1997, p. 259). Just as the self is not separable from its materiality, it is also not fully separable from other embodied selves (Diprose, 2002, p. 12).

Conceiving of breastfeeding solely in terms of ethical responsibility to the infant is problematic given that the majority of the burden of parenting has traditionally been placed on women because they have been considered "naturally maternal" or naturally self-sacrificing and nurturing. Instead of following prescriptive advice, new practices of breastfeeding need to be developed that respond to differences in life circumstances of women and children. These new breastfeeding practices must reflect differences in lived experiences and environments (e.g. race, class, geography, age, sexual orientation) rather than being universal, as are current public health guidelines for breastfeeding. What it means to be a breastfeeding subject must be opened up to ongoing critique and transformation. In order to promote breastfeeding we need to promote women's ability to

create their own positive self-conceptions (Nathoo & Ostry, 2009). The breastfeeding subject should not be an object of expert advice, but instead developed through an ongoing, intersubjective process.

Although breastfeeding has received some attention by feminists, discussions in the literature have often been hampered by subscription to problematic ideas about autonomy and individuality inherited from the liberal tradition. For example, Badinter describes what she perceives as the “conflict” women experience between individualistic hedonism and traditional self-abnegating care for families (Badinter, 2012).

Breastfeeding is alternately celebrated and rejected because of its intimate identification of mother and child. As breastfeeding is a reproductive activity that extends over months or even years, requires intensive labour, curtails women’s movements, and potentially conflicts with employment, it is an example of one of the ways women struggle to maintain and revise their sense of self in light of their caring responsibilities to others. In interviews, women have described breastfeeding as very difficult to reconcile with their self-conception (K. Ryan, Bissell, & Alexander, 2010; Schmied & Lupton, 2001), while other women experience breastfeeding as empowering, an exercise of what Penny Van Esterik calls “mother power” (Van Esterik 1989). Breastfeeding advocates insist that the physical closeness produced is advantageous for the health and well-being of both mother and child, but some feminists fear that these practices of closeness will increase gendered inequalities in the home and workplace.

Feminist opponents of breastfeeding see it as deeply problematic because it requires ongoing responsiveness to an infant and restricts mobility and therefore conflicts with a traditional liberal conception of the autonomous self. For instance, Simone de Beauvoir

criticized both pregnancy and breastfeeding because these activities prevent women from realizing their own projects. De Beauvoir describes how, for some women at least, the breastfeeding infant “seems to be sucking out her strength, her life, her happiness. It inflicts a harsh slavery upon her and it is no longer a part of her: it seems a tyrant; she feels hostile to this little stranger, this individual who menaces her flesh, her freedom, her whole ego” (Beauvoir, 1989, p. 508). The dependence of the fetus and infant restricts the free movement of a woman; therefore de Beauvoir argued that pregnancy, birthing and breastfeeding are not processes that individuals can engage in without relinquishing their autonomy. Rebecca Kukla similarly argues that breastfeeding necessarily conflicts with women’s autonomy, asserting that “[a] woman who feels that she cannot leave her infant, or even reasonably deny her infant any form of access to her body, cannot do the concrete things that normal humans need to do in order to have a meaningful, distinct identity that is comprehensible to themselves and others” (Kukla, 2005, p. 178).

The critique of breastfeeding articulated by De Beauvoir and others relies on an individualistic conception of autonomy that assumes that it is both possible and desirable to live independently of others, an assumption that is inconsistent with many women’s experiences of caring for others. This assumption is challenged by many writers. Hausman, for example, argues against the traditional liberal ideal of autonomous adulthood on the grounds that it is inherently sexist in specifically excluding women from public life (Hausman, 2007, p. 496). The traditional liberal understanding of autonomy is damaging to women’s efforts to breastfeed. Understandings of agency as individualistic and free of physical attachment to others can serve to undermine breastfeeding (Schmied & Lupton, 2001), and some mothers turn to formula feeding in an effort to re-establish

their identities prior to motherhood as separate individuals (Earle, 2002). Because of these problems with the traditional liberal conception of autonomy, in Chapter three I discuss Irigaray's alternative understanding of autonomy. Irigaray understands autonomy in a dramatically different way that is sexed rather than abstractly universal and that has connection with the other as an essential component.

Some commentators on breastfeeding argue that the ambivalence surrounding the effects of breastfeeding on women's agency can actually point the way to an expanded understanding of individual agency that is compatible with care for children. For instance, Blum holds that infant feeding can serve as a site for working out paradoxes of female autonomy and that breastfeeding actually has the potential for resisting gendered inequalities (L. M. Blum, 2000). Consistent with this view, Hausman asserts that considering breastfeeding as a maternal practice rather than a maternal duty can help us to promote a feminist politics of motherhood, one that does not relegate motherhood to the private realm but instead politicizes the life course of women and connects it with a global feminist agenda (Hausman, 2004).

The La Leche League entitled its best-selling and hugely influential breastfeeding guide *The Womanly Art of Breastfeeding* (La Leche League International, 2010a). I critique the understanding of breastfeeding as "womanly", since as I argue in chapter three, what it means to be a woman must be continually held open to question – even individuals who were not socially assigned the identity of female at birth may breastfeed through induced lactation. Therefore, I extend the La Leche League's understanding of breastfeeding as an art, a practice that must be developed through skillful application of effort, as distinguished from a natural or merely physiological process. Subjectivity is an

ongoing creative activity, and breastfeeding is an important part of this work of self-fashioning. I read breastfeeding as a performative activity rather than as a purely natural one (Butler, 1990), which therefore requires us to recognize that breastfeeding is a kind of self-creation. Ongoing movement, development and change make poetics an essential component of understanding embodied subjectivity. We need to understand breastfeeding as creative and dynamic, both threatening and productive to one's sense of self. I argue for an ethics of breastfeeding that does not rely on clinical guidelines or moralistic understandings of what it means to be a "good mother" but that instead is open to ongoing reinterpretation and transformation. Breastfeeding is not merely natural or instinctive, as is commonly assumed by many breastfeeding advocates, but requires a bodily intelligence that is profoundly creative (Bartlett, 2002a).

The practice of breastfeeding requires being open and responsive to others while also maintaining a sense of personal agency and enjoyment of one's own body. An ethics of breastfeeding therefore requires a rethinking of the relationship between obligation to the child and pleasure. Women's pleasure has been stripped away by understanding breastfeeding as an instrumental activity. Although breastfeeding is potentially a highly pleasurable experience for women this potential has been blocked as a result of anxieties about the combination of sexuality and motherhood (Young, 2005a). This false dichotomy between egoistic sexual pleasure and selfless giving motherhood must be overcome so that mother and child can instead be connected in a relationship that involves both physical pleasure and nurturing. There is an apparent tension between viewing the activity of breastfeeding as nurturing and giving to the other (the infant) and viewing the breastfeeding mother as taking her own enjoyment through her connection to

the nursing infant. But this appears as a contradiction only when we understand subjectivity according to the model of the liberal autonomous self in which mind and body are separated. With a different understanding of the self, such as I develop in this project, this ceases to be the case. Rather than understanding breastfeeding as a completely asymmetrical relation of responsibility, mother and infant could be understood as engaged in a chiasmic relationship (Wynn, 1997) from which each could potentially derive pleasure. This could increase breastfeeding duration, since studies have indicated that women are more likely to continue breastfeeding if they enjoy the experience and if they feel that their babies enjoy the experience (Ayre-Jaschke, 2004; Burns, Schmied, Sheehan, & Fenwick, 2010).

Breastfeeding is not a merely “natural” or unthinking behaviour that is limited to cis-women²; rather, it is a bodily practice that can potentially be developed and transformed in such a way as to enhance individuals’ experiences of positive self-creation. There are many kinds of unconventional kinds of breastfeeding practices, including breastfeeding carried out by individuals other than cis-women who have recently given birth, erotic lactation between adults and breastfeeding of older children. These unconventional breastfeeding practices demonstrate how breastfeeding is not merely a physiological activity or merely natural, but is instead always subject to cultural interpretation and intervention. New and unconventional breastfeeding practices demonstrate how breastfeeding is an art requiring creativity and not just an automatic

² The term “cis-woman” refers to individuals who self-identify as female and whose socially-assigned gender identity is also female; i.e. non-trans person. Although it is often assumed only cis-women are able to breastfeed, in chapter three I explore how individuals other than cis-women can also breastfeed.

activity of the body in isolation from social interpretation.

Supporting breastfeeding requires reconceptualizing subjectivity and overcoming mind-body dualism by understanding the embodied subject in a new way. Male-dominated society tends not to think of a woman's breasts as her own, but rather as belonging to her husband, her lover, or her child (Young, 2005a). Women need to be recognized as the authors of their own breastfeeding experience. The use of metaphor – thinking of the self as a poetic creation – can help us to do this. As Alison Bartlett urges, we must seek “ways in which we might strategically read the body (and breasts) as literate and thoughtful” (Bartlett, 2002a). The practice of breastfeeding ought to be recognized as deeply creative and as encompassing both body and mind. Through a poetics of breastfeeding new interpretations of this bodily practice become possible.

Currently, the creative is separated from the procreative in dominant breastfeeding discourses. Kara Swanson describes how pediatricians promoted

a decoupling of the nursing dyad of mother and child. In their imaginings, human milk would be improved into a ‘technology,’ something made and used by men, in the gendered sense in which that word was just entering popular usage in the early twentieth century” (Swanson, 2009, p. 21).

Under biopower the practice of breastfeeding has become understood as a purely physiological process producing a substance that is valued for its nutritive value. Breasts are now understood as milk-producing machines or, in Heideggerian terms, “standing-reserve” (Heidegger, 1977, p. 17).

Heidegger saw great danger in the modern, instrumentalized view of life, but he also saw a saving power in an expanded understanding of art. In his interrogation of technology Heidegger went back to the ancient Greeks' concept of *techne*, which had two aspects: the enframing characteristic of modern technology, which instrumentalizes and

attempts to master the world, and *poiesis*, which involves openness to what is and brings it forth out of itself without force. Heidegger writes that, “There was a time when it was not technology alone that bore the name *techne*... And the *poiesis* of the fine arts also was called *techne*” (Heidegger, 1977, p. 34). Heidegger argues that for the Greeks *techne* was understood in a broad sense as both craft and fine art: “art was simply called *techne*. It was a single, manifold revealing... The arts were not derived from the artistic. Art works were not enjoyed aesthetically” (Heidegger, 1977, p. 34). In our age, however, the instrumentality of enframing has become the dominant form of *techne*.

Heidegger describes *physis*, the revealing that occurs in nature, as *poiesis* in its highest sense (Heidegger, 1977, p. 10). He contrasts the *physis* of a bloom bursting open with the bursting open of a silver chalice that is brought forth by a craftsman or artist. For Heidegger, to bring forth in the same way that nature does is what the artist aspires towards. The highest goal of the artist is not to master the material through an imposition of will, but instead to coax forth what is nascent already within the material itself. *Poiesis* is distinguished from enframing in that it cultivates what is without controlling or mastering it (Heidegger, 1977). Whereas the Rhine river subject to enframing is dammed up by a hydroelectric plant, Hölderlin’s poem “The Rhine” allows the river to come forth in its own way (Heidegger, 1977, p. 16). The art work “lets the earth be an earth” (Heidegger, 2001, p. 45). The artist is not the controlling agent in creating art, but more like a midwife, since according to Heidegger “Art is the origin of the art work and of the artist” (Heidegger, 2001, p. 56).

The Greeks also described *poiesis* as *aletheia*: unconcealment or revealing. Carol Bigwood points out that the self-concealment of nature is not to be understood as

negative; rather, it is the positive source of unconcealment (Bigwood, 1993, p. 37). Poetic language for Heidegger allows access to truth as a process of partial, finite disclosure (Gosetti-Ferencei, 2004). No representations of nature can ever be complete; this provides a never-ending fount for poetic creation.

All art is essentially poetry for Heidegger (Heidegger, 2001, p. 70) and art belongs within poiesis: it is “that revealing which holds complete sway in all the fine arts, in poetry, and in everything poetical that obtained *poiesis* as its proper name” (Heidegger, 1977, p. 34). Heidegger understood art broadly to include how we live in the world in relation to works of art:

Not only the creation of the work is poetic, but equally poetic, though in its own way, is the preserving of the work; for a work is in actual effect as a work only when we remove ourselves from our commonplace routine and move into what is disclosed by the work, so as to bring our own nature itself to take a stand in the truth of what is (Heidegger, 2001, p. 72).

According to Halliburton, the audience of an art work must not merely “appreciate a work, in the sense of its formal features, but [also decide] to let a work transform our way of living” (Halliburton, 1981, p. 46). This leads Gosetti-Ferencei to see the need for a new poetics of Dasein (Gosetti-Ferencei, 2004).³ For Heidegger, poiesis is an essential corrective to the damaging effects of modern technology by providing a new way of living in the world (Heidegger, 1977, pp. 34–35).

As Derrida argues, the attempt to define the work of art exposes how the frame, the outside of the artwork, is necessary to any definition of the inside of the work of art. It is what is beyond the artwork that gives meaning to the artwork (Derrida, 1987). The divisions between art, ethics, and politics are only possible based on epistemological

³ Dasein is the basic structure of human being, describing how each human being’s way of being is an issue for it (Dreyfus, 1993, p. 290).

divisions inherited from the Enlightenment. Breaking open the frame of the aesthetic makes it possible to think of life generally as a potential work of art. Nietzsche exemplified this perspective in asserting that we should learn from but go beyond the artists, since “we want to be the poets of our life – first of all in the smallest, most everyday matters” (Nietzsche, 1974, p. 240).

A proper understanding of breastfeeding requires the coordination of thinking and bodily activity, thereby troubling the distinction between creative and procreative activity. In order to develop this new ethics and poetics of breastfeeding I examine breastfeeding in light of an understanding of poiesis as self-creation that is drawn from Levinas, Irigaray, and Foucault, demonstrating how breastfeeding undermines the distinctions drawn by Plato in the *Symposium* among natural or procreative poiesis, social poiesis that relies on recognition by others, and poiesis of the soul gained through cultivating virtue and knowledge (Plato, 1997a).

I develop this ethics and poetics of breastfeeding through readings of the work of Levinas, Irigaray, and Foucault. I do not directly follow any of these three theorists, since although each of these theorists provides important resources for developing an ethics of breastfeeding each also have significant lacunae, which can be compensated for by reading these three theorists together. Their differences are productive and provide the means for conceiving of a more complete ethics of breastfeeding.

I argue that ethics and poetics must be combined in order to properly carry out the activity of breastfeeding. I employ the term poetics to refer to embodied practices that are at the same time linguistic, recognizing that bodily practices and the linguistic interpretations we make about them cannot be separated. Ethics must involve creative

response to the other and constant reinterpretation and transformation of the self. This requires applying techniques of the self in order to produce desired forms of subjectivity, as Foucault explores. Including poetics in an ethics of breastfeeding highlights the need for developing skill in order to appropriately respond to the need of the child. Whereas current dominant breastfeeding discourses treat the practices of breastfeeding as mechanical and universally applicable, a poetics of breastfeeding responds to changes in the needs of both woman and child and variations in lived environments. This is a poetics of the body: a way of developing the body's capacities that recognizes that the body is not a machine to be controlled but instead requires attentiveness and patient cultivation in order to benefit both mother and child.

Chapter one explores how current breastfeeding discourses are subject to biopower, a new kind of power exercised over human beings as a species that takes as its object the biological features of the human species. I rely on Foucault's work on biopower to explain how both the dominant medical and maternalist discourses (L. M. Blum, 2000) of breastfeeding are problematic because they collapse the mother's identity into self-sacrificing care for the child and in doing so fail to recognize that breastfeeding involves a relationship between both mother and child.

Breastfeeding is constituted as biopower in two key documents that exemplify the medical and maternalist discourses of breastfeeding, respectively: *Nutrition for Healthy Term Infants* (Health Canada, 2005, 2011) and the La Leche League's *The Womanly Art of Breastfeeding* (La Leche League International, 2010a). Analysis of these texts demonstrates the deficiencies of these discourses of biopower with respect to breastfeeding. In *Nutrition for Healthy Term Infants*, the medical model focuses on the

nutritional benefits of breastmilk for children without recognizing the relationality of breastfeeding. As a result of the medicalization of infant feeding mothers are treated as passive recipients of expert medical knowledge. In *The Womanly Art of Breastfeeding* maternalist breastfeeding advocacy reinforces gender stereotypes in arguing that caring is part of women's nature. While maternalist discourses valorize breastfeeding, they rely on an uncritical natural or biological understanding of the activity, failing to recognize that breastfeeding is a cultural activity. In doing so, this text overlooks the material and very significant obstacles that women face in attempting to breastfeed.

Chapter two begins to develop an alternative ethics of breastfeeding through drawing upon Levinas' ethical theory. Although Levinas is not a feminist theorist, he takes up breastfeeding as a metaphor for the responsibility the individual owes to the other. Although Levinas' reading of the feminine is problematic, by pushing his theory further we can understand breastfeeding as a paradigmatically ethical activity because it involves feeding the other from one's own body. Levinas' distinctions between the human and the animal and between the feminine space of domesticity and the radical ethical responsibility to the stranger begin to break down when we fully think through the practice of breastfeeding. Levinas describes ethics in terms of infinite responsibility for the Other, a responsibility that is asymmetrical since I cannot in turn demand anything from the Other. This conception of ethics is problematic for women, who have historically borne the majority of caring responsibilities. However, by turning to Levinas' politics, we can push his work further than he would have gone, to develop a politics of breastfeeding wherein the responsibility for infant feeding becomes a broader social responsibility. With Levinas we see the possible formation of an ethics of breastfeeding

that does not directly rely on one's own physical capacity to breastfeed, and in which our responsibility is not limited to a child we physically bear. Each of us bears responsibility for the Other to the extent that we are obligated to give the very food from our mouth. Anything that we possess is what we owe to the Other; the embodied nature of breastfeeding makes this apparent since the very food one eats becomes food for the infant.

Despite Levinas' often critical comments on art and poetry,⁴ he came to philosophy through literature and even went so far as to assert that the whole of philosophy sometimes seems to be "only a meditation of Shakespeare" (Levinas, 2001, p. 72). Although Levinas identifies poetics with enjoyment and pleasure, which must necessarily be interrupted by ethical obligation to the Other, as Hofmeyr points out, enjoyment is also necessary to Levinas' conception of ethics because we must be capable of having our pleasure interrupted in order to give to the Other (Hofmeyr, 2005).

From Levinas, who makes responsibility to the Other central to his thought, an ethics of breastfeeding can be developed that involves recognition of responsibility to feed the hungry child. Levinas views ethics not as prescriptive, but instead argues that ethics requires ongoing responsiveness to the need of the Other. Levinas, more than any other philosopher, exposes how subjectivity is inherently ethical because to be a self means being infinitely responsible to the vulnerable other. According to Levinas, it is impossible to be a subject separate from the needs of the Other because it is our ethical responsibility that shapes us into an individual. This insight is essential to understanding what it means to be a breastfeeding subject, because the ethical requirement to feed the

⁴ See particularly "Reality and Its Shadow" (Levinas 1987).

hungry child is paramount. It is impossible to conceive of anyone as a breastfeeding subject without recognizing that they have an inalienable obligation to feed the child.

Following Levinas we can see that this responsibility is not limited to only parents and extends to everyone in society: each of us is obligated to provide assistance and support for individuals who breastfeed. Despite his insight into our obligation to feed the hungry other, Levinas uses breastfeeding as a metaphor while failing to adequately recognize the lived experience of mothers. He focuses on paternity as paradigmatic of ethics and relegates maternity and the feminine to providing the mere means of life rather than recognizing women as ethical agents in their own right. Levinas obscures the importance of sexual difference in characterizing woman as the source of nourishment, comfort, and enjoyment without recognizing the need for her to provide these for herself as well.

Levinas' problematic understanding of sexual difference makes it necessary to turn to Irigaray in Chapter three to develop an ethics of breastfeeding that takes sexual difference seriously. Supporting breastfeeding requires that we recognize that sexual difference has deep ramifications for how individuals live. Irigaray understands the importance of women's interiority to the ethical relation with the other. She argues against the collapse of maternal identity into care for the child, believing instead that it is necessary to balance responsibility for others with nourishing and cultivating oneself. Through women's care for themselves they become able to connect more deeply with the children they care for. Irigaray believes that it is only through maintaining their own identity and interiority that women can respond to the ethical demand of the other. An ethics of breastfeeding must recognize connection without collapsing women's interiority

into self-sacrificing care for the child. Breastfeeding mothers must still be recognized as women with their own needs and desires. Only when the difference of mother and child is safeguarded can the true intimacy of the breastfeeding dyad be realized.

Levinas' analysis of food and eating provides a starting point to consider ethics as a sexual, embodied practice. However, there are limitations in his work. By following Irigaray we can see how the discursive body and the material body cannot be understood apart from each other. Irigaray uses metaphors drawn from the female body in order to develop a metaphysic that conceptualizes being in terms of fluids rather than solids. According to Irigaray, the breasts have been wrongly classified as merely secondary sex characteristics. Rather, the eroticism of breasts illustrates how female sexuality is not one but is instead plural and heterogeneous.

Irigaray seeks an understanding of sexual difference without ever foreclosing on what that sexual difference will be. She must therefore tread a thin line between opening up the discussion of sexual difference, and pointing out how it has been ignored in the philosophical tradition to the detriment of our thinking and our social existence, without limiting potential understandings of sexual difference. Irigaray emphasizes the importance of language in expressing sexual difference and describes this language as necessarily poetic. In "The Way of Love" Irigaray writes that,

[i]n this world otherwise lived and illuminated, the language of communication is different, and necessarily poetic: a language that creates, that safeguards its sensible qualities so as to address the body and the soul, a language that lives"(Irigaray, 2008a, p. 12).

According to Huffer, Irigaray develops an *ethopoiesis* through poetically reconstructing the female body as the ground of philosophy (Huffer, 2010). In renaming the body that

has remained silent so long Irigaray poetically creates a self in relation to others that constitutes the material of both the body and ethics.

Irigaray's analysis of fluidity opposes binary thinking and rigid classificatory schemas, thereby opening up new possibilities for reading breastfeeding. She recognizes that sexual difference is not biologically fixed or unchanging, and yet serves as the foundation for radical alterity. She does, however, hold to an understanding of men and women as the foundational categories of sexual difference that is problematized by breastfeeding. It is commonly assumed that only women, and in particular women who have recently given birth, are able to breastfeed. Although not widely known, breastfeeding can be carried out by individuals other than women who have recently given birth, including adoptive mothers, fathers and transgender individuals. Lactation can be induced in individuals who have not recently given birth through a combination of nipple stimulation and hormone supplementation (Diamond, 1995; Shanley, 2009; Swaminathan, 2007). Induced lactation in individuals besides cis-women means that sexual difference is both expressed by, and complicated by, the activity of breastfeeding. Breastfeeding that is carried out by individuals who were not socially assigned the identity of female at birth challenges how we understand the relationship between breastfeeding and sexual difference. Combining Irigaray's work with queer theory allows us to explore a broader understanding of sexual difference that includes multiple genders.

We need to recognize sexual difference as the source of ongoing, creative reinterpretation of the practice of breastfeeding. This requirement is linked to Irigaray's championing of sexuate rights, which are rights that depend on sexual difference rather than abstract universality. We need to enshrine and protect the sexuate right to

breastfeeding without relying on rigid understandings of sexual difference. Rather, the right to breastfeed must be created poetically; that is, kept continually open to new interpretations of sexual difference.

Chapter four explores what a poetics (or aesthetics) of the self might look like in terms of bodily and spiritual practices. Foucault followed Nietzsche in understanding the self as a poetic creation, taking up the conception of philosophy as an art of living to be developed in the absence of rules through a drive to be different, to be an individual (Nehamas, 1998). Foucault asserts that “[f]rom the idea that the self is not given to us, I think there is only one practical consequence: we have to create ourselves as a work of art” (Foucault, 1997c, p. 280). He describes poiesis as an act of transforming the *ethos*, changing an individual’s mode of being, and suggests that the function of ancient Greek texts on everyday conduct was *ethopoetic*: to allow individuals to shape themselves as ethical subjects (Foucault, 1990b, p. 13).⁵ By drawing on Foucault we can create alternative ways of living as breastfeeding subjects from the raw materials of existing institutions and social norms.

In the last two volumes of the *History of Sexuality* Foucault describes how the pleasures of the body came to be problematized in ancient Greek and Roman civilization. In doing so, he begins to provide a way of understanding ethics as an art of existence, or techniques of working on oneself. This provides an alternative to the medicalization and moralization of breastfeeding discussed in Chapter one. Foucault became intensely interested in the correct management of pleasure, which for the ancient Greek and

⁵ Foucault uses the antique term “ethopoetic” to refer to the generation of an individual’s *ethos* or way of life. Although the term “ethico-poetic” does not have the same reference to ancient Greco-Roman thought, nevertheless I take both these terms as describing the creation of an art of living.

Romans was understood in terms of “care of the self”. Rather than repression of pleasure, or the collapsing of pleasure into sexuality, Foucault looked back to the ancients for insight into how to understand care of the self as a mode of creating and transforming oneself: through the relation one takes up towards pleasure one can create oneself as a work of art.

Maternal pleasure is suspiciously absent from current dominant breastfeeding discourses. Many feminist theorists argue that the division between sexual enjoyment and maternal self-sacrifice has dramatically reduced women’s possibilities for pleasure. The collapsing of women’s identity into caring for the child erases possibilities for shared pleasure between woman and child. An appropriate understanding of pleasure overcomes the artificial distinction between the selfish and the self-sacrificing, a distinction that relies on a radical separation between self and other that does not exist in the breastfeeding dyad. Foucault’s expanded understanding of pleasure is of help in conceptualizing how pleasure and ethics can coincide in the practice of breastfeeding. This requires recognizing that the relationship between breastfeeding subject and child can be mutually satisfying, thereby overcoming the artificial distinction between maternal giving and sensuality. Foucault’s ethics of the self allows for an understanding of breastfeeding that combines maternal pleasure and responsibility to the child.

The practices involved in Foucault’s ethics of the self can be used to develop alternative forms of breastfeeding subjectivity. However, these practices must involve recognition of the obligation to the other and of sexual difference, insights that have been drawn from Levinas and Irigaray respectively in the two previous chapters. Foucault provides a way of thinking of care of the self as a work of art that involves a proper

relationship of self to self, and consequently a proper relationship to others. Care of the self remains marked by the ancient Greek and Roman culture from which he draws it. Nevertheless, thinking of breastfeeding as a work of art, and the breastfeeding subject as constituted through a practice of self-cultivation or care of the self, makes apparent how the breastfeeding subject is never finished and therefore requires ongoing work of self-crafting and self-transformation. The dominant discourses of breastfeeding do not simply evaporate in the context of living poetically, of course. In fact, power is essential to care of the self, since creativity is always historically situated and artists must employ the materials that are available to them.

The concluding chapter summarizes the preceding chapters and assesses their theoretical importance. Having developed an ethics and poetics of breastfeeding, a politics of breastfeeding remains to be developed. I rely on Levinas' declaration that we are all breastfeeding mothers to point the way towards a politics of breastfeeding that would guarantee the necessary material and social supports for anyone who assumes responsibility for infant feeding. Breastmilk can also be provided by individuals outside of the mother-infant dyad. Examples include milk banking, private milk exchange, and cross-nursing. I will provide some illustrations of how alternative forms of breastfeeding relationships can develop through reference to the phenomenon of milk kinship and two examples of performance art pieces that involve consuming breastmilk. These preliminary remarks point the way to future investigations into a politics of breastfeeding following the ethics and poetics developed in this dissertation.

Chapter 1 Breastfeeding and Biopower

Breastfeeding has been the subject of extensive public health campaigns aimed at improving infant health. The World Health Organization (WHO), the US Department of Health and Human Services, and Health Canada all recommend exclusive breastfeeding to six months and continued feeding for up to two years (Health Canada, 2004; US Department of Health, Human Services, 2000; World Health Organization, 2001). Current public health efforts to increase breastfeeding initiation and duration are extremely ambitious since breastfeeding rates remain far lower than these targets.⁶ Public health campaigns surrounding breastfeeding focus on modifying the behaviour of individual women in order to attain goals for population health. Unfortunately, these advocacy efforts have largely ignored the relationship between the activity of breastfeeding and women's sense of self (Dunn, Davies, McCleary, Edwards, & Gaboury, 2006). This Chapter explores how current dominant discourses of breastfeeding fail to adequately recognize the needs of women, treating them as mere means to the promotion of children's health and well-being. This apparent opposition is the result of a flawed conception of the subject. Subsequent chapters develop an ethico-poetics that recognizes breastfeeding as an embodied, relational, and creative practice and overcomes the presumed opposition between the needs of women and the needs of children.

Linda Blum suggests that both a medical and a maternalist model of breastfeeding have developed in contemporary North American culture (L. M. Blum, 2000). Both of

⁶ Although Health Canada recommends exclusive breastfeeding for six months, only 25% of Canadian mothers breastfeed exclusively to six months, even though 87.5% initiated breastfeeding (Statistics Canada, 2011).

these dominant discourses of breastfeeding are problematic. Having assumed authority over infant feeding, Western medicine now strongly encourages women to breastfeed because of the nutritional superiority of breastmilk over infant formula, without recognizing that breastfeeding involves an embodied relationship between mother and child. Maternalist championing of breastfeeding values the process of breastfeeding because it connects infant and mother in a unique bond, while assuming that women will find this physical intimacy fulfilling (the La Leche League is a hugely influential example). Although maternalism values women's caring roles, like Western medicine it has focused primarily on the benefits breastfeeding provides for infants.

Breastfeeding is principally understood in terms of caring for and nourishing babies. Consideration of what women may get out of breastfeeding is often left out of the discussion. Women are subject to both medical and maternalist discourses of power in carrying out breastfeeding, both of which prioritize the health and well-being of the child while neglecting the needs of women. In this Chapter I will examine how breastfeeding is subject to what Foucault calls biopower: the governance of a population's life forces through knowledge and strategies of power. Biopower includes but is not limited to clinical medical practices and public health efforts. I will examine Western medicine's control over breastfeeding expertise as reflective but not exhaustive of biopower's effects. Maternalist breastfeeding advocacy originated in reaction against the medicalization of breastfeeding but I will explore how it has become an important actor in biopower through engagement with public health policy. As well, maternalist breastfeeding groups such as the La Leche League continue to reinforce gender stereotypes in arguing that caring is part of women's "nature" and this supports the

individualistic approach to health promotion demonstrated by medical discourses of breastfeeding. The medical and maternalist discourses of breastfeeding are at different times both agonistic and mutually reinforcing. Thus, they reflect Foucault's recognition that the power is much broader than the hierarchical, top-down power of the state.

In order to explore the effects of biopower on breastfeeding I will carry out a discourse analysis of two influential breastfeeding documents. Both texts have played significant roles in shaping practices of breastfeeding and they represent the medical and maternalist discourses of breastfeeding, respectively. The first, entitled *Nutrition for Healthy Term Infants* (Health Canada, 2005, 2011), is a document produced by a joint working group of the Canadian Paediatric Society, Dietitians of Canada and Health Canada. This text is designed for health professionals to advise women on optimal infant feeding practices. The second text I will analyze is the eighth edition of *The Womanly Art of Breastfeeding* (2010), the popular breastfeeding guide first published by the La Leche League in 1958 which has to date sold more than three million copies.

Both these texts promote breastfeeding, but they rely on an uncritical understanding of the activity as "natural" or biological, failing to recognize the extent to which breastfeeding is culturally produced. In doing so, both texts also overlook the material and very significant obstacles that women face in attempting to breastfeed, including inadequate accommodation of breastfeeding in the workplace, insufficient financial subsidies for breastfeeding mothers, and social disapproval of breastfeeding in public.

Biopower

In this section I provide an overview of the concept of biopower as it used by Foucault and explain how it relates to Foucault's concept of biopolitics. As well I explore the relation between biopower and medicalization, leading into a further discussion of medicalization in the next section.

With biopower a new kind of power comes to be exercised over human beings, taking as its object the biological features of the human species (Foucault, 2009, p. 16).

Foucault describes how

Western man was gradually learning what it meant to be a living species in a living world, to have a body, conditions of existence, probabilities of life, an individual and collective welfare, forces that could be modified, and a space in which they could be distributed in an optimal manner. For the first time in history, no doubt, biological existence was reflected in political existence (Foucault, 1990a, p. 142).

Biopower refers to knowledge and strategies of power that aim at governing a population's life forces (Foucault, 1990a). According to Foucault biopower is

the set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power, or, in other words, how, starting from the eighteenth century, modern Western societies took on board the fundamental biological fact that human beings are a species (Foucault, 2009, p. 1).

Biopower refers to both the security of populations and optimization of their health as well as the discipline of individual bodies. Where sovereign power exercised power over death in possessing the right to kill its citizens, biopower comes to exercise power over life.

As part of the influence of biopower a technology of population emerged, beginning in the 18th century, which had two aspects: 1) the child and the medicalization of the family and 2) hygiene and the function of medicine as a form of social control

(Foucault, 1980a, pp. 172–5). Children and the family receive particular attention under biopower as they are understood as representations of the health of populations (Foucault, 1980b). Breastfeeding became a subject of concern under biopower because it involved both aspects. Attempts to control the conditions of wet nursing in the 18th and 19th centuries is one example of this concern with both hygiene and children and the family (Fildes, 1988; J. H. Wolf, 2011). In this historical period breastfeeding became a focus of new types of knowledge (Foucault, 1980a). The influence of biopower on breastfeeding continues in the contemporary context. The effects of biopower can be seen in ongoing efforts to increase the initiation rates and duration of breastfeeding. As Wells notes, advice and the sharing of knowledge is essential in order to develop the necessary skills to breastfeed; nonetheless rules, norms and the provision of advice represent a form of biopower through control that is exercised over the identity and behaviour of women (Wells, 2006).

Although Foucault's terminology was not systematized, biopower is usually described in more general terms as referring to power over both populations and individuals understood as biological entities. Foucault distinguishes between anatomopolitics, which treats the body as a machine and disciplines and normalizes the corporeality of individuals, optimizing its capabilities and integrating it into systems of control, and biopolitics, which takes as its subject population and tries to intervene in the determinants of the health of that population (Foucault, 1990a, p. 139). Biopolitics links human beings as biological entities with strategies of power, treating humanity in terms of biology and taking up issues of birth and death rates, fertility, illness and aging.

Biopolitics treats a population as “a mass of living and coexisting beings who

present particular biological and pathological traits and who thus come under specific knowledge and technologies” (Foucault, 1997a, p. 71). Governments take an increasing control over variables such as birth and death rates, rates of illness, fertility, rates of sexual activities, life expectancy, migration, fertility, and nutrition. Biopower emerged in the second half of the eighteenth century as an apparently benevolent, but peculiarly invasive and effective form of social control.

Biopower is a broader process than medicalization, since biopower extends into the life sciences, many professional groups outside medicine, and includes but is not limited to human beings. Nikolas Rose argues that ‘medicalization’ as a concept is of limited descriptive or critical power (Rose, 2007). Rose points out that clinical medicine is only one aspect of the great diversity of medical values and interventions carried out in the name of health and medical experts, practices and types of knowledge carry out different (and sometimes competing) roles (Rose, 1994, pp. 49–50). However, in breastfeeding biopower is exercised through a deployment of medicine and the allied professions. Therefore, the medicalization concept is useful in the context of breastfeeding. Hausman explores the interrelation between biopower and medicalization in breastfeeding discourses and explains that, “[m]edicalization results from the modern condition of biopower, but it is also a powerful instance of biopower’s continuing constitution of subjects through the management of health” (Hausman, 2010, p. 35).

Although biopower is not reducible to medicalization, it can be useful to consider these concepts in concert. Biopower is the appropriate way to address breastfeeding because breastfeeding practices are shaped by more influences than just medicine: for example, maternalist discourses of breastfeeding (such as the La Leche League)

alternately challenge and reinforce the authority of medicine in their efforts to promote breastfeeding. The La Leche League began in reaction to the medicalization of breastfeeding, but has over time come to rely on medical support for breastfeeding in its advocacy efforts and has exerted considerable influence in the shaping of public health efforts to promote breastfeeding (Dykes, 2005; Pérez-Escamilla, 2007; Wall, Glenda, 2001). The effects of medicalization on breastfeeding are still important to examine since many of the standards for breastfeeding (e.g. duration, techniques) are set at the level of health promotion, which is mainly situated in public health but is also adapted for clinical practice. Medicalization should therefore be explored as an aspect of biopower in the context of breastfeeding.⁷

As I will show in the next section of this chapter, under the medical model of breastfeeding, which includes both health promotion campaigns and clinical normalization, mothers are regarded as passive recipients of expert medical knowledge, while at the same time intense responsibility is imposed upon mothers to make optimal infant feeding decisions. Under the maternalist model, breastfeeding advocacy reinforces gender stereotypes in arguing that caring is part of women's "nature". Breastfeeding has become central to the ideology of the "good mother" that holds women to increasingly high standards of intensive mothering in isolation from social supports.

Biopower attempts to efficiently govern population and manage the life processes

⁷ Clarke et al. draw on Foucault's biopower in their conceptualization of what they term "biomedicalization", which they describe as a second major transformation of American medicine, beginning around 1985, after the process of medicalization (Clarke, Mamo, Fosket, Fishman, & Shim, 2010, pp. 1–5). Clarke et al. distinguish between medicalization which emphasizes exercising control over medical phenomena and bodies, and biomedicalization which emphasizes the transformations of medical phenomena and bodies (Clarke et al., 2010, p. 2).

of the social body through regulation of the health and feeding of infants. Biopower also involves disciplinary power which targets the human body as an object to be manipulated and trained – an anatomo-politics providing exact and specific advice to women about how to carry out techniques of breastfeeding. As Avishai discovered in interviews, women often regard breastfeeding as a bodily-project to be managed in accordance with expert advice (Avishai, 2007). The dominant medical and maternalist discourses shape how breastfeeding is practiced in powerful ways. Resistance to these discourses is nevertheless possible, as I will show in Chapter four when I explore Foucault’s later work on the ethics of the self.

Medicalized Breastfeeding

The document *Nutrition for Healthy Term Infants* is an example of the medical model of breastfeeding. I will therefore describe the assumptions and problems with the medicalized understanding of breastfeeding before proceeding to a close reading of this text in the following section. Medicalization encompasses a broad range of issues, and Garry points out that implicit in medicalization are “multiple competing or potentially competing practices, institutions, or conceptual models” (Garry, 2001, p. 264). Two prominent aspects of medicalization are the expansion of medical jurisdiction and its use as a mechanism of social control through the medical gaze and surveillance (Conrad, 2007). Conrad describes medicalization as defining and describing problems in medical terms, understanding problems through adopting a medical framework or “treating” problems through medical intervention (Conrad, 2007, p. 5). Riessman describes medicalization as the process by which “natural” behaviours or conditions take on

medical meanings, becoming “defined in terms of health and illness” (Riessman, 1983, p. 4). According to Riessman, a consequence of medicalization is the “deskilling of the populace” which then requires the consultation of experts in areas that individuals historically understood for themselves (Riessman, 1983, p. 4).

Medicalization is a means of social control that interlocks with other practices of domination, particularly affecting women, along with other disadvantaged people, because they deviate from the (implicitly gendered male) norm (Garry, 2001). Medicalization is often criticized for pathologizing aspects of everyday life, narrowing the range of acceptable kinds of living, for individualizing problems in place of recognizing their roots in the social environment, and for looking to individual medical interventions instead of more collective or social solutions. As well, by expanding medical jurisdiction, medicalization increases the amount of medical social control over human behavior (Conrad, 2007, pp. 7–8).

