The emotional resonances of breastfeeding in public: the role of strangers in breastfeeding practice

Abstract

This papers considers some of the disparate emotional and affective resonances that breastfeeding can produce. Breastfeeding is the iconic symbol of succour and comfort-giving. It is associated with better health for babies as well as lower rates of post-natal depression for mothers (as well as other health benefits). Yet it can also be a source of both physical and psychic discomfort, with the variance in the emotional resonance breastfeeding produces being bound up with where it takes place and the 'sense' of whether or not breastfeeding is welcome in that locale. In this paper I begin by putting the UK's very low rates of breastfeeding beyond the first weeks post-birth in an international context, then trace in broad outline the spatial variability in breastfeeding rates across the UK. I then consider women's experiences breastfeeding in public through a combination of interviews, survey-work, participant observation, and 770 posts to the UK parenting website *mumsnet*. I take conceptual work forward by highlighting the role of *strangers* within breastfeeding assemblages to shape mothers' experiences and feelings about breastfeeding practice. Drawing on concepts of affective atmospheres (Anderson 2009), public comfort (Ahmed 2004 & 2010), and secret-keeping (Deleuze and Guattari 1998), I argue that women's (often negative) affective experiences breastfeeding in public is a contributing factor in why breastfeeding rates in the UK are so low. Finally, I highlight some of the social and material changes that would be needed to make public space in the UK more breastfeeding-friendly.

Introduction

This paper considers the emotional resonances of breastfeeding, focusing on experiences of breastfeeding in public in the contemporary UK. Breastfeeding is an archetypal form of giving comfort. Despite the wide variation in how it is experienced and understood across different cultural contexts and in different time periods, breastfeeding has stood throughout history as a symbol of nurturing, succour and wellbeing. Yet as scholarship has shown (Hausman 2003), breastfeeding can also be marked by a range of other (less positive) aspects. In this paper I seek to explore some of the varied affective resonances that can be enfolded within breastfeeding practice. I focus on women's experiences of breastfeeding in public, employing the term 'public' in its broad, common-sense use to refer to space outside the home, including shops, cafes and streets spaces. I situate this work within the context of the UK's very low rates of breastfeeding beyond the first four weeks post-birth, and posit women's (often negative) affective experiences of breastfeeding in public as a contributing factor in this.

This study draws on and extends a number of important bodies of scholarship in and beyond Geography. This includes research on embodiment (Colls 2007, Nast & Pile 1998) and maternal bodies in particular (Longhurst 2008, 2001); the socio-spatial politics of breastfeeding (Leeming et al 2013, Mahon-Daly & Andrews 2002, Newell 2013, Pain et al 2001); and the growing body of scholarship on the spaces, affects and materiality bound up in parenting practice (Aitken 2000, Dowling 2000, Gilmartin & Migge 2015, Holloway 1998, Longhurst 2013, Luzia 2010, Madge & O'Connor 2005, Rose 2004 and others). This literature has shown that attitudes about infant feeding are bound up with ideas about what it means to be a good parent (Pain et al 2001), and that breastfeeding can serve as a marker for the transition into the new life-stage of parenting (Mahon-Daly & Andrews

2002). Relatedly, Longhurst's work in this area has shown how both pregnant and lactating bodies can be profoundly marked by fear of bodily effluvia transgressing the body-boundary (Longhurst 2001).

This scholarship has also shone light on the emotional dimensions of mothering. Longhurst (2013), for example, has shown the role Skype[i] can play for mothers as a means of maintaining emotional connections with their children, while Madge & O'Connor (2005) have traced out the importance of on-line discussion groups for new mothers as a space to find emotional support. In a similar vein, through their study of feelings of belonging amongst migrants in Ireland, Gilmartin and Midge show how mothers' sense of belonging is generated through interpersonal relations with both family and wider social networks (Gilmartin & Midge 2015). Meanwhile, Longhurst and Hodgetts have shown how experiences of lone mothers attending University in New Zealand reveal feelings of both guilt and pride (Longhurst et al 2012).[ii]

This paper extends both empirical and conceptual work on the socio-spatial politics of mothering and infant-feeding. I build on existing empirical work by situating UK breastfeeding rates in an international context; outlining the spatial variability in breastfeeding rates across different parts of the UK; and highlighting women's unease with breastfeeding in public as a factor in breastfeeding cessation. In turn, I build on existing conceptual work on maternal practice by highlighting the role of unknown others as a factor shaping women's experiences of infant feeding. I extend existing analyses by approaching breastfeeding in public through conceptual lenses of affective atmospheres, public comfort and secret-keeping. Drawing on the work of Deleuze & Guattari as well as that of Lucilla Newell, I approach breastfeeding an assemblage into which an array of human and non-

human actors and actants are enrolled (Deleuze & Guattari 1988, Newell 2013). I conceptualise breastfeeding assemblages as including not only mothers and babies but partners, family, friends, health professionals, the materiality of milk and breasts, policies, spaces in which breastfeeding takes place, artefacts, knowledges, and the broader public. Elsewhere I have written about the agency of breastmilk itself within breastfeeding assemblages (Boyer 2016), and mother-baby assemblages in the context of urban mobility (Boyer & Spinney 2016). Building on that work, in this paper I take existing conceptual work forward by highlighting the role of *strangers* in breastfeeding assemblages, considering how the resonances or affective forces between breastfeeding women and strangers in public can shape women's feelings about breastfeeding practice.

