
http://researchrepository.murdoch.edu.au/13717
“Giving Guilt the Flick”? An Investigation of Mothers’ Talk about Guilt in Relation to Infant Feeding

Kate Williams and Ngaire Donaghue

Murdoch University

Tim Kurz

University of Exeter

Citation information:

Author Note
Kate Williams, School of Psychology, Murdoch University; Ngaire Donaghue, School of Psychology, Murdoch University; Tim Kurz, Psychology, University of Exeter.
Correspondence concerning this article should be addressed to Ngaire Donaghue, School of Psychology, Murdoch University, Murdoch, WA, 6150, Australia. Email: n.donaghue@murdoch.edu.au
Abstract

Manuals offering advice to new parents on the topic of infant feeding have recently begun to attend to the possible implications of pro-breastfeeding discourses for mothers’ subjective experiences, particularly with respect to guilt. In this paper, we present a discursive analysis of focus groups with 35 Australian mothers in which we examine how mothers discuss their infant feeding practices and their related subjective experiences. We focus on how the mothers draw upon notions of “guilt,” “choice,” and “emotional self-control” to attend to the possibility of moral judgement over their infant-feeding practices. We highlight a construction of choice that dramatically restricts permissible reasons for not breastfeeding one’s infant and a pervasive view that guilt is a natural and appropriate response for “good” mothers who do not breastfeed. We argue that the incorporation of advice to mothers that they should “not feel guilty” is unrealistic in a context in which breastfeeding is so heavily advocated and that, rather than providing relief or comfort, this advice can create an additional burden for mothers who do not breastfeed. Finally, we reflect upon the implications of our findings in relation to the provision of public health information to women making choices around how to feed their infants.

Keywords: Breast feeding, Mothers, Childrearing practices, Expert discourse, Guilt, Choice, Emotional control
“Giving Guilt the Flick”? An Investigation of Mothers’ Talk about Guilt in Relation to Infant Feeding

The breastfeeding of infants is a practice that has been heavily promoted in Western countries in recent years. Books, magazines, and leaflets for new and expectant mothers, government health policies, and advice from antenatal classes and health professionals all strongly promote breastfeeding as the superior infant-feeding method (Knaak, 2005, Lee & Furedi, 2005). The World Health Organisation recommends exclusive breastfeeding for the first 6 months and the continuation of partial breastfeeding up until the age of 2 years (World Health Organisation, 2003). In Australia, federal government policies strongly recommend breastfeeding and stipulate a target of 60% of infants up to 3 months-old being exclusively breastfed (Australian Bureau of Statistics, 2001). Despite the pervasiveness of the powerful “breast is best” imperative, breastfeeding rates in Australia are actually declining: 14% of babies are being breastfed exclusively for the recommended minimum of 6 months—a decline from 18.6% in 1995 (Australian Institute of Family Studies [AIFS], 2008).

However, even though the clear majority of mothers do not fully comply with the directive to breastfeed, there is no mainstream discourse that directly challenges the supremacy of breastfeeding. Although there are circumstances in which formula feeding can be considered acceptable, breastfeeding is accepted by most mothers as the normative and preferred method of infant feeding (e.g., Murphy, 2000; Sheehan, Schmied, & Barclay, 2010). Infant feeding can thus be understood as a site of massive private non-compliance because the majority of women feed their infants formula at least some of the time, yet they are largely invisible in doing so. In the present paper, we seek to make visible the range of practices around infant feeding and women’s subjective experiences of these by examining women’s discussions of their experiences of
feeding their babies. In particular, we examine how women work, within the narrow expert discourse that “breast is best,” to establish and maintain an identity for themselves as moral mothers when they do not comply with this advice.

There has been extensive research in the fields of medicine, midwifery, public health, and social policy that has focused on the goal of identifying and minimising barriers to breastfeeding in order to develop interventions and policies that may increase breastfeeding rates (Lee & Furedi, 2005). These studies often present breastfeeding as a personal choice and have primarily focused on identifying ways of changing mothers’ attitudes and behaviour (Knaak, 2006). Increasingly, research around infant feeding has taken an alternative, more “critical” (in the sociological, not evaluative, sense) perspective that considers women’s own accounts of their infant feeding experiences (e.g., Faircloth, 2010a, 2010b; Lee, 2007a; Lupton, 2011; Murphy, 1999; Ryan, Bissell, & Alexander, 2010; Schmied & Lupton, 2001).

The first point to emerge from this literature is the great variation in whether women themselves experience the practice of breastfeeding in a positive way. In their interviews with Australian first-time mothers, Schmied and Lupton (2001) demonstrate that whereas some women who breastfeed may experience the connected, harmonious, and intimate relationship with their babies promised in breastfeeding promotion materials, many women produced quite negative narratives around their experience of breastfeeding. Although some of these negative aspects related to issues of physical pain or social embarrassment, far more commonly mothers’ negative accounts were bound up in experiences of encroachment of the body/self as a result of the “demands” being constantly made on their body by the practice of breastfeeding.

In addition to highlighting the diversity in women’s experiences of breastfeeding, a second focus within this literature has been on how mothers negotiate issues of risk and morality
in justifying their (varied) practices of infant feeding and construct their identities as “good”
mothers in the face of medicalised directives that strongly advocate breastfeeding. Murphy
(1999, p. 189) points out that whereas the highly-publicised putative benefits of breastfeeding
make the decision to use formula a potentially morally accountable matter for women, “the rule
that ‘good mothers breast feed’ is not so rigid as to be binding under all circumstances.” There
does exist, Murphy argues, some degree of interactional space in which mothers using formula
can resist or refute the construction of their choice as morally questionable. Murphy draws upon
data from a longitudinal interview study with 36 first-time British mothers to describe how
women defend their decision to use formula against predominant health advice by rhetorically
attending to their constant vulnerability to a charge of deviance. Ryan et al. (2010) further extend
Murphy’s and Schmeid and Lupton’s (2001) analyses by examining not so much the choice to
breast/formula feeding, but rather the everyday practices of infant feeding and the ways in which
the proscribed “moral work” is managed in women’s own embodied experience and performance
of these practices.

This body of literature has also explored the ways in which these “choices” or methods of
practice adopted by women are firmly located within an ever-evolving discursive environment
that constructs particular choices in particular ways. In her historical analysis of Dr. Spock’s
famous childcare manual, Knaak (2005) draws upon an institutional ethnography approach to
map marked changes in the way in which “choices” between formula and breast feeding are
discussed between different editions published between 1946 and 1998. She highlights a gradual
change from this feeding being presented to mothers-to-be as an “actual choice” to a highly
moralised and constrained pressure. Such observations chime well with recent qualitative work
by Lee (2007a) that has mapped, through interviews and questionnaires, the experiences of
British mothers who opt not to breastfeed. Reports of worry, guilt and “failure” were routinely produced in these accounts, primarily in relation to uncertainty about doing the “right” thing and difficult tensions faced in interactions with health care professionals. To complicate matters even further in relation to choices around infant-feeding practices, very recent work has begun to highlight an emerging double-bind for women associated with decisions about what constitutes too long a period to breastfeed one’s child. This work highlights how those who take an approach of breastfeeding their child “to full term” have to confront a range of social stigma despite their practices being justifiable with recourse to risk reduction discourses (Faircloth, 2010a).