Although health promotion materials have consistently advocated for breastfeeding, formula feeding was originally developed and promoted by the medical community as a superior, modern, hygienic and convenient way to feed infants (Thulier, 2009). Pediatrics developed as a specialty in the late 1880s and gradually gained in authority by entering the field of infant feeding (Meckel, 1990). This is consistent with Foucault’s description of how under biopower new kinds of medicine are developed that aim at promoting public hygiene, centralizing power and normalizing knowledge, and take shape through campaigns to teach hygiene and medicalize the population (Foucault, 2003, p. 278). The development of infant formulas gave the medical profession control over infant feeding and ensured a woman’s dependence upon her doctor through

continued visits for advice and monitoring of the infant's growth, producing a shift to medically-directed bottle feeding in the first half of the twentieth century (Apple, 1994). The hospitalization of childbirth also contributed to the surveillance of feeding behaviors and the development of practices and policies detrimental to breastfeeding (Hood, Faed, Silva, & Buckfield, 1978; Stuart-Macadam & Dettwyler, 1995). For example, medical interventions in childbirth such as epidurals and caesarean sections may make it more difficult to breastfeed, although the exact mechanisms are still unclear (Dozier et al., 2012; Zanardo et al., 2010).

Physicians constructed knowledge about infant feeding and women "complied with a prescriptive and authoritarian knowledge developed by science and medicine" (K. M. Ryan & Grace, 2001, p. 489). Papps and Olssen describe the medicalization of infant feeding as resulting in the devaluing and depersonalizing of women's experiences (Papps & Olssen, 1997). Blum suggests that medicalization has produced a disembodied, mechanistic view of breastfeeding, negating the emotional and bonding aspects (L. M. Blum, 1993). Supporting this position, Dykes found in her ethnographic study of women in hospitals in England that women tended to focus on breastfeeding as a "productive project", reflecting a mistrust of their own bodies and viewing breastmilk as important for its nutritional and immunological benefits rather than valuing the interpersonal and bonding aspects of the breastfeeding process (Dykes, 2006).

Having assumed authority over infant feeding, Western medicine now strongly encourages women to breastfeed because of the nutritional superiority of breastmilk over infant formula (Lawrence, 1995). But historically medical theories and practices have indirectly questioned the beneficial properties of breastmilk and mothers' ability to

successfully breastfeed (Nathoo & Ostry, 2009). As well, medical and hospital practices have often undermined women's ability to breastfeed successfully. Physicians providing care to women often lack training in breastfeeding and this knowledge gap can impede breastfeeding initiation and continuation (Holmes, McLeod, Thesing, Kramer, & Howard, 2012). Medicalization has consequently been linked to the discouraging of breastfeeding (Mahon-Daly & Andrews, 2002) even as health promotion campaigns have attempted to increase rates of breastfeeding. The medical model has historically both promoted and hindered breastfeeding, and continues to do so today.

Breastfeeding expertise has been transferred away from women as a result of the medicalization of infant feeding. Breastfeeding norms are largely determined by expert medical advice to women. Medical researchers assume that their recommendations represent valuable advice that can significantly reduce infant morbidity and mortality. Thus, they claim to have discovered the optimum biological "norm". They also assume that they have the right to dispense such advice on the grounds that it represents the sum of a vast quantity of collective experience gained through scientific study. However, Wells provides two criticisms of medical expertise regarding breastfeeding (Wells, 2006, p. 45). The first is that it fails to recognize that breastfeeding is an adaptive process. Wells points out that since physiology and environment vary between human populations, it is unlikely that the same rule would be optimal for all individuals. Second, strict guidelines do not allow individuals to benefit from their own experiences or those of others.

Through medicalization, complex social problems such as poverty, racial inequality and poor health came to be defined individualistically – as the product of a deviant

individual – and were treated medically, rather than by attempting to modify the social environment. Likewise greater emphasis is placed on the role of individual choice in self-management and self-responsibility. An individual's behaviour is explained primarily by her decision-making ability, thus the individual is considered to be wholly responsible for her actions. Foucault argues that the autonomous decision-maker “*homo oeconomicus*” is the subject of governmental rationality and the basic assumption of all neoliberal analysis (Foucault, 2008, p. 226). Under the liberal terms of biopower, individuals are granted extensive choices which are interpreted by the state as expressions of freedom.

As Gastaldo points out, health promotion is part of the exercise of biopower because it involves norms of healthy behaviour and promotes discipline for achieving good health (Gastaldo, 1997). The goals of breastfeeding promotion campaigns “generally ought to be expressed in terms of public health improvement, that is, in terms of reduction of morbidity and mortality” (Kass, 2001, pp. 1777–1778). Women are given the responsibility for preventative health care and breastfeeding is required in order to minimize risk (E. J. Lee, 2008). The same techniques of the self that have been applied to pregnancy have been extended to breastfeeding. Women are discouraged from consuming alcohol, tobacco and drugs and encouraged to maintain a healthy diet. Despite the common description of breastmilk as a pure and healthy food, this is nonetheless dependent on the proper self-management of the maternal body. The female subject is displaced by an emphasis on the health and well-being of the infant, resulting in an expanding list of self-regulatory behaviours for women to abide by.

Breastfeeding has been the subject of extensive campaigns aimed at improving infant health. These efforts have been impeded, however, because breastfeeding

advocacy has largely ignored the relationship between the activity of breastfeeding and women's sense of self (Earle, 2002; Kukla, 2006). Women are subject to discourses of power that tell them what breastfeeding is (a "natural" and instinctual process) and why they ought to do it (for the good of their infant) (Ahluwalia et al., 2003; A. S. Ryan et al., 2002). Murphy notes that it is "relatively rare for these mothers to justify the decision to formula feed in terms of their own needs or preferences" (Murphy, Elizabeth, 1999). In order to be rehabilitate their status as mothers, they must try to justify their formula feeding as being good for their children, not for themselves.

The constant emphasis on educating women about the benefits of breastfeeding (or the risks of formula feeding) in public health campaigns fails to recognize that women are already aware of the health advantages of breast milk (Guttman & Zimmerman, 2000). Low breastfeeding rates are erroneously taken as proof that women are ignorant of breastfeeding's benefits (Kukla, 2006). Critics of breastfeeding promotion campaigns argue that they are unresponsive and even hostile to women's concerns about breastfeeding and produce shame and reduce agency in women (Kukla, 2006; E. N. Taylor & Wallace, 2012; J. H. Wolf, 2001). Failure to recognize and address the social factors influencing breastfeeding rates significantly undermines the effectiveness of breastfeeding promotion efforts and jeopardizes the health and well-being of mothers and children (Smith, Hausman, & Labbok, 2012).

Discussions of the costs and benefits of breastfeeding usually focus on the health benefits to children, and by extension, the social benefits of lower health care costs. It is assumed that women will benefit from what is good for their infants or that they will experience a close and intimate relationship to their infant as rewarding. When benefits to

women are discussed, it is often mentioned that breastfeeding will help women lose weight and return to their pre-pregnancy body; one recent breastfeeding promotion campaign features a woman proudly announcing that she lost forty pounds by breastfeeding (New York State Department of Health, 2010). However, this plays into insecurities about the attractiveness of the maternal body and reinforces cultural conceptions of the proper female body shape.

The leading reasons women do not breastfeed are not lack of knowledge of the benefits of breastfeeding or lack of concern among mothers for their babies' well-being (Carter, 1995, p. 206) but instead include inadequate maternal leaves and the difficulties faced in combining breastfeeding with work outside the home (Baker & Milligan, 2008; Guendelman et al., 2009), the bottle feeding culture and the lack of support for breastfeeding in hospitals (Dykes, 2006), public disapproval of breastfeeding outside the home (Spurles & Babineau, 2011), and women's discomfort with breastfeeding in public (identified as a contributing factor in shaping infant feeding choice and the decision to stop breastfeeding in particular) (Boyer, 2011, p. 430). Despite the fact that incompatibility with work is a leading reason women stop breastfeeding, combining work and breastfeeding is made the responsibility of individual women and in maternalist discourses mothers working outside the home is described in terms of women's selfishness or materialism (La Leche League International, 1988). As in other areas of childrearing the emphasis is on maternal responsibility while taking for granted a cultural model of natural, intensive, self-sacrificing and isolated motherhood.

Research has indicated that the reasons women do not breastfeed (or do not breastfeed for extended periods of time) are not linked to irrationality or lack of

understanding of the benefits of breastfeeding, as generally assumed in breastfeeding promotion campaigns. Nor are they linked to a lack of concern among mothers for their babies' well-being (Carter, 1995, p. 206); (L. M. Blum, 2000, pp. 120, 161). There are structural and cultural factors that limit the choices women have when it comes to caring for their children. Here, as in other areas of childrearing, the emphasis is on maternal responsibility while taking for granted a cultural model of natural, intensive, self-sacrificing and isolated motherhood. This model of motherhood is consistent with the dominant pressure to individualize responsibility for health in order to reduce costs to the state. But Lee argues that connecting mothers' infant feeding practices with solving wider social and health problems has been counterproductive. Doing so has failed to increase breastfeeding rates significantly, has created a distorted view of the causes of health and social problems and has pressured women into feeding their babies according to the priorities of others (E. Lee, 2011). Rippeyoung argues that state-sponsored breastfeeding promotion has been used to avoid responsibility for more costly solutions to improving children's and women's health such as affordable housing, employment inequities, and unequal access to early childhood education (Rippeyoung, 2009). As I will show in the next section, these broader social determinants of health are ignored in *Nutrition for Healthy Term Infants*. Instead, this document provides detailed advice to mothers on optimal infant nutrition from the position of medical authority.

Reading of Nutrition for Healthy Term Infants

In order to explore how breastfeeding is subject to biopower I now examine a key document entitled *Nutrition for Healthy Term Infants*. The Canadian Pediatric Society Nutrition Committee, Dietitians of Canada and Health Canada collaborated on this national statement on infant nutrition. This document is intended for the use of health professionals in communicating to parents and caregivers and as a basis for developing practical feeding guidelines for provinces and territories, hospitals, and other organizations. *Nutrition for Healthy Term Infants* does not, however, discuss the practical implementation of its recommendations. Canadian hospitals, provincial health agencies and health professional associations draw on this document in their policy statements, adopted plans, and association journals (Canadian Pharmacists Association, 2011; Family Health Nutrition Advisory Group, 2011; Perinatal Services BC, 2012; SickKids, 2012; Zlotkin, 2003).

Nutrition for Healthy Term Infants is intended for the use of health professionals when providing advice to parents and caregivers for the feeding of healthy term infants from birth to 24 months of age. First written in 1998, it was updated in 2005 and partially revised in 2007. A first round of consultations regarding another update, specific to the feeding of healthy term infants up to the age of six months, was carried out in early 2011. In response to critics, including INFACT Canada (Infant Feeding Action Coalition), a second round of consultations were conducted, with comments from the public accepted until April 15, 2012. The first stage of the revision to *Nutrition for Healthy Term Infants* – dealing with ages birth to six months – was completed in October 2012 (Infant Feeding Working Group, 2012). The second stage – dealing with ages six months to two years – is

expected to be complete in 2013/2014. In this chapter, in order to explore the interplay between the main actors of government, health professionals, and breastfeeding advocacy groups, I focus on the last complete version of the document (2007), the process by which it was revised, and the 2011 draft that resulted from consultations. Then, I briefly examine the changes between the 2011 draft and the final 2012 version, which only provides nutritional recommendations for infants from birth to six months. Once the second part of the newest version of the document, which provides recommendations for nutrition from ages six months to two years, is complete (anticipated release date 2013/2014) it will be useful to revisit the process of formulating breastfeeding policy.

INFACT Canada is a non-profit, non-governmental breastfeeding promotion and advocacy organization (Jordan & Jordan, 2002; Rothfus, 2012) that has publically criticized the review process (as outlined above) for *Nutrition for Healthy Term Infants*. The group is specifically opposed to the marketing of infant formula by the infant food industries through full implementation of the WHO's international code of marketing of breast milk substitutes (INFACT Canada, 2012). The group's activities include organizing World Breastfeeding Week in Canada, promoting the international Nestlé boycott, producing and distributing educational materials for health care providers and the general public, promoting the WHO/UNICEF Baby Friendly Hospital Initiative, and supporting programs that promote breastfeeding in Africa and Latin America.

INFACT Canada is critical of the review of *Nutrition for Healthy Term Infants* for a number of reasons. Public input into the review was only open for a very short period of time: from January 6, 2011 until February 3, 2011. INFACT Canada drafted a petition calling for an extension of the time available for public consultation and calling

for cross-country consultation meetings. INFACT Canada also objected to the presence on the advisory board of individuals who served on the advisory boards of formula producing companies and researchers who received funding from infant formula manufacturers. INFACT Canada objected to including discussions of both breastfeeding and infant formula feeding in the same document because, they argued, this creates the flawed impression that breastfeeding and formula feeding are interchangeable. As well, INFACT Canada called on Health Canada to lead the implementation of the World Health Assembly's International Code of Marketing of Breast-Milk Substitutes, which Canada has already endorsed (World Health Organization, 1981). Finally, INFACT wanted stronger language regarding Health Canada's responsibilities for promoting breastfeeding and also called for the funding of a cross-Canada donor milk system (Sterken, 2011).

The interplay between the medical community, the state, and non-governmental organizations like INFACT Canada demonstrates how pervasive biopolitical norms of breastfeeding are in society. The medicalization of breastfeeding is not simply the product of clinical practices, but is much more deeply embedded in public expectations about breastfeeding. As Lee describes, breastfeeding promotion can be better understood as not (just) the result of scientific findings, but rather as the

outcome of a cultural process in which the authority of science and medicine is borrowed by lobbyists and campaigners, and also expands to influence areas of life where its purchase has been previously less powerful. In turn, other forms of authority are diminished (most notably that of the parent, especially the mother) (E. Lee, 2011).

Biopower shapes local level conduct, not just the medical and public health communities and the state. For example, despite INFACT Canada's deep criticism of *Nutrition for*

Healthy Term Infants, the organization nevertheless accepts many of the same assumptions central to medical discourses of breastfeeding. In doing so, the organization also perpetuates medical authority even as it challenges the way medical norms are established. And, as I will explore in the following section, the La Leche League exhibits this same tendency of both challenging and reinforcing expert medical authority in its key breastfeeding guide, *The Womanly Art of Breastfeeding*.

Nutrition for Healthy Term Infants takes for granted that health professionals should advise parents on the appropriate feeding of infants. This document is partly based on available scientific evidence, but in the absence of solid science it follows what it refers to as “accepted practice”, without identifying the processes through which these practices became accepted (Health Canada, 2005, p. 3). The document thus perpetuates power differences between medical experts and the women who are expected to obey their advice.

Breastfeeding is identified as the optimal method for feeding infants. Exclusive breastfeeding is encouraged for the first six months of life. The document suggests that breastfeeding may continue for up to two years and beyond. Recommendations are made on how to support breastfeeding, mainly focusing on advice to give to mothers. The document recommends the provision of “more community-based programs supporting breastfeeding families as the length of hospital stays decreases”, and encourages “support in the community and workplace for flexible work schedules, part-time nursing and the use of expressed breast milk” (Health Canada, 2005, p. 4). This vague advice to provide community-based programs to compensate for shorter hospital stays, does not, however, specify who should provide these programs. Likewise, there is no indication of who

should be responsible for making changes to work schedules and encouraging expressing of milk, nor is there any direction of how this might be accomplished. Since this document is directed at health professionals it should be assumed that their main interactions will be with mothers and thus these recommendations are ultimately about what they should tell mothers to do. Here we see an attempt by policy makers to downshift responsibility for broad social changes that would enable breastfeeding onto health professionals and ultimately onto individual mothers. Advice is also given regarding women's smoking and alcohol and drug consumption. Health professionals are told to "[e]ncourage women who smoke to stop or reduce smoking; however, even if smoking is continued, breastfeeding is still the best choice" and to advise women to limit intake of alcohol (Health Canada, 2005, p. 4). Little guidance is provided regarding consumption of drugs while breastfeeding: health professionals are merely advised to "assess each case on an individual basis (Health Canada, 2005, p. 4). Women who are HIV positive are advised not to breastfeed (Health Canada, 2005, p. 4). Vitamin D supplementation is recommended and specific advice regarding provision of fluids and transitioning to solid foods is provided (Health Canada, 2005, pp. 4–5).

Maternal lifestyle is the first impediment to breastfeeding identified in the document. Women's choices to work and pursue higher education are described as obstacles to successful breastfeeding: "In today's society, many women are pursuing their education or are in the work force" (Health Canada, 2005, pp. 12). The document asserts that "[m]any mothers have successfully maintained breastfeeding after returning to work or school with support in the workplace and appropriate child care arrangements," (Health Canada, 2005, pp. 12–13) without recognizing that availability and length of

maternity leaves are also an important factor in increasing rates of breastfeeding (Baker & Milligan, 2008; Guendelman et al., 2009; Ogbuanu, Glover, Probst, Liu, & Hussey, 2011). Other impediments to breastfeeding described in the document are shortened post-partum hospital stays, unnecessary “top-up” feeds of glucose water and infant formula in the first few days of life⁸, and maternal smoking (Health Canada, 2005, p. 13). While vague reference is made to the “social, environmental, and health factors that influence the practice of breast-feeding” (Health Canada, 2005, p. 12), there is no discussion of these factors, and no recognition of governmental responsibility in addressing broader social and material impediments to breastfeeding.

Nutrition for Healthy Term Infants references the WHO’s International Code of Marketing of Breast-milk Substitutes, but does not identify any role for the Canadian state in implementing this code. Implementing the code is narrowly interpreted as including references to it in the written policies of individual health care institutions (Health Canada, 2005, p. 12). INFACT Canada contests this interpretation, arguing that implementing the Code is a much broader social and political responsibility (INFACT Canada, 2012).

The current 2011 draft of *Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months*, revised based on stakeholder consultation, recognizes that breastfeeding “increases with active protections, support, and promotion by hospitals, workplaces, and the community” (Health Canada, 2011, p. 1), which is an improvement over the 2005 document. The 2011 draft still fails to provide specific social support for

⁸ The Center for Disease Control estimates that “top-up” feeds are given to a quarter of American infants, even though colostrum is all an infant requires in the first days of life (CDC, 2011).

breastfeeding beyond recommending that health care professionals take unspecified action to promote it in hospitals, workplaces, and the community.

The 2011 draft recognizes that breastfeeding benefits the community through savings on formula and through reduced health care costs, as well as being environmentally friendly. However, it does not address the necessity of distributing the costs of breastfeeding socially. For instance, the 2011 draft notes the importance of breastfeeding mothers consuming a healthy diet, without recognizing that the economic means to obtain a healthy diet are not accessible to all women. In order for a woman to be supported in breastfeeding, she needs to have access to an affordable and healthy diet.

Throughout *Nutrition for Healthy Term Infants* there is emphasis on giving detailed advice to women in order to protect their children. This is historically consistent: since the 1920s in Canada breastfeeding has been identified with mothers' role in supporting the welfare of the nation (Nathoo & Ostry, 2009, pp. 64–68). Health policy regarding infant feeding is primarily tied to educating mothers on correct behaviour. However, the document does not take into account that surveillance of mothers' behaviour is often experienced as extremely negative. For example, women report feeling “watched” in relation to how their child is fed (Knaak, 2005; E. J. Lee, 2008).

Nutrition for Healthy Term Infants also fails to recognize what Foucault describes as the racism implicit in establishing population norms. The 2011 draft of *Nutrition for Healthy Term Infants* asserts that breastfeeding produces healthier, more intelligent children (Health Canada, 2011, p. 3). The 2011 draft also recognizes that poor, less educated, unmarried, and aboriginal and Black mothers are all less likely to initiate breastfeeding and, if they do breastfeed, do so for a shorter time. But no effort is made in

the document to address the effects of socioeconomic status or race in breastfeeding promotion. This is consistent with Foucault's argument that biopower works to subdivide the species it controls into subspecies known as races, and then to eliminate the abnormal species in order to promote the strength and vigour of the species as a whole, making life in general healthier and purer (Foucault, 2003, p. 255). What Foucault calls the "power to let die" is being exercised when breastfeeding, known to promote health and vitality and recognized as being disproportionately practiced by white women of high socioeconomic status, is promoted without any attempt to redress these inequities.

Nutrition for Healthy Term Infants states that breastmilk is best and that infant formula is the most acceptable substitute without describing formula as *risky*. This analysis is challenged by INFACT Canada in pushing for changes emphasizing the risks of formula feeding rather than the benefits of breastfeeding. However, the emphasis on the risks of formula-feeding in North American breastfeeding promotion campaigns has been the subject of critiques arguing that this is unlikely to increase breastfeeding rates and will merely produce shame and compromise women's agency (Kukla, 2006; J. B. Wolf, 2007). INFACT Canada challenges Health Canada's construction of the risks of breastfeeding by pointing out the risks of infant formula feeding. However, the discourse of risk itself goes unchallenged, even though it is highly problematic, as I will discuss further in this Chapter. This is consistent with Foucault's analysis of biopower's treatment of risk as something to be managed and controlled in order to maximize the health of populations. INFACT Canada similarly fails to address the agency of women in their treatment of breastfeeding guidelines. Both *Nutrition for Healthy Term Infants* and INFACT Canada do not recognize the importance of women's enjoyment of

breastfeeding and of the relationship between infant and mother in focusing solely on the nutritional advantages of breastmilk.

The 2012 draft of this document covers recommendations for nutrition for infants only from birth to six months of age. A separate document, expected to be released in 2013/2014, will provide recommendations on nutrition from six months to two years of age. The division of this document into two parts is controversial because it rests on the time recommended to begin complementary feeding, at “about six months of age” (Breastfeeding Committee for Canada, 2012; Infant Feeding Working Group, 2012, p. 4). During the second round of consultations concern was expressed that the term “about” regarding the age to begin complementary feeding might be too vague and that there is no universally appropriate time to introduce complementary food (Family Health Nutrition Advisory Group, 2011).

The 2012 document did not fully address INFACT Canada’s criticisms. For instance, substantial discussion of formula feeding remains (Health Canada, 2012, pp. 21–27). Reference is made to the “fully informed choice not to breastfeed” (Health Canada, 2012, p. 2) which is a problematic phrase given the substantial obstacles women face in attempting to breastfeed. INFACT Canada had called on Health Canada to lead the implementation of the International Code of Marketing of Breast-Milk Substitutes, and although this document summarizes the Code (Health Canada, 2012, p. 8), it does not propose any implementation efforts by Health Canada.

The 2012 version outlines how expert advice should be provided to breastfeeding women about the risks of medications and illicit drugs (Health Canada, 2012, p. 20), and of smoking and alcohol (Health Canada, 2012, p. 34) The document recommends

counseling women against breastfeeding if they are HIV-positive, even though this contravenes the WHO's recommendation to provide information on the risks and benefits of breastfeeding and support women in whatever choice they make (World Health Organization, 2012).

The 2012 document continues to note that women require support in order to breastfeed and that women most in need of support in order to breastfeed “are typically not married, less educated and of lower socio-economic status” (Health Canada, 2012, p. 6). The only kind of support identified in the 2012 document is a restatement of the Baby-Friendly Initiative (BFI),⁹ with the observation that the implementation of the BFI is led by “provincial and territorial governments in collaboration with the Breastfeeding Committee of Canada” (Health Canada, 2012, p. 7). This vagueness as to the kind of support required and the role of governments is criticized by the Ontario Society for Nutrition Professionals in Public Health (Family Health Nutrition Advisory Group, 2011, p. 5).

The focus of this document is entirely on the health of infants with the exception of a very brief description of how women benefit from breastfeeding: “[h]er weight loss is more rapid after birth and there may be a delayed return of menses” (Health Canada, 2012, p. 4). The Breastfeeding Committee of Canada argues for more discussion of the health benefits for women of breastfeeding, including reduction in risks of breast and ovarian cancer, since maternal health cannot be completely separated from infant health (Breastfeeding Committee for Canada, 2012).

⁹The Baby-friendly Initiative (BFI) was launched by the WHO and UNICEF in 1991, following the Innocenti Declaration of 1990. The initiative is a global effort to implement practices that protect, promote and support breastfeeding by adherence to the WHO's “Ten Steps to Successful Breastfeeding”

Overall, the maternal subject in the various iterations of *Nutrition for Healthy Term Infants* is constructed as the passive recipient of expert medical knowledge, while at the same time considered primarily responsible for making optimal infant feeding decisions. On the one hand women are treated as ignorant of breastfeeding and therefore requiring the advice of experts; while on the other hand the ideology of the “good mother” holds women to increasingly high standards of intensive mothering in isolation from social supports. Under the medical model of breastfeeding women’s knowledge about their own bodies is not valued. Good mothers are constructed as those who obey expert medical advice (Wall, Glenda, 2001). The advice of medical experts, given in accordance with the guidelines laid out in this document, does not have the effect of compelling women to conform to guidelines of infant feeding, since, despite all the effort that has gone into changing women’s behaviour, most women do not breastfeed for as long as advised. Rather, the power of breastfeeding promotion lies in how it “sets the moral context within which women negotiate their identities as mothers”(Murphy, Elizabeth, 2004, p. 209). Mothers often experience infant feeding as a moral problem (T. Miller, Bonas, & Dixon-Woods, 2007), involving pressure to conform to fixed ideas about good mothering and frequently feeling judged by others (Pain, Bailey, & Mowl, 2001). As I will explain in the next section, although maternalism emerged as a reaction against the medicalization of infant feeding, it shares with medicalization some similar assumptions about the moralization of motherhood.

Breastfeeding and Maternalism

The maternalist approach to breastfeeding emerged as a reaction against the medicalization of childbirth and motherhood, valuing the relational bond between mother and child rather than just the nutritional benefits of breastmilk. Maternalist politics tend to promote care for children and domesticity as a way of empowering women (L. M. Blum & Vandewater, 1993). Maternalist organizations emphasize women's difference from men and value women's historical role as nurturers while rejecting the liberal feminist project of including women in the paid workplace and civic spheres of life (Larsen, 1997).

The La Leche League is a hugely influential example of a maternalist breastfeeding promotion group. The League was founded in 1956 by seven Catholic women who were committed to extended, on-demand breast-feeding, natural childbirth, and large families and who resisted the dominant medically-determined norms of rigidly scheduled formula feeding (Bobel, 2001; Ward, 2000; Weiner, 1994). Instead, the League emphasizes the primary importance of the bond between mother and child based on the breastfeeding relationship. The League has grown into an international organization whose purpose is to promote breastfeeding by providing mother-to-mother support, encouragement, information, and education (La Leche League International, 2010a).

Maternalism associates mothering with virtue (Wall, Glenda, 2001). Women are expected to find fulfillment through the noble work of caring for children. Historically, breastfeeding has been linked to promotion of the public good, as a duty to the state, and as improving the moral character of society (Nathoo & Ostry, Forthcoming). As Nathoo and Ostry demonstrate, breastfeeding has been associated with female virtue and purity

and with the health of the nation since the early twentieth century in Canada (Nathoo & Ostry, 2009). The La Leche League in particular promoted breastfeeding and a particular style of intensive mothering as socially beneficial behaviour. League members invested motherhood with public purpose (Weiner, 1994).

The La Leche League in some ways can be viewed as challenging the biopolitical imperative of health. Its maternalist, Catholic philosophy opposes the individualization of responsibility with an emphasis instead on communitarian virtues of nurturing and connection to family. The nurturing care promoted by the La Leche League thus does not merely stand outside of biopower, even though the League in many ways challenges the authority of the medical community. Foucault tracked the origin of biopower to the Judeo-Christian tradition of pastoral power. Biopower is not bloody: its role is to care for individual life (Foucault, 2000a, p. 307, 2000b, p. 404). As Ojakangas notes, care as the Christian power of love (*agape*) is at issue in biopower: care as “*patria potestas* (father’s unconditional power of life and death over his son) and *cura materna* (mother’s unconditional duty to take care of her children)” (Ojakangas, 2007, pp. 20–21).

Although the La Leche League began in opposition to the medicalization of breastfeeding, as medicine increasingly encouraged breastfeeding beginning in the 1980s, the League supplemented its advocacy of breastfeeding with reliance on scientific evidence of its health benefits. Expanding beyond its initial base of Catholic mothers, the League combined arguments that breastfeeding was beneficial for the moral and emotional well-being of children and supported strong family bonds with arguments based on the healthy physiological development due to breastfeeding that was increasingly supported by medical research.

Maternalist discourses of breastfeeding valorize self-sacrifice and unreserved devotion to one's children, but usually fail to recognize that women have unequal access to the material and social supports necessary for breastfeeding. Despite the work done in care ethics to valorize caring work done by women, discourses in which mothers are considered to be virtuous or praiseworthy due to their special role as caregivers and nurturers can be problematic when they reinforce the gendered inequality of domestic labour. As Sherilyn MacGregor points out, an ethics of care limits possibilities for critiquing how practices of care are gendered and individualized (MacGregor, 2006, p. 79). An ethics of care can perpetuate the constructed identity of women as mothers and nurturers, upholding the stereotype that caregiving experiences are the most powerful or meaningful experiences that women can have, and limiting the potential to overcome gender relations that have historically oppressed women (MacGregor, 2006, p. 79).

Being a good mother is considered to be "natural", and as a good mother one is expected to be self-sacrificing and provide intensive caring to one's children. But the privileging of care and mothering in maternalist discourses of breastfeeding does not always fit into women's autobiographical accounts, since valorizing self-sacrificing care for one's child can result in emotional distress when caring is experienced as a heavy burden. Identifying women as natural caregivers can make women feel unnatural when they experience caring as labourious. Conceiving of breastfeeding as natural obscures the social factors that make it difficult or impossible for many women to breastfeed, including failure of workplaces to accommodate breastfeeding and the social censure that breastfeeding in public places often arouses. When the ideology of natural breastfeeding runs aground on the very real obstacles to successful breastfeeding the experience can be

extremely upsetting. Women who have difficulty breastfeeding often feel like their bodies have failed them, and that they are consequently bad mothers.

Maternalist championing of breastfeeding values the process of breastfeeding because it connects infant and mother in a unique bond. However, it assumes that women will find this physical intimacy fulfilling and enjoyable. Maternalist support for breastfeeding takes for granted that women are naturally well-suited to nourish children. Contemporary normative discourses of motherhood require breastfeeding in order to be a “good mother” (Stearns, 1999). As a good mother one is also irreplaceably unique: a mother is considered to be able to care for her children in ways that no one else can. Nevertheless, an essential part of being a good mother is following the expert advice of health professionals (Stearns, 1999). Despite the supposed naturalness of motherhood, advice from external experts is still necessary.

As in the medical model, benefits to infants are the focus of maternalist breastfeeding promotional literature. The content of these materials assumes that women will benefit from what is good for their infants or that they will experience a close and intimate relationship to their infant as rewarding. Breastfeeding is viewed under the maternalist model as a “natural” alternative to the medical model of infant feeding and reliance on women’s natural roles as caregivers and nurturers is taken on a largely uncritical basis (Hausman, 2004). The role of culture in shaping gender identities and parenting roles goes unexamined in maternalist discourses of breastfeeding, as in the medical model. Breastfeeding is increasingly becoming a normalized moral imperative (Crossley, 2009). This is consistent with trends in the moral regulation of motherhood (Wall, Glenda, 2001). The problem with this is that the moralization of breastfeeding

limits the ability of women to occupy alternative subject positions and create their own definitions of ethical agency.

Reading of The Womanly Art of Breastfeeding

In response to the lack of information and support for breastfeeding as a result of the spread of physician-directed bottle feeding, the La Leche League was founded in 1956 order to promote the sharing of firsthand breastfeeding advice. Now the largest and most influential breastfeeding advocacy organization worldwide, the La Leche League International holds over 3000 meetings in 66 countries. The League holds international conferences each year and serves as a non-governmental organization consultant to numerous international organizations including UNICEF, the UN, and the World Health Organization (WHO). The League has a professional advisory board which includes doctors and health professionals from across the world who are consulted about new research and who review League publications (La Leche League International, 2010a). First published by the La Leche League in 1958, *The Womanly Art of Breastfeeding* was written in response to questions from women at League meetings, providing an overview of breastfeeding basics, and has sold more than three million copies.

Although the League promotes a return to the authority of mothers in reaction against the medicalization of infant feeding under the bottle feeding culture, nevertheless *The Womanly Art of Breastfeeding* legitimizes its advice through reference to medical authority. The current eighth edition of the text, like *Nutrition for Healthy Term Infants*, takes its authority from “modern lactation science and solid research” (La Leche League

International, 2010a, p. xxii). The La Leche League relies on implicit medicalization through its discussion of the health advantages of breastfeeding to mother and child (Hausman 2006).

The Womanly Art of Breastfeeding uses science to support its breastfeeding advocacy, but the text also challenges breastfeeding research. It argues that all research demonstrating the benefits of breastfeeding is flawed because it is actually backwards: it should be testing the new thing, formula, rather than the “normal” thing, breastfeeding. The authors argue that the scientific research shows that formula is actually risky and dangerous compared to breastfeeding (La Leche League International, 2010a), and, therefore breastfeeding does not provide benefits but merely results in normally developed children. According to the League, formula feeding results in increased risk for many short-term and long-term illnesses and diseases (La Leche League International, 1988, p. 9). This position is similar to that of INFACT Canada in their criticisms of *Nutrition for Healthy Term Infants* (Sterken, 2011). This focus on risk is similarly consistent with the influence of biopower.

Despite significant reliance on medical authority, the text claims to follow decades and perhaps millennia of “mother wisdom”, passed on from mothers to other mothers rather than from experts (La Leche League International, 2010a). In an earlier edition of *The Womanly Art of Breastfeeding*, the authors assert that “[The League] carries with it the hope of rescuing us from a sick technological age by the restoration of certain basic human relations leading to a more wholesome culture”(La Leche League International, 1988, p. vi). The authors describe the “story of breastfeeding” as a natural and mother-directed story that is interrupted by the medicalization of breastfeeding. The

current edition of *The Womanly Art of Breastfeeding* has significantly toned down language regarding the naturalness of breastfeeding, but the general rhetoric remains. For instance, the eighth edition text asserts that, “[b]reastfeeding is far more than just a way to feed your baby. It’s the way you’re naturally designed to begin your mothering experience” (La Leche League International, 2010a, p. 5). Breastfeeding is asserted to be the most important part of mothering: “[t]here is almost nothing you can do for your child in his whole life that will affect him both emotionally and physically as profoundly as breastfeeding” (La Leche League International, 2010a, p. 5). The League consistently refers to the nursing child as male, which is consistent with an overall heterosexist bias: breastfeeding is often described as akin to a romantic relationship, in which mother and child are a “nursing couple” (La Leche League International, 2010a, p. 56).

Ward notes that the La Leche League consciously attempts to mediate between modern technological medicine and the family through a quasi-religious narrative (Ward, 2000, p. 1). The La Leche League believes that mothers are best suited to help other women learn the arts of mothering, indicating that empowerment lies in women themselves, rather than in external authorities. Nevertheless, their beliefs conflict with some feminist theories about the mother-child relationship (Ward, 2000, p. 4). According to Ward, the League’s message is simple: “[n]ature intended mothers to nurse their babies; therefore, mothers ought to nurse” (Ward, 2000, p. 4). The reliance on breastfeeding as “natural” and therefore imperative erodes women’s agency even as it empowers women.

Bobel describes four conceptual paradoxes in the La Leche League -- staying home, reconceptualizing women’s bodies, validating motherhood, and living with baby -- as

each representing an internal contradiction of liberation and constraint (Bobel, 2001). The current edition of *The Womanly Art of Breastfeeding* does not overcome these closely-linked paradoxes as it continues to privilege women's role in the domestic sphere of life. While finally recognizing that women working outside the home is an economic reality, the League still upholds maternal care of children within the home as an ideal to be striven for whenever possible. *The Womanly Art of Breastfeeding* harnesses medical research to support home-based childcare, asserting that

Studies that have looked at the first seven years find a trend toward increased aggression, anxiety, and attachment difficulty in children who were in day care through their early years...For babies, quality is all about being nurtured by people they are securely attached to. The research tells us that *any* early day care is stressful and less than ideal for babies...(La Leche League International, 2010a, p. 281).

The text assumes that the mother is the best caregiver for a child and the League promotes minimal mother-child separation. Regarding vacations and trips, the text asks the reader if she really wants or needs to go, the assumption being that separation from one's child is invariably stressful (La Leche League International, 2010a, p. 288). *The Womanly Art of Breastfeeding* includes advice on career sequencing, working part-time, and working from home in order to maintain a close, breastfeeding-friendly relationship with one's child. The text offers advice on how to modify school and work to be compatible with breastfeeding and advises readers that "it's okay to change your mind" about going back to work (La Leche League International, 2010a, p. 284). However, this advice is most applicable to women with access to a high wage-earning partner or support system and fails to recognize the economic hardships faced by many mothers.

League members are overly confident that traditionally defined gender roles can co-exist with equality and mutuality between spouses (Ward, 2000, p. 152). Although the

current edition of *The Womanly Art of Breastfeeding* replaces “husband” with “partner” and recognizes that not all mothers have partners, the role of the partner is still described similarly to how the husband was viewed historically. The role of partner and mother are understood to be equal despite being separate and distinct. *The Womanly Art of Breastfeeding* boldly asserts that “Your two separate roles work together to form a strong, secure safety net for the World’s Best Baby” (La Leche League International, 2010a, p. 468). The La Leche League, despite providing non-hierarchical advice sharing between women, rejects a critical analysis of gender and inequality (Gorham & Andrews, 1990). Blum and Vandewater found that this rejection resulted in a scapegoating of individual women and cautioned that the League’s overreliance on discourses of natural motherhood risks reinforcing current gender inequalities (L. M. Blum & Vandewater, 1993, p. 297).

The La Leche League fails to take political action against poverty despite its serious adverse health impacts for mothers and children and the fact that breastfeeding is practiced primarily by middle and upper class women (L. M. Blum & Vandewater, 1993). The only reference to poverty in the eighth edition of *The Womanly Art of Breastfeeding* is a quote from the former executive director of UNICEF stating that “[b]reastfeeding is a ‘safety net’ against the worst effects of poverty... Exclusive breastfeeding goes a long way toward canceling out the health differences between being born into poverty and being born into affluence” (La Leche League International, 2010a, p. 10). Not only are the health impacts of poverty glossed over, but the text fails to recognize that breastfeeding in North America is far more likely to be carried out by white women of high socioeconomic status.

Like *Nutrition for Healthy Term Infants*, *The Womanly Art of Breastfeeding* does not recognize social and cultural variation in the breastfeeding relationship. The focus on breastfeeding as natural leads to an assumption that infant needs are universal. As Ward notes, the League believes that the basic needs of babies are unchanging, regardless of the time or place they are born (Ward, 2000, p. 156). But Wells points out that assuming needs are universal rather than culturally and historically influenced is symptomatic of biopower (Wells, 2006).

The Womanly Art of Breastfeeding features extensive, detailed chapters explaining how to breastfeed, including information on positions, latching, how to ask for help from a partner, family and others, how to check diapers for signs of healthy feedings, exercise and dieting, getting enough sleep, dealing with negative feedback from people who disapprove of breastfeeding, co-sleeping, beginning to feed toddlers solid foods, using a breast pump, combining breastfeeding with work outside the home, and when to wean. As discussed earlier, these instructions on maximizing the health and well-being of both oneself and one's child can be interpreted as forms of biopower. These instructions are consistent with the development of political power as interested in the health and well-being of the population. Under biopower, health becomes an imperative duty for each citizen and for the collectivity (Foucault, 1980b).

The ideology of intensive mothering to which the League subscribes is child-centred and requires that mothers take individual responsibility for maximizing their children's health by avoiding risk at all costs. In order to accomplish this mothers are expected to follow the advice of experts and scientific researchers. This is consistent with

the biopolitical dictate that individuals take responsibility for their own health, wherein parents and especially mothers are held responsible for the health of their children.