I draw on an empirical base of four kinds of primary data. These include: interviews (N=11), participant-observation, and survey work (N=57) with new mothers in Southampton, a mid-size city in the South of England. These data were collected in 2008-9. Analysis also draws on 770 non-password-protected postings on breastfeeding in public made on UK parenting website mumsnet[iii] between December 2011 and April 2015. Finally, these data are supplemented by my own experiences breastfeeding as a new mother in Southampton in 2008-9. The size of the interview set was based on the work of Pain et al (2001), who also interviewed eleven first-time mothers for their work on breastfeeding. My interviews were held with mums in a parenting group formed out of (free) National Health Service parenting classes offered by a Doctor's Clinic in the neighbourhood of Freemantle, which had an average household income in-line with the UK overall but lower than average for the South East of England. I participated in these parenting classes myself as a

participant-observer. All members of the group had breastfed for at least two weeks and all but one had stopped by one year.[iv]

Surveys were gathered at an in-town neighbourhood sale of second-hand baby clothes sponsored by the NCT (the UKs largest parenting charity with a largely middle-class membership). The area in which this event took place is characterised by a mix of upper-income single-family homes, apartment complexes and student housing. This site was the largest event of its kind in the city at the time of the research, attracting over 300 people. I then analysed bulletin-board postings in order to put the survey, interview and participant observation data into a wider context. As Robinson (2001) notes, on-line discussion boards can provide a good way of gaining insight into the experiences of individuals who may feel isolated, as mothers of young babies can often be. Following the ethical protocol laid out by Robinson (2001) I drew only on non-password protected information and have anonymised all posts to protect privacy.

After Taguchi (2012) I approached my analysis *diffractively*, meaning that I seek to gain insight into participants' understandings of their experiences but also acknowledge the role my own experiences play in the sense I have made of these data. As such the findings outlined here reflect a synthesis of the data itself and my interpretation of them. Data were analysed by identifying cross-cutting themes which were then coded and interpreted through reference to relevant secondary and conceptual literature. However, this analysis does not purport to be a comprehensive analysis of all the themes that emerged out of this research, but rather a reflection across the fieldwork on a particular suite of issues. For my analysis I draw on conceptual work from both Deleuze and Guattari about secrets and secret-keeping in their essay 'memories of a secret' in *A Thousand Plateaus* (Deleuze &

Guattari 1988), and Sarah Ahmed on public comfort (Ahmed 2004 and 2010). Through an engagement with these concepts I suggest that while breastfeeding is meant to occur it is also meant to be hidden in order not to discomfit others, such that undertaking this activity in public can be seen as a deterritorialisation of received forms of gendered bodily comportment.

The final concept on which I draw is that of affective atmospheres as it has emerged in cultural geography scholarship over the last ten years (Anderson 2009, Bissell 2010, Buser 2014, Duff 2010, Thrift 2004). Drawing on the scholarship of Deleuze & Guattari, Spinoza, Bohme and others, this conceptual approach focuses on the 'intra-corporeal' ways in which bodies affect and are affected by one another; and the collective senses that transpersonal intensities can generate. As Deleuze & Guattari put it, affect can be understood as 'the active discharge of emotion' (Deleuze & Guattari 1988 p.400). Put another way, affect is the mood or sense created by what passes between people. As well, affect is produced socially and culturally as well spatially. Relating this to the theme at hand, this means that how breastfeeding mothers perceive and react to the feelings of others varies across space and by social and cultural context. As Anderson (2009) observes, the concept of 'affective atmospheres' can provide a fruitful means of attending to both (personal) emotions and trans-personal intensities or affects that can emerge between humans, as well as between humans, matter and other kinds of non-humans.

Other contributors to this journal have employed the concept of affect as a means to approach the 'forces of encounter' (Roelvink & Zolkos 2015 p. 48) between humans and non-humans in order to advance non-anthropocentric concepts of human subjectivity. As Roelvink and Zolkos note, for example, affect can function as a force that enables new kinds

of becomings, as well as a factor in shaping the ability of subjects to act. While I wholly support the exploration of human- non-human relations, and explore these myself elsewhere (Boyer 2016, Boyer and Spinney 2016) here I use this concept principally to analyse relations between humans. Although my empirical focus differs from that of Roelvink and Zolkos, I share with their work an interest in the way affect shapes a subject's ability to act. However my work differs from theirs in approaching affect as an *organisational* force, and exploring the ways affective atmospheres can delimit and striate embodied action to varying degrees of social acceptability. Drawing on these conceptual frameworks, I argue that women's experiences of breastfeeding in public (and in turn their attitudes about breastfeeding and how long they want to continue) can be powerfully shaped by the reactions of others and the discomfiting affective atmospheres breastfeeding may produce.

