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Refereed: No
(no note)

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

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Outline

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• Long-term breastfeeding
• Liminality
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• 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 or 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

- 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.
  - ‘Neither here nor there’
- 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/way of living 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, cancer treatment, mental health issues
  • Unsettling nature of liminality/powerlessness
• 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)
  • Warner and Gabe ‘marginal spaces and unloved places’ (2004:389)
• Has also has been used to think about women’s health issues
  • cervical cancer screening (Forss et al., 2004), childbirth rituals (Hogan, 2008), fertility treatment (Allen, 2007) 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
• Thematic analysis

• 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 both 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

• 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

• 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

• 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.
Papers:


Book chapters:


References


Thanks also to Professor David Pontin, University of South Wales.

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