In interviews with La Leche League members, Faircloth found that women often described having always known, deep within themselves, certain truths about mothering, but that these truths were “revealed” to them through contact with the La Leche League, which helped them “tune in” to their inner natures (Faircloth, 2011). Although some women report breastfeeding because it “feels right”, the longer women breastfeed, the less “feeling right” is prioritized in women’s accounts. Women increasingly describe the scientific benefits and evolutionary logic of breastfeeding, as they are understood to be more effective strategies for justifying extended breastfeeding in both private and public realms (Faircloth, 2010, 2011).

The maternalist approach to breastfeeding justifies itself based on the health benefits of breastfeeding and thus relies on the medicalization of breastfeeding (Hausman, 2006). Non-governmental groups like INFACT Canada and the La Leche League influence public policy while relying on the same medical discourses of breastfeeding’s benefits. The La Leche League, despite its focus on the reciprocal sharing of information from mothers to mothers, nevertheless fails to ultimately challenge the position of medical authority and expert knowledge regarding breastfeeding. This is problematic since as Avishai found in interviews, women can experience the maternalist model as eroding their bodily competency (Avishai, 2007). Maternalist discourses of breastfeeding emphasize the naturalness of breastfeeding and the importance of instinct and “mother wisdom”, but ultimately promote relying on expert medical advice as a necessary part of being a good mother.

According to Foucault, with the development of biopower populations are managed in accordance with norms of health. Concurrently, individuals become the agents of their own 'normalization' as they are subjected to, and become invested in, the categories, classifications and norms propagated by the scientific and medical discourses that claim to reveal the 'truth' of their identities. Maternalist discourses of breastfeeding mobilize what are understood to be scientific truths of breastfeeding's benefits in order to encourage women to internalize norms about proper feeding of infants and maternal responsibility (Faircloth, 2010). Women who have subscribed to norms of good motherhood and optimal breastfeeding then seek to manage their own behaviour in accordance with these norms. Women begin to see breastfeeding in terms of a body-project (Avishai, 2007; Crossley, 2009). But understanding the body as a project is fraught with contradictory tensions (Crossley, 2009). While some women may experience breastfeeding as empowering, when breastfeeding is understood as a normalized moral imperative it can be deeply uncomfortable and limiting to alternative ways of conceptualizing oneself. In their examination of the La Leche League, Blum and Vandewater suggest that maternalism has contradictory implications for women, empowering women through its woman-centred perspective while at the same time constraining women's opportunities through reference to biological essentialism (L. M. Blum & Vandewater, 1993). And, as noted above, women differ dramatically (depending on such variables as race, class and level of education) in the degree to which they internalize and enact the biopolitical norms surrounding breastfeeding.

The maternal subject constructed in this document is self-sacrificing, entirely focused on the well-being of her child and finds fulfillment in nurturing and caring for

children. She is not recognized as having important life projects besides caring for others. As well, this text assumes that the breastfeeding mother does not need to and should not want to work outside the home, instead contentedly remaining confined to a traditional feminine role in domestic life with access to a high wage-earning partner. This document constructs breastfeeding as a moral activity, but restricts its practice in accordance with historically conditioned gender norms. Breastfeeding is described as a natural process rather than a culturally produced activity, which results in a lack of critical engagement with normative ideas about what it means to be a mother. By describing breastfeeding as “natural” this text reifies socially conditioned ideas about gender. Although in this text women’s experiences are valorized and upheld as an important source of knowledge about the benefits of breastfeeding and techniques for carrying it out, this is nonetheless legitimized through reference to medical knowledge and authority.

Conclusion

The medical and maternalist models of breastfeeding developed in competition with each other. The medicalization of infant feeding transferred authority for childrearing from mothers to health professionals. Where women were once the experts on infant feeding, that authority was transferred to health professionals through the development of a bottle feeding culture. Women were constructed as passive recipients of expert advice and obedience to medically-determined norms of infant feeding. Now that breastfeeding is promoted by clinicians and public health officials, infant feeding expertise remains in the medical realm, and mothers are still expected to follow medical

advice and are not regarded as having insight into the needs of their children. The needs of women are considered to be of only secondary importance; taking care of one's own health is regarded as merely a means to better care for one's child.

The maternalist model challenged the devaluing of women's knowledge and experience and the bottle feeding culture that developed under the medicalization of infant feeding. However, maternalist breastfeeding advocacy relies on essentialist ideas of gender that do not challenge rigid gender roles that confine women to the domestic sphere of life and assume that they have access to a high wage-earning partner (normally assumed to be male). Maternalist discourses of breastfeeding rely on assumptions about women's "nature" as caregivers and nurturers, without recognizing that these qualities are historically and culturally conditioned. The intensive mothering promoted by the La Leche League can be experienced as stifling by women, especially when combined with a lack of social acceptance of breastfeeding in public. Describing breastfeeding as natural obscures the social and economic obstacles that women face in attempting to practice it. The La Leche League fails to adequately address issues of poverty and inequality that pose serious risks to the health of women and children and which cannot be solved by merely increasing breastfeeding rates.

Despite their antagonistic origins both models currently share some common assumptions. Both models feature the moralization of motherhood, wherein mothers are constructed as individually and uniquely responsible for the health and well-being of their children. Being a good mother requires breastfeeding as well as following expert advice in order to minimize risk to their children and optimize their health. The maternalist approach to breastfeeding justifies itself based on the health benefits of breastfeeding and

thus implicitly relies on the medicalization of breastfeeding (Hausman, 2006). The La Leche League, despite its focus on the reciprocal sharing of information from mothers to mothers, ultimately reinforces the position of medical authority and expert knowledge regarding breastfeeding. As well, non-governmental groups like the La Leche League and INFACT play significant roles in informing public health policy on breastfeeding. Both the medical and maternalist models do not adequately address the broader social factors that impede breastfeeding. Thus, the medical and maternalist models of breastfeeding can be seen to be agonistic, but nevertheless share a moralization of breastfeeding and an assumption of motherhood as an intensive primary responsibility for the health and well-being of children.

Contemporary biopower limits the breastfeeding subject through constraints on women's agency. In working to optimize the health of populations, biopower does not recognize the importance of breastfeeding as an ethical practice and as transformative of subjectivity. While reading the medical and maternalist discourses of breastfeeding through the lens of biopower is illuminating, this reading of breastfeeding is ultimately inadequate because it does not explore how these discourses of power can be resisted through understanding breastfeeding as a creative practice. A broader understanding of the breastfeeding subject is necessary.

Foucault's analysis of biopower is important in understanding the ways in which breastfeeding norms currently operate. However, it is essential to develop an ethics of breastfeeding that recognizes both the responsibility to feed children as well as the necessity for women to enjoy the breastfeeding relationship. In the chapters that follow I therefore turn to Levinas, Irigaray, and the later work of Foucault in order to explore

possibilities for resisting biopolitical breastfeeding discourses. An ethics of breastfeeding is necessary in order to recover women as ethical agents in their own right and not just as instruments for promoting the health and well-being of children in obedience to dominant norms of motherhood.

In the remainder of this dissertation I formulate an account of ethical subjectivity as developed through breastfeeding. I argue that creative transformation of oneself and recognition of ethical responsibility to the other are essential to an expanded understanding of the practice of breastfeeding. In the next chapter I turn to Levinas' ethics in order to explore potential ways of resisting biopower in breastfeeding discourses. Levinas' conception of the ethical subject can be helpful in developing alternatives to the biopolitical conception of breastfeeding explored through the interrelated concepts of the medicalized and maternalist models. Levinas places ethical obligation to the other at the heart of his understanding of subjectivity and this is an essential insight overlooked by the biopolitical understanding of breastfeeding.

Chapter 2 Feeding the Hungry Other: Levinas and Breastfeeding

Having outlined the problems associated with current biopolitical discourses of breastfeeding in the previous chapter, I now begin to develop an alternative conceptualization of the breastfeeding subject. I consider breastfeeding from a Levinasian perspective in order to explore the ethical obligation imposed by the hungry child. Levinas is uniquely useful in theorizing breastfeeding because he makes eating central to his philosophy. Ethics for Levinas is ultimately about giving food to the Other. He emphasizes the need to enjoy food rather than just derive sustenance from it and thereby provides an alternative to the limited biopolitical understanding of breast milk as merely optimal nutrition.

Levinas makes ethical responsibility, the requirement to feed the Other,¹⁰ central to his understanding of the subject. According to Levinas, subjectivity develops in relation to the vulnerable Other: it is impossible to be a self independent of the needs of the Other. Ethical responsibility to the Other constitutes us as subjects; it is an inherent

¹⁰ It has become a convention among Levinas scholars to use “the Other” for all references to a human other and “the other” to refer to non-humans. (Levinas, 1996a, pp. xiv–xv). I follow this convention throughout this dissertation. This usage unfortunately obscures differences in the original French (variously *Autre*, *autre*, *Autrui* and *autrui*) and elides Levinas’ reference to God as the other.

part of being a self. When the question of ethics is raised in the western philosophical tradition, it has generally been assumed that there is an established, autonomous subject on whom responsibility rests and that there are appropriate, correct responses to various situations. Levinas breaks with these assumptions, arguing instead that ethics precedes ontology; we are always infinitely responsible to the Other prior even to our own existence as subjects.

Although breastfeeding has often been understood in ways that overemphasize the role of sacrifice and passivity to an extent that has been detrimental to women's sense of agency, nonetheless it is impossible to think about breastfeeding without recognizing its essentially responsible character. If we follow Levinas we see that the self is constructed through responsibility to the Other, and cannot exist in separation. Subjectivity "signifies an allegiance of the same to the other, imposed before any exhibition of the other, preliminary to all consciousness" (Levinas, 1981, p. 25). Identity for Levinas is fundamentally relational, since our responsibility to the other is always prior to our own identity as a self. Understanding breastfeeding provides insight into personal identity and the way in which it necessarily involves ethical responsibility to others.

Under biopower all mothers and children are regarded as interchangeable, with universal prescriptive advice that is understood to rely on unchanging biological norms. Levinas presents an alternative by recognizing the need to respond to the needs of the Other in innovative and dynamic ways. In place of the moralization of breastfeeding discussed in the previous chapter, wherein good mothering is identified with following public health guidelines, Levinas provides a model for understanding ethical responsibility as requiring ongoing, imaginative engagement with the needs of the hungry

Other. I describe this as an *ethopoiesis*, drawing a comparison with Foucault's later work (to be discussed in Chapter four), because it involves shaping oneself through creatively engaging with the responsibility to feed and care for the Other. Although he rejects poetry in isolation, Levinas repeatedly uses figurative or poetic language in the service of ethics. He does this in order to avoid literal representation of the Other, which would betray the Other's radical alterity. I use "poetic language" to refer to language that is not reducible to literal meanings, including, but not limited to, metaphor and simile. Poetic language resists final interpretations: new and different understandings always remain possible. The term *ethopoiesis* describes the connection between ethics and poetics, which I argue is essential to Levinas' work. Levinas directs us to what is beyond language, beyond totality, so that we may recognize that the Other is infinitely different. Ethical responsibility requires creating representations of the Other but we always run the risk of trapping the Other in our limited representations, which inevitably fall short. The use of poetic language is necessary in order to avoid reducing difference to sameness, which Levinas recognizes as a betrayal of ethics. Through his use of poetic language Levinas resists the systematization of his work and ensures that his descriptions of ethical responsibility always remain open to future interpretations.

Levinas relies on the relationship between what he terms "the saying" and "the said" to express how responsibility to the Other must be continually re-expressed in order to avoid trapping the Other in any fixed representation (Levinas, 1981). Using language that can be continually reinterpreted without devolving into fixed meanings allows for ongoing ethical responsiveness to the Other. Although Levinas recognizes that ethical obligation can never be adequately captured in language, language must nevertheless be

continually employed in saying, unsaying, and re-saying the ethical obligation. Language inevitably betrays the difference of the Other, but it is also the only means we have to ethically respond; therefore we must continually reinterpret previous iterations in order to open up new responses to the Other. An example of the role of poetic language is Levinas' use of breastfeeding as a metaphor for ethical responsibility. This metaphor demonstrates how ethical responsibility to feed the Other cannot be restricted to women: in this example Moses is described as wet nurse to his people. Through this metaphor I connect an ethics of breastfeeding with a politics of breastfeeding in which each of us shares responsibility for ensuring children are fed, even if we are physically unable to breastfeed.

Breastfeeding exposes some significant problems with Levinas' philosophy, which I discuss in the middle section of this chapter. In order to overcome these problems I follow Guenther in arguing that Levinas' ethics require a feminist politics in order to ensure justice for women (Guenther, 2006a). Levinas understands politics as a sort of balancing of the ethical responsibilities we owe to everyone with the responsibilities they owe us. Levinas' conception of the relation between ethics and politics makes it possible to ensure that the responsibility for feeding children is incumbent on everyone, not just women who have recently given birth. We are all responsible for ensuring that the caregivers of children have the necessary support and resources. Levinas' use of breastfeeding as a metaphor demonstrates how we are all responsible for feeding children through providing social support, experienced (not just "expert") advice, safe spaces, adequate time, and sufficient nourishment for breastfeeding mothers. The biopolitical trend towards individualized responsibility for infant feeding discussed in the previous

chapter fails to recognize that breastfeeding cannot be carried out without help. There can be no ethics of breastfeeding without a politics of supporting those who breastfeed children.

Eating, Enjoyment and Ethical Responsibility

For Levinas, enjoyment is the precondition for ethical responsibility. In *Totality and Infinity* Levinas describes the self as involved in egoistic enjoyment, the exemplary activity being eating. Through the act of nourishing oneself the food that is other to me (but not radically other as the human Other is), is transmuted into me. As Hirst puts it, “I move from a state of separation (albeit, a hungry, needy separation), to a state of immersion, back to a state of separation (with a full stomach)” (Hirst, 2007, p. 178). The energy I gain from food becomes sustenance for the very act of consuming that food and becomes part of me (Levinas, 2007, p. 111). Through eating, the non-I becomes a part of myself. I am constituted as a subject through my capacity to eat and enjoy (Levinas, 2007, p. 115). Levinas does not, however, reduce eating to bare nutrition: he insists on the importance of enjoying food (Chanter, 2001). Food should be delicious and enjoyable – “good soup” (Levinas, 2007, p. 110) – and not just fuel for our bodies.

However, this enjoyment is inevitably interrupted by my responsibility to the Other, who confronts me in her hunger, poverty, and need. The Other imposes an obligation upon me “by appealing to me with its destitution and nudity – its hunger – without my being able to be deaf to that appeal” (Levinas, 2007, p. 200). Levinas argues that ethics is impossible without experiencing enjoyment. Without tasting and savouring

our food we cannot properly give to the Other. We cannot understand the Other's hunger without experiencing the satisfaction of enjoying our food. Enjoyment "is made of the memory of its thirst; it is a quenching" (Levinas, 2007, p. 113). Experiencing hunger makes us capable of both enjoying our own food and recognizing the hunger of the Other.

Although *Totality and Infinity* begins with the egoistic enjoyment of the self, followed by the interruption of the hungry Other, Levinas believes that in fact the self's enjoyment is always already interrupted by the need of the Other. He makes this clearer in *Otherwise than Being*, when he argues that I owe an obligation to the Other prior to my very existence. My ethical responsibility is infinite and exceeds the bounds of my own identity. With the notion of substitution developed in *Otherwise than Being*, the encounter with the Other is anarchically located within the self: the Other is actually within me and the responsibility to the Other is what constitutes me as a self. Levinas describes the identity of the subject as coming "from the impossibility of escaping responsibility, from the taking charge of the other" (Levinas, 1981, p. 14). In *Otherwise than Being* Levinas retains an understanding of the importance of enjoyment, although enjoyment without obligation to the other is impossible. Whether describing the self as being interrupted in his enjoyment by the Other, or as having been always already held hostage by the Other, Levinas is describing in different ways how identity involves interiority and egoistic enjoyment, but that our enjoyment is always a betrayal of our obligation to give to the Other, an obligation we bear without ever having chosen it.

Levinas is useful in conceptualizing breastfeeding because he makes eating and feeding the Other central to his ethics. David Goldstein describes Levinas as being one of the only philosophers of existence to locate the enjoyment of food at the centre of being

and argues that Levinas provides us with a starting point for an ontological understanding of hunger and its satisfaction (Goldstein, 2010, p. 43). For Levinas eating is not merely nutritive, but is a pivotal experience because it involves the encounter of the I with the not-I (Levinas, 2007, pp. 128–9). According to Levinas, in eating, the I ingests what is not itself and assimilates it into its own body. Food is distinct from the self, although not in the same way as the Other is. Levinas is very careful to distinguish between food – the animal or natural material – and the human Other who can never be eaten. While food can be incorporated into the self, the Other is both sensible and transcendent and thus can only be touched without being touched (Levinas, 2007, p. 111). This distinction is problematized by breastfeeding, however, since the child consumes the product of the mother’s own body. I will discuss the destabilization of Levinas’ distinction between the human and the nutritive further in part four of this chapter.

Levinas draws a strong distinction between food as bare means to survival and food that can be enjoyed. Being human means being able to enjoy the food we eat. Levinas insists that, “Food is not the fuel necessary to the human machine...Food is a meal”(Levinas, 1990a, p. 97). Through enjoying food we are able to exist as individual selves rather than merely the sum of physiological processes (Levinas, 2007, p. 115). Eating is necessary according to Levinas not as a mere means for continuation of existence, but in order to feel invigorated and enjoy one’s vitality (Wyschogrod, 2000, p. 59). This is a strong counter to the biopolitical understanding of breastmilk as optimal nutrition discussed in the previous chapter. Levinas’ experience in a prison camp demonstrated to him that humans require food that is delicious and enjoyable rather than simply nutritional. As Hirst points out, for Levinas the process of transforming raw

ingredients into an enjoyable meal is deeply feminized work: the woman becomes touch and gentleness while preparing food, thereby mediating between the world and the human subject (Hirst, 2005, p. 64). I will explore problems with Levinas' feminization of domestic labour further on in this chapter in a section on Levinas' breastfeeding occlusions.

Although food and enjoyment feature prominently in *Totality and Infinity*, food is still something that we are ethically required to give to the Other. One's own enjoyment of food inevitably comes at the cost of giving to the Other. However, enjoyment is also what allows us to give, to respond to the ethical obligation the other imposes upon us. Levinas reiterates many times in *Otherwise than Being* that giving to the Other means taking the food from our own mouth to give to the Other: "[t]o give, to-be-for-another, despite oneself, but in interrupting the for-oneself, is to take the bread out of one's own mouth, to nourish the hunger of another with one's own fasting" (Levinas, 1981, p. 56). Caputo observes: "[w]e have to eat and we have to eat something living. That is the law of the flesh" (Caputo, 1993, p. 198). Our ethical responsibility to the Other requires us to give food to the other: "[t]o recognize the Other is to recognize a hunger. To recognize the Other is to give" (Levinas, 2007, p. 75). The Other appears to us as hungry and when we eat, we are inevitably betraying the other. However, our own enjoyment of food, not merely the possession of that food, is also what makes it possible to give to the Other.

Although Levinas makes an explicit point of separating his Jewish writings from his philosophical ones, in *Difficult Freedom* he equates religion with feeding the Other, arguing that all spirituality consists in the act of nourishing (Levinas, 1997a, p. xiv).

Levinas said in an interview that “[e]ating, to take pleasure in eating, to take pleasure in oneself, that is disgusting; but the hunger of the other, that is sacred” (Robbins, 2001, p. 46). However, Goldstein argues that for Levinas eating is not actually disgusting per se. Rather, eating without acknowledging the hunger of the Other is a profoundly unethical act, but responding to the hunger of the other is profoundly ethical, even holy (Goldstein, 2010, p. 42). In “Secularization and Hunger” Levinas writes that

hunger is strangely sensitive in our secularized and technological world to the hunger of the other man. All our values are worn out except this one. The hunger of the other awakens men from their sated drowsing and sobers them up from their self-sufficiency” (Levinas, 1998, p. 11).

The hunger of the Other has the potential to awaken us to our ethical responsibility, according to Levinas. Breastfeeding, the act of feeding the vulnerable Other, is therefore a profoundly ethical act. In the next section I explore how Levinas develops breastfeeding as a paradigm of ethical responsibility through metaphorical language.

Ethics and Poetics

Levinas echoes Heidegger in describing language as poetry: “[I]anguage qua expression is, above all, the creative language of poetry” (Levinas, 1996a, p. 41). He follows Heidegger in attempting to describe how the unsayable is brought to presence as unsayable through language (Strhan, 2012, p. 29). But Levinas is critical of Heidegger’s ontological connection between the work of art and homeland and nationhood. Levinas attempts to remedy what he sees as a lack of ethics in Heidegger’s work, which results in what Levinas refers to as the “philosophy of Hitlerism” (Levinas, 1990b). Levinas also draws on the biblical prohibition against graven images in arguing that the Other cannot

and must not be finally represented (Robbins, 1999, p. 83). Consequently, Levinas believes that poetics must necessarily be combined with ethics. Poetic language must direct our attention to the obligation the Other imposes upon us. For Levinas the Other is the unsayable, and is therefore the origin for language understood as poetry. Levinas rejects Heidegger's assertion that "poetically man dwells", arguing instead that poetics requires us to give up our place at home and provide hospitality to the Other (Eubanks & Gauthier, 2011; Strhan, 2012, p. 30). Levinas combines ethics and poetics in expressing the ethical imperative to respond to the need of the Other, an ethico-poetics of hospitality which also leads to a politics, as will be discussed in the final section of this chapter.

Levinas relies greatly on poetry in order to express the ethical obligation imposed by the Other¹¹. He declared all of philosophy to be "only a meditation of Shakespeare" (Levinas, 2007, p. 72) and, writing on Blanchot, declared that "the authenticity of art must herald an order of justice" (Levinas, 1996b, p. 137). Notably, he bookends *Totality and Infinity* with citations from poetry: beginning with Rimbaud, ending with Baudelaire. In *Otherwise than Being* Levinas (albeit implicitly) acknowledges the ability of poetic language to express ethical meaning (Riera, 2004). Jill Robbins argues that poetry, when taken in a wider sense than the merely aesthetic, or that which can be fully appropriated by thought, may be understood as close to what Levinas calls ethics (Robbins, 1999, p. 127). Poetics, when understood more broadly as an encounter with the Other which throws one's own subjectivity into question, is deeply important to Levinas' project (Hofmeyr, 2005; McDonald, 2008; Robbins, 1999).

¹¹ Levinas nevertheless is critical of poetry when it is not allied with ethics. A chief example of his criticism of poetry can be found in "Reality and its Shadow" (Levinas, 1987).

For Levinas subjectivity remains continually open to transformation, subject to the obligation imposed by the Other. As well, he sees great danger in static interpretations of the Other because they cannot accurately portray the Other's absolute alterity. We continually risk foreclosing the Other's subjectivity and need. We can never ultimately represent the Other and therefore we can never fully represent ourselves either, since for Levinas ethical obligation is constitutive of subjectivity. In order to express ethical obligation Levinas turns to poetic language, which may be continually reinterpreted.

According to Levinas, we must not create literal representations of the Other because this would be a betrayal of the Other's radical difference. And yet, this betrayal is inevitable since we must formulate a conception of the Other in order to give to her. Every response to the Other inevitably fails because it cannot help but fall short of the infinite obligation imposed on us by the Other, nevertheless we must continue to attempt to respond. Levinas distinguishes between two aspects of my response to the need of the Other: the Saying and the Said. The Saying is the original or pre-linguistic response to the Other, while the Said is the particular linguistic response (Levinas, 1981). In recognizing the Other's alterity, the demand for communication arises (the Saying). The Said attempts to recognize the Other's difference in actual communication, which inevitably falls short of the demand in the Saying. The failure of the Said renews the possibility of the Saying. Both are a necessary consequence of encounter with the Other. Despite distinguishing between these two terms, Levinas recognizes that they cannot be separated, since the intention to respond and the language used to respond are necessarily connected. The Said, by creating a representation of who the Other is and what she needs, inevitably betrays the Other's radical difference, but is nevertheless indispensable. The relation

between the Saying and the Said represents both the possibility of language to respond ethically to the Other, as well as the necessity of employing particular language in order to do so, even though all language inevitably falls short of expressing the radical difference of the Other. The relationship between the Saying and the Said means that language must be continually transformed and re-interpreted in order to continue responding to the ethical demand of the Other. Non-literal language in which meaning can be continually reinterpreted is therefore an important aspect of ethics for Levinas.

Despite the ethical potential of art, it also has the potential to distract us from the ethical demand of the Other: art is “immoral inasmuch as it liberates the artist from his duties as a man and assures him of a pretentious and facile nobility” (Levinas 1987, 2). We risk forgetting our obligations to the Other since while enjoying art we can be paralyzed by freedom and completely absorbed in play (Levinas 1987, 4). This ecstatic state causes us to forget our fundamental obligation to the Other. As while eating, we can experience a freedom of pure sensual enjoyment, uninterrupted by the ethical demand. . What distinguishes ethical from non-ethical poetic language is its capacity to remain open to continued interpretation by interlocutors. The critic can have a political role, as she interprets what is mythic and parousiac, yet speaks in full possession of her intellectual faculties. She does not lose herself in the enjoyment of art and can still respond to the ethical demands imposed upon her by the Other.

Levinas understands good art to have the same form as criticism. For example, Levinas writes that Paul Celan’s work is an

elliptic, allusive text, constantly interrupting itself in order to let through, in the interruptions, his other voice, as if two or more discourses were on top of one another, with a strange coherence, not that of a dialogue, but woven in a

counterpoint that constitutes – despite their immediate melodic unity – the texture of his poems (Levinas, 1997b, p. 41).

Good art interrupts itself without end, and so can express the Other's difference without trapping her in fixed representations. Although art is only the shadow of being, nonetheless great art is able to approach true being. Beauty may consist in mere egoistic enjoyment, but art that combines intellectual interrogation with beauty can lead to "the interruption in the playful order of the beautiful and the play of concepts, and the *play of the world*; interrogation of the Other, a seeking for the Other. A seeking, dedicating itself to the other in the form of the poem" (Levinas, 1997b, p. 46). This is what constitutes great art for Levinas: the capacity to question itself and invite new interpretations.

Levinas makes use of non-literal, metaphorical language in order to try to capture the need for continued re-interpretation of the Other's radical difference. Levinas writes that "[t]he poetic word, for Blanchot, becomes a word that contradicts itself" (Levinas, 1997c, p. 146). Levinas sees potential usefulness in poetic language as long as it is directed towards the goal of responding ethically to the Other's alterity, avoiding fixed representations of the Other in favour of expression that remains open to ongoing reinterpretation. Art can express ethical obligation by continually interrogating itself, drawing us outward towards the Other instead of simply exteriorizing what Levinas sees as our egoistic pleasure in a beautiful object. All art can betray the Other by becoming reduced to the same of the ego. Yet it can also engage in a self-critical process wherein difference is maintained and limits are recognized, inspiring endless reinvention and renewal. In the next section I explore how Levinas uses poetic language regarding maternity and breastfeeding to express ethical responsibility.

Metaphor and Ethical Responsibility

Levinas' emphasis on the absolute and inalienable obligation owed to the Other may at first glance appear overly similar to the maternalist understanding of breastfeeding. This is not the case, however, because Levinas provides a reading of breastfeeding as metaphorical that makes each one of us responsible for feeding children. He does not base ethical obligation in a biological relationship between mother and child. Following Levinas' conceptualization of ethics prevents us from relegating sole responsibility for feeding children to women. We all bear responsibility for the feeding of children, whether or not we are physically able to breastfeed. Although Levinas takes ethics as involving radically asymmetrical obligation to the Other, he sees politics as a balancing of responsibilities. Based on this relation between ethics and politics I argue that the responsibility for infant feeding must be shared throughout society. Those of us who are not caregivers of children still bear responsibility for assisting and supporting those who are. Taking up Levinas' allusion to Moses as a breastfeeding mother to his people, I explore how the ethical responsibility to feed children can be understood as a political obligation incumbent on us all.

One metaphor Levinas uses to explain the ethics of responsibility is maternity. Lisa Guenther takes Levinas' phrase "like a maternal body" (Levinas, 1981, p. 67)¹² to describe Levinas' conception of ethical responsibility as substitution without relying on a strict correlation between women and mothers (Guenther, 2006b). For Levinas, to become "like a maternal body" means to bear responsibility even to the stranger as if she were my own child. The metaphor of maternity expresses the asymmetrical ethical

¹² This is Guenther's translation of "Psychisme, comme un corps maternal" in the original French (Levinas, 1974, p. 109).

obligation to the Other. In *Otherwise than Being* Levinas plays on the equivocacy of the terms “host” and “hostage”, to describe how the self at home simultaneously offers hospitality to the Other and is held hostage by the Other. The self gives to the Other, but is also seized by the Other, unable to choose not to give to her. The maternal body that loses control of its own boundaries signifies the exposure to the Other that is ethical responsibility for Levinas.

Upholding an ideal of maternal sacrifice is potentially problematic since it reinforces existing inequalities in caring for others. However, Levinas does not simply advocate that mothers should be martyrs without limits, since maternity is a metaphor for ethical responsibility, not a literal description of it. For this reason, Kathryn Bevis argues that

Levinas blurs the boundaries between the metaphorical and literal significances of the maternal body to represent ethical responsibility. This responsibility does not simply point beyond but actually bears the Other; thus metaphor in Levinas is meant to bear more than itself in a relationship of infinite responsibility (Bevis, 2007, p. 319).

The metaphor of maternity slips between the literal and figurative, between the female body and the responsibility to a transcendent Other. Levinas’ metaphorical use of maternity both refers to a corporeal body and also to the ways that ethical responsibility overflows specific bodies. Everyone must become “like a maternal body” through recognizing responsibility to others.

Levinas only explicitly refers to breastfeeding in one passage, but it parallels his use of maternity to express ethical responsibility beyond the restrictions of sex. Levinas takes Moses’ responsibility to feed his people like a breastfeeding mother as representative of the ethical responsibility we all bear for the Other:

In proximity the absolutely other, the stranger whom I have “neither conceived nor given birth to,” I already have on my arms, already bear, according to the Biblical formula, “in my breast as the nurse bears the nurseling.” He has no other place, is not autochthonous, is uprooted, without a country, not an inhabitant, exposed to the cold and the heat of the seasons (Levinas, 1981, p. 91).

Levinas here refers to Numbers 11:12 in which Moses asks God why he is responsible for feeding these people like a wet nurse feeds a child, even though he did not father or give birth to them (New Revised Standard Version). The Hebrew people are returning from exile and slavery in Egypt, and although they have adequate food to eat in the form of manna, they crave food that is more interesting and enjoyable to eat (Numbers 11: 4-20). In this biblical allusion Levinas describes a male body called to serve as wet nurse to strangers he has neither conceived nor given birth to, strangers who are homeless, stateless, and utterly vulnerable. In her feminist reading of Levinas, Guenther suggests that Moses’ responsibility for the people requires him to be feminized and maternalized, and that this disrupts any straightforward understanding of maternity (Guenther, 2006b, p. 120). Levinas insists that there is an ethical imperative to feed the stranger like a nursing child beyond even my capacity to feed her. The homelessness and exposure of the Other speaks to me in the imperative.

God ultimately provides the food Moses is responsible for feeding his people with in Numbers. This biblical guarantee of providing food for the Jewish people is ongoing: “God promises Zion: ...Kings shall be your foster fathers, / and their queens your nursing mothers (Isa. 49:22-23)” (Guenther, 2006a, p. 92). As well, in Isaiah 49 “God compares himself to a nursing mother who would never forget her own child...But the implication is that God’s memory exceeds even a mother’s memory of her own nursing child” (Guenther, 2006a, p. 91). God is also metaphorically rendered feminine, since “even God

must become “like” a mother in order to bear responsibility for feeding His (or Her) people” (Guenther, 2006b, p. 126). Levinas’ reference to breastfeeding in Numbers 11:12 thus leads us to further biblical complications of the relationship between sexual difference and ethical responsibility.

Alluding to Moses and, by extension, God as nursing mothers (Levinas, 1981, p. 91) illustrates how an ethics of breastfeeding can be metaphorical rather than rooted in physiology and thereby opens up our understanding of sex and embodiment. Here we see the potential source of an ethics of breastfeeding that does not directly rely on one’s own physical capacity to breastfeed and in which our responsibility is not limited to a child we physically give birth to. Each of us bears responsibility for the Other, to the extent that we are obligated to give the very food from our mouth. According to Levinas, anything that we possess is owed to the Other, and the embodied nature of breastfeeding makes this apparent, since the very food one eats is given to the infant. Levinas’ use of metaphor helps us to detach responsibility for infant feeding from our individual bodily capacities. The metaphor of breastfeeding imposes an obligation on everyone, regardless of whether she has ever nursed an infant. After exploring some problems in applying Levinas to breastfeeding in the next section, I explore in the final section how taking up breastfeeding as a metaphor for ethical responsibility can be extended to a politics of breastfeeding.

Levinas' Breastfeeding Occlusions

Despite his use of breastfeeding as a metaphor for ethics, Levinas does not adequately recognize its embodied practice. There are several major blind spots in Levinas' work when it comes to breastfeeding, which I will explore by drawing on feminist critics of Levinas. Doing so is necessary to avoid merely appropriating the experience of breastfeeding for theoretical utility. In theorizing breastfeeding we must recognize the ways in which the activity does not map neatly into Levinas' work. The difference between the two sides of the metaphor drawn between breastfeeding and ethical responsibility to the Other must be maintained. Identifying these deficiencies in Levinas' work with respect to breastfeeding leads to the discussions of sexual difference and the relationship between pleasure and ethics to be taken up in the following two chapters.

The first problem with Levinas' work with respect to breastfeeding is that he holds a problematic conception of the feminine as ontologically nurturing and domestic but not fully expressing ethical responsibility (Aristarkhova, 2012). His understanding of the feminine relegates it to a less than truly ethical position, as Levinas' focus on paternity as paradigmatic of the ethical relationship eclipses the role of maternity in providing hospitality to the Other. His lengthy discussions of fecundity focus on the relationship between father and son, neglecting that between mother and daughter. Levinas' understanding of the relationship between men and women is problematic because he identifies the feminine with domesticity without a critical analysis of historical inequalities in the division of labour. He distinguishes between the care that woman provides in the home and what he considers to be the radically ethical (and

masculine) move of providing hospitality to the stranger. Levinas takes the relationship between father and child as ethically significant, but does not theorize the relationship between mother and child: a troubling omission (Levinas, 2007). Levinas' distinction between animal and human, between that which is the source of food and that which can never be eaten, breaks down in breastfeeding since a mother produces food from her own body to give to her child. Additionally, because Levinas' ethics is radically asymmetrical, it makes it difficult to account for the need for breastfeeding mothers to care for themselves under Levinas' paradigm. Finally, Levinas separates giving to the Other from enjoyment, but this distinction also breaks down with breastfeeding since it can be a source of enjoyment for mother as well as child.

Paternal Fecundity and the Usurping of Maternal Generosity

Feminists have long been critical of Levinas' ethics because they see him as eroding the integrity of women's selfhood and personal agency, a goal that feminism has worked hard to promote (Beauvoir, 1989; Sandford, 2002). Beauvoir and Irigaray both argue that Levinas denies women full subjectivity (Beauvoir, 1989); (Irigaray, 1991, p. 115). Stella Sandford and Elizabeth Grosz are critical of Levinas for his apparent acceptance and even celebration of women's self-sacrifice for the greater good of others. Cynthia Willett finds the relationship of non-reciprocity that Levinas insists on to be deeply problematic and is suspicious of the 'unmeasured generosity' of Levinasian ethics (Willett, 1995). Margrit Shildrick argues against Levinas that reciprocal exchange is paradigmatic of nearly all feminist ethics, even postmodern ones (Shildrick, 2002, p. 94).

The history of mandating that women give at the expense of themselves makes Levinas's ontological description of women as natural givers extremely problematic. Giving to others at the expense of women's own needs has been too common not to examine such a description from a feminist perspective.

Despite his occasional use of maternity as a metaphor for ethical responsibility, Levinas identifies fecundity solely in terms of paternity and the child solely as a son (Levinas, 2007). Paternity is absolutely central to Levinas' work because it accomplishes the alterity of time: Levinas argues that infinite fecundity is accomplished through paternity (Levinas, 2007, p. 268). Through paternity the time of the absolutely Other is accomplished (Levinas, 2007, p. 269). Levinas' describes the child as an extension of the self but also an Other. Levinas describes the son as

not only my work, like a poem or an object, nor is he my property. Neither the categories of power nor those of knowledge describe my relation with the child. The fecundity of the I is neither a cause nor a domination. I do not have my child; I am my child. Paternity is a relation with a stranger who while being Other *is* me, a relation of the I with a self which yet is not me (Levinas, 2007, p. 277).

Despite the son's absolute difference, the father is able to recognize himself in the son. Levinas describes paternity as paradigmatically ethical because the child both is and is not the same as the father. As well, Levinas always describes the child as masculine, never feminine. Masculine identity is passed on from father to child, defining the child by its masculine inheritance.

In *Totality and Infinity* the feminine is assigned a subordinate role by Levinas, serving as a kind of condition for the possibility of ethics, a midwife for the ethical relations established by paternity and fraternity. Levinas tends to divide the feminine into on the one hand, the mystery of the "eternal feminine" (Levinas, 2007, p. 276), and on

the other hand, the homemaker who serves as the precondition for domestic familiarity (Levinas, 2007, p. 155). Irigaray is sharply critical of this separation and, as I will discuss in the next chapter, argues that women must not be reduced to their maternal function. Problematically, Levinas appears to appropriate maternity as a metaphor for ethical responsibility while failing to adequately recognize its historical and material realities.

Levinas describes hospitality as opening one's home to give shelter to the stranger, and he describes hospitality, particularly in *Totality and Infinity*, as the paradigmatic ethical relation. Derrida argues influentially that all of Levinas' work should be approached under the theme of hospitality (Derrida, 1999). But Levinas describes women not as hosts but merely as the condition of possibility for this hospitality through the work that they do in preparing and maintaining the domestic space or dwelling. According to Levinas, women provide for familiarity, intimacy, and gentleness in the home. This identification of the feminine with domestic labour justifies existing inequalities in distribution of labour in the home. In doing so, Levinas fails to criticize the history of oppression women have been subject to, thereby normalizing and perpetuating inequalities in the distribution of caring and domestic labour.

An alternative to Levinas' privileging of paternity over the domesticity and nurturing he associates with maternity would be to recognize that the maternal-child relationship is also one of hospitality, of welcoming the stranger into the home (Aristarkhova, 2012). Guenther argues that taking care of the newborn child means recognizing the child as a stranger, as an Other, writing that,

The unchosen contingency and passivity of birth discloses a limit of human existence that orients me, perhaps even despite myself, toward Others without whom I could not be who I am. This passivity does not indicate a lack or absence of activity; rather, it refers to the affective exposure of oneself to the Other, a

profound sense of not controlling one's existence from the ground up. To be born is to be received into the world as someone utterly new, but it is nevertheless to be received *by an Other*. Dependence on this welcome does not compromise my uniqueness, but rather makes it possible as an embodied ethically charged singularity in a shared world. Perhaps I only begin to appreciate this possibility when I respond to the demand of another Other, bearing even the stranger like a maternal body (Guenther, 2006b, p. 163).

Caring for a child is an ethical act of hospitality that goes beyond (though it may include) domesticity. Our offspring are not reproductions of ourselves even though we often treat children as though they were (Hird 2007) and consequently “[p]arenthood abruptly catapults us into a permanent relationship with a stranger” (Solomon, 2012, p. 1).