This paper is composed of two parts. Section One traces out the conceptual and political meanings of breastfeeding in the contemporary UK. This section begins by discussing breastfeeding duration rates in an international comparative context and then outlines some of the reasons why more UK mothers do not breastfeed longer. Though widely understood as a comfort-giving activity, most UK mothers do not breastfeed for as long as they want to (McAndrew et al 2012) or for as long as their counterparts in comparison countries. Section Two delves into some of the reasons for this, analysing the experiences and emotions wrapped up with breastfeeding in public as a factor in breastfeeding duration and highlighting the (disencentivising) affective atmospheres breastfeeding in public can generate.

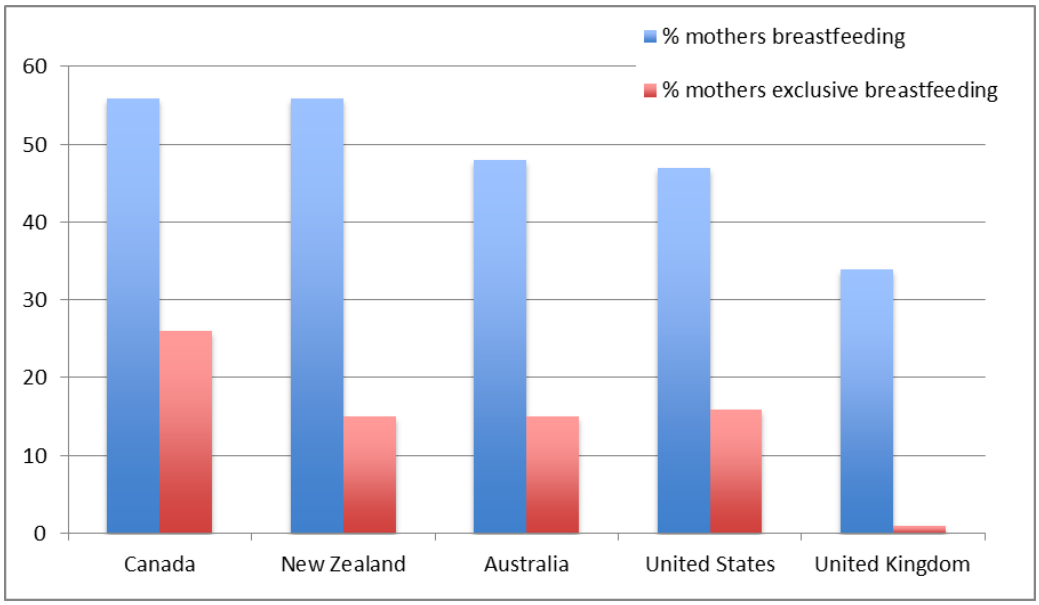
Section One: (Barriers to) breastfeeding in the contemporary UK

After a decline in breastfeeding throughout the 20th Century in the UK with the widespread availability of formula advertised (inaccurately) as superior to breastmilk, by the 1970s women's health advocates began to fight for the active promotion of breastfeeding. As a result, for several decades now new parents and parents-to-be in the UK have received the message from health authorities and parenting guides alike that breast milk is the ideal food for young babies. Indeed, for the last seven years NHS recommendations have begun to more closely echo UNICEF and WHO guidelines which recommend that breast milk should be the *only* food infants receive for the first six months of life.[v] More than 'just sustenance', breast milk as a substance also functions as 'broad-spectrum medicine' in light of its unique immunological properties and the array of health benefits it confers on both mother and child (Scariati et al 1997, Goldman 2000). As Jacqueline Wolf has put it, 'few activities in life have the potential to contribute as much to the health of women and children as breastfeeding' (Wolf 2006, p.387). Messages promoting breastfeeding are based on the twin logics of medical benefits in terms of improved public health, as well as emotional benefits in terms of infant-maternal bonding, and feelings of wellbeing, pride, and a sense of achievement in one's capacities as a parent (Forster et al 2010). Reinforcing breastfeeding's iconic status as a comfort-giving activity from a medical perspective is the fact that within the living substance of breast milk is the hormone oxcytocin, which produces feelings of trust and wellbeing for both mother and baby (Lane et al 2013, Ishak 2011).

However, rates of breastfeeding beyond the first few weeks of life are low in the UK. Indeed, **most UK women stop breastfeeding within four weeks post birth, and 60% of mothers report stopping before they want to** (McAndrew et al 2012). These make the UK's rates some of lowest in the world, for the past 50 years (McAndrew et al 2012, p. 7).

Duration rates are low both compared to policy recommendations, and, as figure 1 shows, in comparison to countries with roughly similar cultural and policy contexts relating to maternity leave, such as Canada, Australia and New Zealand. Indeed they are even low in comparison to countries with significantly worse maternity entitlements, such as the US with *no* statutory paid maternity leave.[vi]

Figure One: A snapshot of breastfeeding duration rates six months post-birth in international perspective



Data from: Statistics Canada Health at a Glance Breastfeeding trends in Canada data (2010); Royal New Zealand Plunket Society Breastfeeding data (2009); Australian Breastfeeding Association Breastfeeding Rates (2010); US Centers for Disease Control Breastfeeding Report Card (2012); UNICEF-UK Baby Friendly Initiative (2010).