The body of literature briefly reviewed above has primarily focussed upon engaging in a critical, feminist analysis of the social and discursive circumstances within which members of society make decisions about how to feed their infants. In the present paper, we extend this work by focusing on one prevalent aspect of many mother’s experiences—guilt. Williams, Kurz, Summers, and Crabb (2012) point out that infant feeding and childcare books, magazines, and pamphlets have recently begun to attend reflexively to the connection between infant-feeding discourses and mothers’ subjective experiences (especially “guilt”). One clear example of this is in our title “Giving Guilt the Flick,” which heads a section in Baby’s First Year for Dummies (Lee, 2002) that urges mothers to stand by their infant-feeding choice and banish any guilty feelings. In examining how these texts negotiate issues of guilt in relation to overall constructions of breastfeeding as the “moral choice,” these authors show how the texts present subjectivity as something that can/should be managed by mothers, who are advised to take ownership of their decisions regarding how to feed their infants and to “give guilt the flick” (Williams et al., 2012).
In our paper, we extend their analysis beyond these advice-giving texts to consider mothers’ own reflections about how these issues play out in their experiences of caring for their infants. Rhetoric around the topic of guilt is considered from the perspective of mothers’ narratives as sites of moral self-presentation in which women construct accounts of their infant feeding practices that allow them to maintain their identities as “good” mothers. We endeavour to show the crucial role played by guilt in maintaining a position as a moral mother when not breastfeeding one’s baby.

**Three Discourses in Infant Feeding**

Three expert discourses have been identified as constituting the core of the cultural consensus that “breast is best” (Williams et al., 2012). The dominant of these discourses is based on the increasing scientific evidence that breast milk has immunological and nutritional properties that protect infants from various health risks and promote optimal physical development (Hegney, Fallon, & O’Brien, 2008; Schmied & Lupton, 2001). Consequently, breast milk is constructed as the “gold standard” and formula as an inadequate and risky substitute that significantly disadvantages infants. Formula feeding is associated in these accounts with increased risks of medical problems and inferior cognitive and physical development in children (Lee, 2007b).

A second discourse often drawn upon in breastfeeding promotion is that it is “natural” rather than “artificial.” Arguments about health issues associated with feeding infants have become linked to claims regarding the perceived superiority of what is “natural” (Crossley, 2009). Breast milk is constructed as fundamentally and undoubtedly wholesome, good, and safe. By contrast, formula use is constructed as “artificial,” which signifies that it is second-rate, risky, and negative. Thus, breast milk becomes privileged as the natural, pure choice, whereas formula
becomes understood as a highly unfavourable artificial (and not fully successful) attempt to imitate its “natural” counterpart (Wall, 2001).

A third, related discourse constructs breastfeeding as a reflection of a “natural” maternal bond that cannot be entirely replicated by formula-feeding (Wall, 2001; Williams et al., 2012). Popular and scientific notions of attachment and bonding are used to convey that the “supportive emotional experience” produced by breastfeeding is essential to development of an infant’s personality and brain structure and function. Thus, the promotional materials for breastfeeding emphasise the physical and psychological benefits of breast milk and breastfeeding for infants, and they rarely consider the (sometimes competing) needs of their mothers.

**Neoliberalism and the Moral Mother**

Individual freedom and self-responsibility are core values of contemporary neoliberal Western societies (Giddens, 1991; Rose, 1996). Adopting insights from the work of Foucault (1984), many scholarly analyses have emphasised how individuals in these societies are seen as having both the right and the responsibility to make choices about the conduct of their own lives—with coercive intervention or control being viewed as an undesirable last resort. Expert information is widely disseminated to provide guidance, and individuals are expected to use this information to make informed choices that will optimise their outcomes while mitigating risk (Murphy, 2000, Petersen, 1997, Rose, 1996). Over time, this expert information is woven together with everyday experience and is reproduced via the media and other institutional practices to form discourses that constitute normative understandings about the “best” or “right” ways for people to manage various aspects of their lives. Discourses are thus a vehicle for the translation of expert, often “scientific,” knowledge to everyday life. Although compliance with the precepts of an expert discourse is rarely directly mandated or enforced, the promotion of
particular actions as “best practice” simultaneously renders other, non-compliant “choices’ as inferior and therefore suspect. In this way, citizens of neoliberal societies come to understand themselves as being both free to act as they choose and morally accountable for the outcomes of their choices (Rose, 1996).

Infant feeding and the nutritional status of children are longstanding issues of national concern and a feature of women’s lives that is subjected to considerable expert scrutiny (Murphy, 1999). Here, the individual self-responsibility of neoliberalism extends beyond mothers to include the responsibility for choices made in relation to their children, and mothers thus become subjects of the “regimes of truth” (Foucault, 1994) that proscribe how they can best optimise their child’s physical and psychological development while mitigating the risks of harm. Infant feeding is an example of the way in which calculations of risk (both of harm and of sub-optimisation) have been translated into expert recommendations about personal behaviour (Murphy, 2000), and it exemplifies the many ways expertise is central to power relations that both animate and discipline women’s practices of self-government. Although policies and expert advice that exhort mothers to breastfeed exclusively are informed by evidence from actuarial predictions of relative risk, the selection and confirmation of such risk factors is often controversial and the evidence about causal links is often not incontrovertible (Wolf, 2011). Expert advice thus cannot be understood as a neutral reflection of information about the nutritional needs of babies (Lupton, 1997; Murphy, 2000).

However, by collapsing the distinction between population-level outcomes and personal practices, expert discourses that “breast is best” serve to position the choice to use formula as an uninformed or selfish risk to the optimal development of the infant. By establishing what is understood as “normal” and “best,” expert discourses construct standards that exhort people to
regulate their own actions in the absence of force or coercion; rather, expert discourses come to be understood as normal and obvious “truths.” In this way, despite the existence of policies that promote and set targets for it, breastfeeding is understood not as an externally imposed requirement, but simply as a means of delivering to one’s child that which (one has responsibly informed oneself) provides the “best” start in life.

Preoccupation with establishing and promoting the “best” method of infant feeding can be understood as a specific instance of the wider ideology of child-centred parenting and “intensive mothering” that has become the dominant frame within which child-rearing is understood in the contemporary West (Hays, 1996; see also Furedi, 2008). Furedi (2008) documents the rise of an increasingly risk-oriented view of infancy and childhood in which the vulnerability of children is emphasised and the potential for disaster is never far from mind. Combined with this vigilance towards risk is a view of children as “delicate flowers” who require highly engineered environments in order to be able to “bloom” to their full potential. Parenting, especially mothering, is thus framed as requiring continuous efforts to “optimise” one’s child, not only by preventing harm but also by ensuring that he or she has every opportunity to maximise her/his potential. In this way the conscientious reduction of risk has come to represent an objective signifier of a mother’s moral virtue; harm is to a large extent understood as resulting from a mother’s failure to vigorously pursue the goal of maximising the physical, psychological, and emotional outcomes for her child. As a result, mothers become subject to a narrow focus on behavioural choices that leaves them vulnerable to moral judgement and serves to divert attention from the circumstances in which women undertake the work of infant feeding.

One conclusion from the above research is that it has become increasingly difficult to
distinguish the presentation of information and evidence about feeding babies from a campaign against formula use. Lee and Furedi (2005) argue that many publications have turned discussion of feeding babies into uninhibited advocacy of breastfeeding. The maxim “breast is best” dominates the context in which women decide how to feed their babies, and in turn, how they exhibit and defend such decisions (Marshall, Godfrey, & Renfrew, 2007). Murphy (1999) concludes that infant feeding is “a moral minefield,” scattered with righteous prescriptions of maternity (also see Bartlett, 2003). Under this discursive framing, formula feeding is constructed as a willingness to risk the physical and psychological health of a vulnerable child and, in this form, cannot help but invite moral judgement. Thus, despite occurring as part of a focus on a mothers’ choice, the phrase “breast is best” does not offer a genuine choice around feeding practice; rather, it is a mandate to perform culturally endorsed maternal identities that map onto moral and social values.