Breastfeeding involves taking responsibility for an unknown stranger and offering one's body in hospitality. It is therefore necessary to recognize that feeding a child is a radical act of ethical responsibility, not merely a domestic chore.

Eating and Alterity: Breastmilk Between the Animal and the Human

The distinction between food and the human Other is highly significant for Levinas: while food is not an Other for Levinas, it is not the same as the self either. He writes that, “Between the I and *what it lives from* there does not extend the absolute distance that separates the same from the other” (Levinas, 2007, p. 143). As well,

The other metaphysically desired is not “other” like the bread I eat... I can “feed” on these realities and to a great extent satisfy myself, as though I had simply been lacking them. Their alterity is thereby reabsorbed into my own identity as a thinker or a possessor. The metaphysical desire tends toward something else entirely, toward the absolutely other” (Levinas, 2007, p. 33).

Food can become a part of oneself but the Other never can. The Other always infringes upon us with an ethical claim and can never be assimilated to ourselves. Food, although it

exists outside of ourselves, can be incorporated into our bodies through digestion. Eating shows us that we are “connected to our food and that we are not the same as our food, although we may convert it into ourselves. We are in and of the world, and yet we float apart from it” (Goldstein, 2010, p. 36). Levinas distinguishes between what can be consumed by us and the radical alterity of the Other, who always remains beyond our comprehension. The Other is both pathetically vulnerable and transcendent. Thus murder is both possible and impossible since the Other is both susceptible to harm and yet always exceeds our reach. While killing the Other is murder, killing food is merely necessary.

The issue of eating animals troubles Levinas’ distinction between food and the Other. Levinas generally emphasizes the radical difference between humans and animals, only considering the face of the Other to be human. But this distinction between human and animal is critiqued by many environmentalist and animal rights readers of Levinas (Davy, 2007; Plant, 2011). In their readings of Levinas, Llewelyn investigates whether the animal might be our neighbour (Llewelyn, 1991) and Guenther whether animals may be our friends (Guenther, 2007). Calarco argues that we should remain agnostic about who could potentially be an Other, including the possibility of animal Others (Calarco, 2008, pp. 69–72).

Levinas himself does not exclude the possibility that an animal might have a face and thereby impose an ethical obligation upon us (Levinas, Wright, Hughes, & Ainley, 1988, pp. 171–2). Significantly, in the essay, “The Name of a Dog, or Natural Rights,” Levinas seems to recognize that a dog could also represent an Other (Levinas, 1990c). In the prison camp Levinas was interned in during World War II, only the dog, “Bobby”, recognizes the Jewish prisoners of war as human beings, leading Levinas to describe the

dog as “the last Kantian in Nazi Germany”. Levinas’ discussion of the animal exposes the ambivalence between his distinction between food and the Other, since the dog Bobby is described in ethical terms. David Clark notes that eating inevitably means eating an

Other:

one creature’s nourishment means another gets stripped of its skin: that is the cold logic of us warm-blooded animals that *Totality and Infinity* represses and that Levinas’s reflections upon the butchery of everyday life recover for thought. Inasmuch as the earlier text generalizes the consumed others into “things” and “aliment,” figuring them as foodstuffs whose craving makes the “I” possible, it remains wholly centred on the needs of “man” and thus caught within the egology that it critiques. Where in *Totality and Infinity* the animal’s sacrifice at the hands (and teeth) of the human goes unnoticed, in “The Name of a Dog” it summons us to an obligation that Levinas almost always reserves for human beings: you ought not kill me (Clark, 1997, pp. 50–51).

Levinas describes the interdiction “Thou Shalt Not Kill” as confronting me in the face of the Other, but, with the exception of “The Name of a Dog”, he understands this as a human Other. Levinas’ distinction between the human and the animal keeps him rooted in a primarily anthropocentric standpoint. Breastfeeding exposes problems with Levinas’ distinction between food and the Other, since breastmilk is both food and produced by a human being.

Giving and Enjoyment

Levinas describes enjoyment as closing oneself off to the needs of the Other, writing that

In enjoyment I am absolutely for myself. Egoist without reference to the Other, I am alone without solitude, innocently egoist and alone. Not against the Others, not ‘as for me...’—but entirely deaf to the Other, outside of all communication and all refusal to communicate—without ears, like a hungry stomach (Levinas, 2007, p. 134).

Giving to the Other interrupts my own enjoyment. Giving only has meaning, according to Levinas, if we give something that we can enjoy, since giving must involve the frustration of our own desire. Levinas requires that we give the bread from our mouth to the Other (Levinas, 1981, p. 74). Giving has ethical significance because of our capacity to enjoy food beyond its bare nutritive value: we live from the “good soup” that nourishes both body and spirit, that makes up the grace or joy of life (Levinas, 2007, pp. 110–112). But in breastfeeding the mother’s enjoyment and her giving to the child are not mutually exclusive, since food can be enjoyed and consumed by the mother and then given to the infant. Breastmilk is not a gift without cost: mothers who breastfeed must consume additional calories so that their breastmilk does not leach nutrients from their own bodies. But it is also not a gift without enjoyment for the mother, since she can savour the food passing through her lips before giving it to the infant.¹³ Levinas argues that we must experience hunger ourselves in order for the hunger of the Other to have a claim on us. It is because we enjoy food that depriving ourselves in order to give food to the Other has ethical significance, an insight Levinas drew from experiencing the horrific conditions of German prison camps during World War II. Although Levinas saw the capacity for enjoyment as necessary to recognize ethical responsibility, he did not go so far as arguing that ethical responsibility itself can be pleasurable. In the example of breastfeeding, however, enjoyment and giving to the Other are at least potentially coextensive. Levinas’ description of the subject as a hungry stomach without ears (Levinas, 2007, p. 134) can be modified in the context of breastfeeding. Although breastfeeding is rarely enjoyable all of the time, it can potentially be a source of enjoyment for both mother and child.

¹³ Here I focus on the mother’s enjoyment in eating. In Chapter four I explore further possibilities for pleasure in breastfeeding.

While breastfeeding, a mother can be a hungry stomach *with* ears: attending to the needs of the child need not be at the expense of her own enjoyment. In this case, enjoyment, far from being merely egoistic, can instead be understood as relational. Pleasure can thus be shown to be ethically productive rather than a distraction from ethical obligation. This is important since women's pleasure is substantially lacking from current dominant discourses of breastfeeding. In Chapter four I will develop this relationship between pleasure and ethics in more depth through an examination of Foucault's later work.

For these reasons, I follow feminist readers of Levinas in pushing beyond the letter of his work while staying true to the spirit of his ethics. Responsibility to a vulnerable, hungry Other is inseparable from any understanding of breastfeeding. But feminist critics of Levinas have argued that because women already take on more caring duties, an ethics that valorizes absolute responsibility to the Other risks increasing the unequal burden that women already shoulder. Therefore, I turn to Levinas' conceptualization of the relationship between ethics and politics in order to address some of the problems I have identified in his work. Through his understanding of the relationship between ethics and politics Levinas combines a concern for justice with the radical asymmetry of his ethics. Rosalyn Diprose argues that Levinas offers resources for a feminist theory of sociality founded on corporeal generosity because Levinas puts ethics at the foundation of social existence, allowing for a society that respects and maintains difference (Diprose, 2002, pp. 13–14). Lisa Guenther argues that it is possible to find in Levinas resources for equalizing caring responsibilities throughout society (Guenther, 2006a). Through the use of metaphor we can understand how breastfeeding can be paradigmatic of the ethical responsibility we all owe. Responsibility for feeding

children cannot be restricted to the women who gave birth to them because breastfeeding requires substantial social support. By combining Levinas' ethics with a politics we can recognize the responsibility we all bear to assist in the work of feeding children, even if we, like Moses, have neither conceived nor given birth to them.

We are all breastfeeding mothers: a Levinasian politics of breastfeeding

Levinas strongly rejects Heidegger's concern for homeland and the people (*Volk*), which he connects with Heidegger's ontological privileging of art. Levinas replaces what he perceives as Heidegger's totalitarian politics with a politics of hospitality. In opposition to Heidegger's call to "dwell poetically", Levinas understands poetics as disrupting our own claim to home and homeland through manifesting the irreducible difference of the Other. Hospitality is both an ethico-poetic concept for Levinas and a political one. Just as the individual is ethically obligated to make space for the Other in her home, the Other must also be welcomed at the level of the nation-state. Levinas writes that, "[t]o shelter the other in one's own land or home, to tolerate the presence of the landless and homeless on the 'ancestral soil,' so jealously, so meanly loved – is that the criterion of humanity? Unquestionably so" (Levinas, 1994, p. 98). Levinas' politics retains poetic language as an important component, since it is through non-literal language that difference may be maintained in politics. Fixed or final representations of the Other must be avoided in order to permit continual reinterpretation of our political obligation to provide hospitality.

Although Levinas is often inaccurately (or incompletely) described as a liberal political theorist, Levinas' attention to the individual is not because of her personal rights,

but rather because of her singular responsibility for the well-being of the Other. Each of us is worthy of political concern not for our own sake, but for the sake of the Other to whom we are ethically responsible. As Herzog points out, Levinas' politics also differs from liberalism in containing a utopian element: we are obligated not only to feed the hungry, but to feed them *well* (Herzog, 2002). We must care about the hungry having dessert as well as bread (Levinas, 1990a, p. 97).

Levinas describes each of us as having an infinite, completely asymmetrical obligation to the Other. But, since each individual is an Other, we must attempt to balance the responsibilities we owe to everyone, as well as demanding the rights we ourselves are owed. Levinas describes this tension as the uneasy coexistence of politics and ethics, with politics always falling short of our infinite ethical obligation to the Other. Levinas understands the movement between ethics and politics, or between responsibility for the other and responsibility for all others, to take place through the Other being simultaneously a single human being and all humans. The third party is another Other and thus gives rise to politics, conceived as justice, legality, and the bearing of rights. The abstraction of the infinite obligation to the other must be incarnated in the political realm. We cannot distinguish ethically between our responsibility to our neighbour and to the stranger. The Other *is* the third party, and the third party *is* an Other. Levinas writes that we owe responsibility to the first person to come along, but that “‘the first person to come along’ for myself and the other person would also constitute the third party, who joins me or always accompanied us. The third party is also my other, also my neighbour” (Lévinas, 1994, p. 134). While the infinite obligation I owe to the Other can admit of no

external view, nevertheless my obligation to her is public from the beginning. According to Levinas, the asymmetry of ethics is always already the equality of politics.

Ethics requires recognition of singularity; the ethical relation is one in which the uniqueness of both parties is retained, without being assimilated to a totality or greater whole. Politics, because it deals in rules and systems, requires comprehension of individuals in order to determine their needs and provide for them. Thus, there exists for Levinas an uneasy tension between ethics and politics because ethics always requires more from us than can be rationally and universally comprehended. This excess of the ethical is what inspires political action, but political action can never realize the full extent of ethical obligation. Still, politics is necessary in order to realize ethical responsibility even though it inevitably falls short of the ethical demand.

The tension within Levinas' work between my absolute responsibility to the Other and the political rights to which I too am entitled can be viewed acutely through an analysis of breastfeeding. Levinas states that hunger needs to be the first task of politicians (Levinas, 1981). In "Secularization and Hunger" Levinas describes how the Other's transcendence of me is located in the relation of the hunger of the Other to my hunger (Levinas, 1998). Levinas argues that universal humanism rests on shared human hunger. Relying on Derrida's reading of Levinas as a politics of hospitality (Derrida, 1999), we may understand political obligations as founded on our response to the needs of the Other. Despite Levinas' repeated problematic comments on Jewish nationalism, Bernasconi argues that Levinas' ethics and politics can be broadly understood to apply globally and cross-culturally (Bernasconi, 2010, p. 71). Although Levinas describes the home as a respite from the inevitable violence of the state, nevertheless the home always

remains open to the demand of the stranger. Levinas thus moves between the familiar and strange, with ethics and politics remaining marked by a rift or gap through which movement cannot easily occur. As Critchley argues, politics for Levinas must be thought of as the art of a response to the singular demand of the Other, always calling for political invention and creation (Critchley, 2010, p. 47).

Levinas' use of maternity and breastfeeding as metaphors for ethical responsibility means that the responsibilities traditionally apportioned to mothers are actually incumbent on all of us. Stella Sandford argues that critics of Levinas fail to appreciate that the maternal is not intended to designate something exclusively female. For Sandford the maternal metaphor must be understood as "a universal model," as the "paradigmatically ethical relation" (Sandford, 2001, p. 23). Guenther asserts that since Moses and God are both described as maternal, Levinas is arguing that biology does not make one a mother, but rather that it is taking on ethical responsibility for the Other that makes one "like a mother" (Guenther, 2006b, p. 131).

Levinas' politics are problematic in numerous ways, one of which is his androcentrism in theorizing the political through the concept of fraternity (Critchley, 2004, p. 174). Despite the significant problems in Levinas' understanding of politics, Guenther argues that a feminist politics can and should be derived from Levinas' ethics (Guenther, 2006b, p. 128). Guenther argues in her application of Levinas to abortion rights that,

To make of these women an example for all mothers, or to deduce from their response an ethical code of maternal responsibility, would not only be a philosophical mistake, it would also approach the injustice of reducing ethical asymmetry to a social or political asymmetry in which mothers in particular are expected to be saintly or self-sacrificing, perhaps so the rest of us can be relieved of the burden of singular responsibility. Precisely because it calls for such inordinate

goodness, Levinas's ethics... requires a politics of justice to address and critique the unshared social burden that is often heaped upon certain groups of people: women, workers, black and brown people, or anyone whose contribution to collective life goes regularly unnoticed or unreciprocated (Guenther, 2006b, p. 130).

We need to combine infinite ethical responsibility to the Other with a feminist politics, recognizing the ethical responsibility involved in childrearing, without expecting women to bear that responsibility alone without social support. I follow Guenther in arguing that any ethical code of maternal responsibility (including a requirement that women *must* breastfeed) places an undue and unjust burden on mothers. We need to avoid this injustice through recognition of a broader social responsibility for feeding and caring for children.

Drawing on Levinas' understanding of the relationship between ethics and politics demonstrates how we all bear responsibility for feeding children. We are all "like a maternal body" in that we are subject to the needs of the hungry Other. The Other has a claim on us prior to our very existence as individual subjects. Levinas' reference to Moses' obligation to feed his people like a wet nurse feeding a child forces us to recognize that ethical responsibility arises from the hunger of the Other, not from the process of having given birth. Levinas' politics insists that we are all Others and therefore must be treated justly. As discussed in the previous chapter the dominant biopolitical discourses of breastfeeding treat infant feeding as the responsibility of individual women. But the burden to feed children cannot and must not belong to mothers alone because it is difficult if not impossible to breastfeed without the assistance of others. We are all responsible for supporting breastfeeding because otherwise women are subject to injustice in bearing sole responsibility for feeding children.

Regarding breastfeeding as a broad social concern rather than as the responsibility of individual women forces us to look at the material and social supports available to breastfeeding mothers. This is essential since breastfeeding duration is strongly linked to breastfeeding women's perceptions of support from their partners, families, and the wider community (Spurles & Babineau, 2011, p. 136) and lack of support for breastfeeding in public and negative social views about women's bodies discourage women from breastfeeding (Earle, 2002, p. 213).

Conceiving of breastfeeding solely in terms of ethical responsibility to the infant is unacceptable because so much of the burden of parenting has traditionally been placed on women on the grounds that they are "naturally maternal", or naturally self-sacrificing and nurturing. If we follow Guenther's advice we can find in Levinas the resources for a politics of breastfeeding, which although it cannot ever exhaust the ethical responsibility to feed the Other nevertheless makes it possible to adjudicate between the justice claims of various members of society. A Levinasian politics of breastfeeding would not impose disproportionate duties upon individual mothers but would instead strive to fairly distribute responsibility for infant feeding and the nourishment – physical, emotional and social – that it provides. While breastfeeding is often regarded as the most difficult childcare duty to share, the work of social reproduction that makes breastfeeding possible, like food preparation, housecleaning, and care of other children, can be shared. Induced lactation, which I will discuss further in the next chapter, has limitations and potential difficulties, but nevertheless represents another way of sharing the work of breastfeeding. As well, anyone is potentially capable of feeding solid foods to infants as a supplement to breast milk once they are old enough (beginning around 6 months of age

according to WHO guidelines). Infant feeding responsibilities can be shared in a non-literal way through the social provision of more support for individuals who breastfeed, including financial support for breastfeeding women (including making healthy food more affordable), extended maternal leaves, better accommodation of breastfeeding in the workplace, more publicly funded, high quality daycare in close proximity to workplaces, as well as promoting a culture of support and respect for breastfeeding.

Conclusion

The dominant discourses of breastfeeding discussed in the first chapter share an individualized understanding of the imperative to breastfeed. This approach is shortsighted and harmful to women. Following Levinas, we see that because ethics is inextricably linked with politics there can be no ethical obligations without recognizing that we are all Others: along with responsibilities we also have rights. We cannot justifiably claim that children ought to be breastfed unless we concurrently recognize that we all have an obligation to help make this possible. And, as I will explore in the next chapter and further in the conclusion, children can be breastfed by individuals besides the women who have given birth to them. Levinas' understanding of the relation between ethics and politics, combined with his metaphorical reference to breastfeeding, make it possible to recognize a broader social obligation to feed children. By connecting Levinas' ethics with an explicitly feminist politics that emphasizes justice for women we can begin to recognize that everyone, not only mothers, bears responsibility for the feeding of children.

Levinas's work has important resources for an ethics of breastfeeding because he makes responsibility to the Other central to his conception of subjectivity and recognizes that ethics is first and foremost a matter of feeding the Other. However, there are several problems with Levinas' theory that are exposed by an examination of breastfeeding. These include a problematic conception of the feminine; focusing on the paternal relation while overlooking the relationship between mother and child; a distinction between animal and human that falls apart upon recognition that the breastfeeding mother produces food from her own body to give the child; and drawing a distinction between ethical responsibility and pleasure that breastfeeding exposes as untenable, since breastfeeding can be a source of enjoyment for both mother and child.

Guided by the ethical obligation to feed the Other, I will therefore continue developing an ethics and poetics of breastfeeding. In the next chapter I will develop an analysis of sexual difference that is absent from Levinas' work by turning to Irigaray. In order to overcome Levinas' blind spots regarding women we need to examine how Irigaray makes sexual difference fundamental to the ethical encounter with alterity. A politics of breastfeeding must not be based on an abstract notion of equality but must recognize sexual difference, as my discussion of Irigaray in the following chapter will demonstrate. Although Levinas attempts to separate ethics and pleasure they are necessarily related in the activity of breastfeeding. Therefore, I will discuss the relationship between pleasure and ethical responsibility further in chapter four when I turn to Foucault's later work on the ethics of the self.

Chapter 3 Breastfeeding and Sexual Difference

Pam Carter describes breastfeeding as one of the central conflicts of feminism: should women attempt to minimize gender differences as a path to liberation or should they embrace gender differences by fighting to remove patriarchal constraints? (Carter, 1995). Ruddick and others suggest that mothering can potentially be degendered in order to equally distribute the work of childrearing (Ruddick, 1995), but breastfeeding presents an obstacle to gender-neutral childcare (McCarter-Spaulling, 2008) as breastfeeding can inhibit fathers and other caregivers' participation in caring for babies (L. M. Blum, 2000; Coltrane, 1997; Fox, 2009, p. 97). This leads Friedman to question whether certain goals of feminism – to de-rigidify gender roles and reconstruct parenting as a work that both sexes share equally – conflict with the deeply gendered and therefore unequally shared activity of breastfeeding (Friedman, 2009).

Although some feminists oppose breastfeeding because they believe it exacerbates gender inequality (Rosin, 2009; J. Wolf, 2010), Hausman views breastfeeding as a symptom rather than a cause of sex discrimination and the unequal division of childcare responsibilities; she consequently argues that feminists should fight for the “right to breastfeed without social censure, loss of economic livelihood, or limitations on women’s freedom” (Hausman, 2009). Breastfeeding rights are usually justified on the basis of sexual equality and physiological necessity arising from the state

of pregnancy. In this chapter I critique such justifications of breastfeeding rights and instead develop a different conceptualization of the right to breastfeed. Drawing on the work of Luce Irigaray, the sexuate right to breastfeed developed in this chapter avoids dictating women's behaviour while demanding the social supports necessary for breastfeeding. The previous chapter argued that a Levinasian ethics of breastfeeding requires a feminist theory of justice: a politics of breastfeeding recognized a shared responsibility to provide the necessary supports for breastfeeding. A sexuate right to breastfeed must be developed in order to equalize caring responsibilities throughout society; this is an essential component of an ethics of breastfeeding. The right to breastfeed developed in this chapter is sexuate, not universal, and is rooted in Irigaray's recognition that sexual difference is profoundly ethical because it involves openness to alterity.

Irigaray challenges the concept of abstract equality, arguing instead for sexuate rights that recognize and protect sexual difference. A right to breastfeed cannot be gender neutral since breastfeeding is a practice that is predominantly (although as I discuss in this chapter, not always) carried out by women. Irigaray understands sexuate rights as rooted in a sexual difference that is not binary but instead fluid and relational. The meaning of sexual difference can never be finally determined but must be continually created and transformed through a poetics of the self (Roberts, 2011). Breastfeeding should therefore be understood as an embodied practice that opens up new possibilities for gendered subjectivity, producing new forms of culture through caring for the other.

Irigaray seeks an understanding of sexual difference without ever foreclosing on what that sexual difference will be. She argues that we are always in the process of

becoming the sex that we are by nature. She sees sexual difference as both cultural and natural: the two aspects can never be separated. She must therefore tread a thin line of opening up the discussion of sexual difference and pointing out how it has been ignored in the philosophical tradition to the detriment of our thinking and our social existence, without limiting potential understandings of sexual difference. Irigaray therefore emphasizes the importance of language in expressing sexual difference and describes this language as necessarily poetic (Irigaray, 2004a, p. 12). Poetic language is essential to how Irigaray conceives of sexual difference because it can express meanings without restricting other possible interpretations. This leads Gallop to describe Irigaray as writing a “poetics” or “poiesis” of the body (Gallop, 1988). Gallop, and other commentators following her (Colebrook, 2010; Huffer, 2010; E. P. Miller, 2007), treat poetics and poiesis in Irigaray’s work as deeply interconnected. Gallop argues that a poetics worthy of the name must aim at a poiesis of experience by attempting a re-metaphorization or reconstruction of experience itself (Gallop, 1988, p. 99). Irigaray connects linguistic and discursive formations of subjectivity and therefore links the meanings of poetics and poiesis as defined by Threadgold (Threadgold, 1997). The formulation of a right to breastfeed cannot rely on essentialist understandings of what it means to be a woman. Poetic language is necessary in order to express the right to breastfeed as arising out of sexual difference, without foreclosing on our understanding of what sexual difference is.

Irigaray views sexual difference as relational because it develops through relationship with the other who differs from me sexually. The encounter with the other is fundamental to how Irigaray understands sexual difference. In the breastfeeding dyad the child is always sexed; the relationship to the child in breastfeeding is always one of

sexual difference, across an interval of irreducible alterity. Irigaray points out that the mother is also an other for the child and the encounter with the mother is different depending on the sex of the child: “the first other which I encounter is the body of the mother, and this encounter differs depending upon whether I am a girl or a boy” (Irigaray, 2001, p. 30). In the breastfeeding relationship the child is dependent on the mother though the two remain distinct even in their intimate connection. According to Houle, Irigaray considers the condition of "being-as-two" to describe "our fundamental ontological status as entwined with, dependent upon, and perpetually vulnerable to something always immanent in, yet somehow beyond the present, beyond the self" (Houle, 2011, p. 154). Irigaray argues that this original interconnection with the mother has been forgotten in Western culture, leading to a masculinist understanding of subjectivity and a denial of sexual difference.

Leeuwen points out that Irigaray’s conception of sexual difference can be read as subject to *différance*, or endless deferral, of what it means to be male or female (van Leeuwen, 2010). This is important given that lactation can be induced (through nipple stimulation and hormone supplementation) by individuals besides women who have recently given birth: adoptive mothers, grandmothers, men and transgender people can also breastfeed (Diamond, 1995; Emmersen, 2008; Hormann, 2007; Shanley, 2009). Recognition of this leads Giles to argue that induced lactation has the potential to separate breastfeeding from maternity and destabilize the binary of sexual difference (Giles, 2005). This would require a conceptualization of sexual difference that goes beyond Irigaray’s work, although it could build on it. The limitations of Irigaray’s work in responding to the multiplicity of sexual difference demonstrated by transsexual,

transgender, genderqueer, and gender fluid individuals have been explored by some queer theorists and I will draw on their work in order to discuss how we might understand breastfeeding as practiced by individuals other than cis-women.¹⁴ Although most breastfeeding relationships are between a woman and a child she has recently given birth to, breastfeeding relationships can also include adoptive mothers, fathers and trans individuals nursing their children, as well as adult nursing relationships, wet nursing and cross-nursing.

Irigaray understands ethics as involving openness and receptivity to the other, insisting that this is only possible when women are able to maintain their own interiority.¹⁵ Interconnection depends on maintaining the identity of mothers as women and not collapsing their identity into care for children. Her work is therefore an important corrective to both the biopolitical view of breastfeeding as instrumental for the health and well-being of the child discussed in chapter one and Levinas' asymmetrical focus on giving to the Other explored in Chapter two. Levinas highlights the importance of giving food to the Other, and this must be part of any conceptualization of breastfeeding ethics; but Irigaray points out that giving food can be suffocating for the child if the mother does not retain any space for her own enjoyment (Irigaray, 1981). Irigaray argues that mothers must also be women: they cannot disappear into self-sacrificing care for their children but must maintain their own distinct identity (Irigaray, 1999, p. 18). Protecting the

¹⁴ Cis-women refers to individuals who self-identify as female and whose socially-assigned gender identity is also female; i.e. non-trans person.

¹⁵ Irigaray uses the term "interiority" to refer to one's self-relation: how it feels to be oneself, both psychically and physically. "Identity" is how one is regarded as a self, including both social recognition and one's understanding of oneself. While not completely interchangeable terms, Irigaray recognizes the extent to which self-relation and social recognition are inextricably connected.

simultaneous relationality and difference between mothers and children requires maintaining sexual difference, which for Irigaray is the principal form of alterity. Women must have an interiority of their own that is distinct from the caring and nurturing relations they have with others. This actually allows them to connect better with those close to them, according to Irigaray, since the apparent conflict between upholding women's difference and intimacy with others is merely the result of a misguided understanding of subjectivity.

Rights to breastfeed are usually grounded on the basis of sexual equality, relying on essentialist understandings of sex or gender and predicated on the assumed relationship between pregnancy and breastfeeding. Such formulations are inadequate from an Irigarayan perspective since she understands sexual rights as arising from the relationship one has with the other who is sexually different. The poetics of breastfeeding I develop based on Irigaray's work relies on body-metaphor: the body as continually resymbolized through language. Sexual difference is poetic because it can never be finally determined but is always open to reinterpretation and transformation. Thus, a right to breastfeed rooted in sexual difference cannot rely on any fixed determinations of the body or physiological process such as pregnancy but must instead be continually reinterpreted through responsiveness to the other.

Irigaray and Sexual Difference

Irigaray critiques liberal philosophy's aim to provide equal access to power, arguing that it can only articulate this in terms that are sexually neutral. Equality claims

usually take the status of one sex as the desirable universal. Since Irigaray sees women and men as irreducibly different, any gender-neutral universal will privilege men over women. Because the public sphere has traditionally been almost entirely male-dominated, it evolved under the assumption that occupants have a male body (Gatens, 1992, p. 124). As a result, women can achieve the norm or standard of the liberal individual only insofar as they either deny their own corporeality or manage to juggle their traditional role in the private sphere and their new “equality” in the public sphere.

Gatens describes approaches to the problem of women’s sexual inequality with men as falling into two camps: those (like Simone de Beauvoir) who seek to overcome what is perceived as women’s “biological disadvantage” through erosion of reproductive difference by means of medical science, and those (like the maternalists discussed in chapter one) who argue that there is an essential sexual difference between men and women that should be maintained because women’s sexual difference has innate value and should not be overcome (Gatens, 1992, p. 129). Another way of expressing the opposing positions is that sexual difference is often discussed as being either cultural or natural. For instance, Grosz asks,

is sexual difference primary and sexual inscription a cultural overlay or rewriting of an ontologically prior differentiation? Or is sexual differentiation a product of the various forms of inscription of culturally specific bodies?(Grosz, 1994, p. 189).

Both these positions assume a framework of mind/body, nature/culture dualism that is radically challenged by Irigaray. As Carol Bigwood demonstrates, we must deconstruct the division between nature and culture (Bigwood, 1993).

Irigaray does not see sexual difference as a property inherent in individuals; rather, it relies on the interval between differing individuals, a difference that is within

their bodies but is not reducible to any single part of their bodies. Sexual difference exists only in and through the interval between the two who are different; therefore sexual difference is not reducible to the masculine or the feminine (Irigaray, 1993a, p. 14). This relation to the difference of the other is emphasized in Irigaray's use in her later works of the term "sexuate difference", which describes how men and women differ sexually from each other in and through their relation to each other's difference. Irigaray argues that sexual difference must be understood as negative because it represents a limitation on universal humanity. Our perspectives are always sexual and therefore always partial. The incompleteness of our perspectives is what allows for difference and communication between the sexes. She advocates for a third term (described variously as the angel, mucous, demon, etc.) in *An Ethics of Sexual Difference* and continues this linguistically in *I Love to You*. Through this interval or third term communication between sexually differing individuals can take place. Irigaray argues that this gap between sexually differing individuals allows for the autonomy that is necessary for ethical relations in society: in order to recognize sexual difference, both women and men must have freedom and separation from each other in order to be properly connected.

Sexual difference is involved in the breastfeeding relationship between mother and child, since Irigaray reminds us that the child is always sexed, never neuter. The way a mother relates to a son is different from how she relates to a daughter. Houle describes how Irigaray explores a

space of possible *dialogue* between mother and child, a vertical genealogical dyad involving the same kinds of intimate erotic communing and radical secret strangeness to one another found in the male-female horizon of sexed difference. For Irigaray, however, this dialogue seems possible only when the child is sexed to the parent(s) (Houle, 2011, pp. 158–9).

The relationship between mother and child is ethical because it involves simultaneous independence and interconnection through responsiveness to each other's alterity. Thus, the discussion of sexual difference in this chapter always applies to the relationships between mothers and the children they breastfeed as well as to the relationships between men and women.

For Irigaray, the nature of woman must involve radical sexual difference: rather than defining it in opposition to the masculine, this sexual difference must have its own autonomous meaning. Woman has historically been understood in relation to man, as an object of pleasure or nurture that is there for men, and through the ways men perceive her. The nature of woman must be understood as equal to, but radically different from the nature of man. Only then does Irigaray think society can be just and true communication possible (Irigaray, 2000).

Irigaray conceives of sexual difference as natural but this does not overlook the influence of culture in understanding this difference since she argues that nature is always read through and understood through culture. Although Irigaray bases her argument on the nature of women, this is not a naïve essentialist conception of sexual nature (though Irigaray has often been accused of essentialism). According to Irigaray, conceiving of the feminine in terms of something conceptual that is possible to abstract from the embodied experiences of women would "allow oneself to be caught up again in a system of 'masculine' representations, in which women are trapped in a system of meaning which serves the auto-affection of the masculine subject" (Irigaray, 1985, pp. 122–3). The division between nature and culture is the basis for the association of masculinity with culture and femininity with nature. Challenging these divisions requires recognizing that

sexual difference is both natural and cultural: it cannot be abstracted from the body, but neither is it merely reducible to the body. This means that sexual difference does not have a fixed meaning but must be continually created and transformed. As Irigaray states in an interview, “I was born woman, but I still have to become the woman who I am by birth. In other words: I am a woman by nature but I must develop the culture appropriate to this woman” (Irigaray, 2008a, pp. 155–6). Sexual difference has not yet had a chance to develop, according to Irigaray. The nature of woman is not fixed and unchanging but rather is open to change, in fact involves an imperative to change, because current and historical understandings of what it means to be a woman have always been defined against what it means to be a man. Irigaray notes that, “[t]he becoming of women is never over and done with, is always in gestation” (Irigaray, 1993b, p. 63). Irigaray understands sexual difference in terms of becoming and change, which poetics has the capacity to express without foreclosing on future alternative possibilities.

Irigaray: Beyond Levinas and Foucault

John Caputo distinguishes between two major branches of postmodern ethics: Nietzschean heteromorphism, which emphasizes becoming and change but cannot accommodate an obligation to the other, and Levinasian heteronomy, an ethics of alterity that prioritizes obligation to the other while calling the freedom of the subject into question (Caputo, 1993, p. 60). But Ziarek argues that Irigaray does not subscribe to the distinction Caputo draws between the two kinds of postmodern ethics: heteronomous à la Levinas, Derrida and Lyotard, wherein alterity disrupts systems of signification, and heteromorphism, à la Nietzsche, Foucault, Deleuze and Castoriadis, wherein otherness is

expressed within the endless variations of becoming (E. P. Ziarek, 1998, p. 60). She argues that Irigaray's theory resists alignment with either of these two sides, but instead originates in the gap between liberation and responsibility, self and other (E. P. Ziarek, 1998, p. 60). According to Irigaray, the obligation to the other who differs sexually is actually the source of becoming and change. Little has been written comparing Irigaray with Foucault and Levinas, although Joanna Hodge briefly aligns Irigaray with Foucault and Levinas because she sees all three as reacting against Heidegger by prioritizing ethics over metaphysical thinking (Hodge, 1994, p. 196). As I argue is the case for Levinas and Foucault in chapters two and four, Irigaray's ethics can also be read as also a kind of poetics because the relationship to the other is creative and transformative, producing new interpretations of both self and other.

Irigaray criticizes Levinas's understanding of the feminine because of his failure to see women as full subjects. She argues that he understands the feminine not as it is in relation to itself, but only from the point of view of man, and erotically, from the perspective of masculine pleasure (Irigaray, 1991, p. 109). As well, she believes that by conceiving of alterity as transcendent, Levinas strips the Other of all specific differences of sex, gender, class, race, etc., thereby eroding the foundation of feminist ethics and politics. Levinas describes femininity as creating a domestic space, a home, but Irigaray argues that the family actually involves the loss of radical feminine alterity and argues that some degree of solitude is necessary for women. She argues that in the family "individual identity is lost; the family is a unity, it constitutes an undifferentiated one in which each male, each female alienates his/her own identity" (Irigaray, 2000, p. 52).

Irigaray uses the concept of autonomy in a way that differs dramatically from that of the autonomous (implicitly male) subject in the liberal tradition. Her version of autonomy involves simultaneous connection with others and retaining one's own (Gourgouris, 2010; Jones, 2011; Joy, 2011). Irigaray understands identity as necessarily implying relationship with the other who sexually differs from me; difference is necessary for intimacy rather than being in opposition to it. She therefore seeks a re-organization of how men and women interact with each other, one that allows for both connection and autonomy between sexually different individuals (Irigaray, 2000). Where Levinas focuses on the father-son relationship, Irigaray insists on the importance of restoring mother-daughter relations that are reciprocal and that permit each individual her own separate identity. For Irigaray, reestablishing the autonomy of daughters and mothers is the essential condition for ending patriarchy (Irigaray, 1999, p. 21).

Irigaray argues that woman must have her own interiority, a space of her own that she can return to apart from her caring responsibilities for others. In order to care for others, she must also be able to care for herself, with a separate identity of her own.

Irigaray writes that:

The nest for the child would be possible if the female had its own nest. If woman had her own territory: her birth, her genesis, her growth. With the female becoming in self and for self – as Hegel would say. An in self and a for self that are not closed off in the self-sufficiency of a consciousness or a mind. An in self and a for self that always also remain for the other and in a world and a universe that are partway open (Irigaray, 1993a, p. 149).

Caring for others is only truly possible if woman is also able to be her own distinct self. For Irigaray, autonomy and relationship with the other are inextricably linked. Irigaray thinks men and women need to be autonomous from each other (Irigaray, 1993a, p. 145) and supporting sexual difference would prevent collapsing the identity of one into the

other. This autonomy would allow man to recognize that there is something beyond the maternal in woman, allowing and obliging him to stop relegating woman to the realm of mere reproduction, “as a maternal machine designed to have babies, populate the home, but also keep it clean, supplied with food, etc.” (Irigaray, 1993a, p. 146). According to Irigaray we must understand woman apart from the maternal because woman cannot just be for the child. She must also be for-herself, with her own projects and desires that are independent of the needs of others. Maternity must include a space for women to return to themselves, apart from their caring responsibilities for their children. Otherwise, Irigaray describes the mother without space or identity of her own as feeding her daughter ice with her milk, immobilizing her and preventing her from becoming independent from her mother (Irigaray, 1981). Daughters need their mothers, in giving life, to also remain alive for themselves, individuals in their own right (Irigaray, 1981, p. 67).

Irigaray argues, against Levinas, that touching the other can connect individuals while still maintaining difference between them. She asserts that the caress is not an appropriation, as Levinas thinks, but that the other

is and remains transcendent to me through a body, through intentions and words foreign to me: “you who are not and will never be me or mine” are transcendent to me in body and in words, in so far as you are an incarnation that cannot be appropriated by me, lest I should suffer the alienation of my freedom (Irigaray, 2001, p. 18).

Touching the other does not collapse the separation between us. In touching, the other remains transcendent because of the sexual difference between us. My desire for the other does not appropriate the other (Irigaray, 2001, pp. 19–20). Irigaray objects to Levinas’ understanding of the Other as transcendent, rather than as existing in a sexually

differentiated body. She argues instead that the caress awakens us to intersubjectivity, to a touching that is neither active nor passive, but that involves each of us responding to each other (Irigaray, 2001, p. 25). The caress maintains the irreducible difference of both individuals while at the same time connecting them (Irigaray, 2001, p. 27).

Irigaray differs from Levinas in another crucial respect: she hopes to enlarge his concept of ethical sensibility so that it can encompass erotic relations. For Irigaray, sexual love is an exemplar of the ethical relation, not a weakened form of it. Whereas Levinas makes the traditional philosophical gesture of excluding femininity and sex from the domain of ethics, Irigaray conceives of sexual difference, where there is both relation and separation, as the materialization of the ethical relation. Sexualizing the ethical relation is a deliberate move by Irigaray to overcome the rejection of the flesh often associated with the ideal moral subject. She describes the carnality of the female subject as involving proximity with the other that is not appropriation. Desire for the other involves both my return to myself as well as my being with the other (Irigaray, 2001, p. 28).

Like Levinas, Foucault does not recognize sexual difference as foundational to ethics and politics. His conception of care of the self (which I will explore in the next chapter) has its source in the masculine context of free citizens of ancient Greece and Rome. He also fails to recognize the specificity of sexed bodies (Schor, 1995), a criticism that I will explore in the next chapter. Nevertheless, some interpreters view the work of Foucault and Irigaray as complementary. For instance, Winnubst suggests that Irigaray's understanding of sexual difference and the play of a sexed body would enhance the role of materiality in Foucault's accounts of discursive inscriptions on the seemingly neutral

and passive body (Winnubst, 1999, p. 29). Rozmarin compares Irigaray's formulation of living politically to Foucault's technologies of the self (Rozmarin, 2011), arguing that Irigaray provides us with suggestions for practices that both resist normative power formations and reshape one's subjectivity. According to Rozmarin, Irigaray's textual strategies suggest ways for individuals to shape their own subjectivity in relation to others, and in a concrete set of social relations (Rozmarin, 2011, p. 3). The strategies Rozmarin compares to technologies of the self are mimesis, whereby the phallogentric culture is destabilized in order to allow a new subjectivity for women to emerge, parodic imitation of discourses of the feminine, and the creation of "body language", through which it is possible to write the female body. Irigaray's understanding of sexual difference is deeply ethical, encompassing both responsibility to the unique other and an imperative to resist reified identities and instead continually create new interpretations of both self and other through a process of poetic re-imagining.