It also bears noting that both rates and experiences of breastfeeding are socially and culturally shaped. There is significant variation in rates of breastfeeding by ethnicity, socio-demographic status and age with trends for older women, women who have completed more years of education and women of colour to breastfeed more than other groups (Mathers 2008, Groleau 2009). There is also significant variation across the UK in terms of breastfeeding initiation and duration rates, as well as how breastfeeding itself is viewed.

England and Scotland have higher rates than Wales and Northern Ireland. Within England some parts of the (generally more affluent) South have relatively high rates of breastfeeding initiation and duration (especially in London and other larger cities), while more rural areas as well as the Midlands and the North have much lower rates (McAndrew et al 2012). And at a finer grain, though cities and towns in the South have higher rates overall as compared with other areas, there is also significant variation between more and less disadvantaged neighbourhoods within cities. For example in Bristol, within the affluent neighbourhood of Cotham 57% of mothers are still breastfeeding exclusively at 6-8 weeks post-birth, but in Whitchurch Park (with much higher levels of social deprivation) only 14% are.[vii]

So significant variation exists regarding breastfeeding rates across different parts of the UK, and this variation exists at both national and local scales. Thus what we find is a highly variegated landscape with pockets of affluent neighbourhoods in which breastfeeding is supported and even considered de rigour, while in less-affluent places breastfeeding (especially beyond the first few weeks) is unusual and non-normative. As research has shown in places where breastfeeding in uncommon, breastfeeding in public can be a particularly daunting prospect (Boyer 2011, Mahon-Daly & Andrews 2002, Pain et al 2001, Tedstone 2015). So, why are breastfeeding duration rates so low in the UK, even in relation to countries with similar (and indeed even inferior) maternity allowances? Anecdotally many women cite 'returning to work' as the reason for stopping breastfeeding, but given that UK mothers take an average of 36 weeks maternity leave, the eventual return to work (for most mothers) does not account for why most mothers stop breastfeeding within the first four weeks. Let us now turn to consider some of the reasons women (especially younger, less advantaged white-British mums) do not breastfeed.

Although there are many reasons new mothers may want to breastfeed, there are also reasons they may not want to, be pressured not to, or find they are unable to. Research has shown that barriers such as lack of support, problems with the latch, pain, and mothers feeling they do not have enough milk are all factors in why UK mothers stop breastfeeding in the first weeks (McAndrew et al 2012, p.81). Some women receive pressure from partners to re-establish pre-birth sexual relations quickly, which may entail the wish to regain 'exclusive' access to breasts (among other reasons). This sentiment is expressed starkly by a study participant in the ethnographic work of Jonathan Mathers et al on low-income communities in the West Midlands of the UK who reported simply: "My tits are his. They're his favourite bit. He's not gonna want them if a baby's been hanging off them." (Mathers 2008 p.299). Partners often serve as an important source of emotional, social and financial support, as well as housing. The risk of jeopardising these forms of support factor into womens' decisions about whether to breastfeed, especially in the case of vulnerable (including young and low-income) mothers, two groups which are statistically less likely to breastfeed than their middle-class counterparts (Mathers 2008, Groleau 2009). In this formulation breasts constitute a form of sexual capital with a role to play in maintaining forms of stability, identity and bio-power; and breastfeeding may interfere with these.[viii] At the same time, as Wolf has argued even nominatively 'medical' reasons such as insufficient milk can be viewed as an example of how experiences of breastfeeding are culturally shaped. As she notes, parenting cultures which encourage feeding to a schedule will (unsurprisingly) lead to a higher incidence of insufficient milk, since the body's production of milk adapts to meet higher or lower rates of demand (Wolf, 2006).

As feminist scholars have noted, anxiety relating to breasts being used for purposes other than the fulfilment of male visual pleasure and/or sexual desire (as they are in breastfeeding assemblages) can also serve as a contributing factor in explaining why women either do not breastfeed or stop before they plan to (Hausman 2003). Another factor can be anxiety about breastmilk itself, which can elicit unease as a form of bodily excretia (Boyer 2010, Longhurst 2001). These factors can create powerful taboos around breastfeeding in public as a case of matter 'out of place'.

Physical environments can also shape and constrain parenting practice in ways that can make breastfeeding difficult (Boyer & Spinney 2016 , see also Navaro-Yashin 2012). The physical form of public space itself varies between high and low income areas and this creates different affordances and constraints in terms of where and how mothers may breastfeed. For example, mothers in my study noted the presence of coffee shops with couches, movable comfy chairs and dim lights as an enabling factor in breastfeeding outside the home. Although such establishments existed in the town-centre of my study site (a bus ride away), there weren't any on the local high-street where they (and I) lived. Relatedly, anecdotal evidence has suggested that restaurant furniture such as non-movable stools and glaring florescent bank lighting such as those typically found in chain fast-food restaurants -- of which there was an abundance in my study neighbourhood- can make for a challenging breastfeeding environment. [ix] This section has considered problems of lack of support, the sexualisation of women's bodies and the materiality of particular physical environments as barriers to breastfeeding longer. Drawing on original primary data the next section will build on this to explore an additional factor: the emotional resonances of breastfeeding in public.