**Giving Guilt the Flick?**

As discussed earlier, recent feminist scholarship has disputed the underlying assumptions of the growing medical and institutional imperative to increase breastfeeding rates and has focused on the additional burdens created for mothers by an intensive cultural focus on identifying and promoting narrowly defined “best” practices in infant feeding (Baker, Choi, Henshaw, & Tree, 2005; Knaak, 2005; Lee & Furedi, 2005). Several authors have drawn upon women’s accounts of breastfeeding, as well as formula-feeding experiences, to highlight the subjective experiences of guilt, inadequacy, and isolation for many women who use formula (e.g., Lee, 2007a; Murphy, 1999; Sheehan et al., 2010; Wallace & Chason, 2007). These experiences of guilt have now themselves become a target of expert advice and intervention; Williams et al. (2012) observed that the instruction “don’t feel guilty” has increasingly become
incorporated into childcare materials over the last decade.

The current study seeks to extend the literature exploring mothers’ accounts of their infant feeding experiences by tackling a theoretical question that has not yet received attention—namely, how the injunction “don’t feel guilty” is taken up and/or rejected by women in their self-presentation as moral and ethical mothers. We investigate whether the apparently simple injunction to mothers to fully own their infant feeding “choices” and to “give guilt the flick” is taken up by mothers with relief, or whether this apparently benign instruction ushers in new obligations for mothers to manage not only their practices of infant feeding, but also their subjective experiences. In doing so, we aim to explore how this new element of infant feeding advice combines with the previously identified discourses of risk, choice, responsibility, and optimisation to provide an integrated “common sense” framework within which women work to negotiate a position for themselves as a “good” mothers while attempting to find infant feeding practices that suit their particular circumstances.

**Method**

**Participants**

Thirty-five heterosexual women with a youngest child under two years of age were recruited to participate in focus group discussions about their infant feeding practices. Qualitative data were collected from nine focus groups, with each containing three or four participants (and with the exception of one group of eight). Twenty-one women (60%) were first-time mothers. Twenty-nine mothers identified as Australian, three as British, two as South African Australian, and one as Malaysian Australian. Although demographics relating directly to social class were not collected, the data relating to occupation (or occupation prior to childbirth), level of education, and suburb indicate a primarily middle-class group of participants.
Participants were from diverse areas of Western Australia, including Perth’s western, northern and eastern suburbs, as well as the regional centres of Rockingham and Kalgoorlie. Participants indicated that their primary sources of infant feeding advice came from books, lactation consultants, midwives, family and friends, and online.

Participants were recruited by contacting existing mothers’ groups or individual mothers by email and phone. Contact details of potential participants were gathered through people involved in maternity or childcare settings, including a midwife and a childcare worker, and through onward referrals from participants. Twenty-five women participated as part of existing mothers’ groups. In the case of individual mothers, each mother was contacted directly and invited to participate in a focus group discussion at an agreed time and location. Ten mothers participated in this way.

Mothers were invited to participate regardless of their feeding practice in order to access potentially different discursive constructions surrounding infant feeding decisions. Among mothers in the study, rates of breastfeeding initiation were in keeping with the Australian rate of 92% (AIFS, 2008), with all but one mother (97%) initiating breastfeeding in hospital. However, also in keeping with the national rate (86%: AIFS, 2008), the majority of mothers reported breaking at least some of the expert-defined guidelines for infant feeding; for example, 24 (69%) of the participating mothers introduced formula before the recommended 6 months.

**Procedure**

Our primary interest in the current study was in examining collective sense-making around the issue of infant feeding. As such, we wished to explore the ways in which mothers talked to each other and built accounts of their infant feeding decisions that could be seen to “work” in particular interactionally relevant ways. Moreover, we also aspired to generate talk
that occurred in a relatively naturalistic conversational context rather than producing singular answers to direct interview probes. We therefore chose to conduct focus groups (rather than individual or group interviews) because this methodology allows for participants to actually query each other and explain themselves to one another. This feature of focus groups is particularly beneficial for examining the ways in which culturally normative or proscriptive discursive formulations operate (Morgan, 1996). Focus groups allow one to study the actual ways in which cultural “common sense” is produced in interaction, with this process often involving the kinds of joking, arguing, teasing, and comparison of anecdotes between participants that focus group discussions allow and facilitate (Kitzinger, 1994, 1995).

Focus groups were guided by schedules that included questions designed to explore mothers’ personal decisions in infant feeding, as well as their experience of the broader context of advice surrounding the topic. The focus group sessions lasted between sixty and seventy-five minutes. The sessions began by asking mothers to describe their feeding practices and then moved on to ask about their perceptions of the messages surrounding breast and formula feeding. Participants were then explicitly invited to discuss recent messages to mothers that emphasise not feeling guilty about formula feeding. Although the focus group sessions were guided by schedules, they were flexible and dynamic with participants talking easily and at length with each other and largely controlling the direction of the discussion. It is worth noting, however, that the focus group context is of course not completely naturalistic in so much as it is a conversational context set up by the researchers with the specific intention of generating conversation about infant feeding advice and associated issues of guilt. As such, the focus group method employed does not fully ameliorate some of the limitations of interview methods identified by authors such as Potter & Hepburn (2005). Participants’ responses are likely to have
been influenced to some degree by their reflexive orientation to (their impressions of) the research context and the other women present. The great majority of mothers in our study had some experience of breastfeeding, and most had not fully complied with the guidelines to exclusively breastfeed to 6 months. This “mixed” sample may have allowed the discussions to proceed in a different manner than had participants been more heavily characterised by exclusive breast or formula feeding. With these contextual caveats in mind, however, we considered focus groups to be the most suitable method by which to investigate the ways in which mothers discursively navigate the common imperatives of expert advice when talking about their own infant feeding practice.

All focus group sessions were digitally recorded and subsequently transcribed. All participant names that appear in the analysis section are pseudonyms. At the conclusion of recording, each participant was given a brief demographic questionnaire to complete. All procedures used in the study were approved by Murdoch University’s Human Research Ethics Committee.

**Data Analysis**

Our approach to analysis can be located within the Foucauldian theory of power and discourse (Foucault, 1994; Kendall & Wickham, 1999; Parker, 1992; Wetherell, 1998). Our primary aim was to identify the discourses drawn on by women in their discussions, and the ways in which specific discursive constructions were used in developing accounts of their own and other mothers’ practices to produce morally laden explanations of these practices. However, although we locate our analysis within a constructionist epistemology and an action-oriented view of language (e.g., Potter & Wetherell, 1987, and thus we do not assume that the accounts constructed by our participants provide a simple reflection of their “actual” feelings and
experiences, we also do not consider these discursive practices as simply interactional resources, with no “reality” beyond their use in a specific interaction. Following a Foucauldian framework, we view social discourses as constitutive of subjective experience by creating the frameworks of understanding within which people make sense of their own thoughts, feelings, and actions. Thus, although our primary focus is on how particular accounts of infant feeding are discursively constructed by these mothers and we do not claim that they reflect a transparent “reality,” we nonetheless consider the discourses from which these specific constructions are produced to be powerfully consequential for the lived experience of mothers as they make and justify decisions related to how they care for their infants.

Preparing the data for analysis involved collecting a body of instances of talk that was related to the key issues under investigation. Following transcription of the focus groups by the first author, each of the three authors independently reviewed the transcripts, and over a series of meetings, the data corpus was narrowed until the final body of instances included the issue that appeared to us to be the most central to mothers’ accounting practices. The focus group discussions (and the framing of the study more generally) were specifically oriented towards examining participants’ accounts of the issue of guilt, and so unsurprisingly this theme was a dominant feature of their talk. In discussing their own infant feeding practices and reflecting on issues around guilt, participants drew extensively on themes of personal choice, responsibility, parenting philosophies, risk, health, self-control, and support. We began working with the data by organising extracts according to these themes, and we developed our analysis by closely examining how arguments and accounts were constructed by drawing out and combining elements of these general themes.