Breastfeeding and Poetics

Expressing sexual difference requires language that is alive and transformative, that can inhabit the interval, connecting sexually differing individuals without collapsing the space between them. The practice of breastfeeding does not have a fixed meaning when we read it through the lens of Irigaray's work, since the relationship between the lactating breast and linguistic interpretation is fluid and generative. Following Irigaray, I explore ways of destabilizing current understandings of breastfeeding in order to promote the dynamic, creative expression of sexual difference. Irigaray asserts that "I am a woman by nature but I must develop the culture appropriate to this woman" (Irigaray,

2008a, pp. 155–6). Applying this to breastfeeding, we see that although breastfeeding has a nature, we must nevertheless develop a culture appropriate to breastfeeding. The nature of breastfeeding has yet to be determined, and so we need to understand sexual difference as flowing in and through the interval between differing bodies. This requires exploring how breastfeeding has been sexed and how it could be sexed differently in the future. Doing so requires language that is adequate to expressing difference and leaves open the possibility for future reinterpretations: poetic language.

Irigaray argues that to think and live sexual difference would result in a new renaissance in “thought, art, poetry, and language: the creation of a new *poetics*” (Irigaray, 1993a, p. 5). Recognizing sexual difference would result in new forms of creativity and communication. In *The Way of Love* Irigaray writes that, “[i]n this world otherwise lived and illuminated, the language of communication is different, and necessarily poetic: a language that creates, that safeguards its sensible qualities so as to address the body and the soul, a language that lives” (Irigaray, 2004a, p. 12). While emphasizing the importance of language, Irigaray also understands poetics in the broader sense that Nietzsche points to when he exhorts us to be poets of our own life. For Irigaray, poetics is never reducible to words on a page but involves taking our own lives and our relations with others as works of art.

Irigaray asserts that “[t]he work of art that a human is invited to carry out is first the blossoming of self in its own singularity, which presupposes a still unknown cultivation of space and time” (Irigaray, 2004a, p. 127). Each of us is an artist in this sense of transforming reality or creating a new reality in which we can live in a more beautiful and happy way. Through this art of living art we can cultivate ourselves and our

relations with others, becoming what we are by nature. Irigaray describes art as a daily task for each of us, with sexual difference being the most important area that art must work out (Irigaray, 2004b, p. 98). We need to be both artist and work of art, transforming ourselves as well as the world, and we do this through safeguarding and cultivating our affects, particularly our self-affection (Irigaray, 2008b, p. 135). We need to develop an art of interiority in order to both remain faithful to ourselves and welcome the other's difference (Irigaray, 2008b, p. 136). This art of living is what allows us to construct a world that we can share, through creating ourselves and helping to create others (Irigaray, 2008b, p. 136). Huntington maintains that both Heidegger and Irigaray mimetically recollect what has been lost as the poetic basis for social transformation (Huntington, 1998, p. 186). But even though Irigaray seems to implicitly reference Heidegger in formulating her understanding of poiesis (Jones, 2011; E. P. Miller, 2007, p. 116; K. Ziarek, 2006, p. 74), she is nevertheless deeply critical of Heidegger's masculinist bias, arguing that Heidegger privileges exteriority (Irigaray, 2001, p. 76). Unlike Heidegger, for Irigaray the poetic transformation of culture depends upon sexual difference. Irigaray describes men and women as needing to carry out a work of creation together, exiting the merely natural in order to develop a cultural community that respects sexual difference (Irigaray, 1999, p. 109). For Irigaray, art has the ability to create another reality by transforming us and the world we live in (Irigaray, 2004b, p. 98).

Poiesis offers a way of challenging the simplistic approaches to technology taken by the two dominant discourses of breastfeeding. Under medicalization there is an uncritical embrace of technology. As Carter notes, through medicalization, the femininity of the breast was replaced with the masculinity of technology (Carter, 1995, p. 190). The

maternalist model, on the other hand, represents a reactionary attempt to recapture a mythical family life free from the interference of technology that is assumed to be evil. The La Leche League originated from an opposition to technology including interference in the presumed naturalness of pregnancy, birth, and breastfeeding (La Leche League International, 1963). The League also continues to uphold what it takes to be “natural” binaries of sex and gender against the threat of technological intervention, as can be seen in their refusal to allow a transgender father to become a League leader, despite his successful breastfeeding experience (CBC News, 2012).¹⁶

The way in which Irigaray takes up poiesis challenges these two simplistic approaches to technology. Irigaray distinguishes what she supports as an art of cultivation from the fabrication that attempts to master the self through technical knowledge (Irigaray, 2001, p. 76). What Irigaray calls fabrication would correspond with the biopolitical understanding of breastfeeding as a set of techniques to be mastered that produce predictable and consistent results. Irigaray describes technology as neuter: it pretends to be valid for everyone (Irigaray, 2001, p. 107). Art contests this pretended universality by expressing sexual difference.

Without art, Irigaray argues that sexual difference falls into merely mechanical reproduction. Irigaray argues that art transmutes individual, bodily matter into affective relationships that are not merely limited to reproduction but that express a truly cultural form of sexual difference: one that is creative and open to ongoing transformation (Irigaray, 1993b, p. 165). She argues that art is necessary in order to cultivate ethical relations, particularly sexual ones, since it provides a way for sexual difference to be

¹⁶ The League did allow Trevor MacDonald to attend group meetings and MacDonald valued the support he received from the group (CBC News, 2012).

transformed and sublimated (Irigaray, 2004b, pp. 121–2).

The expression of sexual difference requires language that is dynamic and fluid, remaining open to transformations without being reduced to literal meanings. Irigaray therefore wants to rethink philosophy and poetry as related: she attempts to write philosophy in such a way that it reconnects with poetry (Irigaray, 1999, p. 134). She poetically reconstructs the material of the female body as philosophical reason's silent and invisible ground. For Irigaray, like Levinas, ethics requires language that maintains difference, although unlike Levinas Irigaray considers sexual difference to be the primary mode of alterity. She argues that if an experience of speaking “can take place in poetic language and in the articulation of thinking and poetic saying, it first of all exists in a present dialogue with an other different from myself” (Irigaray, 2004a, p. xi).

In her analysis of literary texts written by men and women, Irigaray concludes that women have difficulties representing themselves, thinking of themselves as subjects, respecting their mothers and other women as individuals apart from themselves, and providing themselves with their own plans and ideals (Irigaray, 2004b, p. 109). She argues for the evolution of language by including women's sexuality in it, which would have the effect of radical changes through all symbolic systems including art, religion, and law. Irigaray provides us with a powerful imperative to create art as well as to live it in order to respect and give birth to sexual difference. Through cultivating ourselves and our differences from others we can transform the symbolic systems of the world we share. One of these symbolic systems, law, is especially important for promoting and transforming the practice of breastfeeding. In the final section of this chapter I discuss

how Irigaray believes rights must be rooted in sexual difference, not abstract or universal equality, and I explore what a sexuate right to breastfeed might look like.

While the maternalist model recognizes that mothers promote children's moral and emotional development through breastfeeding, this model fails to recognize the extent to which mothers create a world for and with their children. Irigaray recognizes, where the maternalists do not, that mother and child co-create each other through their connection and their difference. In order to combat the reduction of women to mere producers of food, Irigaray asserts that mothers need to share language with their children and not only give them food (Irigaray, 1999, p. 20). She argues that mothers need to be recognized as creating a culture for children as well as sustaining them physically.

Irigaray warns that women are at risk of losing their self-affection or ability to care for themselves (Irigaray, 2008b, p. 104). This risk is especially high under the medical and maternalist models of breastfeeding in which women are collapsed into self-sacrificing care for the child. As a result of the absence of positive representations of female identity we have become caught in extremely damaging understandings of motherhood. For example, we see the mother as being forced to submit to the blind consumption of her breast and womb by the child (Irigaray, 1993b, p. 15). Or, we see suffocation of the daughter with the "ice" of the mother's self-sacrificing nourishment (Irigaray, 1981). In both these examples one side of the mother-child dyad overwhelms the identity of the other: the "devouring monster we have turned the mother into is an inverted reflection of the blind consumption that she is forced to submit to" (Irigaray, 1993b, p. 15). But Irigaray argues that both extremes are the consequence of our culture's inability to properly cognize the sexual difference of women. By developing and

protecting women's sexual difference we could instead view the relationship between mother and child quite differently, as positively connected rather than overwhelming each other (Irigaray, 1993b, p. 17).

In a highly provocative formulation, Irigaray argues for a poetics of breastfeeding by saying that just as we need to speak as we make love, so we should "speak as we feed a baby so that the child does not feel that the milk is being stuffed down his or her throat, in a kind of rape" (Irigaray, 1993b, p. 19). I read this statement non-literally since the breastfed child would have only very rudimentary access to language and the notion of requiring a child's "consent" to be fed borders on nonsensical. Through this hyperbolic phrasing Irigaray is once again emphasizing that breastfeeding is not reducible to a natural act but is always also cultural. While a mother need not actually speak while breastfeeding a child we must recognize the extent to which a shared world is being created through this embodied relationship. Breastfeeding cannot be reduced to the bare physiological process of slaking hunger.

While connection between the bodies of mother and child is an essential part of the breastfeeding relationship, mother and child also participate in the formation of symbolic meaning, creating a shared language whether or not they are literally speaking to each other. Irigaray develops the unusual phrase "I love *to* you" to indicate the importance of not reducing the other to an object, but instead maintaining non-immediacy (Irigaray, 1995, pp. 109–110). Toye describes love for Irigaray as "an ethical concept that names not only a particular qualitative relation between a self and an Other, but a particular distance or spacing between them" (Toye, 2010, p. 48). Roberts calls this a "poetics of being-two" (Roberts, 2011). Irigaray emphasizes the importance of

maintaining difference within the breastfeeding relationship: instead of the mother feeding a passive child, both mother and child need to recognize each other's difference within the intimate connection they share.

Irigaray presents an alternative way of understanding breastfeeding as involving both receptivity and independence of the woman, and in which both infant and mother must be understood as distinct (although connected) individuals. Irigaray argues for the reclaiming of what she calls a "secondary homosexuality", or the love of women for other women that results from having their mothers as their first love objects (Irigaray, 1993b, p. 20). The love that women have as children for their mothers needs to be maintained in order for women to reconnect with the (non-phallic) sexual pleasure that is properly theirs, and which Irigaray claims they are robbed of when forced to give up original love of their mothers (Irigaray, 1993b, p. 20). Following Irigaray, breastfeeding can be reconceptualized as a reciprocal process in which the separation of both mother and daughter is maintained so they can have a relationship that is not suffocating or self-denying but instead involves mutual pleasure. In the next chapter I will explore further the significance of pleasure in breastfeeding.

Irigaray calls for the maintenance of difference within the relationship of mother and child. She believes that, as between men and women, separation is necessary for a healthy relationship. For Irigaray, touch is the essential medium of intersubjectivity (Irigaray, 2008b, p. 128), but she argues that mother and child need to have the space necessary for their own self-affection in order to experience genuine closeness (Irigaray, 2008b, p. 129). Touch is essential to breastfeeding, but Irigaray distinguishes between sensation, which involves mere affect and reduces the other to an object, and perception,

which recognizes that the I and the other are irreducible to each other (Irigaray, 2001, p. 40). By perceiving the other, I create the other and assist the other in becoming, and the other does the same for me (Irigaray, 2001, p. 43).

Breastfeeding needs to be recognized as an exchange of symbolic meanings: a creative activity, not merely a mechanical process of sustaining life. Sexual difference has historically been subservient to procreation, but Irigaray wants to reconceptualize it so that it can play a role in the creation of culture (Irigaray, 1993b, p. 172). Women have been valued primarily for their procreative power, and men have been identified with the symbolic divorced from body and flesh (Irigaray, 1993b, p. 179). Irigaray attempts to rectify this historical imbalance through developing a culture of sexual difference, finally reintegrating sexuality and creativity. Irigaray asserts that all women are mothers, because women give birth to many things besides children including love, language, art, politics and religion (Irigaray, 1993b, p. 18). Irigaray argues that giving birth to children should be discussed in the context of other kinds of birthing such as creating images and symbols. Irigaray attempts to reintegrate procreation and creation, arguing that both are carried out by women. Breastfeeding must not be understood as a merely mechanical process; instead we need to recognize that mother and child co-create a world together.

Fluidity and Breastfeeding

According to Irigaray, the history of metaphysics has been dominated by solids, emphasizing firm categories and logical reasoning, while fluids, which resist categorical thinking and absolute boundaries, have been ignored (Irigaray, 1985). Grosz describes

how bodily fluids reveal how the body is necessarily dependent on the outside, liable to collapse into the outside (as in death), with the divisions between the body's inside and outside always precarious (Grosz, 1994). Bodily fluids undermine the (liberal, implicitly male) subject's aspiration toward independence and self-identity. Fluidity is interpreted as a threat to the integrity and stability of the subject, and is therefore viewed with suspicion (Grosz, 1994).

Irigaray argues against this rejection of fluids in Western ontology. She asserts that "Solid mechanics and rationality have maintained a relationship of very long standing, one against which fluids have never stopped arguing" (Irigaray, 1985, p. 113). Whereas fluids are associated with femininity, maternity, pregnancy, lactation, menstruation and the body, solidity is associated with masculinity and rationality. The features of fluids have been minimized in order to promote theory that is aligned with a model of solidity. Men's bodies are also fluid – containing saliva, blood, sperm, etc. -- although they have not been historically recognized as such (Irigaray, 1985, p. 113). Irigaray does not assert that women's bodies are not inherently fluid while men's bodies are solid, but rather that men's and women's bodies have become coded in this way (Longhurst, 2008; Young, 2005b).

Irigaray wants to promote understanding of fluids in order to open up new possibilities for understanding feminine sexual difference. In order to do so Irigaray attempts to resymbolize the female body, which is commonly associated with fluids: leaking, porous, and permeable. Irigaray describes woman as fluid in that she is not identical with herself: she does not remain the same, but is rather always in the process of becoming herself (Irigaray, 1995, p. 26). In order to do this, Irigaray draws on body-

metaphors such as the lips, mucous, and the placenta that are both symbolic and yet inseparable from the body itself.

Irigaray's conception of the lips refers to both the lips of the mouth and the lips of the genitals but they are not reducible to anatomy nor are they merely symbolic. Huffer asserts that with the lips Irigaray dramatically interrupts the philosophical tradition by poetically constructing what the edifice of logic and reason is unable to imagine (Huffer, 2010, p. 129). The lips are a threshold always partly open, which allows Irigaray to understand the feminine as both receptive and independent, complete in herself but also open to connection with otherness. Irigaray writes that "We—you/I—are neither open nor closed...One cannot be distinguished from the other; which does not mean that they are indistinct" (Irigaray, 1985, p. 209). The lips inscribe what Jane Gallop calls a poiesis of the feminine-maternal body of pleasure (Gallop, 1988, p. 94). Irigaray asks, "Are we unsatisfied? Yes, if that means we are never finished. If our pleasure consists in moving, being moved, endlessly. Always in motion: openness is never spent nor sated" (Irigaray, 1985, p. 210). Through the continual opening and closing of the lips women's pleasure is continually being developed – always open to the touch of the other but never incomplete without it (Irigaray, 1985, pp. 210–211).

Similarly, the mucous represents for Irigaray the integrity of a woman's body, since it protects her and cannot be severed by any entry into her body, but also represents openness to the other and the possibility of mutual pleasure. The mucous is always "*half open*" (Irigaray, 1993a, p. 111). It represents the non-reducibility of self and other (Robinson, 2006, p. 105). The mucous is a threshold capable of bringing forth children and the pleasure between lovers, but is not reducible to any given act. The mucous

“Never amounts simply to consumption. To producing some child. While serving love, respiration, song, without ever taking hold of itself as such” (Irigaray, 1993a, p. 111). Whitford asserts that the mucous “cannot be reduced to the *maternal-feminine* body and the production of children; it refers to the possibility of woman as a desiring subject too” (Whitford, 1991, p. 103). This is important since Irigaray insists on an end to the dissociation of maternal love and eroticism (Irigaray, 1993a, p. 67) since “[a] woman’s subjectivity must accommodate the dimensions of mother and lover as well as the union between the two” (Irigaray, 1993b, p. 63). Pleasure for women must be understood as arising in relationships with both children and lovers. This expanded conception of pleasure that overcomes the distinction between maternity and sexuality will be further explored in the following chapter in relation to the later work of Foucault.

Irigaray describes the placenta as a system regulating exchanges between the two organisms (Irigaray, 1993b, p 39). This relationship is not one of fusion or aggression; the placenta is an organ that is formed by the embryo but behaves independently and relatively autonomously (Irigaray, 1993b, p 39). Irigaray takes pains to point out that there is no fusion of maternal and embryonic tissue across the placenta (Irigaray, 1992, p. 39) and this respect for the difference of both makes the placenta a model for the “almost ethical character of the fetal relation” (Irigaray, 1992, p. 41). Jane-Maree Maher explains that the placenta is “the point of communication between pregnant woman and foetal entity, allowing for and recognising their difference” (2001, p 202).

Breastfeeding can be read as analogous to these body-metaphors of the lips, mucous and placenta. The opening of the nipple is another example of how a woman’s body closes in and protects a woman’s interiority of but can also open in response to the

other. Drawing on Merleau-Ponty, Simms calls breastmilk “the visible sign of the invisible, the in-between body, the *chiasm*, mother-infant flesh (Simms, 2001, p. 26). The other in this case may be a child but may also be a lover. For instance, Giles describes a woman whose fantasy of breastfeeding a man, led the woman to think, “that one is able to erase the pain of another’s breast with one’s own. It is all about calming the sadness, and the hunger, and the hate, with the waters of the soul” (Giles, 2003, p. 46). Novelist Anne Enright describes in her memoir of motherhood the complex interaction between her mind and the flow of her breastmilk in responding to the hunger of her child as well as the need of the other more generally: “[t]here is a part of me, I have realized, that wants to nurse the stranger on the bus. Or perhaps it wants to nurse the bus itself, or the tree I see through the window of the bus, or the child I once was, paying my fare on the way home from school” (Enright, 2005, p. 46). Breastmilk flows through a deeply cultural embodied relationship between a woman and the needs of the other. Milk can flow in response to the touch or cry of a child, but a woman’s thoughts and feelings are also essential to the process.

As with Irigaray’s other body-metaphors, breastfeeding involves both maternity and carnality (Bartlett, 2005a; Longhurst, 2008), a relationship I will explore further in the next chapter. Bosanquest describes her breastfeeding relationship with her child in extremely passionate terms:

What do I know of maternal desire? The term too often refers to the desire to be a mother. Instead, I think of the fierce intensity of your mouth on my bloodied nipples, more sensitive than ever before and since. I feel again the urge to touch every place on your body, to know you inside and out, inside out, from inside me and without me. I remember the blurry half-light of night-time feeds, when our points of contact--cushion, breast, arm, chair, mouth--meet and merge. My body remembers the hormonal weight of your body against mine. Even now, more than a year since we have breastfed together, I think of you and my breasts remember,

give that familiar tingling buzz and let down a solitary drop of milk. It is as though we could start again at any time. In the endless suck and flow of our relationship, in the stretch-mark reminders of the ripe fruit burst of my body, in the mole behind your left ear--my favourite place in the world--are where I locate carnality and divinity (Bosanquet, 2010).

Although breastfeeding is often understood in terms of maternal self-sacrifice (as in the maternalist model discussed in Chapter one), nonetheless breastfeeding can be read differently, as maintaining the interiority of mother and child simultaneous with their intimate connection. In addition, the flow of breastmilk can be an expression of a woman's own desire, absent the presence of a child, initiated by the presence of a lover or a variety of other thoughts and feelings (Bartlett, 2002a). Giles interprets the popularity of adult nursing relationships and lactation porn as subverting heteronormative sex roles, with squirting milk subverting the dominant position of the male "money shot" (Giles, 2005). Breastfeeding can thus involve both maternal caring and female desire, as Irigaray insists is necessary.

Breastfeeding has historically been used to construct the class of mammalia and the categories of female and male, but in fact breastfeeding challenges the metaphysics of solids, both through the literal fluidity of breastmilk as well as in the ways breastfeeding confounds the very categories of biological classification and sex it has historically been used to construct. Reading breastfeeding as poiesis means that we need to cultivate the nature of breastfeeding, which is not readily apparent to us but must be developed through an appropriate culture. What appear to be necessary relationships between breastfeeding, femaleness, and giving birth should instead be recognized as potential sources for reinterpretation and transformation.

Challenging Classificatory Categories Through Breastfeeding

Breastfeeding, specifically the presence of the mammary gland, has been an integral component in the evolution and taxonomic classification of animal species (Capuco & Akers, 2009). Carolus Linnaeus established the mammary gland as the defining feature of the classification of mammals in 1758 (Paterlini, 2007). However, Schiebinger points out that this classification was political: Linnaeus focused scientific attention on the mammae because he was strongly engaged in support for breastfeeding and the struggle against wet nursing (Schiebinger, 1993). This broad struggle against wet nursing (including a 1794 Prussian law mandating that all healthy mothers must breastfeed) emerged contemporaneously with the undermining of women's public power and the revaluing of women's domestic role (Schiebinger, 1993, p. 383).

Although it has been used to shore up classificatory categories, breastfeeding actually demonstrates the fluidity of categories of sex and gender, since although it is generally assumed that only women who have recently given birth can breastfeed, this is not actually the case (La Leche League International, 2011; Szucs, Axline, & Rosenman, 2010). Adoptive mothers, cis-men¹⁷ and transgender and transsexual people are also able to breastfeed (Rainbow Health Ontario, 2012; Shanley, 2009; Swaminathan, 2007). Men are capable of breastfeeding, and males have been discovered to be capable of lactating in at least two other species of mammals (Kunz, 2009; Thomsen, 2011). This leads Bartlett to argue that although lactation operates as a signifier of both sexual difference and maternity, strictly speaking it is not necessarily tied to either (Bartlett, 2002a, p. 375). The identification of breastfeeding with cis-women, specifically those who have recently

¹⁷ Men who both self-identify as male and have also been socially-assigned a male identity.

given birth, has increasingly been put into question as adoptive mothers, fathers, and trans people begin breastfeeding with more frequency.

A literary example of a man breastfeeding is found in Louise Erdrich's novel *The Antelope Wife* (Erdrich, 1999). In it a young American cavalry soldier enthusiastically participates in the slaughter of an Ojibwe village but then deserts, following a baby borne on a dog's back, and begins to care for the child. In response to the baby's cries, the soldier, Scranton Roy, puts her to his nipple: "[s]he seized him. Inhaled him. Her suck was fierce. His whole body was astonished, most of all the inoffensive nipple he'd never appreciated until, in spite of the pain, it served to gain him peace" (Erdrich, 1999, p. 7).

Following continued suckling, his nipples eventually produce milk. Scranton Roy

felt a slight warmth, then a rush in one side of his chest, a pleasurable burning. He thought it was an odd dream and fell asleep again only to wake to a huge burp from the baby, whose lips curled back from her dark gums in bliss, whose tiny fists were unclenched in sleep for the first time, who looked, impossibly, well fed... He put his hand to his chest and then tasted a thin blue drop of his watery, appalling, God-given milk (Erdrich, 1999, p. 9).

Scranton Roy is raised with pacifist values, but in his fury after being rejected by a woman joins the army and in his first engagement brutally slaughters an elderly Ojibwe woman. The baby's need overwhelms his blood thirst, however. The infant teaches him how to care for her even though he had assumed his male body would be unable to nourish a starving infant. In this example the masculine role of soldier gives way to maternal care through the demand of the hungry child.

As illustrated in *The Antelope Wife*, inducing lactation requires physical stimulation of the nipples. The most effective form of nipple stimulation is the action of suckling by a child or another individual. Consistent with heteronormative understandings of the family, advice on induced lactation usually recommends that a

spouse or partner perform the suckling (Hormann, 2007). Manual stimulation of the nipples can also be used. Also effective for nipple stimulation is the use of a breast pump. Prolactin, the milk-making hormone, and oxytocin, the milk-releasing hormone, are both produced in response to nipple stimulation. Drugs may also be used in order to help induce lactation, such as high doses of birth control pills to simulate the effects of pregnancy. Estrogen is administered to simulate the high-estrogen state of pregnancy. The estrogen is then abruptly withdrawn to mimic the rapid hormonal changes following delivery. A course of a prolactin-enhancing drug is then instituted. Suckling stimulation is begun at this point (Wittig & Spatz, 2008). The drug Dom Peridone, a medication also used for increasing the supply of biological mothers' milk can also be prescribed (Giles, 2005, p. 309).

Induced lactation rarely produces the same amount of breastmilk as that of a woman who has recently given birth, and supplementation with donor milk or formula is usually necessary. Supplementation is usually carried out through use of a feeding tube device in order to avoid nipple confusion wherein the child comes to expect the quicker flow and more formed nipple of bottles and will no longer suck the breast. This is a bag or bottle which is worn suspended on the parent's chest. These devices have thin, silicone feeding tubes which are taped to the nipple with hypoallergenic surgical tape. The baby sucks the breast, and milk flows through the tubes as through a straw, delivering donor milk or formula directly at the breast. The device known as either a Supplemental Nutrition System (SNS) or Lact-Aid Nurser Training System (Hormann, 2007; La Leche League International, 2011; Luber, n.d.; Wilson-Clay, 1996).

Adoptive motherhood is the most common and generally accepted mode of inducing lactation since the role of mother remains sexed in a manner consistent with dominant norms. The majority of advice for inducing lactation is geared towards adoptive mothers and emphasizes that the process of lactation is natural, but that the experience is nevertheless something adoptive mothers should not have to miss out on (Hormann, 2007). Organizations such as the La Leche League promote induced lactation on the grounds that it strengthens the bond between mother and child, beyond the nutritional benefits of breastmilk. This position is confirmed by research showing that many women who undertake induced lactation find the experience satisfying because of the maternal-infant bonding achieved (Wittig & Spatz, 2008). Consequently, as Park points out, the construction of adoptive motherhood simultaneously produces a conception of (biological) motherhood and maternal bodies as natural and thus paradigmatic (Park, 2006, p. 204).

Advice for adoptive mothers who wish to induce lactation does not address breastfeeding by men. Nevertheless, men are capable of breastfeeding, since they also have mammary glands, milk ducts and nipples and can begin to lactate through similar processes as adoptive mothers (Diamond, 1995; Kunz, 2009; Shanley, 2009; Swaminathan, 2007). Media coverage of male breastfeeding has mainly been sensational, with little effort to encourage men to breastfeed or to provide practical advice (Swaminathan, 2007). Some fathers attempt to lactate in order to share in the experience of breastfeeding, or because they are part of a same sex couple raising a child. Spontaneous lactation sometimes occurs in starving men and in men who are undergoing cancer treatments (as a result of hormonal changes due to chemotherapy).

Trans individuals are also able to breastfeed. Trans people who lactate have most commonly transitioned from female to male, and may wish to feed their children breastmilk. For instance, a transgendered gay father describes his experiences in a blog and offers breastfeeding advice to other trans men (“Milk Junkies: A Gay Man’s Guide to Breastfeeding: If I Can Do It, So Can You!,” 2011).¹⁸ However, in their fact sheet for trans people wishing to breastfeed Rainbow Health Ontario notes that trans women can also breastfeed as a result of hormone-initiated breast development and there is anecdotal evidence that trans women have successfully produced milk using the same means as adoptive cis-women, although further research is needed (Rainbow Health Ontario, 2012). Rainbow Health Ontario also notes that any trans parents may simulate breastfeeding in order to experience the bonding benefits by using a supplemental nursing system.

Trans individuals face significant challenges to their efforts to breastfeed. Trans parents experience significant discrimination from the medical community (Feinberg, 2001) and such discrimination often keeps transgendered individuals from seeking and obtaining healthcare (Dutton et al., 2008). Such discrimination can prevent trans parents from attempting to breastfeed, as well as from receiving support in an often difficult process. Maternalist advocates of breastfeeding may also perceive trans parents as a challenge to their assumptions about the natural role of mothers in feeding and caring for children. For example, a breastfeeding trans man from Winnipeg recently tried to become a La Leche League leader. Although he was able to attend meetings the League refused to allow him to lead them on the grounds that he was not a woman (Tapper, 2012a). Despite

¹⁸ Some individuals who do not identify as women prefer the term lactation over breastfeeding, but others embrace the term breastfeeding.

the La Leche League's decision he received vocal support from the breastfeeding promotion group INFACT Canada and other parenting groups (Tapper, 2012b). Some (but not all) trans men prefer the term lactation to breastfeeding, since the latter connotes a female characteristic that many trans men feel estranged from.

Although breastfeeding is most commonly carried out by women it cannot therefore be reduced to an activity that is natural to women. Bartlett argues that the ways in which discourses of lactation are implicated in the constitution of gender are political and directly affect the lived experiences of women (Bartlett, 2002a). Breastfeeding's status as a biological marker of sexual difference might be contested if our body politic were reorganized to value reproduction. The relationship between breastfeeding and sexual difference exemplifies Irigaray's understanding of sexual (or sexuate) difference as something that is made meaningful through the interval between differing individuals. As Irigaray argues, sexual difference is not something fixed, but is instead a relationship to those who are sexed differently. Sexual difference is a relationship to the other more than it is any biological facticity (Irigaray, 2001, p. 33). The nature of women, and the nature of breastfeeding, therefore remains open to ongoing, intersubjective creation. Examining the ways in which breastfeeding is carried out by individuals not usually considered to be capable of it challenges the ways in which breastfeeding is currently understood and opens up new ways of understanding the practice. In the next section I go beyond Irigaray's understanding of sexual difference in recognition of the fact that breastfeeding can be practiced by individuals of multiple sexes and genders.

Beyond Irigaray: Breastfeeding and Multiplicity of Sexual Difference

Irigaray's work remains virtually absent from queer theory (Huffer, 2010), probably because Irigaray's work fails to account for a broader spectrum of sexual difference, including trans, genderqueer, intersex and gender fluid individuals. Irigaray often seems to argue for the irreducibility of male/female sexual difference, for instance asserting that "I will never be in a man's place, never will a man be in mine. Whatever identifications are possible, one will never exactly occupy the place of the other – they are irreducible one to the other" (Irigaray, 1993a, p. 13). Irigaray understands sexual difference between men and women to be the ontologically prior form of difference (Irigaray, 2001, p. 34). Women also relate to other women as others, but Irigaray nevertheless postulates a shared identity through gender (Irigaray, 2001, p. 34).

Nevertheless, she does not see the genders as binary, asserting that

We are not complementary or supplementary to each other. Rather, the question is how to think an identity which is different from the one we know, an identity in which the relationship with the other is inscribed in the pre-given of my body (Irigaray, 2001, p. 34).

Irigaray views sexual difference as relational, not biological: being a sexuate individual means being a partial subject, with a partial experience and partial point of view. Sexuate individuals are necessarily in relationship with other individuals who differ from them sexually.

Despite Irigaray's privileging of the difference between man and woman, I go beyond her understanding of sexual difference in order to make space for sexual difference across a multiplicity of genders. Although Irigaray does not make this argument herself, I find resources in her work for doing so. For instance, Irigaray argues that sexual difference does not correspond to a "juxtaposition of one + one subject. It has

to do with a relationship *between*” (Irigaray, 2001, p. 35). Sexual difference for Irigaray is not binary but relational, opening up understandings of masculinity and femininity. I apply this insight to a spectrum of genders that are not reducible to male and female. In doing so, I follow certain of Irigaray’s interpreters. For instance, Alfonso argues that we can expand Irigaray’s conception of wonder as a space between sexual difference.

Relying on queer theory, she argues that we can have wonder across multiple types of difference, not just that of the other sex (Alfonso, 2011). As well, Poe notes that accounts of transsexual and transgender experience challenge any conception of sexual difference as binary (Poe, 2011, p. 111). Although Irigaray does not include in her work a discussion of moving between and within the difference between male and female that could directly inform an understanding of trans identity, Poe argues that because Irigaray understands sexual difference as a nature that is deeply cultural she is not guilty of sexual essentialism and does not view being transsexual or transgender as impossible. Poe describes how transsexual individual’s accounts often describe feeling born into the “wrong” body and needing to change one’s body, and the way others see it, in order to recognize oneself. This is consistent with Irigaray’s belief that we need to cultivate the natural and cultivate the body we are born with. Poe therefore argues that we can use Irigaray’s theory to discuss sexual difference in a broader, more inclusive way, even as we acknowledge that Irigaray resists such an expansion of her work (Poe, 2011, p. 126).

Irigaray writes that “[f]idelity to one’s own gender opens the way to another becoming: a becoming woman, a becoming man, a becoming together” (Irigaray, 2001, p. 55). Moving further than Irigaray to recognize the multiplicity of gender would mean seeing that we are all sexuate individuals; that is, we are all “becoming together” by

developing in relation to the sexual difference of others. Irigaray insists that sexual difference involves the renunciation of unity, recognizing that each subject position is partial and incomplete and that no whole or complete perspective is possible (Irigaray, 2001, p. 57). Between the two (man and woman) there must be a third, which Irigaray calls by many names, including silence. Silence affirms the irreducibility of one to the other but is also the source of both man and woman's becoming and the becoming of their relationship (Irigaray, 2001, p. 63). By pushing Irigaray's work beyond what she herself argues, thinking the third or silence between the two genders could allow us to recognize the proliferation of genders.

Irigaray argues that the experience of being breastfed differs sexually for men and women, asserting that "the first other which I encounter is the body of the mother, and this encounter differs depending upon whether I am a girl or a boy" (Irigaray, 2001, p. 30). Irigaray's assertion is borne out by research showing that being breastfed as children has different effects on men and women, with breastfeeding having significantly more impact on women's psychological well-being throughout life than for men (Cable, Bartley, McMunn, & Kelly, 2010). If men were to breastfeed children it would still be a different experience than for women because of their different bodies and histories. Nevertheless, male lactation could transform conceptions of masculinity and femininity. For instance, Longhurst argues that male lactation recodes men's bodies as fluid, nurturing, and maternal (Longhurst, 2008, p. 14). Giles argues that if men breastfed children there would be profound changes in their relationships with women and children, as well as significant social and political changes including increased paternity leave, and work-based crèches and nursing rooms would become common (Giles, 2005,

p. 315). Such changes are not merely fantasy: as an example, among the Aka Pygmy people of central Africa men often allow children to suckle their nipples and the Aka people share child care responsibilities nearly equally, and interchangeably, with no stigma being associated with performing alternative roles (Moorhead, 2005). Despite these intriguing possibilities, it remains essential to remember that male lactation could potentially compete with women's breastfeeding, in which case the history of male privilege must be kept in mind even as masculinity is challenged and transformed.

Abstract gender equality is insufficient to make breastfeeding liberated: we need to recognize the role of sexual difference. Comparing induced lactation to natural breastfeeding can reinforce the naturalness and higher value placed on breastfeeding by mothers who have given birth to their children. However, induced lactation can demonstrate that it is a cultural process, not just a biological function limited to women whose bodies have recently experienced pregnancy. Induced lactation loosens the constraints of an essentialized understanding of sex and gender and allows for new, creative understandings of breastfeeding and sexual difference. Following Irigaray, we can develop a way of understanding breastfeeding as intrinsically and necessarily sexed and challenge current conceptions of breastfeeding. In the next section I discuss how the sexual, ethical relation of breastfeeding may be creatively interpreted through poetics.

The Sexuate Right to Breastfeed

Irigaray argues for the creation of sexuate rights for women in order for real democracy to be created. She asserts that women do not currently enjoy full citizenship

because they do not have rights regarding their own physical integrity and the real choice of getting pregnant or not, two fundamental rights that, once obtained, would allow women to demand further rights (Irigaray, 2004b, p. 197). According to Irigaray, existing rights do not recognize women's sexual difference and therefore are not neutral but are in fact masculine and only protect men. She cautions that making demands based on equal or universal rights risks the "destruction of gender" (Irigaray, 1993b, p. 115) by obliterating sexual difference. Irigaray believes that women must demand laws that respect maternal histories and values and the earth, life, health, environment, and happiness, as well as recognizing the unique culture and symbolic order of women (Irigaray, 2004b, p. 197).

Gourgouris argues that Irigaray's version of autonomy cannot be attained once and for all but must be striven for through continual transformation in response to the alterity of the other (Gourgouris, 2010). Autonomy can only be produced through "*poiesis*: a performative experience of othering" (Gourgouris, 2010, p. 147). In order to attain the sexuate autonomy that Irigaray calls for we must therefore become "poets of the law" (Gourgouris, 2010, p. 145). This means recognizing that law must be subject to continual reinterpretation in order to properly respond to sexual difference, which is always in deferral and resists any final or ultimate representation.

The recognition and support of breastfeeding is clearly part of the sexuate rights that Irigaray believes must be guaranteed by law. We do not currently have a sexuate right to breastfeed because such a right must go further than merely assuring abstract equality between men and women. The sexuate right to breastfeed would be grounded in sexual difference itself, rather than justified on the basis of reproductive status or biology.

However, I go beyond Irigaray, drawing on queer theory, to argue that such a sexuate right to breastfeed should not be limited to cis-women but should also be extended to cis-men, trans people and genderqueer/gender fluid individuals who wish to breastfeed. Such an extension of the right to breastfeed would need to be protected in very different ways for different individuals, depending on their embodied and historical standpoints. The sexuate right to breastfeed would require a poetics of the law in remaining continually open to alterity and refusing to create fixed or final definitions of sexual difference.

In this chapter I have demonstrated that breastfeeding is not straightforwardly natural and that the relationship between breastfeeding and sex is not as straightforward as we might assume. In this section I explore why current attempts to legally protect breastfeeding are inadequate because they do not properly recognize sexual difference as Irigaray understands it. Consequently, we need a broader recognition of the right to breastfeed that does not rely on binary understandings of sexual difference and that does not merely lump it together with pregnancy. Following Irigaray, a right to breastfeed must be understood as relying on a poetic conception of sexual difference that is continually open to reinterpretation and transformation and involving responsiveness to the other. The sexuate right to breastfeed requires substantially better support, including but not limited to, legal protections. Irigaray's injunction that we must become "poets of the law" (Gourgouris, 2010, p. 145) requires that in addition to improved legal protections, the sexuate right to breastfeed must be protected through direct political action and poetic interventions.

The Canadian Charter of Rights and Freedoms protects the right to breastfeed anywhere, anytime, according to INFACT Canada ("INFACT Canada: Breastfeeding

Rights,” 2003). This statement is based on Section 15(1) of the Charter which states that “[e]very individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.” As well, INFACT points out that Section 28 of the Charter states that: “Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons.”

The Ontario Human Rights Commission’s policy on breastfeeding states that “[b]reastfeeding is a natural part of child-rearing, and so is integrally related to the ground of sex, as well as to family status” (Ontario Human Rights Commission, 2008). In Canada, discrimination on the basis of pregnancy has been ruled to be a violation of the Charter of Rights and the Supreme Court of Canada has stated that pregnancy cannot be separated from gender (Ontario Human Rights Commission, 2008). In the Supreme Court of Canada decision, *Brooks v. Canadian Safeway Ltd.* (1989), 59 D.L.R. (4th) 321 (S.C.C.), Dickson C.J.C. states:

...how could pregnancy discrimination be anything other than sex discrimination? The disfavoured treatment accorded to Mrs. Brooks, Mrs. Allan, and Mrs. Dixon flowed entirely from their state of pregnancy, a condition unique to women. They were pregnant because of their sex. Discrimination on the basis of pregnancy is a form of sex discrimination because of the basis of the biological fact that only women have the capacity to become pregnant.