Section Two: the emotional resonances of breastfeeding in public

In the days and weeks following the birth of a child most mothers begin to venture outside the house for a combination of social, practical and emotional reasons. This means working out ways of feeding one's baby outside the home. For mothers who are breastfeeding, this can be difficult. As noted, in many parts of the UK breastfeeding is uncommon, and rarely seen. Even in relatively affluent parts of the UK breastfeeding in public is not necessarily a comfortable thing to do. In the case of Southampton for example, 49% of interview and survey participants (N: 57) queried in 2008 had had negative experiences breastfeeding in public. Despite the fact that it is illegal in the UK to ask anyone to leave a public place for breastfeeding (per the Equality Act of 2010), high-profile media stories of mums being asked to alter their breastfeeding practice in public (including a case which received national media attention of a breastfeeding mum who was asked to 'cover up' in the restaurant of Claridges, a 5-star, luxury hotel in Mayfair, London in 2014)[x] suggest that breastfeeding in public is still considered 'questionable' in social environments up and down the class ladder.

Supporting this view, posts relating to breastfeeding in public appearing on mumsnet, the UK's biggest parenting website, between 2011 and 2015 (N: 770)[xi] also suggest that breastfeeding in public can be an uncomfortable experience for mothers. As Robinson has argued, on-line community bulletin-boards of this kind can provide an important means of learning about people's day to day experiences (Robinson 2001). On-line bulletin boards are accessible to a relatively wide segment of the population, and many people feel free to share feelings and experiences on-line. As such, on-line bulletin boards can provide a rich source of data from a wide cross-section of the population on a range of social experiences.

Reflecting on the highly variegated landscape of the social experiences of breastfeeding discussed earlier, many contributors to discussion on breastfeeding in public between 2011 and 2015 reported positive or neutral experiences breastfeeding in public. In fact, one commentator responded to a mumsnet initiative to create a 'breastfeeding map of the UK' in 2014 with the lively response: 'Why the fuck should we need a breastfeeding friendly map? Any location that has… babies in it should be a breastfeeding-friendly location' (25 April 2014). This reflects the widespread belief amongst mumsnet contributors that breastfeeding in public should be supported 'anywhere and everywhere'.

Yet despite the way things 'should' be, many contributors also noted their discomfort in actually accomplishing breastfeeding outside the home. Various commentators cast their first time breastfeeding in public as a 'massive deal', and themes of embarrassment; self-consciousness; and experiences of being harassed or told by strangers that what they were doing was disgusting filter through the posts on these threads. While some respondents registered relatively confrontational responses or verbal abuse for breastfeeding in public, many more described a more subtle sense of discomfiting others (and the sentiment that this was concerning for them).

The breastfeeding experiences of many respondents on these threads were shaped by the reactions of other people, supporting the findings of Leeming et al (2013). For example one mumsnet contributor noted that '(My) Mother and Father in Law don't like it and look uncomfortable' (5 June 2012), while another commented that '(I) have had some people avoiding looking at me which I think is usually embarrassment' (17 April 2013). These findings are congruent with quantitative research from the UK which shows that 45% of mothers feel uncomfortable breastfeeding in front of other people, and over 40% of those

who breastfeed to 8 months have never done so in public (McAndrew et al 2012 p. 152). Building on this, mothers participating in my study noted concern about embarrassing unknown others (strangers) as a specific source of discomfort. As one survey respondent remarked: '**I don't think others are comfortable with it, which made me feel uncomfortable'**. Another interviewee observed that: '**people were really shocked by the fact that you're breastfeeding in public…I found it really stressful, really embarrassing, really horrible'**. For some mothers, the negative reactions of others (and how those reactions made them feel) played in to decisions about how long to breastfeed, as suggested in a comment from one mumsnet poster who noted that: **'I wish I could (have gone on longer) without any negative feedback, that was part of the reason I gave up breastfeeding at three weeks'** (5 June 2012).

Indeed, for some women the prospect of breastfeeding in public caused unease even without having any first-hand experience of it (sometimes before their baby was even born). For example, one mumsnet poster shared that although she planned to try breastfeeding she was 'worried it might feel weird', noting specifically that she was **'not mad about the idea of breastfeeding in public'** (9 Feb 2015). Several other mums (and mums-to-be) on this thread confided they were worried that if someone gave them a hard time breastfeeding it would make them upset and/or cry. These posts suggest that even in the absence of 'actual negative experiences', anxiety about *potential* negative interactions with strangers (and the resulting unwelcome feelings) can play a role in how mothers approach breastfeeding.