**Results and Discussion**
In this section we present analyses of extracts from the nine focus groups to demonstrate three key analytic points. First, we examine how women talk about their subjective experiences, particularly “guilt,” in relation to their infant feeding practice—with particular focus on their attendance to the increasingly pervasive prescription to “not feel guilty.” Second, we focus upon the ways in which constructions of “personal choice” were drawn upon by participants in their accounts of infant feeding practices and the limitations of such constructions in a cultural context in which breast feeding is so often presented as the “right” option. Finally, we examine the ways in which mothers talked about the regulation of emotions such as guilt. Through our analysis, we build an argument suggesting that a series of tensions and contradictions render the maintenance of a guilt-free existence a difficult task that has to be constantly reworked and renegotiated in everyday interactions. These tensions revolve around the construction of guilt as, on the one hand, the “appropriate” and “natural” emotion for a “good” mother to experience if she does not breastfeed, and, on the other, something that a mother must keep under control or banish “for the good of her child.”

“Don’t Feel Guilty”

All mothers who participated in our study indicated awareness of the culturally dominant expert advice currently given to Western mothers that “breast is best.” None discussed their experiences without reference to this representation. However, despite the widespread endorsement of the cultural script that “breast is best,” mothers also displayed an awareness of the recent injunction to not feel guilty if they do not breastfeed. Consistent with Williams et al. (2012), many mothers who used formula reported that the instruction, “don’t feel guilty,” was routinely offered by family, friends, the media, childcare materials, and health professionals. One mother’s experience with this advice is illustrated in the following two extracts:
Extract 1
Chloe: Because you’re not supposed to feel guilty now if you go onto a bottle or anything like that, but I think there was more guilt on me back then (when I had my first child) about choosing to go on bottles.
Kate: So why do you think, um, where does that idea come from that you’re not supposed to feel guilty now?
Chloe: Well that that message that you do hear that, um, if—if you’re going to choose—you see the articles on bottle feeding and um other mothers that are saying you know there is nothing wrong with it if you make that choice it’s your personal choice so you take ownership for it and, um, the baby is going to survive, is going to be alright and everything through the bottle feeding.

Here, Chloe reports that mothers are not “supposed” to experience guilt. However, by attributing this assertion to other sources (“articles” and “other mothers”), she distances herself from the claim that “there’s nothing wrong” with formula. In this way, “don’t feel guilty” is not personally endorsed in the same way that “breast is best” typically is. Furthermore, the specific evidence drawn upon here by Chloe to bolster the reported argument for “guilt free” bottle-feeding is itself interesting. She refers to “the message” that the baby is “going to survive” and that it will “be alright,” which is hardly a strong endorsement for formula feeding. The somewhat contradictory nature of the “don’t feel guilty” trope is illustrated more explicitly in the following extract:

Extract 2
Emily: And there is now a lot of focus on making people, you know, saying “oh you do have a choice” and you- you know, “don’t feel guilty” and all of that but it did make me realise, yeah, breast is probably still much better. (laughter)
Chloe: Yeah, I remember reading once that with - with breastfeeding even just getting the first two weeks where you’ve got all that colostrum and everything, actually just getting into the system of the baby is apparently really worthwhile and beneficial to do, and um, I’ve always reassured myself knowing that when things have happened and I’ve gone onto the bottle that I did breastfeed for that initial period as well, I never went straight onto a bottle, it was never my intention to go to straight onto a bottle.

In Extract 2, Emily herself alludes to the potential for a focus on not “feeling guilty” to actually further bolster medicalised arguments for breastfeeding as optimal. Despite this
statement being met with laughter by the group, we see how this is followed by Chloe (who introduced formula before 6 months) establishing her commitment to breastfeeding by emphasising the benefits of breastfeeding for even a short time. We see here how a discussion of the call to women to “not feel guilty” led to a reproduction of “breast is best” as Chloe works to shore up her own morality by reaffirming that she did breastfeed while she could and declaring that her use of formula was not her “intention.”

The recurrent association made between formula and guilt further illustrates the reluctance of mothers to endorse the call to “not feel guilty.” Every mother, regardless of her feeding practice, drew on the notion of guilt at some point or other in describing either her own experiences of guilt, the experiences of friends, or a more generic expectation that feelings of guilt would accompany formula use. Furthermore, despite often receiving the advice “don’t feel guilty,” every mother (bar one) who had contravened the expert guidelines and introduced formula before 6 months did indeed describe feelings of guilt relating to her infant feeding practices:

Extract 3
Emma: I felt guilty a lot for a long time with (my daughter) because I thought oh, I had to stop breastfeeding, we’re not going to be close now.
Tara: Yeah actually I cried, I had a few cries after I stopped with (my son) because I don’t know if I felt the connection—the connection was broken or if I’d read so much about this connection that I ended up thinking if I stopped trying—if I stopped trying to breastfeed I’d lose that connection. I don’t know if that would have happened to me if I hadn’t had read all that stuff and heard all that stuff.

Extract 4
Olivia: Guilt that you’re not doing the best by your child, guilt that you’re not a proper woman if you can’t breast—if you can’t produce milk.
Tara: Guilt that your stomach’s not going in fast enough because you’re not breastfeeding that was a big one for me. (laughter)
Olivia: Guilt that you’re not doing your job properly as a mother if you can’t.
Tara: Guilt that you’re being lazy coz you’re not sticking at it longer, that you’re giving up.
Emma: Oh yeah that’s the key word there, giving up.
As illustrated in Extracts 3 and 4, most women who introduced formula before the recommended 6 months recounted negative subjective experiences in vivid ways reminiscent of those identified in Lee’s (2007a) sample of British formula-feeding mothers. Mothers in our focus groups drew upon commonly identified “breast is best” discourses (outlined by Williams et al., 2012) to explain their feelings of guilt. For instance, in Extract 3, Emma talks about feeling guilty that the bonding required for an infant’s development and growth was threatened by formula use, and in Extract 4, Tara and Olivia talk about failing in their role as “proper” mothers. This establishes them as having a demonstrable understanding that breastfeeding is irrefutably superior, as well as an awareness that their decision to introduce formula defied expert recommendations.

As has been suggested previously by Murphy (1999), such pronouncements also work, arguably, to head off potentially anticipated attempts at “re-education” on the “superiority” of breastfeeding. By demonstrating that they are aware of “breast is best” and emphasising that their experiences of guilt resulted from “not doing the best” for their children, these accounts work to establish the naturalness and appropriateness of the experience of guilt. This serves to establish the feeling of remorse and regret about “giving up,” and thus goes some way to counter the potential charge that the responsibility for their infant’s well-being is being taken too lightly.

Ryan et al. (2010) argue that the simple and ubiquitous expectation that mothers will breastfeeding sets women up to expect to do so without difficulty, and when this is not the case, they have few discursively available positions other than the ones that say “I failed” and “I feel guilty.” However, we argue that the disclosure of a mother’s experience of guilt is also a discursive resource that functions to establish that a mother meets the criteria of a “good” mother
despite not breastfeeding. It establishes that they feel the “natural” and “appropriate” way about their “failure” to do the “best” thing for their baby.

The majority of mothers who were contravening the guidelines, although describing experiences of guilt, employed arguments to defend their formula use in order to establish that they ought not to feel guilty about not breastfeeding:

Extract 5

Brooke: I think also it’s the whole bonding thing there’s quite a strong message at least in the birthing class we went to that a big part of breastfeeding is bonding, and of course the subtext of that is if you bottle feed you might not bond as well with your baby, um, which I really think is why I was so stressed about getting her on and her feeding, and we have much nicer cuddles now with the bottle, and, you know, the stares and the snuggles and the whole thing than we did in those early days so.

Ella: But you still can you can still have the bonding with the bottle because you know you can still I mean you know he still now after all this time still turns his head on my left boob.