Pregnancy discrimination is recognized as a form of sex discrimination because only women have the capacity to become pregnant. At least, that is the common assumption, but it has been challenged by recent pregnancies of trans men, most famously Thomas Beatie who was the subject of extensive media coverage (Beatie, 2008; Wilkins, 2008).

Section 10(2) of the *Code* states that “[t]he right to equal treatment without discrimination because of sex includes the right to equal treatment without discrimination because a woman is or may become pregnant.” Pregnancy is interpreted as beginning from conception, continuing up to the period following childbirth and including the post-delivery period and breastfeeding.¹⁹ But breastfeeding does not flow directly or necessarily from the state of pregnancy. Not everyone who gives birth breastfeeds, and not everyone who breastfeeds has given birth, a fact recognized in a recent Texas case by the judge who concluded that there was no cause of action for “lactation discrimination” under federal civil rights law protecting pregnant women (*Equal Employment Opportunity Commission vs Houston Funding II, Ltd., et al.*, 2012).

Breastfeeding is not well protected by the kinds of universalist, gender neutral laws described above. As Irigaray points out, attempts at gender neutral equality are implicitly masculinist. Women’s bodies continue to be excluded from the public sphere. For example, although her conviction was later overturned, the case of Regina v. Jacob demonstrates that uncovered breasts are potentially considered indecent exposure (*Regina. v. Jacob*, 1996). Indeed, the law is sometimes used to prosecute women who breastfeed, mainly those women whose bodies are regarded as risky and viewed with suspicion. These largely include women of colour, queer women, and poor and single mothers, which is consistent with trends in the prosecution of pregnant drug users (Fentiman, 2009). Women who are viewed as inappropriately sexual while breastfeeding risk having their children taken away from them. For instance, pornographer and feminist

¹⁹ The Ontario Human Rights Commission notes that the length of this period depends on the circumstances of the mother (Ontario Human Rights Commission, 2008). However, this fails to recognize the social influences on women’s length of breastfeeding.

performance artist Madison Young, photographed looking glamorous while breastfeeding her daughter, was accused of being a pedophile (Clark-Flory, 2011; “Too sexy for breastfeeding?,” 2011). In more mundane but still significant ways, current laws exclude breastfeeding women from public spaces such as bars and restaurants (Johnson, 2004).

Criminal charges are occasionally brought against women whose children die while being breastfed. Most commonly targeted are poor and racialized women – a trend consistent with the criminal prosecution of pregnant women (Fentiman, 2009). In 1998 an impoverished woman named Tina Rodriguez was convicted in Texas for intentionally killing her son by starvation, even though the baby had milk in his stomach when he died, and she breastfed (and bottle-fed) him regularly. Experts suggested that the child may have died from a rare genetic defect that prevented him from metabolizing the milk he drank. Nevertheless, Rodriguez lost her appeal and, despite reasonable doubts, is serving 38 years in prison (Horowitz, 2012).

Women who consume drugs, whether illegal or prescription, are at risk of prosecution when they breastfeed even though drugs in the mother’s circulation usually only transfer to the breastfed infant in small amounts: five- to ten-fold less than during pregnancy (Hale, Kristensen, & Ilett, 2007; Ilett & Kristensen, 2005). Despite lack of evidence of harm to their children, women have been convicted for breastfeeding after ingesting morphine and methamphetamine (Hutchison, 2011). In 2003, a mother in Southern California, Amy Prien, was convicted of second-degree murder after breastfeeding a baby with her methamphetamine-laced milk. That conviction was overturned, though Ms. Prien eventually pleaded guilty to involuntary manslaughter. In August 2011 an “impoverished Native American” woman in California was accused of knowingly

killing her infant son by breast-feeding him shortly after ingesting large amounts of methamphetamine (McKinley, 2011). In South Carolina, Stephanie Greene was charged with homicide, with prosecutors alleging that she took so much prescription medication that her baby died of a morphine overdose (Collins, 2011; Horowitz, 2012). In a Canadian case, a woman was charged with murder after her baby allegedly died after ingesting morphine-tainted breast milk. It turned out the woman was a “rapid metabolizer” of morphine, and unusually high levels of morphine were transferred to her breast milk (Horowitz, 2012). The exercise of the legal system can also be seen to discriminate against breastfeeding, as in the case of a Michigan judge who banned a breastfeeding woman from his courtroom (E. G. Ryan, 2011).

In the U.S. nearly every state has legislation that seeks to protect a woman’s right to breastfeed her child in any public place where she has a right to be (Kolinsky, 2010). As well, in March 2010 the federal wage and hour law the Fair Labor Standards Act (FLSA) was amended to require employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child’s birth. Nevertheless, American women still face obstacles to breastfeeding their children when they return to work and, according to a recent court ruling, may even risk losing their jobs for requesting accommodations for expressing breastmilk in the workplace (Pynchon, 2012). Protection of breastfeeding in the workplace varies widely depending on level of education and place of employment. Professional women have significantly greater accommodation of breastfeeding in the workplace than working class women (Kantor, 2006). These impediments to combining breastfeeding with paid employment significantly reinforce socioeconomic disparities.

Kolinsky therefore argues that further legislation is required in order to protect breastfeeding women from discrimination (Kolinsky, 2010).

Although each Canadian province has a Human Rights Code that protect women from discrimination on the basis of sex, only Ontario and British Columbia specifically detail the rights of breastfeeding mothers. Under the Ontario Human Rights Code, refusing or denying a service to a pregnant or nursing mother constitutes discrimination because of sex and being in a parent-child relationship (“Ontario Human Rights Commission,” 2000). Women also have the right to nurse their children in public, since section 1 of the Code prohibits discrimination in “services, goods and facilities” against breastfeeding women (Ontario Human Rights Commission, 2008). This means that women are permitted to nurse in public and cannot be required to cover up or move to a “discreet” area. Complaints from customers do not justify interfering with a woman’s right to breastfeed. However, in practice many women are asked to cover up or leave public spaces (Gillespie, 2011; Pigg, 2008). Women also have the right to a positive work environment where they can breastfeed their children comfortably and without fear of stigma (“Ontario Human Rights Commission,” 2000). Nevertheless, the onus is placed on the breastfeeding mother to inform her employer of her accommodation needs. These needs are to be accommodated by the employer as long only as they do not pose an undue hardship, which is identified in terms of cost, outside sources of funding (if any), and health and safety requirements (if any) (Ontario Human Rights Commission, 2008).

Despite these general protections for breastfeeding, INFACT Canada notes that the pervasive bottle-feeding culture, public policy, institutional practices and negative attitudes towards breastfeeding have all minimized and undervalued the contribution

breastfeeding women make to society. As a result, breastfeeding women still risk harassment when feeding their baby in public places. In the workplace, breastfeeding can easily be made impossible through failure to provide appropriate space, privacy, and time for women to breastfeed and/or express breastmilk. The standard of undue hardship to the employer makes it too easy for employers to argue that the cost and changes to the workplace make it impossible to accommodate breastfeeding. As well, accommodation in the workplace is usually interpreted as pertaining to expressing breastmilk rather than as protecting the right to breastfeed, a consideration that may also reduce women's options in feeding children. In order to become "poets of the law" in promoting the sexual right to breastfeed ongoing direct action is necessary. I will briefly discuss two examples of the form this action might take: lactivism and performance art.

An example of a popular form of political action in support of breastfeeding is "lactivism", in which the exclusion of breastfeeding from the public sphere is contested through staging "nurse-ins" or mass breastfeeding demonstrations. Nurse-ins have been targeted at various institutions, just a few examples being the Australian Parliament House in 2000, a Starbucks cafes in Maryland in 2004, and a swimming pool in Toronto in 2008 (Bartlett, 2002b; Boyer, 2011; Pigg, 2008). Mass breastfeeding actions associated with World Breastfeeding Week are annual occurrences. The scope of these actions is staggering. For instance, Toronto placed first in the World Breastfeeding Week challenge on October 3 2009, with 190 mothers and 191 infants and toddlers gathered at Rosedale Heights School of the Arts. Another 182 mothers and babies participated online for a total of 372 mothers and 373 babies breastfeeding at the same time (Govani, 2009).

An example of how the right to breastfeed might be supported through poetic creation is the performance art piece/breastfeeding promotion effort *The Milk Truck*. Created in 2011 by American artist Jill Miller, *The Milk Truck* was a response to the obstacles faced by women when breastfeeding in public (Buller, 2013; “The Milk Truck: A Mobile Breastfeeding Unit,” n.d.). This project saw the conversion of an ice cream truck into a breastfeeding support vehicle – the roof of which features a huge breast complete with flashing nipple. Miller drove the truck around Pittsburgh, offering support to breastfeeding women and attending breastfeeding-related events, and eventually took it on the road to Toronto in March 2012. The Milk Truck provides a supportive environment for women to breastfeed, offers a space for women to pump milk at work, and visits breastfeeding-friendly businesses and events.

We do not currently have a sexuate right to breastfeed, but in following Irigaray we see that such a right is necessary. The sexuate right to breastfeed goes further than merely assuring equality between men and women. The right to be free of discrimination due to breastfeeding is not merely a reproductive right, since children may be fed artificially, bottle fed expressed milk, or breastfed by individuals other than the biological mother. Neither should the right to breastfeed be justified ancillary to the infant’s right to nutritious food, even though it has this result. Rather, the right to breastfeed should be championed on the basis that breastfeeding is an expression of sexual difference. It should be recognized that sexual difference is the source for ongoing poetic creation and transformation in order to avoid trapping individuals in fixed representations. This prevents such a right from being limited to only cis-women: cis-men and trans people would also have a sexuate right to breastfeed. The protection of this right would involve

different practices for individuals of different sexual identities, however. Prosecution of women for breastfeeding should cease. In addition, greater legal protections for breastfeeding should be developed that do not rely on binary understandings of gender or simplistic associations between breastfeeding and pregnancy. As well, direct interventions in support of breastfeeding should be supported and recognized as enactments of the sexuate right to breastfeed.

Conclusion

Irigaray understands sexual difference to be paramount to ethics and to be simultaneously both discursively created and natural. Sexual difference is expressed by, and confused by, the practice of breastfeeding. The dominant understanding of breastfeeding is that it is a signifier of femaleness. I have argued in this chapter that the relationship between femaleness and breastfeeding is not straightforward. The practice of breastfeeding should instead be understood as a work of art through which one's nature is cultivated but never finally arrived at or defined: as Hélène Cixous described it, such a poetics requires writing in "white ink" (Cixous, 2009).

Irigaray understands poetics as a political way of life; this poetics is necessary in order to create communication between sexually differing individuals. Irigaray believes that society must be founded upon sexual difference, not only in the love relation, but also throughout the state: citizens must communicate through and between their differences. Irigaray argues that sexuate rights are therefore necessary: rights that are justified because of sexual difference, rather than out of a demand for sex-neutral equality.

A sexual right to breastfeed should not be limited to cis-women. As I pointed out, men and trans people may also breastfeed, and this should be protected too. What it means for women, men, trans people and genderqueer people to breastfeed will differ greatly. Respecting these varying perspectives requires going beyond Irigaray's understanding of sexual difference as the relationship between man and woman in order to instead understand sexual difference as existing through and between the differences between sexual individuals. Irigaray recognizes that it is in the interval between man and woman where sexual difference exists and is created and communicated. Through poetics it is possible to reinterpret this interval in order to express multiple interpretations of sexual difference and make possible other interpretations in the future. A broader understanding of sexual difference as multiplicity is compatible with Irigaray's theory, even if she would not herself make this argument.

Irigaray provides resources for understanding breastfeeding through a poetics that does not necessarily limit it to either men or women, but that takes into account the sociocultural conditions under which differently sexed individuals might carry out the practice. Expressing sexual difference requires language that is alive and transformative, that can inhabit the interval between man and woman without collapsing the space between them. The practice of breastfeeding does not have a fixed meaning when we read it through the lens of Irigaray's work. If we follow her other bodily metaphors, the relationship between the lactating breast and linguistic interpretation is fluid and generative. The nature of breastfeeding has yet to be determined, and doing so requires that we understand sexual difference as flowing in and through the interval between differing bodies.

Irigaray develops an ethics based on women's enjoyment of their own interiority and bodies, arguing that mothers need to maintain their own identity and separation without collapsing into self-sacrificing care for their children. Hence, in the next chapter I examine the relationship between ethics and pleasure in breastfeeding. I turn to the later works of Foucault because he explores the relationship between ethics and pleasure in ancient Greek and Roman society. Drawing on Foucault's analysis of the ancient Greek and Roman practices of the self that were developed through the moral problematization of pleasures, I develop an understanding of breastfeeding that avoids the untenable separation between ethical responsibility and pleasure.

Chapter 4 Ethics and Pleasure in Breastfeeding

As discussed in Chapter one, biopolitical breastfeeding discourses pay insufficient attention to the needs and enjoyment of women. While an ethics of breastfeeding drawn from Levinas' ethics recognizes an obligation to feed the hungry child, Irigaray points out that women must have an interiority (or self-relation) that is distinct from the caring and nurturing relations they have with others. Irigaray upholds the importance of sexual difference in arguing that mothers must also be women; they cannot disappear into self-sacrificing care for their children but must maintain their own distinct identity.²⁰

In order to balance care for children with care for oneself, some feminist theorists argue that sexuality and maternity need to be reintegrated in breastfeeding. Notably, Iris Marion Young argues that the separation between maternity and sexuality is what provides the false image of a love that is all giving, without taking any pleasure for itself (Young, 2005c, p. 87). She argues that as feminists, although we should affirm the value of nurturing, "we must also insist that nurturers need, that love is partly selfish, and that a woman deserves her own irreducible pleasures" (Young, 2005c, pp. 89–90). Barbara

²⁰ Although Irigaray emphasizes the importance of women having their own distinct identity, this identity is nevertheless always relational since it always arises from sexual difference; that is, from the relationship with the other who sexually differs from me.

Sichterman similarly argues that women became obligated to serve “the interests of reproduction *without* experiencing pleasure, without experiencing the ‘serious’ physical sensations of reproduction which are difficult to achieve, yet which can be ‘cultivated’” (Sichtermann, 1986, p. 61). Sichtermann claims women’s ‘duty’ to breastfeed is no longer a viable argument and that there has to be a more satisfying reason to breastfeed (Sichtermann, 1986, p. 87). Consistent with this position, Bartlett argues for breastfeeding to be considered as a potentially erotic or sexual experience instead of being limited to the realms of nutritional and medical benefits (Bartlett, 2005b, p. 85).

Although feminist theorists such as Young, Sichtermann and Bartlett argue for the reintegration of sexuality into breastfeeding, by following Foucault we can see that the matter is not so simple. In the first volume of the *History of Sexuality* Foucault describes how the intensification of attention paid to sexuality is part of the spread of biopower, with the ostensible repression of sexuality resulting in a vast proliferation of attention paid to it (Foucault, 1990a). Under biopower “perpetual spirals of power and pleasure” are produced (Foucault, 1990a, p. 45). The repression of sexuality in mothers has coincided with what could be understood as a fetishization of breasts (Carter, 1996), resulting in odd debates about whether or not depictions of breastfeeding are pornographic (Belkin, 2011; Caddell, 2012; Korosec, 2003).

Badinter describes modern motherhood as a conflict between hedonism and care for others (Badinter, 2012). However, this identification of hedonism with individualism relies on a simplistic conception of pleasure. As Foucault noted, we do not actually understand what pleasure is (Foucault, 1997d). There is an apparent conflict between viewing the activity of breastfeeding as nurturing and giving and viewing the

breastfeeding mother as taking her own enjoyment through her connection to the nursing infant. But I argue that this appears to be a conflict only when we understand subjectivity according to the model of the liberal autonomous self in which mind and body are separated. With a different understanding of the self, such as I develop in this dissertation, this ceases to be the case.

An appropriate understanding of pleasure in breastfeeding overcomes the artificial distinction between the selfish and the self-sacrificing, a distinction that relies on a radical separation between self and other that does not exist in the breastfeeding dyad. Such a reconceptualization of breastfeeding recognizes that it is an embodied experience as well as an emotional relation of intimacy and care. In the last two volumes of the *History of Sexuality* Foucault describes how the pleasures of the body became problematized beginning in ancient Greek and Roman civilization. In this Chapter I examine the relationship between pleasure and ethical responsibility in breastfeeding through reference to the practices of the self that Foucault identified in ancient ethics, through which control over enjoyment of the physical pleasures became a means to develop the self as an ethical project. Foucault describes this form of ethics as an ethopoetics: an art of existence, or a series of techniques of transforming oneself. Huffer argues that, like Irigaray, Foucault articulates "an ethics as a collective practice of freedom that retains the spirit of the Greek concept of poiesis" (Huffer, 2010, p. 10).

Garner explains that Foucault's ethics of the self are inseparably related to aesthetics, poetics, and poiesis:

It is a conceptualization of aesthetics, as ethical practice, which creates a new form of life from whatever materials are at hand. Whereas literature can also function as a discourse whose aim is to master the unruly subject, to discipline it into narrow forms of life, resistance counters this with an "ethopoetic" practice.

This designation, ethopoetic, contains within itself the ancient understanding of poetry as making (poiesis) and is a particularly apt designation for the practice of an ethics as aesthetics (Garner, 2012, p. 100).

Judith Butler similarly argues that Foucault linked ethics with poiesis in the art or aesthetics of existence (Butler, 2001). The ethopoetics explored by Foucault can resist biopower but is nevertheless still subject to its effects. Butler notes that the subject is both crafted by relations of power even as she crafts herself; the line between how she is formed and how she transforms herself remains difficult or even impossible to observe (Butler, 2001). Nevertheless, applying such an ethopoetics to breastfeeding creates possibilities for resisting the biopolitical discourses of medicalization and moralization of breastfeeding discussed in chapter one.

In this Chapter I discuss how the practices involved in Foucault's ethics of the self can be used to develop alternative forms of breastfeeding subjectivity. These practices must include ethical obligation to the other and recognition of sexual difference, insights that have been drawn from Levinas and Irigaray, respectively, in the two previous chapters. Foucault provides a way of thinking of care of the self as a work of art that involves a proper relationship to oneself, and consequently a proper relationship to others. Drawing upon Foucault's expanded understanding of pleasure can be helpful in overcoming the artificial distinction between maternal giving and sensuality. Considering breastfeeding as a form of poiesis or art of the self, and the breastfeeding subject as requiring a practice of self-cultivation or care of the self, makes apparent how the breastfeeding subject is never finished, but requires ongoing work of self-crafting and self-transformation. Developing an art of breastfeeding can satisfy both Levinas' demand to respond to the needs of the other as well as Irigaray's call to protect women's

interiority.

Current Limitations on Women's Pleasure in Breastfeeding

Both the medical and maternalist models of breastfeeding have restricted possibilities for women's pleasure in breastfeeding. Pleasure has been under-examined in public health research and campaigns (Coveney & Bunton, 2003) even though the implicit privileging of asceticism in public health campaigns has been criticized as doing more harm than good (McCormick, 1997). As Saha demonstrates in her review of breastfeeding advice, the sexualization of women's breasts has had a large but unaddressed impact on the medical rhetoric of breastfeeding promotion (Saha, 2002). Maternalist discourses of breastfeeding describe women as experiencing pleasure primarily through care for their children (Wall, Glenda, 2001), and Friedman notes how "despite the rhetoric of how breastfeeding is best for *both* babies and their mothers, it would seem that we should enjoy breastfeeding precisely *because* of its sacrifice" (Friedman, 2009, p. 33). Although the La Leche League recognizes in its materials that breastfeeding can be pleasurable, sexually arousing and even orgasmic, Blum found that League mothers she interviewed were careful to distinguish breastfeeding as a sensual rather than sexual experience. As well, the League defends maternal pleasure on the basis that is necessary for the procreation of the species, and, implicitly, in line with the Christian familialism of the League's founders, as part of God's plan (L. Blum, 2000, pp. 97–98).

Women are circumscribed in their abilities to take physical pleasure in breastfeeding even though the physiological effects of breastfeeding are extremely similar to those that take place during erotic stimulation of the breasts (Levin, 2006). Under current discourses of breastfeeding only limited forms of pleasure are considered acceptable: enjoying the activity of caring and nurturing children is acceptable but women's physical sensations of pleasure during breastfeeding that could be interpreted as sexual are not. For example, in her in depth interviews with 51 women, Cindy Stearns found that women's major concern when breastfeeding is that their activity be perceived as maternal and not sexual behaviour (Stearns, 1999, p. 321).

And yet, the physiological effects of breastfeeding are very similar to sexual arousal – largely due in both cases to secretion of oxytocin. During sexual arousal breastfeeding women often experience engorgement of the breasts and sometimes leaking of milk, and during breastfeeding women often describe feeling sensual or sexually aroused (Cole, Rothblum, & Latteier, 1998; Newton, 1971). In an analysis of 58 studies, approximately 33-50% of mothers described breast feeding as an erotic experience, while some 25% expressed guilt because of the sexual excitement that they felt (Von Sydow, 1999). It has long been known that in some cases the arousal is strong enough to induce orgasm, which causes some nursing mothers to abandon breast feeding because of the sexual stimulation (Dickinson, 1949, p. 67; Masters & Johnson, 1966, p. 162). In a 1988 questionnaire on orgasm and pregnancy published in a Dutch magazine for women, of 153 women surveyed 34% answered yes to the question, "Did you experience, while breastfeeding, a sensation of sexual excitement", and 71% answered yes to the question "Did you experience, while breastfeeding, pleasurable contractions in the uterine

region?” Eight percent of women answered yes to the question “Did you experience, while breastfeeding, an orgasm (during or as the result of breastfeeding)” (Levin, 2006, pp. 240–1). It is notable that the more neutral language of pleasurable uterine contractions was easier for women to incorporate into conceptions of acceptable maternal behaviour than the physiologically synonymous “orgasm”.

Because pleasure in breastfeeding has been so circumscribed, bodily pleasure has become restricted to sexual pleasure. However, many women find experiencing sexual pleasure during breastfeeding deeply uncomfortable. There is insufficient room for talking about pleasure in breastfeeding beyond the sexual. There have been efforts by some feminist writers to rehabilitate sexual pleasure in breastfeeding. But I follow Foucault in attempting to desexualize pleasure: we need a broader understanding of pleasure that encompasses the entire body and is accessible through various kinds of activities, not just sexual relationships. Foucault is attempting to undo the conflation of sex and pleasure (Foucault, 1997e, p. 165). The concept of sexuality is, as Foucault points out, a recent creation, and therefore may be changed.

Ignorance about such normal physiological occurrences during breastfeeding can sometimes have horrifying consequences. For instance, Denise Perrigo, a mother in Syracuse, New York who in 1992 called a La Leche League group because she was concerned about her feelings of arousal during nursing, had her two-year-old child taken away from her, with authorities claiming that she sexually abused the child. Although a judge found there was no case, after eight months in state care the child was returned to the custody not of her mother, but of her grandparents (Yalom, 1997, p. 254). The La Leche League assisted Perrigo through the case, providing expert testimony, lawyer

referrals, and emotional support, but Blum notes the League defended long-term nursing in principle rather than Perrigo herself, who was treated by the family court as exhibiting a problematic sexuality because she was a single parent and supposedly involved with a married man (L. Blum, 2000, pp. 96–97). The League assumes its members are heterosexual, married white women who are far less likely to have their sexuality considered dangerous or deviant (L. Blum, 2000).

The potential eroticism of breastfeeding is discouraged, according to Balsamo et al., because it threatens to disrupt the “only erotic feeling allowed to the mother in a patriarchal society, that connected with the adult male” (Balsamo, De Mari, Maher, & Serini, 1992, p. 76). Breastfeeding as a sexual practice was rendered respectable or well-adjusted only when it was restricted to being practiced within a heterosexual marriage (Carter, 1995, pp. 38–9). The La Leche League forums include as part of the League’s core philosophy the statement that “Breastfeeding is enhanced and the nursing couple sustained by the loving support, help, and companionship of the baby's father. A father's unique relationship with his baby is an important element in the child's development from early infancy” (Forum Administrator, 2010). As well, throughout League materials babies are consistently referred to as “he”, reinforcing the heterosexuality implied by the term “nursing couple”. Murphy notes that women “are made responsible for their partners’ ‘bonding’ with their babies, and the exclusivity of mother–infant breast feeding is seen as threatening this” (Murphy, Elizabeth, 1999, p. 201). Women are held responsible for negotiating between continued breastfeeding and the pleasure of their partners, even though the radical divide between breasts as sexual objects and as

instruments for infant feeding means breastfeeding can make this more difficult (Tyler, 2004).

Mothers who breastfeed children past a certain age are often accused of being indulgent and of putting their personal pleasure ahead of the child's welfare. Stearns notes that women who breastfeed for extended periods are often suspected of doing so for their own sexual or emotional needs rather than for their child's (Stearns, 1999). For example, a May 2012 *Time Magazine* cover depicting a mother breastfeeding her three-year-old son drew substantial negative public reactions (Mustich, 2012). In an interview, the mother featured on the cover of *Time*, Jamie Lynne Grumet, noted that she often receives threats to call social services or is accused of child molestation when breastfeeding her son in public (Pickert, 2012). Consistent with this mistrust of extended breastfeeding, a law was recently passed in metro Atlanta (since amended due to public outcry) restricting women from breastfeeding anyone older than two years old in public on the grounds that it constituted public indecency (WSBTV News in Atlanta, 2011).

Although the traditional Western division between the sexual and nutritional functions of breasts may make it easier for some women to breastfeed because it allows them to distance themselves from the erotic experience during infant feeding, nevertheless this discomfort originates in the attempt to separate motherhood from sexuality in the first place. Given these substantial limitations on maternal pleasure in breastfeeding, in the remainder of this chapter I explore ways in which women's pleasure can be cultivated and developed in the practice of breastfeeding. In doing so I follow Margrit Shildrick in formulating an alternative understanding of motherhood in which "the mother machine can be reconfigured precisely as a desiring machine, the point of

take off and production in the generation of new life forms and in mobilising new assemblages” (Shildrick, 2009, p. 6).

The Moral Problematization of Pleasure

Foucault posits that within every morality there are two elements: “codes of behaviour and forms of subjectivation” (Foucault, 1990b, p. 29). By codes of behaviour Foucault referred to the values and rules recommended to individuals by prescriptive agencies such as family, church, work and state. By forms of subjectivation Foucault means the manner in which a person determines her relation to moral rules or laws, or how a person learns to act based on the acceptance of certain moral codes. The degree to which each of these elements is emphasized varies: in some moralities the emphasis is on submitting to a set of laws, while others emphasize the practices of the self and formation of oneself as an ethical subject (Foucault, 1990b, p. 29).

In the first chapter I discussed two dominant discourses regulating breastfeeding behaviour: the medical and maternalist models. These models discipline the breastfeeding body, constituting certain kinds of selfhood. While reading the medical and maternalist discourses of breastfeeding through the lens of biopower is illuminating, this reading of breastfeeding is ultimately inadequate because it does not explore how these discourses of power can be resisted through understanding breastfeeding as a creative practice. As Foucault notes, “there are no relations of power without resistances” (Foucault, 1980a, p. 142). Power produces resistance; likewise, there are no resistances without power. I

therefore turn to the later work of Foucault in order to explore possibilities for resisting biopolitical breastfeeding discourses.

Foucault's later works move beyond his earlier analysis of power, towards an exploration of how individuals create themselves through what he calls the ethics of the self. This ethics of the self involves drawing on, resisting and transforming the available cultural raw materials, including the dominant discourses of breastfeeding discussed in chapter one. The ethics of the self can be understood analogously to the sculptor who through a process of clearing way reveals a new form from within the stone she works upon (Davidson, 2005, p. 138). This ethics of the self is a poetic practice or a form of poiesis. O'Leary describes how

The subject is not a substance, it is a form; but it is a form which is not given to us in any unalterable way. Consequently, one is – under certain conditions – free to choose whether or not to modify that form, whether or not to transform it. And what better way is there of understanding such a work of transformation than as a poetic, an artful, an aesthetic work – a *poiesis*. Then one can come to see the work of ethics as the labour of giving a style to one's self or to one's life. For Foucault, intellectual work is related to 'aestheticism' in this sense: it is a process of 'transforming yourself' in an experience which is 'rather close to the aesthetic experience' (O'Leary, 2006, pp. 2–3).

I follow O'Leary and other commentators on Foucault in understanding his ethics of the self in terms of aesthetics, poetics, and poiesis; for Foucault these terms are all connected.

For example, McGushin uses the word "poetics" to refer to the

ancient Greek concept of *poiesis*: productive work, deliberate fabrication in which the subject employs *techne*, "craft" or "art," in order to achieve a determinate outcome. The self, in the context of care of the self, is not the object of knowledge, but rather is the work of art; it is poetic. It is this notion of *poiesis* that I have in mind when I call Foucault's work etho-poetic. It is poetic in the sense that it is a mode of fabrication: it is *etho*-poetic insofar as it is an art of *self*-fashioning (of fashioning or developing an *ethos* -- loosely speaking, a character or self, and more specifically a centre of action, an orientation in the world (McGushin, 2007, p. xviii).

This ethopoetics does not entail full individual freedom because the available social and cultural materials are given to us; certainly no one can create themselves in a vacuum. In the case of breastfeeding, resistances to dominant discourses are possible through such practices of the self, but nevertheless our selves continue to be shaped by biopower in powerful ways.

In volumes two and three of the *History of Sexuality*, Foucault traces how the cultivation of the self was fostered, producing the ethical subject (Foucault, 1988, 1990b). The ethics of the self has a four-fold structure, consisting of the determination of the ethical substance through which an individual constitutes a part of herself as the material of moral conduct; the mode of subjection, which is how an individual relates to and practices a moral rule; the elaboration or ethical work one performs on oneself; and the telos of the ethical subject (Foucault, 1990b, pp. 26–27). Foucault argues that ancient Greek and Greco-Roman moralities were more oriented towards practices of the self than codification of conducts and obedience to moral laws. Rather than requiring individuals to submit to pre-existing moral codes, Foucault sees in these ancient moralities a problematization of certain areas of life in which individuals were expected to develop their own practices aimed at cultivating appropriate relationships with oneself. Foucault examines ancient Greek and Roman culture and discovers

the development of an art of existence that revolves around the question of the self, of its dependence and independence, of its universal form and of the connection it can and should establish with others, of the procedures by which it exerts its control over itself, and of the way in which it can establish a complete supremacy over itself (Foucault, 1988, pp. 238–9).

Foucault emphasizes the self's resistance to social norms, and technologies of the self that are aimed at positive self-transformation, in place of control of the self through

confession. He turns to ancient descriptions of the care of the self in which bodily practices concerning diet and sexual activity are moderated in order to promote certain kinds of selfhood. In doing so Foucault undertakes a historical analysis; he is not promoting a return to these ancient Greek and Roman moral practices, but rather examining earlier ways of approaching the self and others in order to suggest possibilities for the present.

Foucault is interested in ancient formations of the ethical subject since in the ancient world self-knowledge and self-control were separate from the state apparatus. Volumes two and three of *The History of Sexuality* deal with a period prior to the rise of governmentality. As Singer and Weir note, Foucault always treats sovereignty as antithetical to techniques of governance (Singer & Weir, 2006). In contemporary society, we will certainly establish different moral goals; however, examining ways in which practices of the self have been undertaken in the absence of governmentality makes it apparent how different practices of the self might be possible now. In distinction from the power/knowledge discourses arising in the human sciences, in the ancient world self-knowledge and self-control are de-linked from the state apparatus. Foucault distinguishes between biopolitics and the care of the self in that care of the self takes up the

question of governmentality from a different angle: the government of the self by oneself in its articulation with relations with others (such as one finds in pedagogy, behavior counseling, spiritual direction, the prescription of models for living, and so on) (Foucault, 1997f, p. 88).

These techniques of living concern sexual practices, but they are not seen as merely repressive. Foucault prioritizes acts and pleasures instead of desire. He focuses on how the self is formed through techniques of living rather than through repression (Foucault, 1997f, p. 88).

Foucault describes the mode of subjection as the way an individual establishes a relationship to the moral rule and recognizes an obligation to practice it (Foucault, 1990b, p. 27). Moral goals are established by the individual rather than through reliance on universal moral codes. Elaboration or ethical work is work one performs on oneself, not merely in order to comply with a moral rule, but in order to transform oneself into an ethical subject (Foucault, 1990b, p. 27). Foucault argues that moral action can never be reducible to following a rule, but must involve a relation with the self whereby the individual distinguishes a part of herself that will be an object of moral practice, defines a position relative to the precept she will follow, and decides on a manner of being that will be her moral goal (Foucault, 1990b, p. 28). Moral action requires acting upon oneself and transforming oneself.

Based on his analysis of these ancient moralities Foucault proposes a completely revised understanding of the ethical self: it is neither an identity based on a substantial core nor a self-determining agent but rather a space that allows for ongoing self-transformation. Foucault argues that subjectivity arises within the history of ethics, therefore the history of ethics can be “understood as the elaboration of a form of relation to self that enables an individual to fashion himself into a subject of ethical conduct” (Foucault, 1990b, p. 251). The aim as Foucault sees it is not for the fixed form of an “emancipatory subject” but for the never-ending transgression of the form of subjectivity.

While Foucault’s later work does represent a shift in his thinking, there is nevertheless continuity with his work overall. Despite the substantial differences in his various texts, Foucault himself asserts the continuity within his body of work, saying that his focus has not been power, but rather has always been the subject (Foucault, 1983a,

pp. 208–209). Foucault’s later emphasis on the subject involves an understanding of how power operates, because for Foucault power and freedom are inextricably connected. Power includes an essential element: freedom (Foucault, 1983a, p. 221). Power “is exercised only over free subjects, and only insofar as they are free”(Foucault, 1983a, p. 222). Freedom is the condition of power; it is what distinguishes power from slavery. Power requires that subjects be capable of a variety of possible behaviours and comportments. Foucault therefore characterizes the relationship between power and freedom as agonistic, a relationship of permanent provocation on both sides (Foucault, 1983a, p. 222). Foucault explores how individuals exercise freedom in relation to discourses of power, although they cannot be said to be “autonomous” because the freedom they exercise is always contextual and in response to social norms. He does not reject the subject altogether, but only the formation of the subject as it became constituted through practices of Christianity and modern European morality.

Foucault describes how in ancient Greco-Roman thought there was already a core ethical concern regarding sexual activity, well before the appearance of such concern in Christian doctrines. Although these concerns were not required by law or custom, they were nevertheless held to indicate virtue, inner strength, and self-mastery. Concern regarding sexual activity took the form of four aspects: fear of the dangers of immoderate sexual pleasures, both to the individual and to society; an ideal of conjugal fidelity; the stigmatization of men who appear feminine or behave in a feminine manner; and an association between sexual abstinence and virtue or access to wisdom (Foucault, 1990b, pp. 15–20). Foucault notes, however, that these concerns were not universally applied or compulsory – they were not part of a codified, authoritarian moral system – but rather

proposed different styles of moderation. They applied to free men only, not women or slaves, in the practices through which they were to exercise their power and liberty. Thus, Foucault considers these concerns regarding sexual moderation and abstention not as an expression or commentary on prohibitions, but rather as “the elaboration and stylization of an activity in the exercise of its power and the practice of its liberty” (Foucault, 1990b, p. 23). It was in the areas in which a free man was able to act freely -- regarding the body, the wife, sexual relations with boys, and truth -- that practicing pleasures became problematized. In *The Care of the Self*, Foucault examines how the Romans did not have stricter ethics concerning the pleasures than the Greeks, but they did intensify and valorize the relation to the self whereby one constituted oneself as an ethical subject (Foucault, 1988, p. 41).

Effort and control must be applied to the self in order to become moderate in the enjoyment of pleasures (Foucault, 1990b, p. 65). The ancient Greeks and Romans believed it was necessary to dominate oneself not because the pleasures were intrinsically bad or harmful, but because the pleasures might rule over the individual and reduce him to slavery. Being free necessitated ruling over one’s appetites and moderating them. This allowed one to stylize a freedom that involved moderation and that consisted in recognizing what was appropriate for oneself as an individual, varying according to one’s environment.

Moderation and continued responsiveness to one’s particular circumstances is necessary in erotic enjoyment. The goal in regulating pleasure is not to deny pleasure but to avoid excess: the goal is satisfaction, not denial. Foucault notes that the Greeks attempted to establish an art of give and take between the lover and the beloved

(Foucault, 1990b, p. 231). The roles of lover and beloved depended greatly on the age of the lovers: the older, virtuous man actively sought out the affections of the younger, beautiful boy. The passive position of the beloved made the love relationship problematic for the Greeks, since the boy must not give up the masculinity of the active role altogether, but for the period of his youth might reluctantly give way to the ardor of his pursuer. As well, the older lover must not give way altogether to his passions, but must maintain virtuous moderation even when distracted by the beauty of youth. The two lovers, despite their differences in age and experience, are expected to move towards greater truth through the different love roles they play. In Plato's *Symposium*, the question moves beyond how the lovers should behave in order to avoid debasing each other through their sexual relationship, towards an examination of how their love for each other can carry them towards higher forms of love and ultimately to a relation with the truth (Plato, 1997b). Physical love, while still regarded as potentially treacherous, nevertheless has the potential to transport individuals towards wisdom.

Immoderation and submission to the pleasures was considered by the Greeks and Romans to be weakness. Masculinity and virility was tied to one's self-mastery in enjoyment of the pleasures, rather than in the particular pleasures enjoyed (Foucault, 1990b, p. 85). Mastery of the pleasures was also tied to wisdom. It was considered necessary to have knowledge of the appropriate times to enjoy specific pleasures and self-control, a way of knowing which pleasures were beneficial and which harmful. However, Foucault points out that this is not knowledge of the self by the self: it was not considered necessary for the Greeks to discover the truth of their own desiring selves, but merely to master themselves through various techniques.

Becoming free required a process of training. Physical exercise was considered by the Greeks to be a necessary part of cultivating moderation. This cultivation or care of the self was considered to be a precondition for leading others. The care of the self also included the need to know the limits of one's own knowledge, to effectively attend to oneself, and to exercise and transform oneself (Foucault, 1990b, p. 73). Foucault describes technologies of the self as

techniques that permit individuals to effect, by their own means, a certain number of operations on their own bodies, their own souls, their own thoughts, their own conduct, and this in a manner so as to transform themselves, modify themselves, and attain a certain state of perfection, happiness, purity, supernatural power (Foucault 1994a, 177).

Foucault stresses that these techniques constitute an ethos of which freedom is the goal (Foucault 1994b, 286). For Foucault, this originally Greco-Roman form of ethicality is a model for how people may act within given contexts of power relations in order to problematize and reshape their own sense of self and their relations with their surroundings (Hofmeyr 2006). The ancient Greeks understood moral advice not as a series of imperatives but rather as strategic principles that must be adapted to circumstances, which included the time of year, one's age, the climate, and variances in individual constitutions. Foucault argues that although the Greeks problematized sexual behaviour, they did not attempt to create a code of conduct that would be binding on everyone. Rather, the focus on moderation was understood to require individual responsiveness to varying conditions and environments.