Some mothers who were struggling with breastfeeding saw bottle-feeding as a way around the specific difficulties of breastfeeding in public. Take for example the posting of this mumsnet contributor who shared that:

> (Breastfeeding) is going fine, I only want to stop and switch to formula because I hate sitting around all day with no top on not being able to even go for a quick shower without her wanting me. My first dd (darling daughter) who is 4 was the same. **I should have gone straight onto formula. Then I could be like mums in Starbucks whipping out a nice bottle rather than awkwardly getting a boob out.** I really wanted to enjoy this baby and it feels like bf (breastfeeding) is making me depressed. (4 Oct 2013)

Poignantly, it is notable how this commentator invokes feeling depressed straight after referencing the 'awkwardness' of breastfeeding in public as compared to the (supposed) ease of bottle feeding outside the home. Resonating with this comment, other posters recommended using bottles pre-emptively for public feeds as a way to avoid the potential awkwardness of encounters that breastfeeding in public might lead to. For example, one mumsnet poster commented that she felt she 'couldn't have possibly (breast) fed in public due to massive norks (sic)…totally recommend the already-made-up cartons for going out' (4 Oct 2013). In suggesting that her size made breastfeeding in public unacceptable this comment resonates with theories of how women's bodies (and breasts in particular) are sexualised in popular culture generally and in the public realm specifically through 'lad mags' at newsagents and street harassment of women (Hausman 2003, Bates 2014). The above comments both highlight the way breastfeeding assemblages bring together materiality, spatiality and sociality (Law 2004), and suggest how mothers may be 'self-regulating' through bottle use in order to avoid possible negative reactions from breastfeeding in public space.

For some mothers avoiding breastfeeding in public was one reason for bottle-feeding instead of breastfeeding in the first instance, as we see in the following two comments:

> I bottle-fed (my son) from birth. It's quick, convenient and a positive experience…I personally think mums who breastfeed are amazing (but) I couldn't do it. I like my sleep and my independence, I **also couldn't imagine feeding a baby in public from the boob**. It just wasn't for me. (9 Feb 2015)

> Bottle-feeding…worked really well for us and there hasn't been a single downside. She's gained weight from day 1…plus slept like a log from birth. **It (bottle-feeding) was very convenient on days out** (and) my husband could also take his turn feeding (9 Feb 2015)

These comments starkly illustrate how for some the appeal and convenience of bottle-feeding (especially when outside the home) is set in contrast to the 'unimaginability' of breastfeeding in public.

Placing the situation in the UK in an international context, one mumsnet contributor who had breastfed her first baby in London and was currently breastfeeding her second child in New York noted simply that she was: '*shocked* at how pro-breastfeeding everyone is' (17 April 2013, emphasis added). Meanwhile the experiences described here about the situation in the UK are echoed in qualitative work from Australia in which breastfeeding in public emerged as the single most prominent theme when querying women's experiences of breastfeeding. In this study (which did not set out to focus on experiences of breastfeeding in public), mothers described public breastfeeding through terms ranging from 'uncomfortable' and 'embarrassed' to 'traumatic' and 'ashamed' (Forster & McLachlan 2010, p.121). Echoing findings from the UK, participants in Forster and McLachlan's study reported that they 'Felt people (were) watching and passing comment', 'Sometimes.. feel ashamed if I am feeding outside, not comfortable', 'Never comfortable breast feeding in public, always used formula when I went out' or 'Was fearful of going out, with breast feeding in public but now okay as I use formula when out' (Forster and McLachlan 2010, p. 121).

To summarise, my research reveals the following findings: mothers can experience discomfort about breastfeeding in public (including before the baby even arrives); some mothers use formula from birth (or for when going out) as a way to avoid 'the awkwardness'

of encounters with strangers that breastfeeding outside the home might generate; and that for some, 'negative feedback' from unknown others serves as reason for stopping breastfeeding. Although not all participants in this study experienced problems breastfeeding in public, the data presented here suggests some of the difficulties, as well strategies (including using formula in public) mothers employ to avoid possible embarrassment.

The above-noted comments about 'negative feedback' or a sense of the feelings of others both speak to the power of the emotions that 'pass between' breastfeeding women and others (eg, *affect*) to shape how mothers feel about their breastfeeding practice. The quotes above suggest something of what breastfeeding mothers sense about the emotional state of those around them (often of embarrassment or unease), creating affective atmospheres of discomfort. In her work on collective feelings, Sara Ahmed argues that emotions are key to positioning individuals within society, suggesting that emotions can serve to both create bonds of sociability as well as demarcate the *limits* of those bonds (Ahmed 2004). Through the affective environments that breastfeeding in public can produce, mothers can feel that they are not part of a given collective, that they do not belong in a given space. In this sense shame and embarrassment work as boundary-markers of public sociability in the UK, tracing out the limits of where breastfeeding is (and is not) welcomed in affective terms.

Ahmed goes on to outline how the pressure to look after the feelings of others (even those of strangers) can play a powerful role in shaping behaviour. She frames this idea through the concept of 'public comfort'.[xii] Relating this to breastfeeding in public, I suggest that in addition to looking after their babies, mothers are also tacitly expected to look after the

feelings of others, including strangers. As the comments discussed earlier suggest, negative intra-personal intensities (including non-verbal feedback from family and members of the public) and the affective atmospheres they create can play a role in decisions about how long to breastfeed and the decision to stop breastfeeding, as women seek to not disrupt the comfort of those around them (see also Boyer 2012). Thus, in order to maintain certain kinds of affective atmospheres and preserve public comfort (Ahmed 2010, Anderson 2009), breastfeeding in the UK is largely kept out of public view: effectively keeping it secret within the public realm.