Brooke: Yep on to your boob—

Ella: and I just

Brooke: —and snuggles.

By asserting that their bonding experiences with their infant were “nicer” (and therefore strengthened) because of their introduction of formula, Brooke and Ella use the evidence of their experience to counter the supposed deficits of formula feeding. These mothers subtly redefined expertise to privilege their own practical experience over generic expert advice, allowing them to legitimize their feeding practices while simultaneously complying with the neoliberal requirement of informed, expert-led practice.

Despite their assertion that they ought not feel guilty, each of these mothers strenuously explained that they do feel guilty because it is an inevitable, natural response to not being able to do what is so widely agreed is best for the baby:

Extract 6

Brooke: … to say “do not feel guilty or think that you are giving your baby second best,” the reality is, I think you are going to feel a bit guilty, and you are
probably going to feel a bit like you are giving your baby second best, but trying to balance that with, you know, the fact that it’s all going to be OK.

Here, Brooke claims that guilt is the “reality” for formula-feeding mothers. This notion is further supported by the claim that most mothers would at least want to try to breastfeed their infants:

Extract 7
Olivia: You’re definitely scorned if you - coz even me with my cousin, I’m like “what, you don’t even want to try?” I’m guilty of being a bit perplexed that she didn’t even want to try and breastfeed.
Tara: I think that’s extremely uncommon though, so it’s natural to have that thought “you want to have a child but you don’t want to try breastfeeding?” To me I think they go hand in hand—
Sophie: Yeah absolutely
Tara: —in mothering.
Sophie: Well they say that the antibodies in the breast milk, you know, the effects that it has on the child, it’s, you know, you can’t replace that with formula, so I think it would be weird for someone not to try to, you know, give that to their child.

This construction of what is “uncommon” and “weird” for mothers not to “want” bolsters the obviousness of the superiority of breastfeeding and thus positions (non-“weird”) mothers in a default position of (at least) wanting to “try.” By endorsing the naturalness of the desire to “try,” this construction sets up a corollary that those mothers who don’t continue to breastfeed have (however understandably) “failed” and are thus likely to feel at least a little guilt.

The notion that guilt is normal and natural for remorseful formula-feeding mothers is also reinforced by the talk of mothers who claimed that they did not feel guilty about using formula. Of 24 mothers who had “violated” expert recommendations, only two denied experiencing feelings of guilt when they ceased breastfeeding, with one of these mothers talking both about feeling guilty and not guilty as different points of the discussion. These two mothers did not simply declare their lack of guilt however. Rather, they vigorously explained why they did not feel guilty. Thus, even though these mothers were acting consistently with the expert
encouragement to “not feel guilty,” their accounts nonetheless appeared to be designed to rebut the potential allegation that their lack of guilt is unnatural, inappropriate, selfish, or irrational—that they are, by implication, bad or, as Murphy (1999) puts it, “deviant” mothers. The first mother’s account appears below:

Extract 8
Carmen: I don’t feel guilty, because I think I’m still doing what’s best for what she wants.
Ashley: yeah
Carmen: I’m not feeling guilty and I mean my sister has got two little girls a 3 year old and a 7 month…they say breast fed babies don’t get as sick and I’ve seen the exact opposite, so, I don’t feel guilty as I’ve seen my niece and she is such a healthy smart little girl and she had to be bottle fed from 2 weeks old.
Kate: And did that change the way you felt about it when you introduced formula?
Carmen: I wasn’t worried, I thought “this is what she (my baby) wants,” I’m not going to feel guilty about it…yeah I don’t have a problem with it and she is healthy and happy so um there is no point in worrying about it.

In order to assert that there is no cause for guilt in her case, Carmen employs arguments similar to those used by other women who did report feelings of guilt, such as that a mother knows what is best for her child and that there are no observable differences between children who are breastfed and formula-fed. In the above extract, Carmen’s rationale for introducing formula is couched in terms of her infant’s needs (e.g., “I’m still doing the best for what she wants”). Despite this commonality, she was unique in also providing some non-child-centred reasons for formula feeding:

Extract 9
Carmen: And I find it (laughter) much easier (laughter) actually to use a bottle, um, now and I enjoy feeding her more using a bottle, so it’s good for me and it’s good for her.

Extract 10
Carmen: I mean I never had any issues with breast feeding, and it was my decision to introduce that bottle at night, and…you know I wanted to have a good sleep, I didn’t want to wake up every 2 hours, I like my sleep and that was important to me, so I didn’t have an issue with it, and it worked and I’m happy with it.
In Extracts 9 and 10, in order to present her absence of guilt as reasonable, Carmen emphasises that her own needs and desires are equal (and importantly, not detrimental) to her infant’s.

By contrast, the second mother (Zoe), who introduced formula 2 months short of the recommended 6 months, was concerned with emphasising that her baby received all the benefits of breastfeeding in the first crucial months:

Extract 11

Zoe: I think I’ve done it for as long as I can, and um, I’m always of the mindset that like, you know, I did it for 4 months so I think yeah, they got all the goodies in them, that was long enough, I felt that was long enough for me so, I mean the longer you can do it the better, but I was happy, I didn’t feel guilty at all.

Here, Zoe heads off a potential accusation of “bad” mothering by asserting that 4 months is sufficient to provide the health benefits (“the goodies”) of breast milk. In suggesting that her infant received “all” of “the goodies’ in 4 months, she demonstrates her compliance to expert-led practice but also asserts her authority as knowledgeable about her infant’s nutritional needs. This argument represents a flexible rhetorical modification of expert guidelines reminiscent of those observed by Faircloth (2010) in relation to “long term” breast-feeders, rather than a direct challenge to them. By stating the “longer” is “better,” Zoe simultaneously acknowledges the expert advice that breast feeding is important and makes the 6 month recommendation seem somewhat arbitrary.

These two mothers, Camen and Zoe, orient their accounts to the potential for their lack of guilt to render them vulnerable to a charge of deviance from expected natural and moral subjective experience. Their accounts are constructed in a way that attends to such a charge and maintains their position as moral mothers.

Justifying and Owning Choices

There were mixed responses among mothers to the instruction “don’t feel guilty.” As
shown above, only two mothers endorsed the instruction in a personal sense by asserting that they did not feel guilty. Mothers who described an oppressive focus on “breast is best,” and those who described feeling especially guilty in spite of being repeatedly told not to, often stated that it was a token message that has the contrary effect of making guilt more likely in mothers who could not breastfeed:

Extract 12
Brianna: …they shouldn’t mention formula-feeding and guilty in the same sentence, even if they’re saying that, um, “don’t feel guilty?”
Chelsea: They are implying that perhaps you are feeling guilty.
Brianna: Or if you weren’t then you start reading it going “oh, maybe I should be feeling guilty.”
Chelsea: Yeah “why am I not guilty?”

By contrast, those who breastfed in line with expert recommendations were more likely to indicate that “don’t feel guilty” was a helpful message for mothers who could not breastfeed. Regardless of whether the women claimed that it was helpful or harmful, a common construction that underpinned participants’ assessments of recommendations to not feel guilty was the notion of “individual choice.” Participants commonly constructed feeding decisions as being an individual choice and made calls for health professionals to respect this choice:

Extract 13
Chelsea: So maybe not even putting comments on how women should feel at all. It should be just things like yeah “we have choices” and “one can make a case for either formula-feeding or breastfeeding” and you just list the pros and cons and at the end of the day it is up to the women to make the final decision or the parents to make that decision, you know?

Extract 14
Rachel: I don’t think you should have to feel guilty if you don’t breastfeed, I don’t think that’s fair, I think it’s - it’s personal choice.