Askesis and Aesthetics

Despite observing significant continuities between the ethics of the self and later moral systems, Foucault nevertheless sees an important difference: the Greco-Roman ethics of the self involves careful and strategic use of *askesis* in order to cultivate virtue, moderation, and self-mastery. Pierre Hadot describes *askesis* as spiritual exercises through which our vision of the world and our own personality are transformed (Hadot, 1995). These exercises are aimed at attaining an ideal state of wisdom and are analogous to an athlete's training or applying a medical cure, and principally consist of meditation and the development of self-control. *Askesis* is not ascetic: care of the self is not about self-denial, but rather developing one's true self through practice and discipline. These practices involve training, meditation, tests of thinking, examination of conscience, and control of representations, dietary regimens and physical exercises. *Askesis* involves training in the proper relationship to the pleasures in order not be ruled by them. While passions did not have to be eliminated, they were to be disciplined so that they did not rule the individual. The exercise of self-mastery and restraint in the enjoyment of the pleasures was considered by the Greeks to be essential because it allowed one to be free (Davidson, 1997, p. 213). Although care of the self is often misunderstood as an aesthetic production wherein one creates a self, the Greco-Roman conception was analogous to chipping away what is superfluous and harmful in order to create a sculpture of one's true self. A process of moral purification is required in order to clear away the distorting effects of society (Hadot, 1995, pp. 100–102).

Some critics have suggested that Foucault's later works are not actually ethical works because they describe ethics in aesthetic terms. For instance, Pierre Hadot claims

that Foucault's description of the cultivation of the self might be too purely aesthetic and risk promoting a new form of dandyism (Hadot, 1992, p. 230). Hadot describes Foucault as too focused on the self, or at least on a specific understanding of the self (Hadot, 1995, pp. 206–7). Hadot sees Foucault's emphasis on pleasure as incompatible with Greco-Roman ethics, which focused primarily on the cultivation of virtue. The self that the ancients sought to cultivate was the highest self – the best portion of oneself – and Hadot did not believe Foucault adequately emphasized this. Greco-Roman ethics did not promote the pursuit of pleasure without regard for the higher good. The goal was rather to transcend oneself in order to act in accordance with universal reason. However, since universal reason has fallen into disrepute in contemporary philosophy Foucault did not adequately address its importance for Greco-Roman ethics, according to Hadot. Hadot understands the exercise of wisdom to be possible for individuals in the contemporary world, but he believes that it requires less focus on the self, and more attention to the external world. He describes the requirements for living in accordance with universal reason as attempting to practice objective judgement, to live justly in service to the human community, and to become aware of one's place in the universe (Hadot, 1995, p. 212).

Foucault's aesthetics of the self has been criticized by feminist theorists. Feminists have rightly been highly suspicious of cultural norms of feminine beauty, and women have historically been closely identified with the work of beautifying their own bodies and of the home. Therefore, associating a feminist ethics with aesthetics may be problematic. Like Hadot, feminist theorists have also criticized Foucault for inadequately connecting the self with others. For instance, Amy Allen criticizes the priority he places

on the relationship to oneself as being inadequately structured by reciprocity and mutuality (Allen, 2004, p. 246). When considering the application of Foucault's ethics of the self to breastfeeding it will be necessary to consider these critiques, since breastfeeding is fundamentally a relational activity. However, it is important to keep in mind that Foucault did not believe it was desirable or possible to adopt the ethics of a different era. Foucault drew from antiquity the idea of a style of life that could be developed through practices of the self, but he recognized that the problems and possibilities of Greco-Roman antiquity are not our own. While Arnold Davidson agrees with Hadot that Foucault veers too far towards the aestheticization of the self, he nevertheless argues that Foucault commits errors of interpretation, not conceptualization (Davidson, 2005, p. 130).

While Foucault may not be entirely historically accurate in his descriptions of ancient ethics, he nevertheless provides us with resources for challenging the biopolitical understanding of breastfeeding through imagining new ways of relating to the breastfeeding self. Since medical and maternalist discourses have paid insufficient attention to the ways in which mothers transform themselves through the practice of breastfeeding, understanding how the self might cultivate a relation to the self can open up new possibilities for breastfeeding as an ethical practice. In applying this to breastfeeding, *askesis* or practices of the self may be used in order to clear away the influence of medical and maternalist discourses, revealing a self that is able to carry out the activity of breastfeeding as an exercise of freedom.

Individuals must carry out techniques that are appropriate to their own bodies and environments in order to promote their own freedom. No two individuals should carry out

the same practices. In contrast, later moral systems codify sexual practices and call for obedience to their structured precepts. In examining Greco-Roman ethics, Foucault is not recommending a similar problematization of the pleasures. In fact, Foucault called for the continual creation of new forms of pleasures that transcend the categories of the sexual and culinary. Foucault sees opportunities for resistance in medicalization (Foucault, 1997e, p. 168): the influence of biopower actually makes possible new kinds of pleasure. Resisting the discourse of risk inherent in biopower means creating new possibilities for pleasure.

Whereas both the medical and maternalist models of breastfeeding emphasize the risks inherent in not breastfeeding, challenging biopower involves moving beyond the discourse of risk towards new possibilities for pleasure. For the ancient Greeks and Romans, the question was not what pleasures were permitted or forbidden, but rather of the use of pleasure, how an individual exercised prudence, reflection and calculation in carrying out practices of pleasure. It was considered important to carry out continual adjustments on the basis of the situations one encountered in order to enjoy pleasures as one ought (Foucault, 1990b). Pleasure is often criticized as overly egoistic and as failing to recognize responsibility to the other, but in the next section I explore possible understandings of pleasure that are reciprocal and recognize shared bonds of responsibility and care.

Pleasure, Pain, and Politics

Foucault would be wary of calls for the reintegration of sexuality into

breastfeeding by theorists such as Young, Sichter mann and Bartlett because he sees sexuality as a form of biopower. In the first volume of his *History of Sexuality* Foucault describes how the intensification of attention paid to sexuality is part of the spread of biopower, with the so-called repression of sexuality intimately linked with the proliferation of attention paid to sexuality (Foucault, 1990a). In *The History of Sexuality Volume One* Foucault describes how pleasure has been collapsed into the sexual apparatus (Foucault, 1990a). Foucault argues that although we commonly believe sexuality to be repressed in the modern Western world, in fact there has been an incredible proliferation of attention given to sexuality. This attention and concern with understanding the “truth” of one’s sexuality is part of the biopolitical imperative, rather than being a form of liberation. He consequently argues against collapsing pleasure into sexuality, saying in a late interview that, “[t]he idea that bodily pleasure should always come from sexual pleasure as the root of all our possible pleasure—I think that’s something quite wrong” (Foucault, 1997e, p. 165).

Foucault describes sexuality as inextricably connected with biopower, arguing that “sex is the most speculative, most ideal, and most internal element in a deployment of sexuality organized by power in its grip on bodies and their materiality, their forces, energies, sensations, and pleasures” (Foucault, 1990a, p. 155). Sex is not a way of resisting power, according to Foucault, because it is through sex that we are expected to learn the truth of ourselves and thereby become subject to regulation. Challenging biopower instead requires paying attention to the multiplicities of “bodies and pleasures” (Foucault, 1990a, p. 157). In place of the hyperattentiveness to sexuality, Foucault calls for the desexualization or degenitalization of pleasure, by which he means understanding

pleasure as broader than mere sexuality, and the production of new forms of pleasure involving new kinds of activities and different parts of the body (Foucault, 1997e).

Although discourses of “good mothering” describe breastfeeding as both natural and pleasurable, this is not always the experience of individual mothers (Wall, Glenda, 2001). Many women experience breastfeeding as arduous and painful, and the closeness derived through breastfeeding may feel stifling when it is perceived as eroding women’s independence. May Friedman argues against the automatic association of breastfeeding with pleasure, the assumption that in order to be a good mother one must enjoy breastfeeding *because* it involves making a sacrifice for one’s child (Friedman, 2009, p. 33).

Potential sources of breastfeeding pain can include the let-down reflex, mastitis, thrush (a fungal infection), breast engorgement, fibrocystic breast disease and muscle strain or injury during birth (La Leche League International, 2010b). Pain in breastfeeding can be severe, even debilitating, but it often goes undiscussed in breastfeeding promotion materials. Anecdotal accounts of pain experienced in breastfeeding can be scorching. For example, one woman describes how

breastfeeding, for many women, is an incredibly painful, almost traumatizing endeavor, that will leave two bloody, crusted-over scabs where their tits once were. It's awful. It really is. Don't believe me? Then let me tell you about the time my left nipple *fell off* (Morrissey, 2012).

Morrissey’s shocking description of the pain she suffered while breastfeeding is exacerbated by the pressure she experienced to continue breastfeeding no matter what; she blames breastfeeding advocates for adding to the trauma of her experience (Morrissey, 2012). The experience of pain is greatly influenced by the degree of control felt over the experience (Callister, 2003). Elaine Scarry notes that “[w]hatever pain

achieves, it achieves in part through its unshareability, and it ensures this unshareability through its resistance to language” (Scarry, 1985, p. 17). Consequently, more honest communication of the myriad of physical experiences during breastfeeding, pleasurable and painful, is necessary for women to experience breastfeeding as voluntary moral work rather than as (potentially) an ordeal just shy of torture.

According to Foucault, the creation of new multiplicities of bodies and pleasures could include pain. For example, he viewed sadomasochism as making it possible to engage with relations of power as pleasurable, through submitting to pain voluntarily, controlling the intensity of pain, and through switching roles or power positions (Foucault, 1997e). This is insufficient in theorizing the place of pain in breastfeeding, however. While recognizing, as Foucault does, that experiences of pain create possibilities for new kinds of subjectivities to emerge, Levinas’ ethical condemnation of “useless suffering” is an essential component of feminist theorizing of breastfeeding. Levinas rejects the possibility that the pain of the Other could ever be outweighed by social utility: he insists that the Other’s pain is useless (Levinas, 1988). For Levinas, the suffering of the Other is always senseless, it is “for nothing”. As Skitolsky argues, taking up Levinas’ concept of “useless suffering” helps us avoid condemning women to pain as a result of breastfeeding (Skitolsky, 2012). Levinas’ ethics does not allow maternal suffering to be justified as a sacrifice made for the benefit of the child. He also argues that the goal of medicine should always be the alleviation of suffering (Levinas, 1988, p. 158), thereby providing an important corrective to biopolitical discourses of breastfeeding which ignore maternal pain experienced during breastfeeding in their pursuit of optimal child nutrition.

Skitolsky points out that the opposition between the well-being of the mother who finds breastfeeding painful and the well-being of the child who benefits from receiving breastmilk is not a necessary opposition but is merely the consequence of a particular understanding of exclusive motherhood. It is only when we assume that the biological mother is the only one capable of feeding a child that this apparent conflict arises. Skitolsky argues that Levinas' ethics requires that we promote possibilities for sharing breastmilk through means such as cross-nursing and milk banking in order to alleviate useless maternal suffering while also responding to the hunger of children. Responding ethically to maternal pain during breastfeeding leads directly to what Skitolsky calls the "revolutionary politics of cross-nursing" (Skitolsky, 2012, p. 69). Moving beyond the limitation of breastfeeding to biological mothers opens up new possibilities for sharing breastmilk. This could make breastmilk available to more children, and children from a broader range of racial and socioeconomic backgrounds, while also potentially reducing pain endured by women who have significant difficulty breastfeeding.

The expansion of bodily experience in the case of breastfeeding would prevent women from ceasing to breastfeed due to physical experiences of pleasure and would better contextualize experiences of pain. Recognizing that both pleasure and pain are a part of breastfeeding would allow women greater freedom in expressing the full range of sensations experienced. Foucault sees this broader understanding of pleasure as resisting the biopolitical imperative to know the truth of oneself and therefore as challenging regulatory power. Thus, exploration of pleasure and pain as aspects of an ethics of breastfeeding lead a politics of breastfeeding that moves beyond a sexist and classist model of exclusive motherhood in order to provide breastmilk to all children without

imposing unjust burdens on any individual women. Moving away from a model of exclusive motherhood that assumes a heterosexual, biological, nuclear family towards the multiplication of possible understandings of motherhood involves ethical self-transformation of the kind that Foucault explores. Foucault recognizes that power is inseparable from pleasure, but this does not preclude possibilities for transformations of subjectivity as well as the ethical obligation to do so in response to both maternal suffering and the need of hungry children. This ethics of the breastfeeding self results in new political possibilities as well (Dean, 2012). As I will explore in the conclusion of this dissertation, sharing breastmilk produces new kinds of relationships.

Nikolas Rose identifies three kinds of technologies of the self: knowing oneself, mastering oneself, and caring for oneself (Rose, 1996). I follow Cressida Heyes in attempting to move away from the first, and distinguishing between mastering oneself and caring for oneself (Heyes, 2007). However, Foucault does not effectively distinguish between these two in his analysis of Greek and Roman antiquity. The ancient Greek dictate that it is necessary to master oneself in order to rule over others is inherent in the concept of care of the self. Foucault notes that according to the ancient Greeks, the good ruler exercises power correctly by mastering himself: it is his power over himself that regulates his power over (Foucault, 1994, p. 8). Care of the self enables harmonious relationships to others, since by being in correct relationship to oneself, one may avoid being enslaved in one's relationships with others. However, too often contemporary advice to women to care for themselves is merely disguised self-mastery. For instance, advising women to breastfeed because it will help them to lose weight is a thinly disguised way of encouraging women to submit to dominant ideals of proper body image.

Although Foucault's understanding of care of the self has been criticized for being insufficiently social in over-emphasizing the self, care of the self implies social relationships with others in at least two ways. It enables one to relate to others in a harmonious manner, and it requires the help of a guide or a close friend (McLaren, 2002, p. 71). Thus, care of the self can combat the social isolation that often accompanies breastfeeding, and promote the reciprocal sharing of advice. Murray describes the care of the self as inaugurating a self "that strives to open up a plurality of relations, a multiplicity of possibilities within which that self might relate caringly not only to itself, but to those others in its care" (Murray, 2007, pp. 14–5). Foucault was interested in developing new forms of relationship and new forms of love, which he believed was happening in the gay community (Foucault, 1997e). Applying care of the self to breastfeeding also has the potential to develop new forms of breastfeeding relationships and communities involving reciprocity, sharing of advice, and responsiveness to the unique needs and environments of individuals who breastfeed. Nevertheless, understanding breastfeeding in the context of community must still include a recognition of the ubiquity of unequal power relations.

Taking increased pleasure in breastfeeding is compatible with Foucault's call for the desexualization of pleasure. Hadot argues that the way Foucault understands pleasure is not the same as how the ancients understood it, since Foucault overlooks the distinction between pleasure and joy, or between the lower (sensual) and higher (intellectual/spiritual) pleasures (Hadot, 1992). Instead, Foucault distinguishes between pleasures that confirm our identities and pleasures that take us out of ourselves.

Although Foucault investigates the moderation of pleasure in the ancient Greek and

Roman world in volumes two and three of *The History of Sexuality*, he advocates for pleasures that are so intense they disrupt the self altogether. He says in an interview that

I think that pleasure is a very difficult behavior. It's not as simple as that to enjoy one's self. [Laughs] And I must say that's my dream. I would like and I hope I'll die of an overdose of pleasure of any kind. [Laughs] Because I think it's really difficult, and I always have the feeling that I do not feel the pleasure, the complete total pleasure, and, for me, it's related to death (Foucault, 1997d, p. 129).

Foucault was fascinated by extremes of pleasure that involved the dissolution of the self, even going so far as to hope that he would die of an overdose of pleasure (Foucault, 1997d, p. 129). Pleasure has the potential to take us out of ourselves and the loss of our personal identity can be experienced as intensely pleasurable.

In place of Badinter's distinction between motherhood as hedonistic and motherhood as giving to others, we can alternatively distinguish between different kinds of pleasure: the safe, domesticated pleasures that confirm our identities and the kind of intense pleasures that Foucault sought after, which take us out of ourselves (Dean, 2012). When breastfeeding is criticized for being sexual, it is the self-regarding pleasures of mastering the other through sexual use that are being assumed. But the pleasures of breastfeeding are in fact relational, loosening the boundaries between self and other. In this way, breastfeeding involves both pleasure and ethical responsibility for the health and well-being of another individual.

Huffer argues that both Foucault and Irigaray articulate an ethical dissolution of the subject and that this dissolution is also, oddly, what binds us, each to the other, through the ethical force of relation (Huffer, 2011). Irigaray contests the division between physical love/pleasure and the ethical. She argues for the "Creation of love that does not abandon respect for the ethical" (Irigaray, 1993a, p. 207) and views the love relation as

the model for all ethical relations and the basis for a new paradigm of community (Irigaray, 1995). For Irigaray, the truly ethical love relation can only exist in the “between,” in the interval created between the one and the other. Although we go towards the other in response to our attraction, there can be no ultimate merging or blending with the other. We must maintain the interval for love to circulate between us. Breastfeeding has the potential to be a relation of love between mother and child that maintains the autonomy Irigaray believes to be so essential to ethics. She argues that sexuality needs to be reincorporated into motherhood in order for women to be fully themselves. According to Irigaray, women’s desire involves a different economy, since

what they desire is precisely nothing, and at the same time everything. Always something more and something else besides that one – sexual organ, for example – that you give them, attribute to them.... [It] really involves a different economy more than anything else, one that upsets the linearity of a project undermines the goal-object of a desire, diffuses the polarization toward a single pleasure, disconcerts fidelity to a single discourse (Irigaray, 1985, pp. 29–30).

Expanding the erotic body to include the breasts is a move consistent with Irigaray’s efforts to expand the pleasurable body beyond a single sex organ corresponding with the male penis. Consistent with this position, Carter argues that lesbian modes of bodily experience, particularly ones involving the breasts, may offer ways of subverting current (predominantly heterosexual) understandings of breastfeeding and open up new possible ways to understand the practice (Carter, 1996, p. 116).

Applying Foucault’s ethics of the self to breastfeeding means taking up strategic positions in order to transform oneself in the creation of new kinds of pleasure. Care of the self is relational without being radically asymmetrical because it includes as an essential component *pleasure*, which Foucault distinguishes from merely selfish desire. The pleasure that is currently associated with breastfeeding in both medical and

maternalist discourses results solely from the nurturing attachment between mother and baby. I argue that pleasure needs to be reintroduced into breastfeeding in a broader way that is both relational and embodied. In doing so, I extend Foucault's work, which insufficiently addresses the ethical importance of the relationship between self and other and of sexual differences between individuals. Both Foucault and Irigaray call for the transformation of our understanding of pleasure. Combined with Levinas' condemnation of maternal suffering in breastfeeding, this requires the development of new ways of understanding breastfeeding that will require transforming sociopolitical relationships. Art is an essential part of this process of transformation, as I will explore in the concluding chapter of this dissertation through discussion of performance art pieces that challenge the exclusive model of motherhood, along with examples of alternative breastfeeding relationships.

First, however, I explore possibilities for an art of pleasure in breastfeeding. Sichtermann supports the cultivation of new modes of pleasure within reproduction (including breastfeeding) through what she calls an "*ars amandi*, an art of love" (Sichtermann, 1986, pp. 65–66). Similarly, Foucault proposes an "*ars erotica*" in place of the *scientia sexualis* dominant in the modern West, in which truth could be "drawn from pleasure itself, understood as a practice and accumulated as an experience" (Foucault, 1990a, p. 57).

An Ethopoetics of Breastfeeding

Following the interpretation of the later Foucault developed by certain feminist

thinkers,²¹ I propose that we can begin to rewrite breastfeeding as a bodily practice that is also a creative activity. Thinking about breastfeeding in terms of self-creation and self-transformation, rather than relying on essentialist conceptions of maternity, opens up possibilities for women to determine for themselves the meaning of breastfeeding. It means treating breastfeeding as a metaphor, an incentive for thought and self-transformation, rather than as a burden imposed by nature. It also therefore means loosening the strictures imposed on women's bodies by science and medicine. Women may take up a position of authorship in regards to bodily discourses, instead of allowing institutionalized medicine to interpret their bodies for them. It is essential to recognize that the way women carry out this moral work will vary greatly depending on their social context. For example, some women experience formula feeding as a way of resisting dominant breastfeeding norms (Murphy, Elizabeth, 1999), while others might experience long term breastfeeding as a form of resistance (Gribble, 2008). For this reason it is essential to recognize the obstacles women face in engaging in an ethics of the self: it is through engagement with these obstacles, as well as with the dominant discourses of breastfeeding, that breastfeeding practices can be transformed. Although I explore some examples of art and alternative breastfeeding relationships in the conclusion of this dissertation these should not be considered the only possibilities for ethico-poetic-political transformation. New possibilities for breastfeeding practices are continually arising; it is important to promote new kinds of breastfeeding possibilities without limiting any forms of resistance.

Foucault does not regard the breastfeeding relationship as a primary example of

²¹ See *Feminism and the Final Foucault* (D. Taylor & Vintges, 2004) for numerous examples.

care of the self; he examines the many types of relationships through which individuals are produced rather than privileging any single type of relationship as central to the formation of identity, such as the mother-infant dyad. Nevertheless, Foucault's notion of ethics of the self is an alternative to medical discourses that dictate terms of behaviour to women, since care of the self does not deal with universal codes of behaviour, but is self-directed and individualized. As well, care of the self may be a powerful corrective to maternalist discourses that privilege the mother on the basis of "natural" virtue and the force of her self-sacrificing care for the child. Care of the self provides a way of resisting biopower through the creation of new kinds of breastfeeding practices that are appropriate to individuals rather than universally applied.

Foucault draws the term *ethopoetics* from the ancient Greeks, and describes it as making, producing, changing, or transforming *ethos*, the individual's way of being or mode of existence (Foucault, 2005, p. 237). Foucault describes knowledge as useful when it functions in such a way that it can produce an *ethos*, a way of life. Knowledge of the self is capable of producing a change in the subject's mode of being (Foucault, 2005, p. 238). This kind of knowledge involves a relation of the self to the self. Foucault describes the modality of knowledge of nature that is philosophically relevant for the practice of the self as *phusiologia*. It is the kind of knowledge necessary to cultivate one's own self. This is opposed to the ornamental kind of knowledge that is typical of a cultivated man with nothing else to do and who is concerned with boasting and gaining glory (Foucault, 2005, p. 238). *Phusiologia* prepares the subject so that it will be ready for any life circumstances. It enables one to achieve one's aims. Ethopoetics is usefully compared to biopower, which does not take the individual *qua* individual, but merely as an instance of the

species. Foucault argues that though it may be impossible to constitute it today, nevertheless the ethic of the self is an “urgent, fundamental, and politically indispensable task, if it is true after all that there is no first or final point of resistance to political power other than in the relationship one has to oneself” (Foucault, 2005, p. 252).

Care of the self can be understood as a creative process that is also therapeutic: it involves engaging with existing breastfeeding norms and criticizing those that are not helpful to women (O’Grady, 2005). Care of the self requires a community of breastfeeding individuals who can develop new techniques and test their effectiveness. The universal reason that Hadot describes as necessary to askesis consists in the shared communication of women who breastfeed. This community must also be public: following the example of ancient ethics, through writing and visible actions in the polis one could make oneself into a universal subject.

Foucault insists on examining the *practices* by which the self is created and transformed, de-naturalizing the body. As Heyes argues, thinking oneself differently is important, but the effort of practicing oneself into being something different is even more important (Heyes, 2007, p. 9). Thinking of the breastfeeding subject in a new way is important, but we also need to develop ascetic practices that transform ourselves into new kinds of breastfeeding subjects.

The practices that Foucault identifies as ascetic include meditation, reading, writing, and talking with friends. These practices require leisure time and social interaction with other breastfeeding women, which are difficult to access for most women. New forms of communication such as “mommy blogs” present ways for women to communicate with their peers: Friedman and Calixte argue that they therefore possess

radical potential (Friedman & Calixte, 2009). As well, challenging restrictions on breastfeeding in public through “lactivism” or public “nurse-ins” makes it easier for breastfeeding women to engage socially, while at the same time critiquing dominant norms of “discreet” breastfeeding (Boyer, 2011).

Considering breastfeeding not as a merely natural function but rather as a practice of the body expands the variety of ways in which it may be expressed. This perspective also recognizes the labour, both physical and mental, that goes into the practice of breastfeeding. Reading breastfeeding as natural, i.e. an unthinking or biologically automatic activity, tends to obscure the extent to which breastfeeding requires hard work.

An ethics of the breastfeeding self would involve transformations effected upon oneself. It would involve taking oneself as an object for ethical transformation. Through reference to some idea of what she would like to become, she would carry out work upon herself in order to transform herself as an ethical subject. Women may carry out moral action in order to transform themselves, not just to follow the laws of behaviour set out by dominant medical and maternalist models of breastfeeding conduct. The specific advice provided by medical and maternalist documents guide women, but following them is not the extent of an ethics of the breastfeeding self. In addition, women may transform themselves into the kinds of moral subjects they decide to be.

Biopower is so pervasive that self-transformations of breastfeeding subjects would inevitably continue to refer to dominant norms. However, Foucault does not think the ethics of the self can be reduced to obedience to moral norms. Rather, ethical subjects refer to norms in order to carry out individual moral projects. Biopower and care of the self cannot be fully distinguished. They relate to each other, since resistance always

occurs within the context of power relations. The extent of disciplinary power means that there can be no place completely outside of its influence: there is nowhere to observe the body or self in isolation from processes of normalization. But neither is disciplinary power capable of completely dominating subjects, since there are always opportunities for destabilizing and disrupting its effects. Disciplinary power creates new skills and capabilities. The techniques of self-surveillance, monitoring and transformation of the self that biopower develops can be used by individuals in new ways.

Care of the self can provide some potential resources for resisting biopower. Where biopower assumes that breastfeeding recommendations are universal, the ethics of the self provides ways for individuals to develop their own goals and strategies to further. It is not assumed that the same advice would be appropriate for all individuals in all situations (Foucault, 1990b, p. 58). For breastfeeding women, care of the self requires paying attention to oneself and clearing away biopolitical norms about breastfeeding that are unhelpful or paradoxical. It is a therapeutic approach: by attending to where one is currently situated it becomes possible to create new habits of behaviour that are more useful in supporting one's goals and which reduce suffering.

Since shame is a common result of the current dominant discourses of breastfeeding as a result of unrealistic and often unattainable standards of good motherhood, overcoming feelings of shame by constructing alternative ideals of good motherhood that incorporate self-concern should be a goal of all feminist discussion of breastfeeding (E. N. Taylor & Wallace, 2012). Foucault's care of the self is consistent with this aim because it does not impose any new standards for mothers. Instead, care of the self is a way to recognize the moral work that is necessarily a part of all breastfeeding practice.

Despite the power of dominant breastfeeding discourses, resistance to them is omnipresent. This resistance is always contextual because it depends on the surrounding resources and environment. Social support is necessary to encourage and assist women in resisting dominant breastfeeding discourses and developing alternative models for themselves.

Davidson explains that the aesthetics of the self that Foucault describes is not like painting a picture, where one begins with a self-created ideal that is gradually realized, but instead like creating a sculpture, where everything that is not essential to the work is cleared away (Davidson, 2005, p. 128). The aesthetics of the self takes away what is weak or deficient in the self, in order to reveal the higher self. Self-transformation always begins from the raw material of the self, but through a process of subjectivation one can subtract what is unhelpful, immoderate, or unvirtuous, in order to reveal a truer, transcendent self. While Foucault and the ancients leave us without clear guidelines for what a truer or higher self might be, Hadot's insight that it involves a relation with universal reason is helpful. The truer self revealed through askesis must relate to a wider community and thus the standard for developing the self must be intersubjective.

Whereas biopower focuses on the individual mother and provides detailed advice that is expected to apply equally to each individual, applying care of the self would mean that ideals about what the breastfeeding self ought to look like would be developed through a community of breastfeeding individuals, able to share ideas, techniques, and test out together what kinds of breastfeeding practices are most conducive to human flourishing.

Foucault recognizes that the moral code and the activity of askesis can never be separated, and yet understanding how individuals shape themselves in relation to moral

codes makes it possible to see how different self-transformations could be carried out. The medical and maternalist models of behaviour outlined in the first chapter could be replaced by alternative models. Doing so is not a simple process: Foucault recognizes the pervasiveness and persuasiveness of biopower. Resistance is never an easy or straightforward process, but Foucault argues that power always contains within it the possibility of freedom.

Understanding breastfeeding in terms of Foucault's care of the self re-appropriates pleasure for the breastfeeding woman and opens up new ways of interpreting breastfeeding practice. This creates new possibilities for pleasure by demonstrating how the boundaries between sexuality and motherhood are necessarily porous. Creating alternative ways of understanding breastfeeding is not, however, easy to do because it requires challenging strongly held social norms. In the final section of this chapter I examine some of the significant barriers to positive self-transformation faced by breastfeeding women. Transforming one's sense of self in order to critically engage with breastfeeding norms can be fulfilling, but it is a difficult and sometimes painful process. Women face significant challenges in the process of care of the self – some much more than others – and therefore require assistance from others in overcoming the obstacles outlined in the next section.

Care of the Self is Hard Work

Considering breastfeeding as moral work means recognizing the time, effort and energy that goes into the practice of breastfeeding. The self-transformations

accompanying this practice may be experienced very differently depending on the circumstances and experiences of individual women. Foucault generally understands transformation of the self to be a positive activity, but depending on the social and cultural context women find themselves in, the moral work of breastfeeding may be pleasurable and empowering or it may painfully disturb one's sense of self. It is necessary to recognize the arduous nature of moral work in order to avoid repeating the tendency of medical and maternalist discourses of breastfeeding to assign sole responsibility for breastfeeding to women. While care of the self is work carried out by individuals, it can never be carried out in the absence of broader sociopolitical support. In following Levinas' injunction against "useless suffering" we must avoid assigning sole or primary responsibility for the moral work of breastfeeding to women. This means recognizing a broader social responsibility to provide the means of overcoming the obstacles women face in attempting to carry out an ethics of the breastfeeding self. The obstacles faced by women in attempting to carry out care of the self in the context of breastfeeding are daunting. Women will vary greatly in their ability to overcome these obstacles depending on the socially situated positions they occupy. While Foucault's theorization of the political context in which care of the self is carried out remains limited, when combined with Levinas' call for justice we can recognize that supporting breastfeeding requires providing the sociopolitical supports for carrying out care of the self.

In Foucault's reading of the ancient Greeks and Romans care of the self is carried out through various techniques, including meditation, reading, writing, and discussion with peers. We can begin to understand what care of the self in the context of

breastfeeding through the four categories of moral work described by Kath Ryan et al.: biographical preservation, biographical repair, altruism and political action (K. Ryan et al., 2010). Biographical preservation refers to work carried out in order to maintain an identity as a breastfeeding mother, even when faced with feelings of failure at breastfeeding. Biographical repair refers to the work done by women who move from viewing themselves as breastfeeding mothers to viewing themselves as bottle-feeding mothers, but still consider themselves to be good mothers. This work often includes externalizing the cause for their inability to breastfeed. Moral work as altruism refers to feeling good about oneself through giving, either of breastmilk (to one's own child and to milk banks) or of time to breastfeeding advocacy projects. Finally, moral work as political action attempts to change attitudes towards breastfeeding and improve the environment for breastfeeding, through both policy change and change in views of people in local networks. Ryan, Bissell, and Alexander conclude that women's embodied experience and sense of self are disciplined within current limited, often punishing discourses by undertaking painful moral work in order to maintain or repair their subjective positions. Developing a narrative of one's breastfeeding experiences requires women to maintain and change their self-conceptions, carry out altruistic activities, and perform political activism. Consequently, they suggest the development of new subject positions around infant feeding practices. These four categories are important aspects of breastfeeding as moral work, but are not exhaustive. Women face many obstacles in carrying out the concept of care of the self, and engaging with these obstacles also counts as moral work. These categories also are limited to work to be carried out by individual breastfeeding women. Following Levinas we see that the moral work of breastfeeding

cannot be limited to biological mothers. Overcoming the obstacles to care of the breastfeeding self requires broader sociopolitical support.

Foucault does not adequately discuss the social and material obstacles to caring for the self. Without adequate resources, the task of carrying out practices of the self becomes significantly more onerous. In applying care of the self to breastfeeding women, it is essential to recognize that the privileges enjoyed by free male citizens in ancient Greece and Rome are not similarly enjoyed by breastfeeding mothers in contemporary North America. One challenge to care of the self faced by breastfeeding women is a lack of leisure time as a result of a disproportionate burden of domestic labour, an obstacle not faced by wealthy ancient Greek and Roman men. As well, whereas ancient Greek and Romans were encouraged to prioritize care of the self as an end in itself, breastfeeding women are encouraged to take care of themselves as a means to satisfy norms of physical attractiveness and in order to better fulfill biopolitical prescriptions of breastfeeding. Whereas free men in ancient Greece and Rome were equal citizens with similar backgrounds, breastfeeding women are a diverse group who experience substantial inequalities due to racialization and class differences. While friendship and the importance of spiritual guidance were recognized as necessary to care for the self in ancient Greece and Rome, breastfeeding women often lack these important tools as a result of isolation from public life. Finally, care of the self is challenging to apply to breastfeeding since resistance to biopolitical norms will look very different depending on women's unique situations. For some women, deciding not to breastfeed may be experienced as a form of resistance, while for others breastfeeding in public may be

understood as transgressive. Having identified some obstacles breastfeeding women face in attempting to care for the self, I will now discuss each of them in more detail.

Burden of Domestic Labour

In contrast with the leisure and time for reflection enjoyed by elite Greek and Roman men, breastfeeding mothers are expected to carry out substantial domestic labour, including both child care and house work. Fiona Giles suggests the possibility for conceiving of breastfeeding as an act of gifting, and therefore as part of the care of the self:

lactation is in itself self-caring: it is an act of empowerment that illustrates the strength and resourcefulness of the female body; it is a renewable resource whose supply is stimulated through auto-erotic means, as well as by demand from the other; it is mutually pleasurable; and it literally connects, through suckling and ingestion, two bodies who are otherwise separate. In short, it provides an analogy for the gift of connection which benefits both parties (Giles, 2010, p. 242).

I support Giles' suggestion to analyze breastfeeding from the perspective of care of the self. However, we must recognize that caring work has been historically been unequally assigned to women. In comparing self-caring with gifting it is essential to recognize that gifting has been associated with women carrying an unequal burden of domestic labour (Fischer & Arnold, 1990). Consequently, women commonly lack the leisure time required for carrying out such practices of the self as meditation, reading, and writing about one's experiences.

Race and class

Women's experiences of breastfeeding differ greatly depending on the levels of

social oppression experienced. White middle class women are likely to receive more social support for breastfeeding and are more likely to internalize the imperative to breastfeed, and experience it as consistent with their individual agency. Women of colour and women of lower socioeconomic status, as well as survivors of abuse, are more likely to regard pressure to breastfeed as originating from external authority and as potentially eroding their individual agency. For example, Linda Blum offers an explanation of African-American women's much lower rates of breastfeeding as, at least in part, due to a critique of the racialized discourse of breastfeeding as natural. Having been long stereotyped and identified with nature may lead African-American women to reject an ideology so associated with white women (L. Blum, 2000, p. 47). The history of Black women nursing white babies while their own children were neglected or even sold makes breastfeeding racially charged (L. Blum, 2000, p. 147).

Need for a friend or spiritual guide

Negotiating between the powerful social norms controlling breastfeeding requires women to carry out significant work on themselves, something that is extremely difficult to do without help from others. Helen O'Grady takes up Foucault's notion of care of the self in a therapeutic context (O'Grady, 2004, pp. 98–99), arguing that the self-policing that occurs when women internalize oppressive norms can be overcome through therapeutic work. Although Foucault came to be associated with anti-psychiatry, he instead characterizes his work as merely an archeology of psychiatry at the beginning of the nineteenth century (Foucault, 1980a, p. 192). He does not see psychiatry as good or bad in itself, but asserts that the

problem is to know how one may actually obtain therapeutic results ... without the setting up of a type of medical power, and a type of relationship to the body, and a type of authoritarianism – a system of obedience (Foucault, 1990c, p. 195).

O’Grady argues that certain types of therapeutic work can deconstruct norms that have dominated and oppressed women. She sees narrative therapy as an alternative to the traditional expert approach because it relies on collaboration, and the individual seeking help is seen as best situated, through her direct experience of the problem, to be an authority on her intended ways of being (O’Grady, 2004, pp. 111–112). This is consistent with Foucault’s argument for the importance of friendship in challenging norms (Foucault, 1997g). The hard work of engaging critically with breastfeeding norms requires the assistance of friends or guides, who are not positioned as authorities on breastfeeding but instead explore experiences together with other women.

Distinguishing between Self-care and Care of the Self

Another challenge faced by breastfeeding women that was not faced by Ancient elites is that women are exhorted to take care of themselves in order to better fulfill biopolitical demands, rather than for their own sake as ethical subjects. Caring for oneself has become a means to an end in contemporary life. Heyes points out that biopower often makes use of the language of care of the self in disguising the processes of normalization (Heyes, 2007). Taking care of one’s appearance and health are consistent with following medical and maternalist breastfeeding prescriptions. *Nutrition for Healthy Term Infants* and *The Womanly Art of Breastfeeding* both do this when they make recommendations for mothers’ behaviour that looks like self-care (e.g. sleep when the baby sleeps, eat well, and rely on the assistance of others with household chores), but actually are employed for

the purpose of maximizing conformity with the proper breastfeeding practices outlined in these documents.

In taking up Giles' suggestion to conceive of breastfeeding in terms of self-care and gifting, Stuart Murray's distinction between self-care and the care of the self proves useful (Murray, 2007). According to Murray, self-care is what we are encouraged to carry out in the modern liberal state; the responsibility to take care of our health becomes a moral imperative (Murray, 2007, p. 7). Self-care presupposes the autonomous individual who freely chooses; in contrast, in Foucault's concept of care of the self the self takes up a relationship to itself that has freedom as its goal rather than as an assumed starting point.

Difficulty in distinguishing between biopolitical discipline and care of the self

A major difficulty in applying care of the self to breastfeeding is that it is difficult to ascertain from observing individual's behaviour whether they are being disciplined by norms of breastfeeding or whether they are critically engaging with those norms in order to develop self-transforming practices of the self. Depending on the prevailing norms of breastfeeding behaviour and on one's individual circumstances, refusing to breastfeed may be experienced as a form of resistance, and so may insisting on breastfeeding in the face of social opposition. Women may also need to negotiate competing kinds of social pressures when breastfeeding, such as being a good worker and being a good mother. As a result, it can be very difficult to distinguish between external and intrinsic motivations for breastfeeding behaviour.

Elizabeth Murphy draws on the sociology of deviance to explore how mothers justify infant feeding decisions that contravene prevailing breastfeeding norms. She explores how women recognized their decision to formula feed as requiring a defence, and they consequently

engaged in elaborate repair work to legitimise their decision to feed their babies in a way which they recognised was open to condemnation and which they anticipated that others would see in this light. These women can be seen as using their talk to shore up their identities as ‘good mothers’ in the face of intended actions which, they recognised, could call this into doubt (Murphy, Elizabeth, 1999, p. 200).

Women who choose to formula feed must critically engage with breastfeeding norms in order to demonstrate that they are responsible mothers. By contrast, breastfeeding mothers are concerned with reconciling the demands of good motherhood with adequate performance of their other roles (Murphy, Elizabeth, 1999, p. 205).

Deborah Payne and David Nicholls explore how women undertake Foucauldian technologies of the self through breastfeeding in the workplace in order to negotiate the competing positions of being a good mother and a good worker (Payne & Nicholls, 2010). Women discipline their bodies and their practices of breastfeeding in order to conform to these two dominant discourses of motherhood and work. Payne and Nicholls attempt to distinguish between technologies of power, which involve surveillance in the workplace (both by others and by the women themselves) to ensure that women are not neglecting their roles as good workers, and technologies of the self, which the authors describe as motivating from within: “by the desire to be good mothers with the goal of ensuring the wellbeing of their infant by breastfeeding” (Payne & Nicholls, 2010, p. 1816). However, the dichotomy they draw between the external pressure to be a good worker and the internal pressure to be a good mother is problematic. Their impulse to

distinguish between technologies of power and technologies of the self is understandable, but as they note, this distinction is extremely difficult to draw because ideas about what constitutes a “good mother” come from various (external) sources in society, and the vigilance to prevent breastfeeding from infringing on work duties is internalized by women. Implicit in Payne and Nicholls’ paper is recognition of the ambivalence between technologies of power and technologies of the self: individual agency and the influence of social norms are inextricably connected.

