
We recommend you cite the published version.
The publisher’s URL is: http://eprints.uwe.ac.uk/23364/

Referred: No

(no note)

Disclaimer

UWE has obtained warranties from all depositors as to their title in the material deposited and as to their right to deposit such material.

UWE makes no representation or warranties of commercial utility, title, or fitness for a particular purpose or any other warranty, express or implied in respect of any material deposited.

UWE makes no representation that the use of the materials will not infringe any patent, copyright, trademark or other property or proprietary rights.

UWE accepts no liability for any infringement of intellectual property rights in any material deposited but will remove such material from public view pending investigation in the event of an allegation of any such infringement.

PLEASE SCROLL DOWN FOR TEXT.
Using liminality to understand mothers’ experiences of long-term breastfeeding: ‘betwixt and between’, and ‘matter out of place’.

Dr Sally Dowling
University of the West of England, Bristol
Outline

• Context/background
• Long-term breastfeeding
• Liminality
  • Overview
  • Liminality and health
  • Liminality and breastfeeding
• Study methods
• Findings and discussion
  • Using liminality to think about long-term breastfeeding
Context/background

• Breastmilk is the optimum nutrition source for babies.
• Important in improving public health and reducing inequalities; UK policy priority.
• WHO guidance
  • Exclusive bf for 6 months
  • Continue for ‘up to two years of age of beyond’ (WHO, 2003:7-8)
• UK bf initiation rates are high but decline rapidly - 34% still bf at 6 months, only 1% exclusively (McAndrew et al, 2012).
• Long-term breastfeeding is uncommon
  • Women who do this are considered unusual or odd
  • This work thinks about bf beyond ‘usual’ limits
Long-term breastfeeding

• Small amount of research, mostly from North America/Australia, some recently from the UK
• Focus on:
  • Difficulties carrying out socially unacceptable/stigmatised practice
  • Gradual withdrawal of support from 6-8 months
  • Increasing pressure/coercion to wean 12 months and beyond
  • Importance of La Leche League support
  • Secretive/hidden nature of the practice (concealed from health professionals and wider family)
  • Experience of emotional benefits – bonding, close relationships
  • How women make sense of what they do
  • The relationship between long-term bf and other parenting practices
Liminality - overview

• Related ideas – ‘betwixt and between’ Turner, 1969) and ‘matter out of place’ (Douglas, 1966).
  • ‘Neither here nor there’

• Building on work on rites of passage – separation, transition and incorporation.

• In the liminal state existence is neither how it was before or how it will be afterwards.

• Culturally prescribed/shared rites of passage enable people to develop new identities.

• Liminal states can suggest danger/threat.

• Social consequences of crossing boundaries
  • ‘Matter out of place’ – ‘me’ and ‘not me’ products – taboo

• Communitas – shared space occupied by those in the liminal phase (also associated with structure and anti-structure).
Liminality and health

• Used to examine a range of health issues
  • Examples include: the sick role, refugees’ status, living with chronic pain and fertility treatment, cancer treatment, mental health issues

• Explicit links made about being between social identities...
  • Pregnant/not pregnant; fertile/infertile

• ...and to think about space and time
  • Madge and O’Connor ‘a time out of time’ (2005:84)

• Has also has been used to think about women’s health issues
  • cervical cancer screening (Forss et al., 2004), childbirth rituals (Hogan, 2008) and premature birth (Taylor, 2008).
Liminality and breastfeeding

• Mahon-Daly and Andrews (2002)
  • Space and place in relation to contemporary experiences of bf.
  • Very well cited paper – findings often referred to but liminality not discussed in depth.
  • Breastfeeding in many communities is a ‘marginal and liminal activity, rarely seen and barely spoken about’ (Dykes, 2006:206).

• Breastfeeding and liminal experience discussed by Mahon-Daly and Andrews in three ways:
  • Post-natal period - not pregnant, not ‘normal’; lasts until women stop lactating and reintegrate.
  • Behavioural rituals in which women move in and out of places comfortable to breastfeed.
Study methods

- Qualitative design using micro-ethnographic methods
  - Participant observation
    - 3 groups, over 80 women
    - Bf new-borns to 4 year olds
  - Face-to-face interviews
    - 6 women
    - Bf 11 children, 18 months to 4.5 years
  - Online asynchronous interviews using email
    - 4 women
    - Bf 4 children, 14 months to 6.5 years

- Intention – to explore women’s experience of successfully breastfeeding their babies for over six months and whether this could be used to help more women to breastfeed for longer.
Findings - overview

• Findings concur with earlier studies
• Group of strong-willed, determined women, ‘doing the right thing’
• Most ‘always knew’ they would bf, felt that it was ‘natural’
• For most, long-term bf happened gradually; many found it ‘shocking’ before they bf long-term
• Links between long-term bf and other decisions about parenting and child-care
• Difficult consequences for many (personal well-being, relationships and paid employment)
• Some had support but for many it is isolating
• Breastfeeding in public
Discussion – liminality and long-term breastfeeding

• Most breastfeeding women experience integration fairly rapidly; the women in this study remained in a liminal state for some time.

• Experience continues to be different from those who breastfed and stopped and those who never breastfed.

• Participants recognised that they were in a different place when other mothers were returning to ‘normal’.

• They talked about entering a phase from which an exit was not apparent.

• It was hard to see how to move into another place.

• They talked about being apart from other mothers.
  • Committed to a way of life without a clear end, a phase with no end
Discussion – liminality and long-term breastfeeding

- New understandings of themselves and new ways of communicating with others about their ‘new world’
- Use of space when breastfeeding – where, who with and moving in and out of different spaces.
- How spaces are interpreted as both public and private.
- The use of strategies to bf in public.
- The use of support groups, ‘like-minded people’ as secure liminal spaces; shared sense of community (virtual as well as ‘real’).
- The recognition that life would never be the same again; building of new identities.
Discussion – liminality and long-term breastfeeding

• Findings support those of Mahon-Daly and Andrews.
• Breastfeeding can be seen as a time of transition between states – ‘both/either’, ‘not-quite-either’
• *Communitas* – inhabiting a common space, identifying with others, sense of belonging.
• Women feel themselves marked out as different, between social identities.
• ‘...at once no longer classified and not yet classified...’ (Mahdi et al., 1987)
• Societal expectations about liminal states – these women continue to breastfeed despite societal pressure to wean.
Discussion – liminality and long-term breastfeeding

• Liminal states can be unsettling
  • For others
  • For breastfeeding women

• ‘Matter out of place’
  • Breastmilk inappropriate in specific places
  • Feeding publicly ‘breaching a cultural taboo’ (Stewart-Knox et al, 2003:267)
  • Uncontained breastmilk interpreted as lack of control; continuing to breastfeed seen as lacking control
  • Older children (with teeth and speech) – culturally disturbing and inappropriate
Conclusions

- Breastfeeding women can be seen to be in a liminal space and place, some remain like this for extended periods.
- Some never reincorporate into society as they were before.
- Women who breastfeed long-term are ‘betwixt and between’ and their actions make their breastmilk and their bodies ‘matter out of place’.
- Support helps women manage the cultural taboos. *Communitas* is a helpful concept to understand the role of support groups.
- Being in a liminal phase stigmatises these women and reinforces their status as people engaging in threatening behaviour – no apparent end.
- Confirms the need to make long-term breastfeeding more culturally acceptable – may encourage more women to breastfeed for longer.
References


Thanks also to Professor David Pontin.

sally.dowling@uwe.ac.uk