Despite the overwhelming focus on choice illustrated above, elsewhere each mother is careful to make a clear distinction between “wanting to” and “needing to” use formula. The distinction is primarily utilised to justify and contextualise formula use before 6 months, but also
when evaluating others’ feeding practices. Twenty-three of the 24 mothers who introduced formula before 6 months positioned themselves as unable to breastfeed due to circumstances beyond their control:

Extract 15
Lilah: And especially once my milk never came in I thought, well, [I didn’t have a choice]
Amelia: [You’ve done the right thing]
Lilah: Yeah
Amelia: Yeah exactly
Lilah: You know like what was I supposed to, do let him starve for 2 weeks and then go, oh, whoopsie?

Extract 16
Rachel: My doctor was pretty supportive.
Danielle: My family wasn’t, they said well you’re not giving her the best care, and I said well my boobs hurt, like I’m just not like—she was literally sucking me dry, I swear if she went “pfff,” powder would come out, coz there was just nothing in there and I said “well, I cannot breastfeed her anymore, if I do not give her formula she will starve so I did not have a choice, and they were like well, I guess so.

In Extracts 15 and 16, the introduction of formula was presented not as a choice but as the inescapable outcome of an inability to produce sufficient milk. In emphasising that their baby would have “starved,” these accounts clearly imply that the decision to introduce formula was involuntary. Moreover, the decision to use formula was presented as reluctantly made in acquiescence to the baby’s needs. As Murphy (1999) also observes, these mothers stressed their dedication to breastfeeding and their disappointment at being unable to do so. In so doing, these women present themselves as “good” mothers—not in spite of, but because of, their decision to formula feed.

The distinction between “wanting to” and “having to” was also employed by women, regardless of whether they breastfed or formula-fed, when evaluating others’ feeding practices. Many mothers, including those who reported feeling judged when they introduced formula,
talked about the high likelihood of mothers “giving up” breastfeeding too early or too easily:

Extract 17
Amber: …it just depends on how determined they are, if they are not really fussed about breast feeding and they’re having difficulty then they might just rather give up rather than going and getting assistance, because you know they should just be able to do what they want to do.

In Extract 17, despite invoking a notion of choice in her assertion that mothers “should be able to do what they want to do,” by drawing on a rhetoric of personal determination Amber suggests that breastfeeding mothers are those resilient women who choose to persevere, whereas it is those who are not sufficiently committed to breastfeeding that “give up.”

A similar notion is illustrated below:

Extract 18
Hailey: I think that [saying happy mums equals happy bubs] risks losing [the message of breast is best]—because I think then it’s basically saying “oh, do whatever you want whatever,” which is good but—
Zoe: Yeah but have a go.
Hailey: —It’s like saying “eat healthy, but you know if you can’t be stuffed, have junk food.” (laughter)

Here, Hailey indicates that “doing whatever you want” involves too lightly disregarding the expert advice that “breast is best.” Thus, although participants asserted that mothers should have, and do have, a real choice in infant feeding, the ways in which their own and others’ “choices” were constructed in these accounts actually undermined this argument by suggesting that women will not make the “right” choice unless there is some degree of pressure on them to do so.

Furthermore, this distinction between “wanting to” and “having to” formula feed was important to the ways in which normative expectations of “guilt” were constructed. Many participants suggested that women who choose to use formula do not experience resultant feelings of guilt. Feelings of guilt, and therefore the need to assuage guilt, are reserved exclusively for those who cannot breastfeed:
Extract 19
Anna: Like I was saying before, there’s women who feel completely cheated that they didn’t get to have a natural birth and feel that they should’ve got to experience that and all that, and I think people who don’t want to have a natural birth, they don’t feel guilty necessarily. Women who don’t want to breastfeed aren’t going to feel guilty for their choice, if you want to do something really badly and you can’t do it, I think that’s where their problem lies.

Here, the notion of “choice” is used to differentiate between mothers who “want” to breastfeed and mothers who do not. By suggesting that these two categories of mothers experience guilt differently (that is, with only mothers who want to breastfeed experiencing feelings of guilt), Anna positions mothers who do not display the “correct” desire to breastfeed as not feeling remorse, and therefore as not caring about their “failure” to give their child the “best” start. This is point further illustrated:

Extract 20
Lauren: I think if they can’t do it I, I would say that they feel more guilty than people that choose not to.
Kate: Really?
Lauren: Because if they choose not to, then they shouldn’t care what other people think.
Charlotte: Yeah
Gabriella: Yeah
Lauren: It’s, it’s their choice, so you know, if—
Gabriella: They’ve made that decision.
Lauren: —Yeah, if they feel—
Gabriella: But it’s funny.
Lauren: —strongly enough not to feel guilty.
Gabriella: My sister, you know, she couldn’t um breastfeed, I don’t—because she…when we went and saw her in the hospital she was like as white as this paper, she looked awful and I think her milk didn’t come in properly because of that experience.
Charlotte: The trauma
Lauren: Yeah
Gabriella: But she didn’t give it a go, she was just like “oh well, I’ll just put him on the bottle,” I don’t know that she felt guilty about it, like it didn’t come across like that, yeah, she just thought “oh well, too bad, I’ll just do it this way.”

Extract 20 illustrates the ways in which mothers who deliberately act contrary to the established knowledge that “breast is best” were constructed as not feeling any remorse or guilt,
MOTHER’S TALK AND INFANT FEEDING

Despite not even attempting to adhere to expert guidance. This positions women who choose to introduce formula as remorseless, selfish, and irresponsible mothers who are not committed to the optimal development of their child. This relates neatly to the abovementioned notion (in Extracts 5 to 7) that feeling guilty is the “normal” and “appropriate” response of the “good” mother who cannot breastfeed. In this way, guilt becomes an emblem of a mother’s appropriate orientation towards her “failure” to do the best thing for her child and is therefore inevitable (even if unwarranted). Denying the possibility of feeling guilty to mothers who choose not to breastfeed thus subtly works to render these women as different from “good” mothers by implying that they lack the proper feeling that should accompany the understanding that one’s child is missing out on something valuable.

Emotional Self-Control

The expectation that guilt is the appropriate orientation towards an inability to breastfeed is rendered problematic by an additional obligation for women to regulate their emotions in order to be rational and responsible beings. Mothers constructed themselves, and others, as needing to be in control of their emotions, even if the occurrence of these emotions is “inevitable” for a “good mother”:

Extract 21
Olivia: It’s hard not to feel guilty, but I, I think, erm, in my own experience, when I chose to do both (combined breastfeeding and formula feeding), you’ve got to be strong enough to say to people “well look, it’s not working for me” and “so what if I feed him formula, you know, it’s not the be all and end all” yet you’ve got to be strong to overcome that guilt because people do make you feel guilty.
Tara: It has to be a choice.
Olivia: You’ve got to be very confident in yourself.
Tara: It has to be a choice to not feel guilty and then you’ve got to work on it to not feel guilty.
Olivia: Mmm
Sophie: Yep
Tara: And I ‘spose it’s, I ‘spose, it’s like grieving; you can’t not grieve but you can’t not—you feel guilty and that’s all there is to it.
Here, the personal attributes of “confidence” and “strength” construct mothers as having a choice in the way they experience their emotions. Despite implying the inevitability and naturalness of guilt, the appropriate response to such an emotion is constructed as being to “choose” to control such feelings. Furthermore, achieving the position of not feeling guilty is presented as something that a good mother will have to “work on.” The tension between “inevitable” emotions and the need for emotional control is further illustrated below:

Extract 22
Brooke: I think you have—coming from a control freak—I think you have to, you have to have some degree of empowerment to choose how you’re going to feel, or at least to deal with how—you probably are going to feel guilty, but it’s, it’s whether you choose to wallow in that, and let that consume you, or whether you choose to put that in a box and go “ok, there is a bit of that, look at my beautiful child and all the other good things in my life”, but that goes with everything in life, good things happen to you, bad things happen to you, it’s how you deal with it.