Conceptually, we can reflect on breastfeeding's positon as a 'stealth' embodied practice within the public realm in the UK through Deleuze & Guattari's discussion of 'memories of a secret' (Deleuze & Guattari 1988). As they note, secrets have a tendency to be uncontrollable, sometimes seeming as if they have a life of their own. Indeed to some commentators the secret's 'mode of becoming' is to become public knowledge, as in gossip (Stivale, 2014, p.125) Drawing attention to the linguistic connection between secrets (noun) and the verb *to secrete*, Deleuze & Guattari note how the betrayal of secrets is characteristically described through the language of leakage. Secrets ooze and sneak, secrets leak (Deleuze & Guattari 1988 p.287).[xiii] Here the vital, biophilic intensity or force of secrets is striking: what is noted is their capacity to act agentically as if a living being (or at least a material entity), thus resonating with the theorisation of material agency that has come under the auspices of the new materialism (Bennett 2009, Coole and Frost 2010).

Meanwhile --and equally compelling—is the way secrets themselves are described in terms of their fluidity. At this point we can also make a clear conceptual parallel between secrets, as conceptualised by Deluze and Guattari, and breastmilk: each agentic, uncontrollable and

'betraying themselves' through leaks and oozing (see also Boyer 2016). Building on the work of Mary Douglas on the stigma attached to matter transgressing the body boundary (Douglas 2003) as well as the work of Julia Kristeva on abjection (Kristeva 1982), scholars of different stripe have commented on the 'power and danger' of breastmilk as corporeal matter (Boyer 2010, Grosz 1994, Longhurst 2001). Bringing this discussion full-circle I would add to this critique by noting that in this case secretions themselves— matter associated with the inside of the body—is likewise meant to be kept secret.

In the case of breastfeeding in public in the UK, it is as if something has been revealed that was meant to stay hidden. This can discomfit some members of the public, and can produce shame or embarrassment for some mothers. This may be especially true for younger mothers and mothers with fewer other forms of cultural capital, as Danielle Groleau has argued (Groleau 2013). Thus the concept of secrecy extends our understanding of affective atmospheres by showing how the enactment of certain bodily practices can produce uncomfortable and hostile environments.

To return to a Deleuzio-Guattarian orientation, we can also say that breastfeeding in public functions to *deterritorialize* dominant forms of gendered public embodiment in which breastfeeding is viewed as indecent. As Deleuze and Guattari have it, a deterritorialization is an action which challenge extant systems of organisation that seek to stratify bodies and the social field, capture action and constrain possibility (Delueze & Guattairi 1988: 45, 178, 291).[xiv] At the same time a deterritorialization holds the possibility of new kinds of action and forms of becoming. While hostile or unwelcoming environments may 'reterritorialize' some mothers back into the home, we can also posit that each instance of breastfeeding in public challenges existing systems of social and bodily organization which construct

breastfeeding as in some way illicit. Approaching the subject of this essay through the lenses of emotional resonances, public comfort and secret-keeping, I suggest that breastfeeding in public in the UK functions as a kind of 'open secret': it is (somehow) supposed to happen, but is not meant to be seen. To be seen breastfeeding (especially in locales and neighbourhoods where it is less common) can produce feelings of embarrassment, discomfort and even shame.

Conclusion

Breastfeeding functions as a form of embodied, socio-spatial practice that can produce feelings of both wellbeing and also, sometimes, distress. While breastfeeding is an iconic form of giving comfort, it's no secret that breastfeeding duration rates in the UK are very low. Drawing on interviews, survey-work, participant observation and material from on-line user-groups, this paper advances knowledge by highlighting the role of strangers within breastfeeding assemblages. I have argued that a desire to maintain public comfort and avoid certain kinds of (discomfiting) affective atmospheres can shape infant feeding practices, including the decision to use formula as a strategy to avoid uncomfortable situations when feeding one's baby outside the home.

Breastfeeding is encouraged by health policy in the UK (and elsewhere) and can be relatively well supported in certain geographic pockets (principally affluent urban neighbourhoods in the South). Outside these spaces however (and sometimes even within them) breastfeeding in public in the contemporary UK can be challenging, producing, for some new mothers, feelings of unease and anxiety. Nevertheless, alongside the many ways breastfeeding mums

are territorialised or captured within a social field in which women's bodies are understood as sexualised (and in which public breastfeeding is viewed as improper or inappropriate), there is also the potential for both lines of flight as well as longer-term change.

Social environments are never in stasis but always in the process of changing and evolving. The question then becomes: how to create more atmospheres that are breastfeeding-friendly? As Bille et al note in their essay 'Staging atmospheres' –which focuses on atmosphere-shaping as a mechanism of social change –creating a certain kind of atmosphere requires changing both physical space and social attitudes (Bille et al 2015). From a material perspective public space could be made more amenable to breastfeeding through the provision of plentiful seating (ideally moveable, comfortable, and big enough for mother-baby diads to sit comfortably, with the option of sitting with others). Further attention could be paid to lighting and specifically the avoidance of glaring bright lights, as well as temperature. Although more research needs to be done on the material attributes that make for 'good places to breastfeed'[xv], as a first-cut I would suggest that materiality can play a role in creating breastfeeding-positive atmospheres through spaces which are inviting, physically comfortable and calm.