Stockdale and Kernohan attempt to distinguish between intrinsic and extrinsic motivations to breastfeed (Stockdale and Kernohan 2010). However, they caution that further work is needed in order to understand the differences and health professionals should be cautious when attempting to screen the motivations of women in order to offer appropriate support, since while extrinsic motivations can develop into intrinsic motivations, the opposite is also possible: extrinsic motivation (such as public health campaigns promoting breastfeeding) can sometime undermine women’s intrinsic motivation to breastfeed.

Recognizing the tension between the power exerted by society and the power that the individual wields in order to shape herself is essential to feminist understandings of the self. However, some critics of Foucault perceive this tension as challenging the very project of feminism. Feminist critics of Foucault are not wrong when they argue that the later works of Foucault fail to provide criteria for determining when technologies of the self are imposed on the subject from without and when they are freely chosen by the subject (McNay, 2000, p. 9). But the way this question is posed assumes that these two extremes could ever exist independently. For Foucault there can be no absolute

distinction between being subjected to biopower and freely choosing to create oneself. Self-creation necessarily always takes place in relation to relations of power. Practices of the self are never invented independently by the individual but are always carried out in relation to already existing social and cultural discourses. The concept of care of the self is always carried out in relation to “patterns that he finds in his culture and which are proposed, suggested and imposed on him by his culture, his society and his social group” (Foucault, 1994, p. 11). The dominant discourses of breastfeeding explored in chapter one constrain possibilities for transforming practices of breastfeeding even as they provide the raw materials for doing so. As O’Leary notes, according to Foucault one of the most significant limits to individual freedom in the work of self-transformation is the “array of practices that one’s culture makes available for appropriation” (O’Leary, 2006, p. 7)

The obstacles faced in carrying out care of the self through breastfeeding practice are substantial and are not easily overcome. Many mothers, regardless of their infant feeding practices, currently experience shame in feeling that they have failed to live up to idealized notions of good motherhood (E. N. Taylor & Wallace, 2012). Engaging with and resisting biopolitical discourses requires significant time and effort. Depending on their life circumstances and levels of oppression experienced, women will have different obstacles and opportunities to critique and engage with dominant breastfeeding discourses. Combining Foucault’s understanding of care of the self with Levinas’ ethics means that the responsibility for resisting dominant breastfeeding discourses and developing new forms of breastfeeding ethics must not be limited to biological mothers but must be recognized as incumbent on all members of society. Carrying out care of the

breastfeeding self requires extensive sociopolitical support.

In this chapter I have explored how the practice of breastfeeding may be taken up as an ethical substance. Individuals can take up practices of breastfeeding as the material of moral conduct, since, as explored in chapter one, breastfeeding has become an issue of heightened moral concern. The telos of the ethical breastfeeding subject must remain open to continual reinterpretation. O’Leary notes that Foucault did not believe that a philosophy of ethics ought to tell us what to do and what to avoid doing; rather, philosophy should primarily be a critical reflection of thought upon thought, allowing us to think otherwise (O’Leary, 2006, p. 8). As discussed in Chapter one there are certain powerful ideals of motherhood requiring specific kinds of breastfeeding practices. In developing new kinds of telos for ethical breastfeeding subjects, these ideals of motherhood will provide raw material for resistance and transformation. Depending on the subject positions they inhabit, women may resist medical and maternalist discourses, or they may draw on them to justify their breastfeeding practices. While a new cultural hermeneutics of breastfeeding is necessary for care of the self, the raw materials for such a hermeneutics already exists.

Opportunities for applying Foucault’s concept of care of the self to breastfeeding are currently limited as a result of the influence of biopower; nonetheless there are still possibilities for resistance. And resistance is certainly taking place: in the most striking examples, porn stars, performance artists and trans men are publicly breastfeeding and articulating why they are doing so in a way that is intelligible to others (Alland, 2006; CBC News, 2012; Clark-Flory, 2011). In less immediately obvious ways, many other women are carrying out acts of resistance (Koerber, 2006). Nevertheless, this cultural

hermeneutics of breastfeeding needs to be developed further. In order to develop this cultural hermeneutics of breastfeeding the obstacles to care of the self discussed in this section must be addressed.

Conclusion

Although breastfeeding is potentially a highly pleasurable experience for women this potential has been blocked as a result of anxieties about the combination of sexuality and motherhood (Young, 2005d). Many women experience severe pain during breastfeeding for a combination of reasons including a lack of knowledgeable breastfeeding advice and physical contraindications. The dominant breastfeeding discourses discussed in chapter one restrict possibilities for pleasure in breastfeeding while also ignoring maternal pain in their one-sided focus on children's well-being.

Rather than understanding breastfeeding as a completely asymmetrical relation of responsibility, mother and infant could instead be understood as individuals engaged in a chiasmic relationship from which each could potentially derive pleasure. This could increase breastfeeding duration, since studies have indicated that women are more likely to continue breastfeeding if they enjoy the experience and if they feel that their babies enjoy the experience (Ayre-Jaschke, 2004; Burns et al., 2010). The practice of breastfeeding needs to involve being open and responsive to others while also maintaining a sense of personal agency and enjoyment of one's own body. An ethics of breastfeeding therefore requires a rethinking of the relationship between obligation to the child and pleasure. It also requires that we seriously consider alternative breastfeeding relationships (of the kind I briefly explore in the concluding chapter) in order to ethically

respond to both the need for children to receive the best food possible and the needs of women.

Foucault's concept of care of the self provides a way of answering Irigaray's call to protect the interiority of women. Alfonso writes that according to Irigaray, "[f]or sexual difference to open onto a new era of fecundity, she must have a place of her own, both within and without, and she must own her own skin. To become woman, she must do a seemingly impossible thing: turn herself inside out and make of herself a place/envelope for herself" (Alfonso, 2011, p. 105). Understanding breastfeeding as an ethopoetic practice opens new possibilities for women to make a place for themselves in their own bodies. As Irigaray recognizes, this provides the basis to properly respond to the other's difference.

Considering breastfeeding in the light of Foucault's care of the self clarifies how breastfeeding can never be carried out in a vacuum, but requires an ongoing, critical engagement with social norms. This is possible through various techniques, including meditation, reading, writing, and discussion with peers. Foucault's notion of care of the self can be useful in understanding breastfeeding because it offers a view of the self that is inherently relational, and although not autonomous, as nevertheless possessing power over her self-determinations. Care of the self expands our understanding of what constitutes women's health because it requires that women define their health according to their own terms and in relation to their own life goals. Applying care of the self to breastfeeding opens up new possibilities for women and for interpreting the practice of breastfeeding. However, care of the self requires engaging with existing breastfeeding discourses as it is never possible to be or become a self independently of social and

historical contexts. Power discourses and freedom can never be separated, according to Foucault. Technologies of domination are resisted by transformative techniques of the self; but techniques of the self are also at points integrated into structures of coercion or domination. For this reason distinguishing between resistance and domination is always contextual. What resistance looks like will depend on available resources and the surrounding environment. Domination and care of the self intersect since the way individuals are driven by others is tied to the way they conduct themselves (Foucault, 1993, p. 203).

Care of the self requires that existing discourses of breastfeeding be continually problematized and critiqued in order to open up new possibilities. In the ancient Greco-Roman world care of the self involved training, meditation, tests of thinking, examination of conscience, and control of representations, dietary regimens and physical exercises. In caring for oneself the breastfeeding subject can conceive of how she would like to be, and through moral work, can move towards that sense of self. However, the transformation of oneself is not easy, and the kind and extent of work required to achieve this varies considerably depending on one's beginning subject position. Since the relation women have to breastfeeding norms varies greatly depending on variables such as race, class, age and education, simply exhorting women to creatively transform breastfeeding practices can have the unfortunate effect of re-inscribing social injustices. We must recognize that all engagements with normative ideals of breastfeeding require carrying out moral work – what this work looks like can vary greatly for women at different times and in different social settings. Because of the obstacles women face in challenging existing norms of motherhood and establishing and working towards their own conceptions of good

motherhood, they require substantial support from feminists and breastfeeding advocates.

Foucault, Levinas and Irigaray share a conception of ethics in which the subject is not pre-given or fixed but is rather always in the process of being created/transformed. Huffer argues that both Foucault and Levinas understand subjectivity as the interruption of the self by the other; unlike Levinas, however, Foucault rejects God and therefore avoids Levinas' move away from history and the social (Huffer, 2009, p. 126). In developing a new eros Foucault does not pay adequate attention to sexual difference. But I argue that there is room in his work for addressing sexual difference, although we must draw upon Irigaray in order to do this.

Foucault's care of the self emphasizes work on oneself as the primary ethical mode. Although Levinas would criticize this as egoistic and would instead emphasize an asymmetrical obligation to the Other, Foucault argues that it is only through caring for the self that we are properly able to care for the other. Reading Foucault in isolation from Levinas and Irigaray provides an incomplete picture of an ethics of breastfeeding. Without Levinas we cannot adequately recognize that breastfeeding is first and foremost a response to a hungry Other; the child is, after all, the primary motivation for breastfeeding. Without Irigaray's insistence on sexual difference as essential to ethics it would not be possible to recognize that breastfeeding is necessarily sexed, even though the meaning of sexual difference is endlessly deferred and cannot be fixed or determined. While none of these thinkers has sufficient resources to develop an ethics of breastfeeding, by reading them together it becomes possible to redress the blind spots each exhibit and develop a new ethics of breastfeeding through the creation of new forms of subjectivity.

Conclusion

In this dissertation I have critiqued existing dominant discourses of breastfeeding and developed an alternative ethics of breastfeeding that recognizes that breastfeeding practices constitute an ethical project requiring intelligence, creativity, and a relationship of care and responsiveness to the child. My intention was not to uncover the correct, natural or liberated way to breastfeed. I do not think it is possible to uncover a form of breastfeeding unpolluted by cultural forces since the influence of culture is an inextricable part of all bodies. In this I follow Foucault's emphasis on practices of freedom over processes of liberation because there is no base self or fundamental human nature that could be liberated (Foucault, 1997h, p. 283). The problem is that by regarding breastfeeding as natural and ignoring how deeply cultural it is, we thereby calcify certain cultural forms of practicing breastfeeding and prevent other forms from developing.

My intention is to open up possibilities for new ways of practicing breastfeeding to develop. A poiesis of breastfeeding – new ways of shaping the breastfeeding self and the world – involves creating new arts of living. This is not because these new ways are or could be “better” in an objective sense, but because they are *new*. I have developed an ethics and poetics based in openness to alterity. I argue, following Levinas, Irigaray and Foucault, that openness to alterity is ethical, as is the poetic imperative to reinvent and transform ourselves. Ethics and poetics are connected in this conceptualization of an art of breastfeeding that involves both responsiveness to the need of the vulnerable other and an attention to the self that allows for creative transformation. The art of breastfeeding can take many forms since the “art of living has no rules...there is no such thing as *the* art

of living. There are only arts of living – many arts, recognizable only after they have already been practiced and after their products have been brought into being” (Nehamas, 1998, p. 184). The art of breastfeeding is not summed up in any La Leche League handbooks or public health documents, though Foucault would recognize that we can draw on them for raw material. Rather, it must be developed and transformed by the individuals who breastfeed. This process is ethical and poetic, but also political because it requires the creation of new kinds of cultural hermeneutics.

I have followed the development in Foucault’s thinking from an emphasis on power and discipline to a return to the subject and even the “undefined work of freedom” (Foucault, 1984, p. 46). This focus on the subject does not upend his work on power, since Foucault recognized that every form of power contains the potential for its undoing. Power is productive, and the subjects it produces are also forms of power and thus also productive. Having been shaped by power, we can begin to transform ourselves. As Nehamas notes, self-fashioning always begins in the middle; the art of living always begins once we have already become formed as selves (Nehamas, 1998, p. 187). Once we have become someone we can begin to work at becoming ourselves.

In this chapter I first summarize the argument of this dissertation and then make preliminary remarks concerning how the ethico-poetics of breastfeeding can be extended into the realm of the political. I then explore how alternative breastfeeding practices – including performance art, lactivism, milk kinship, cross-nursing and milk exchange – have the potential for creating new forms of relationships, demonstrating how the responsibility for supporting breastfeeding is not merely limited to individual mothers.

Summary of Argument

In the first chapter I examined how breastfeeding is subject to biopower by analyzing two key documents that exemplify the medical and maternalist discourses of breastfeeding, respectively: *Nutrition for Healthy Term Infants* (Health Canada, 2005, 2011) and the La Leche League's *The Womanly Art of Breastfeeding* (La Leche League International, 2010a). I explained the deficiencies of these discourses of biopower through my analyses of these texts. The medical model focuses on the nutritional benefits of breastmilk for children without recognizing the relationality of breastfeeding. Through the medicalization of infant feeding mothers are treated as passive recipients of expert medical knowledge. The maternalist model reinforces gender stereotypes in arguing that caring is part of women's "nature". While the maternalist model valorizes breastfeeding, it does so by relying on an uncritical "natural" or biological understanding of the activity, failing to recognize that breastfeeding is a cultural performance.

I began to develop an alternative ethics of breastfeeding by taking up Levinas' theory. There are fundamental problems with Levinas' work: his reading of the feminine is problematic and his distinctions between the human and the animal and between the feminine space of domesticity and the radical ethical responsibility to the stranger begin to break down when we fully think through the practice of breastfeeding. Nevertheless, by pushing his theory further than he himself goes we can understand breastfeeding as a paradigmatically ethical activity. Levinas describes ethics in terms of infinite responsibility for the Other, a responsibility that is asymmetrical since I cannot in turn demand anything from the Other. This conception of ethics is problematic for women, who have historically borne the majority of caring responsibilities. However, by turning

to Levinas' politics, I argued that his work can be pushed further to develop a politics of breastfeeding wherein the responsibility for infant feeding becomes a broader social responsibility. With Levinas we see the possible formation of an ethics of breastfeeding that does not directly rely on one's own physical capacity to breastfeed, and in which our responsibility is not limited to a child we physically bear.

From Irigaray I developed an ethics and poetics of breastfeeding that recognizes how sexual difference is not biologically fixed or unchanging but rather serves as the foundation for radical alterity. In my second chapter I discussed how breastfeeding is not only carried out by individuals who have been socially assigned the gender identity of women but can also be carried out by individuals of other genders. Irigaray has been criticized by queer theorists for limiting her discussion of sexual difference to the gender binary of man/woman. Taking this important criticism seriously requires moving beyond Irigaray. Breastfeeding that is carried out by individuals who were not socially assigned the identity of female at birth challenges how we understand the relationship between breastfeeding and sexual difference. I therefore referred to queer theory in order to explore a broader understanding of sexual difference that includes multiple genders. I argued that we must recognize sexual difference as the source of ongoing, creative reinterpretation of the practice of breastfeeding. I tied this requirement to Irigaray's championing of sexuate rights, which are rights that depend on sexual difference rather than abstract universality. We need to enshrine and protect the sexuate right to breastfeeding on the basis of sexual difference, rather than because breastfeeding is necessarily tied to pregnancy and childbirth.

In order to reconceptualize the relationship between ethics and pleasure, I turned in chapter four to the later work of Foucault. I drew on to the practices of the self that Foucault identified in ancient ethics and explored how similar practices may be carried out by the breastfeeding self in contemporary society, as well as the impediments women face in attempting to do so. The relationship between breastfeeding subject and child can be understood as mutually satisfying through overcoming the artificial distinction between maternal giving and sensuality, a distinction that relies on a radical separation between self and other that does not exist in the breastfeeding relationship. Foucault provides a way of thinking of care of the self as a work of art that involves a proper relationship to oneself, and consequently a proper relationship to others. Foucault's conception of care of the self remains marked by the ancient Greek and Roman culture from which he draws it and is not immediately applicable to contemporary North American culture. Nevertheless, thinking of breastfeeding as an art, and the breastfeeding subject as requiring a practice of self-cultivation or care of the self, makes apparent how the breastfeeding subject is never finished, but requires ongoing work of self-crafting and self-transformation. The practices involved in Foucault's ethics of the self can be used to develop alternative forms of breastfeeding subjectivity. These practices must include ethical obligation to the other and recognition of sexual difference, insights been drawn from Levinas and Irigaray. The breastfeeding subject needs to be recognized as ethico-poetic: both responsible for the vulnerable other and capable of creative self-transformation through embodied practices of the self.

Towards a Politics of Breastfeeding

Having developed an ethics and poetics of breastfeeding, a politics of breastfeeding still remains to be theorized. In this section I make preliminary remarks on possibilities for a politics of breastfeeding that could follow from the ethics and poetics of breastfeeding discussed in this dissertation. If we follow Levinas, we need to develop a new politics of breastfeeding. The obligation to the Other awakens us to politics. As a singular individual owing infinite obligation to the other, I am also an equal among equals, a human being in society with other human beings. Ethics requires recognition of singularity; the ethical relation is one in which the uniqueness of both parties is retained, without being assimilated to a totality or greater whole. Because it deals in rules and systems, politics for Levinas requires comprehension of individuals in order to determine their needs and provide for them. Politics therefore relies on universal concepts of humanity. There exists for Levinas an uneasy tension between ethics and politics since ethics always requires more from us than can be rationally and universally comprehended. This excess of the ethical is what inspires political action, but political action can never comprehend the full extent of ethical obligation. Still, the application is necessary in order to realize ethical responsibility, even though such application inevitably falls short of the ethical demand and even betrays it.

I rely on Levinas' metaphorical reference to breastfeeding to point the way towards a politics of breastfeeding that would guarantee the necessary material and social supports for anyone who assumes responsibility for infant feeding. In this way, the ethicopoetics of breastfeeding leads to a call for political action. Levinas states that hunger needs to be the first task of politicians (Levinas, 1981). Problematically, he uses

the figure of fraternity as a way of expressing how we are connected socially, but by relying on Derrida's reading of Levinas as expressing a politics of hospitality (Derrida, 1999), we may understand political obligations as founded on response to the needs of the other. Levinasian ethics observes that each individual owes an infinite responsibility to the Other. This would mean that if I were a breastfeeding mother, ethically I owe my infant the bread from my own mouth, or more literally, the milk from my own breast. However, Levinas' politics allows for the equitable distribution of responsibilities throughout society. According to Levinas, justice demands that each of us be considered equal in our duties and our rights. He presents us with a seeming paradox: on the one hand ethics demands we give unconditionally to the other, while on the other politics requires developing an economy in which what we give is balanced by what we receive.

The ethics and poetics of breastfeeding developed in the previous chapters describes possibilities for self-transformation and new ways of understanding the embodied practice of breastfeeding. However, these processes of self-transformation remain restricted by the substantial social and material obstacles faced by women. Growing awareness of the nutritional superiority of breastfeeding, in combination with the trend towards the social investment state, has resulted in a push to breastfeed in order to maximize the health, intelligence, and emotional well-being of children.²² Breastfeeding represents one way in which responsibility for the health and well-being of children is shifted from the state to individual women (Rippeyoung, 2009). But breastfeeding duration is strongly linked to breastfeeding women's perceptions of support from their partners, families, and the wider community (Spurles & Babineau, 2011, p.

²² For a description of the growth of the social investment state, see (Saint-Martin, 2007).

136). The views of extended family members play an important role in women's breastfeeding practices (Chapman, 2010, p. 83). Lack of support for breastfeeding in public and negative social views about women's bodies also discourage women from breastfeeding (Earle, 2002, p. 213). In order to support breastfeeding, we need to develop new meanings of motherhood and caregiving.

Conceiving of breastfeeding solely in terms of ethical responsibility to the infant is problematic because so much of the burden of parenting has traditionally been placed on women because they have been considered "naturally maternal", or naturally self-sacrificing and nurturing. We therefore need to combine infinite ethical responsibility to the other with a feminist politics. Guenther argues that

By understanding maternity **ethically** as the embodied response to an Other whom I may or may not have "conceived and given birth to," we recognize maternity as a locus of responsibility, without expecting women to bear that responsibility alone. But we can only hold to the promise of ethics by keeping the Levinasian discourse open to interruptions from the outside, raising political questions about the limits of his own ethical interpretation of birth and maternity (Guenther, 2006b, p. 132).

If we follow Guenther's advice we can find in Levinas the grounds for a politics of breastfeeding, which although it cannot ever exhaust the ethical responsibility to feed the Other, nevertheless makes it possible to adjudicate between the justice claims of various members of society.

The responsibility for infant feeding must not be limited to individual women but must be shared by everyone. We all must take responsibility for helping to support the practice of breastfeeding. Irigaray makes this point strikingly:

It is clear that our societies assume that *the mother should feed her child for free*, before and after the birth, and that she should remain the nurse of man and of society... This traditional role that is allotted to women almost ritually paralyzes male society as well and permits the continued destruction of the natural reserves

of life. It sustains the illusion that food should come to us free, and, in any case, can never fail us. In the same way, women could never fail us, especially mothers (Irigaray, 1993b, p. 83).

Here Irigaray articulates a devastating critique of placing sole responsibility for feeding children on women. Women have traditionally been assigned the primary responsibility for caring for and nurturing members of our society: children, but also partners, friends, and society at large. But as Irigaray points out, breastfeeding comes at a cost. We must recognize that women cannot do all the work of caring for others: they need help and they need adequate time and space to care for themselves. In order to respond ethically to the needs of others as Levinas demands, it is essential to carry out care of the self as explored by Foucault. Poiesis involves making a world; thus, the ethico-poetic self-transformations explored in this dissertation cannot be limited to changes in individual subjectivity but must also transform the broader cultural context in which breastfeeding is practiced.

A politics of breastfeeding would not impose disproportionate duties upon individual mothers but would instead strive to fairly distribute responsibility for infant feeding and the other kinds of labour required in order to allow for breastfeeding to take place. These supports include (but are not limited to) encouraging public breastfeeding, ensuring that breastfeeding mothers of all income levels have adequate nutrition, improving parental leaves, and making workplaces more breastfeeding-friendly by increasing access to on-site or nearby daycares.

Alternative Forms of Breastfeeding Relationships

In examining the phenomenon of induced lactation we see that breastfeeding is not

limited to mothers, or even to women, but can also be practiced by adoptive mothers, men, and transgendered individuals. Breastfeeding need not be restricted to the biological mother of a child. In theory at least, anyone could produce milk for any child through induced lactation. More practically, breastmilk can be shared through various means including milk banking, private milk exchange and cross nursing. These alternative ways of providing breastmilk create new possibilities for social relationships. In this section I carry out a preliminary exploration of a few kinds of alternative kinds of breastfeeding relationships. However, future work is needed in order to examine what changes in breastfeeding relationships such as new forms of milk kinship, milk banking, and breastmilk exchange mean for a politics of breastfeeding. Although these new forms of breastfeeding relationships present new possibilities, they also present new kinds of dangers. As Foucault explained,

My point is not that everything is bad, but that everything is dangerous, which is not exactly the same thing. If everything is dangerous, then we always have something to do. So my position leads not to apathy but to a hyper- and pessimistic activism. I think that the ethico-political choice we have to make every day is to determine which is the main danger (Foucault, 1983b, pp. 231–232).

Close attention needs to be given to possible risks arising from the commodification of breastmilk and the potential exploitation of women. As new uses for breastmilk are discovered, including possible cancer treatments (Mossberg et al., 2010), we must identify and resist the instrumentalization of breastfeeding without regard to the needs of those who produce it. We shall be better positioned to avoid instrumentalization through recognizing breastfeeding as a form of poiesis, which entails both individual processes of self-transformation, as well as transforming the broader social context in which breastfeeding takes place. Taking up breastfeeding as poiesis allows us to see that

concern for breastfeeding cannot be delegated to individuals who are the biological mothers of children. Instead, following Levinas we can move – metaphorically – to recognize a broader political responsibility to support breastfeeding.

Article 24 of the Convention on the Rights of the Child states that breastfeeding is an activity for the whole society (United Nations, 1990, sec. 2e). Mothers are not mandated to breastfeed, but governments are mandated to educate all mothers and parents so that they can make informed choices. Arnold notes that by extension, this means that parents should also be educated about the uses of banked donor milk and its benefits, so that they know about this option and can request it if necessary (Arnold, 2006, p. 3).

Zizzo argues that breastmilk sharing has the potential to eliminate or reduce biologically based separation between birth and non-birth (e.g. adoptive) mothers and the unequal division of labour when caring for children. These alternative ways of sharing breastmilk include inducing lactation in non-birth mothers and the buying and selling (or giving or bartering) of breast milk collected from lactating women other than the biological mother (Zizzo, 2009, p. 96). This may make a “three-way bond” between “milk mother”, “parenting mother” and child easier to establish (Zizzo, 2009, p. 104). Zizzo also notes that this may also generate more egalitarian parenting in other types of families by allowing men to become the primary or co-caregivers by bottle-feeding expressed breastmilk. Sharing breastmilk thus has the potential to challenge and redefine maternal and gender roles in families generally (Zizzo, 2009, p. 106). Another option is sharing milk that has been expressed. Boyer suggests that milk expression by pump can expand our understanding of caring at a distance both by suggesting ways in which biosubstances can create a care-relation between distant strangers, and by suggesting

competing narratives about the conditions under which it is (and is not) appropriate to offer and accept this kind of care (Boyer, 2010, p. 6).

Cross-nursing has many advantages. Rhonda Shaw points out that nursing children who are not your biological offspring challenges the perception of breastfeeding as “work that is not shared” (Shaw, 2004, pp. 287–8). Advocates of cross-nursing argue that milk sharing lets women be “good mothers” while fulfilling other goals: one woman who practices cross-nursing describes breastmilk as “a communal commodity around here” (Lee-St. John, 2007). Some mothers say sharing milk helps to alleviate the feeling of being tied down by a nursing infant and creates unique bonds with the children nursed as well as with their mothers (Pearce, 2007).

Despite these potential advantages, cross-nursing and milk banking have been limited by fears of contamination. There is great discomfort, even disgust, with exchanging breastmilk: what Shaw calls the “yuk factor” (Shaw, 2004). Breast milk sharing has been discouraged by discourses that labeled other women’s breast milk, like other bodily fluids, as dangerous, especially in the 1980s when fears were heightened by the emergence of HIV (Zizzo, 2009, p. 103). But Shaw argues these fears may be alarmist given that HIV-positive women would be unlikely to offer to cross-nurse (Shaw, 2007, p. 440). Such worries are consistent with the tendency of bodily fluids generally to create feelings of discomfort in people since they challenge our understanding of selfhood as discrete, distinct, and self-contained (Shildrick, 1997).

Milk banking continues to be uncommon in North America despite the WHO and UNICEF’s strong support for the practice, dating back to 1980. Even after reports were published indicating that HIV could be transmitted through human milk, the WHO and

UNICEF continued to support donor milk banking, with the precautions of pasteurizing and, when possible, screening donors for HIV (Arnold, 2006; World Health Organization/United Nations Children's Fund, 1992). There are only a few non-profit milk banks in North America. These are usually affiliated with hospitals, and supply breastmilk only for premature or ill infants (Geraghty, 2010). In milk banking breastmilk is pasteurized and collected en masse and the characteristics unique to individual milk donors disappear. These include antibodies a woman has developed through exposure to pathogens, different tastes due to variations in diet, and nutritional and consistency differences due to age of her child (Geraghty, 2010). As a result of increasing awareness of the nutritional superiority of breastmilk and the current low rates of breastfeeding, there has recently been an increase in the sale of breastmilk by for-profit milk banks as well as between individual parents via the Internet (Rochman, 2011). Following this, there have been warnings from public health agencies and breastfeeding advocacy groups about the health risks posed by sharing breastmilk (Canwest News Service, 2006; La Leche League International, 2007; U.S. Food and Drug Administration, 2010).

The FDA warns against using donor milk that is not obtained through a milk bank that carries out screening procedures (U.S. Food and Drug Administration, 2010). It lists potential risks to the baby as including exposure to infectious diseases, including HIV, to chemical contaminants, such as some illegal drugs, and to a limited number of prescription drugs that might be in the human milk. In addition, the FDA warns that if human milk is not handled and stored properly, it could, like any type of milk, become contaminated and unsafe to drink. The FDA specifically warns against human milk obtained directly from individuals or through the internet, saying that the donor is

unlikely to have been adequately screened for infectious disease or contamination risk, and that it is not likely that the human milk has been collected, processed, tested or stored in a way that reduces possible safety risks to the baby (U.S. Food and Drug Administration, 2010).

The La Leche League also cautions women about sharing breast milk, forbidding its leaders from ever suggesting an informal milk-donation arrangement, including wet-nursing or cross-nursing. If a mother asks to discuss these options, the Leader's assigned role is to provide information about the risks and benefits so that the mother can make her own informed decision based on her situation (La Leche League International, 2007). The League's concerns include the possibility of transmitting infections, a decrease in supply for the donor's own baby, psychological confusion on the part of the infant and the fact that the composition of breastmilk changes as children get older.

Critchley asserts that politics for Levinas must be thought of as the art of a response to the singular demand of the other, always calling for political invention and creation (Critchley, 2010, p. 47). In that vein I will discuss the phenomenon of "milk kinship", along with two examples of performance art that involve sharing breastmilk, in order to begin exploring how poiesis can involve creating new forms of social relationships. Breastfeeding can expand our sense of self by expanding our relationships with others. Beyond the mother-infant exclusive breastfeeding relationship, many other kinds of breastfeeding relationships are possible. Milk-kinship and performance art illustrate two kinds of *elective* relationships established through breastfeeding and thus provide examples of ethico-poetic transformation.

Strathern points out that the process of searching for kinship with others

demonstrates the connections and disconnections between people who may or may not otherwise be considered relatives (Strathern, 2005, p. 7). Alternative understandings of breastmilk exchange oblige us to open up our conception of family. An example of this is milk kinship, which has historically been practiced in the Islamic world and beyond as a way of binding people together into a familial relationship that is nearly on par with the bonds of blood. In this discussion I am not suggesting a return to these prior forms of milk kinship. Nonetheless, milk kinship can provide one way of reconceptualizing relationships through the sharing of breastmilk. In order to do so, Foucault's concept of "rights of relations" proves useful.

It is important to have new forms of relations, according to Foucault, and he suggests the promotion of rights of relations in place of individual rights. These rights of relations allow for individuals to determine new possibilities for selfhood, while always recognizing that rights are dependent upon relationships with others (Foucault 1997).

Foucault argues that,

We live in a relational world that institutions have considerably impoverished. Society and the institutions which frame it have limited the possibility of relationships because a rich relational world would be very complex to manage. We should fight against the impoverishment of the relational fabric (Foucault 1997, 158).

Foucault advocated the development of more kinds of interpersonal relations; sharing breastmilk in different ways can make this possible.

Historically, milk kinship is a family bond established between a woman and an infant she breastfeeds but has not given birth to. It was practiced from the beginning of Islam in order to broaden the network of relatives one could rely upon for assistance and cooperation (Gil'adi, 1999, p. 27). Islamic law defines three different kinds of kinship:

relationship by blood (*nasab*), affinity (*musaharv*), and milk (*rida'a*). In Islam, there is a prohibition against marrying anyone with whom you share milk-kinship (Gil'adi, 1999, p. 24). Milk kinship thus served as a way to avoid certain marriages (especially between members of unequal classes) while still forging connective family bonds (Parkes, 2005). Islamic milk kinship is the most widely known type of familial bond established by breastfeeding, but Parkes points out that it was also practiced by Christians in the Eastern Mediterranean, the Caucasus and the Balkans, and in the Hindu Kush. In addition, the canon law of several non-Orthodox eastern Christian churches recognized marital impediments associated with milk kinship similar to those of contemporary Sunni and Shi'ite Islamic law (Parkes, 2007).

Although milk kinship has waned in popularity, Parkes points to its continuing significance as an “alternative social structure in reserve” enabling diverse groups to enter into relationship with each other (Parkes, 2007, p. 354). Milk kinship historically had the advantage of allowing women to go unveiled while in the presence of their milk kin. In contemporary Saudi Arabia the norms of veiling have become less strict and consequently milk kinship for the sake of avoiding otherwise compulsory veiling is no longer common (Altorki, 1980). Nevertheless, milk kinship has recently been mobilized for political action in Saudi Arabia. Saudi women launched a campaign for the right to drive, threatening to breastfeed their foreign drivers and turn them into sons if their demand was not met (Sandels, 2010). This political action is significant in attempting to use milk kinship to undermine both the patriarchal family structure and nationalism, since the foreign drivers would be rendered both family members and compatriots.

Poiesis is a necessary part of transforming social relationships involving the sharing

of breastmilk. This can be seen in two recent performance art pieces that disturb conventional understandings of maternity, consumption, and the cultural significance of breastmilk. In challenging the model of exclusive motherhood by encouraging the sharing of breastmilk outside of the biological mother-infant dyad, these pieces open up possibilities for new kinds of social relationships of the kind Foucault advocated.

One example of this is Jess Dobkin's 2006 performance of *Lactation Station Breast Milk Bar*, part of Fado Performance Inc's *Five Holes: Matters of Taste*, held at the Professional Gallery of the Ontario College of Art and Design.²³ As part of this performance Jess Dobkin offered samples of pasteurized breastmilk from six different women to the audience and invited them to discuss the differing tastes and their feelings about being asked to sample breastmilk. Dobkin also shared stories and experiences of the women who had donated their breastmilk with audience members. This included explanations of what kinds of foods the milk donors themselves had been eating; this gave those who sampled the breastmilk insight into how diet influences the taste of breastmilk. Each woman's breastmilk tastes unique, and the taste is different at different times. Factors influencing the taste include the woman's diet, her body chemistry, and changes to the composition of breastmilk over time according to the needs of her baby.

Dobkin described herself as being most concerned not with whether or not someone would taste breastmilk, but rather with the dialogue that is created when the question is posed, and described the performance as happening through this dialogue that is created (Alland, 2006). In this emphasis on enabling continued dialogue and interpretation of the significance of breastmilk we can see reflected Levinas' insistence on leaving the

²³ Performed again more recently May 25-June 3 2012 at OFFTA in Montreal (Chan, 2012).

possibility for future interpretations (the Saying).

As part of Lactation Station, Dobkin interviewed the breast milk donors. She was relieved to find others to talk with about motherhood, especially its dominant portrayal as easy and blissful, which often does not fit with women's lived experiences, despite its perpetuation by maternalist discourses of breastfeeding. The performance was therefore a way for Dobkin to work through the shame that she experienced as a result of being unable to breastfeed her daughter (Alland, 2006). As discussed in the Chapter four, working through shame in relation to breastfeeding is an important (and challenging) example of care of the self. Thus, Dobkin's work provides us with an artistic expression of the moral work of breastfeeding

In Dobkin's work we can also see an illustration of Levinas' conception of food as "good soup", in opposition to the biopolitical understanding of breastmilk as merely optimal nutrition for children. For Levinas food has great ethical and cultural importance. Food is not merely fuel: the enjoyment of food is an important part of being human. As Van Esterik points out, Dobkin's performance draws an analogy between breastmilk and wine, with its complex flavours and social significance (Van Esterik, 2009, p. 22). Van Esterik also recognizes that analogies are highly significant, referring to Mary Douglas' assertion that "the meal is a kind of poem, but by a very limited analogy. The cook may not be able to express the powerful things a poet can say" (Douglas, 1999, p. 240; Van Esterik, 2009, p. 22). But, in the case of performance art involving breastmilk, food can become a form of poiesis. In Dobkin's work there is resistance to the dominant moralization of breastfeeding, expansion of new interpretations of breastfeeding, and the development of new forms of relationship between the women donating breastmilk for

the show and the participants who consume it. In this way the ethics and poetics of breastfeeding can be seen to have a strongly social dimension.

Another example of how meanings of breastmilk can be artistically transformed is Mirium Simun's Human Cheese Shop Project (Simun, 2011). In Simun's 2011 performance of "The Lady Cheese Shop", participants could sample three different types of cheese made from three different women's breastmilk. Whereas Dobkin uses the relatively raw (although pasteurized) material of breastmilk, Simun makes use of a processed product: human cheese. In doing so, Simun illustrates Irigaray's point regarding our societal assumption that mothers should feed their children for free and that they should remain the nurse of man and society (Irigaray, 1993b, p. 83). Irigaray links the current destructive systems of food production to our collective tendency to take breastfeeding for granted, failing to recognize the production of breastmilk is an important subject of ethical, poetic, and political concern.

In Simun's human cheese lifecycle analysis diagram, she explores issues surrounding biotechnology, industrialized food systems, and the use of human bodies as factories (e.g., surrogate motherhood, blood donation, wet nursing). Simun asks how can we understand what is natural, healthy and ethical in the light of new biotechnologies of food production? Performance art is particularly well equipped to pose these questions surrounding new ways of producing, distributing, and consuming breastmilk. Art provides us with a way of disturbing the relations between commodity and gift, public and private. Simun recognizes that she is producing a product, yet demurs when people suggest she turn her art project into a business (Gould, 2011). As an art project human

cheese can put into question the ethical issues at stake in consuming breastmilk, in a way that breastmilk as commodity or gift cannot.

In socializing the consumption of breastfeeding, we reconsider the ethical dimensions of eating. Rather than understanding the body as passively accepting what goes into it, the body is opened up to practices that allow us to produce, transform, and go beyond, our habitual selves (Springgay, 2011, p. 78). The linkages that Miriam Simun draws in her life cycle of human cheese remind us of how consumption in a globalized world always links us to many others. Simun explains that,

Facing the decision to ingest materializes the technological and ethical issues at hand, going beyond our rational senses to appeal to our visceral and instinctual humanness. In doing so, I hope to engage discourse about what we eat, who we are (evolving to be), and what kind of future we want (Simun, 2011).

Consuming breastmilk exposes how eating is an intrinsically social activity. The ways in which we produce and eat food are increasingly contentious sites of ethical and political anxieties. While we ask what is natural to eat, we must also accept that we are capable of transforming our relationships with food and each other. Food is inseparable from technologies: as we change our food through various processes, so too do we change ourselves. As Irigaray points out we assume that mothers will feed us all. This assumption, in addition to being highly damaging to women, is also damaging to society and nature because it allows us to continue believing that food should come to us in a free and inexhaustible supply (Irigaray, 1993b, p. 83). As Simun's work cogently illustrates, food must always come from somewhere and we all have a responsibility to protect and maintain our maternal and natural sources of nourishment.

Conclusion

Current understandings of breastfeeding are deeply flawed. The biopolitical and maternalist discourses of breastfeeding moralize women in ways that are highly damaging. In their place I have developed an alternative way of understanding breastfeeding as an ethicopoetic project: an art of living that is creative, responsive to the needs of a vulnerable other, and protective of sexual difference.

The three main theorists I discuss in this project all recognize that no one can make someone else's ethical choices for them. Levinas, despite his emphasis on infinite ethical obligation, always speaks in the first person regarding that obligation. Referencing Dostoevsky's *Brothers Karamazov* Levinas insists that "Each of us is guilty before everyone for everyone, and I more than the others" (Levinas, 1981, p. 146). Levinas here points out that we cannot call out someone else's ethical responsibility without recognizing that we too are responsible. He even goes so far as to say that I am responsible for the responsibility of the Other: I must answer for the transgressions of others. We are currently making breastfeeding a moral obligation for mothers without attending to the socially created obstacles that make breastfeeding difficult, even impossible, for many women. We do not provide the necessary social and material supports, nor do we adequately protect breastfeeding in laws – in fact women sometimes risk prosecution for breastfeeding. Instead of moralizing about women's behaviour we should recognize that the obligation to support breastfeeding falls on all of us.

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