Ella: I mean I’m fairly strong, and I wish I could have felt that because I’m a really, really strong person and I think yeah he’s thriving, and he wasn’t thriving at all with hardly any breast milk now like he’s on formula, I should be looking, I should have looked at that, but when you’ve got all these hormones going through you at the same time this is happening, you know, you’re like “no I wanted this, I wanted natural.”

In Extract 22, in response to Brooke’s claim that mothers “have to have some degree of empowerment,” Ella presents an account in which she was unable to overcome guilt, despite her “wishes” (what she “should” have done), because it was a natural response to her inability to fulfil her desire to breastfeed. In this case, the notions of emotional “choice” and “empowerment” work to establish that feelings of guilt can be (and should be) under voluntary control and thus places the onus on mothers to sufficiently regulate their emotions. This serves to absolve the varied sources of cultural pressure to breastfeed of responsibility for producing feelings of guilt. As shown in Extract 21, where mothers do ascribe guilt to external sources such as medical professionals, family, or the media (e.g., “people do make you feel guilty”), there is
an assumption that it is the mother’s “choice” to be upset by it. In this way, the mothers are reaffirming the simple injunction “don’t feel guilty” by claiming that mothers have to be strong to overcome feelings of guilt—despite a widespread scepticism that it is an ineffective token message and despite implied acceptance that guilt is a signifier of appropriate and natural remorse. Thus, although “guilt” is in one sense required in these accounts as appropriate and natural, it is also simultaneously condemned as something that needs to be managed or ignored by a “good,” formula-feeding mother.

The notion that emotional self-control is necessary for formula-feeding mothers also works to establish a moral element in the construction such that if a mother does not “choose” to ignore guilt, she is impacting her ability to selflessly put her infant’s needs before her own:

Extract 23

Olivia: If you’re anxious and unhappy or stressed then I think you’re going to have an unhappy baby.
Sophie: Mmm for sure
Olivia: Which creates an unhappy <indiscernible>
Tara: So I think that if women were reminded of that then um that would take some of the guilt out of it as well.
Olivia: Basically a happy home stems from the mother.

Here the mother is positioned as needing to look after herself lest she become unable to look after others. A mother who is “anxious and unhappy” (as a result of formula feeding) is not doing the “best” for her family. Thus, a mother must be strong enough to overcome any negative feelings that may result from a “failure” to breastfeed so as not to further endanger her bond with her child.

The child-centeredness of this requirement for emotional self-control is also illustrated below:

Extract 24

Tara: I would have needed someone to tell me that it was more detrimental to my health and my connection with my child, because I was so stressed about it—I
need, I would, that would instantly take the guilt off, if you were told that you and your child weren’t doing as well as you could emotionally, that would definitely have taken the guilt away because I would’ve been making a positive choice for my child, not making a negative choice for my benefit.

Here, Tara illustrates a dichotomy inherent in the ways that participants talked about emotional self-control—namely, that submission to a child’s needs was constructed as a positive, selfless, and moral choice (also see Faircloth, 2010a; 2010b) whereas “indulging” a mother’s own needs was constructed as the reverse. In this way, the value of “not feeling guilty” is often couched in the child’s needs; a mother must overcome guilt in order to provide proper care to her infant and thus, to be a moral “good” mother.

We argue that the injunction, “don’t feel guilty,” by attending to the way mothers feel in relation to their infant feeding decisions (rather than the conditions in which those decisions are made) can be seen as doing emotional support or therapeutic care. It is a superficial panacea that urges mothers not to feel guilty, rather than asserting that formula-feeding mothers are not guilty. Although it is accepted that it is “natural” and appropriate for a “good” bad mother (i.e., a mother who is “good” despite her “failure” to breastfeed) to feel guilty about her inability to provide the benefits of breastfeeding, it is simultaneously expected that this mother should be psychologically and emotionally robust to overcome this guilt for the benefit of her baby. This clearly places a formula-feeding mother in a double bind whereby her expression of guilt is potentially constructed as both evidence for and against her claims to being a “good” mother. In this dilemmatic context, with a guilt-free position so unstable and contradictory, it is unsurprising that the “don’t feel guilty” message does not appear to provide mothers with a position from which subjective experiences of guilt can be alleviated.

**Conclusion**

Despite recent attempts to attend to mothers’ subjective experiences in order to alleviate
widespread feelings of guilt, current discourse surrounding infant feeding continues to destabilise mothers’ ability to feel sure about any decision or practice other than that of breastfeeding. The inadequacies of the directive “don’t feel guilty” are evidenced in the number of women who are not persuaded that there is no cause for guilt in infant feeding decisions. As in other studies exploring the experiences of mothers in relation to infant feeding (e.g., Murphy, 1999, 2000; Lee 2007a; Ryan et al., 2010), our participants strongly oriented to their needs to establish the thoughtfulness and morality of their choices around how to care for their infants. The majority of mothers in our study deviated from the expert guidelines regarding infant feeling in some way, and generally agreed that they ought not feel guilty in their circumstances. Despite this, the overwhelming majority then sought to emphasise that they did indeed feel guilty, which highlighted the insufficiency of a simple instruction to overcome guilt to counteract the powerful claims of the superiority of breastfeeding.

“Don’t feel guilty” simply does not work

Our data show how expressions of guilt function as an important means by which women who do not comply with “best” practice by breastfeeding exclusively can maintain a position for themselves as moral mothers; guilt was constructed as a natural and inevitable response of a “good” mother who, in this instance, was not able to do the “best” by her child. A focus on not “feeling” guilty does little to change the discursive framework of constrained choice that serves as a moral directive for good mothering. Rather, it serves to delegitimise a key means by which mothers can establish their morality.

Williams et al. (2012) have argued that contemporary infant feeding advice that urges mothers not to feel guilty, rather than asserting that formula-feeding mothers are not guilty, operates as a therapeutic panacea rather than as a means for safeguarding women’s ultimate right
to make unjudged choices about how to feed their infants. They argue that this advice serves to construct negative thoughts and feelings as resulting from mothers’ inability to banish guilty feelings and thus, rather than ameliorating the negative experience of guilt, holds them additionally accountable for the failure to control their emotions.

Our study was designed to examine whether and how the difficulties pointed to by this discursive analysis of various texts providing infant feeding advice (Williams et al., 2012) would be reflected in women’s accounts of their own experiences of feeding their infants. As foreshadowed in this earlier work, we found no support for the idea that mothers are straightforwardly taking up the advice presented to them and simply “giving guilt the flick.” Instead, we found that mothers exhibited a highly nuanced relation to the notion of guilt. Guilt was constructed not only as a “natural,” inevitable, and even reassuring response of a “good” mother to any feeling that she was not doing the “best” for her child, but also as something that a mother was responsible for keeping in check so as not to affect her bond with her child. Mothers’ references to their feelings of guilt provided a means for them to reinforce their desire to always do “the best” for their child (even if that desire could not always be realised), but “indulging” in “too much” guilt was seen as potentially detrimental to the child. Mothers thus positioned themselves (and other mothers) as both gripped by powerful feelings (of guilt) and responsible for controlling those feelings.

We argue that the instruction “don’t feel guilty” rests on a false notion of choice. The limited discursive economy in infant feeding precludes full acceptance of formula as a “good” choice; the expert discourse that “breast is best” obliges women to “choose” to breastfeed or to find some way of justifying why they do not. The discussions among the mothers in our study echo the findings of other authors (e.g., Murphy, 1999; Lee, 2007a; Ryan et al., 2010) that
mothers who feed their infants formula do not simply state their preference for this “choice” in a straightforward manner; rather they explain, justify, and express regret over their “failure” to breastfeed. In light of this insight, we argue that the emphasis on “choice” in infant feeding is itself best understood as a discursive framing that produces a form of regulation of mothers’ practices consistent with wider neoliberal ideologies of freedom, self-responsibility, and non-coercion (e.g., Rose, 1996). The emphasis on autonomous personal choice within a context that is underpinned by ideologies of intensive mothering, child optimisation, and expert-led management of risk produces a situation in which mothers’ are compelled to act (or justify their non-action) in heavily prescribed ways, yet at the same time removes the vocabulary needed to name these prescribed “choices” as sources of pressure (cf. Stuart & Donaghue, 2012). From this perspective, the possibilities for the full range of infant feeding practices to be equally “choosable” would require new discourses that incorporate the full range of considerations that underlie infant feeding practices, rather than a simplistic assertion that mothers already have a free “choice” in these matters.