The other side of what's needed to create better environments in which to breastfeed however is of course a significant change in attitudes about female embodiment and the sexualisation of women's bodies. While this is clearly a big task, it is also an area in which there has been targeted feminist activism in recent years.[xvi] In the UK these have included the 'loose the lad mags' campaign to ban soft-porn from high street news agents, as well as the 'everyday sexism' project which documents the small and large acts of misogyny women experience in their day to day lives. Regarding the promotion of breastfeeding in public

specifically, cities across the UK (and beyond) have seen different forms of mum-led breastfeeding activism over the last ten years (Boyer 2011) as well as a range of initiatives on the part of breastfeeding advocacy organisations such as the Association of Breastfeeding Mothers, La Leche League, Babymilk Action and others. Meanwhile some city councils have experimented with 'back of the bus' adverts (Smyth 2008) and free-standing cut-out posters of women breastfeeding (Condon et al 2010) as ways to both increase the visibility of breastfeeding in the public realm as well as communicate the idea that breastfeeding contributes to the common good. Further ideas to shift public opinion about the acceptability of breastfeeding in public might include embedding breastfeeding within popular television programmes, and perhaps embedding informational talks or visits to schools about the benefits of breastfeeding (ideally delivered by breastfeeding mums) under the auspices of life-skills training.[xvii]

There is clearly a long way to go before breastfeeding in public is unremarkable in the UK. But I suggest that a greater awareness of how emotional resonances can affect women's experiences of (and feelings about) breastfeeding –coupled with initiatives geared toward changing public attitudes about breastfeeding –is an important first step in addressing this issue. I hope this essay might serve as part of a broader opening-out of discussion about what makes for *good* atmospheres in which to breastfeed, and how we might bring more such environments about.

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Notes

[i] Skype is a means of communicating through computers that including both video and sound.

[ii] And of course, the essays in this special issue will greatly advance work in this field.

[iii] Mumsnet is the UKs biggest parenting website with 10 million visits per month.

[iv] Please seen Section One for more information on my study site.

[v] http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/why-breastfeed.aspx#close, Accessed 20/6/2014. The NHS added the qualifier 'around' to the recommendation about exclusive breastfeeding to WHO guidelines. As well, in contrast to both WHO and US guidelines NHS do not list any 'target' for non-exclusive breastfeeding after the six-month mark, unlike WHO guidelines which recommend 'up to two years and beyond' and US guidelines which recommend breastfeeding for 'at least the first year of life and beyond'. See also: World Health Organization, 2003, *Global strategy for infant and young child feeding*. Geneva, Switzerland: World Health Organization and UNICEF. ISBN 92-4-156221-8 and Gartner LM, Morton J, Lawrence RA, et al. (February 2005). "Breastfeeding and the use of human milk" *Pediatrics* 115 (2) 496–506.

[vi] Mothers in the UK are entitled to 52 weeks maternity leave. Employed mothers are entitled 39 weeks statutory maternity pay, defined as 90% of one's wages for the first 6 weeks post-birth and £138 a week for the next 33 weeks. The government currently provides 2-weeks of paid paternity leave (in addition to maternity leave), and an additional 26 weeks of 'Additional Paternity Leave' if the mother or co-adopter returns to work. Like maternity leave, Additional Paternity Leave is remunerated at £138 a week.

[vii] Personal correspondence with David Thomas, Senior Public Health Epidemiologist Public Health Intelligence Unit, Bristol City Council (Office of the Director of Public Health) February 2015.

[viii] See Danielle Groleau's work for the way decisions not to breastfeed as a strategy to preserve a form of cultural or sexual 'capital' for women who may not have many other forms of cultural capital at their disposal (such as income or higher-education).

[ix] More work is needed on the micro-politics of how physical spaces interface with affects to produce welcoming (and non-welcoming) environments in the context of breastfeeding.

[x] http://www.theguardian.com/lifeandstyle/2014/dec/02/claridges-hotel-breastfeeding-woman-cover-up Accessed 24/1/2016

[xi] This is not an exhaustive list of all references to breastfeeding in public on mumsnet during this time but rather represents the most clearly relevant threads.

[xii] This impulse might stronger in women in cultures like the UK where women are expected to do the lion's share of emotional labour and care work.

[xiii] This also links in nicely to the impulse within the new materialism to analyse discourse and materiality as linked and co-constituative.

[xiv] Deterritorialization can also refer to a critical orientation to everyday practice, a shift in one's assumed subject position or challenge to extant power relationships or concepts. Ideas of de/territorialisation, capture and stratification wend their way through Deleuze and Guattari's work but interpretation outlined here draws most directly on Chapters 1, 3, 6 & 10 of *A Thousand Plateaus*.

[xv] Though this will be different for different women.

[xvi] And it is worth noting that significant change in public attitudes is possible. For example we have seen significant change in attitudes about smoking following the introduction of strong legislation in 2007.

[xvii] These suggestions should be seen in the context of a wider dialogue about challenging baby formula as the normative infant feeding choice in the UK, such as by not giving out free formula to new mums in hospital and changing media and advertising landscapes in the promotion of human milk substitutes is pervasive.