A “rights” discourse around infant feeding

What is absent in the current context is the use of “rights” discourse to advocate the rights of women to adopt the infant feeding practices that they judge most suitable in their personal circumstances (be this breastfeeding, formula feeding, or some combination of both). We argue that women need to be considered capable of, and trusted to, make the best decisions for their situation. They should be fully supported and assisted regardless of their choice in infant feeding practice. As Cannold (2000), Carter (1995), and Van Esterik (1989) have noted, the right to have power over one’s body and therefore oneself was an emblem of the women’s liberation movement. Accordingly, feminists need to advocate a woman’s right to choose her infant
feeding method in the same way they have championed women’s right to real choice in other areas, including occupation, childbirth, abortion, and indeed the right to breastfeed. The acceptance of the fact that breastfeeding is not necessarily the best choice for some women—and of the unimpeachable authority of the woman herself to make this decision—is necessary to truly assert that women cannot be guilty for their infant feeding decisions.

Of course, the reframing of infant feeding within a discourse of women’s rights is unlikely to be a straightforward matter. As discussed earlier, the widespread ideology of intensive, child-centred mothering both expands the scope of children’s “needs” and privileges them over any consideration of mothers’ “needs” (let alone “rights”). This distinction is illustrated across our focus group discussions in which any talk of taking into account mothers’ preferences was ultimately grounded with an appeal to the best interests of the child, vis-à-vis the notion that “happy mothers make for happy babies.” The use of this kind of construction provides some scope for mothers to resist some of the specific prescriptions of intensive mothering (such as the requirement to breastfeed) by allowing for some contestation around what constitutes the “best” practices in particular situations (Sheehan et al., 2010). Although the use of this construction is very understandable for women who are trying to find a way of accommodating some of their own needs and preferences while maintaining their position as moral mothers, it does nothing to dislodge the underlying assumption that mothers must always do what is “best for the baby” (Lupton, 2011). Establishing the legitimacy of a women’s rights discourse around infant feeding (and indeed other aspects of child-rearing) will require the development of discourses of good motherhood that incorporate some limitations on the notions of “child optimisation” that underlie contemporary Western understandings of “good” parenting (cf. Furedi, 2008; Hays, 1996)—an enormous and daunting task.
In the absence of a fully articulated mothers’ rights discourse, another potential avenue to the reduction of guilt in formula-feeding mothers may lie in viewing some of the claims made by breastfeeding advocates through a more critical lens. We have focused in our paper on the pervasiveness of the “breast is best” discourse because our central concern is with the discursive environment within which mothers engage in their infant feeding practices. In the advice provided to new parents and in wider discussions of infant feeding in contemporary social life, there is little challenge to the received wisdom that “breast is best.”

Although it is beyond the scope of our paper (and indeed not our intention) to evaluate the quality of the scientific evidence promoting breastfeeding, it is worth noting that this evidence is much more contested than is typically acknowledged (Wolf, 2007). Critics of the universal promotion of breastfeeding argue that evidence for the advantages of breastfeeding is weaker and more seriously confounded by other elements of childrearing practices than is widely accepted (Evenhouse & Reilly, 2005) and that outcomes against which the risks and benefits of breastfeeding are assessed are too narrowly defined (see Wolf, 2011, for a full discussion of these issues). Wolf (2011) argues that the suppression of public debate about the relative benefits of breast and formula feeding in favour of a univocal endorsement of breastfeeding in almost all circumstances is itself evidence that breastfeeding is valued more as a marker of commitment to the ideology of intensive mothering than for its putative nutritional advantages. Continuing efforts to pick apart the tightly interwoven threads of scientific evidence and the totalising ideology of intensive mothering to allow a more dispassionate assessment of the benefits (and risks) of breastfeeding may begin to reframe infant feeding as an issue about which mothers can be understood as having something approaching genuine choices.

Limitations
The participants in our study were primarily from middle class backgrounds, and it is important not to over-generalise our conclusions beyond this group. Social class has been found to be an important source of differences in the initiation and maintenance of breastfeeding (e.g., Kelly & Watt, 2005), and variations in the normative expectation of breastfeeding across social classes have been argued to form an important part of the context within which mothers develop their infant feeding practices. The greater rates and longer duration of breastfeeding among middle class mothers compared to working class mothers has led some scholars to conclude that breastfeeding is particularly central to the establishment of a “good mother” identity for middle class women (e.g., Avishai, 2007). However, other researchers have argued against clear distinctions in infant feeding on the basis of class, noting that although there are often differences in specific elements of the practices of middle compared to working class mothers, the beliefs and values that organise and legitimise these practices are often remarkably similar (e.g., Hays, 1996; Lee, 2007a). Our data do not speak directly to this issue, but future research investigating the extent to which mothers from different social classes draw on similar discourses in discussing their infant feeding practices would be valuable.

Practice Implications

There are a number of implications for practice that arise from this work. First, we suggest that health professionals working to provide advice and support to mothers might be encouraged to keep in mind how thoroughly infant feeding practices have come to be saturated with implications for mothers’ morality. Presenting information about infant feeding in purely informational terms, without acknowledging the extent to which the “breast is best” discourse is bound up with ideologies of intensive mothering, provides no space in which mothers might voice their experiences and concerns about how their infant feeding practices form part of their
efforts to establish their identities as “good” mothers. As we have argued previously (c.f., Williams et al., 2012), it is not helpful for health professionals or advice manuals to simply tell mothers to “not feel guilty” if they are not breastfeeding their child; as we demonstrate here, the expression of guilt by mothers who do not breast feed is a crucial means by which they can discursively establish their identity as a “moral” (formula-feeding) mother in the face of such strong societal and medical advocacy of breastfeeding. Furthermore, couching the admonition to not feel guilty in terms of the impact of guilt on the baby – while understandable in trying to help mothers to frame their practices as “best for baby” – can create another burden on mothers by requiring them to engage in yet more self-monitoring and emotional control so as to avoid allowing their guilt to disrupt their bond with their child. As we have noted above, a more genuinely supportive approach is to recognise mothers’ rights to decide how best to feed their infants, and to promote a climate in which it is assumed that mothers are best placed to determine the practices that are best suited to their circumstances.

We also suggest those working in this area might think more critically about whether publications and health-care interactions provided to women really do present women with a genuine “choice” about how they feed their infants. If it is the intention of an organisation or individual to promote breast feeding as a superior choice to formula feeding, then we argue that they should explicitly own this position. Such ownership involves fully acknowledging and accepting responsibility for the pressure and moral judgement that the promotion of breast feeding entails for women who are unable, or choose not, to breastfeed. Rather than waving away mothers’ experiences of guilt with upbeat but unrealistic slogans, acknowledging the reality of the pressures created by the ubiquity of the “breast is best” message may encourage a more tempered presentation of information to mothers about options for feeding their infants.
Concluding Remarks

The present study makes a significant contribution to existing literature, and differs from the work of Murphy (1999, 2003), Lee (2007a), Ryan et al. (2010), and others by considering the ways women construct accounts of their infant feeding practices and produce identities for themselves as moral mothers in relation to not just the “breast is best” imperative, but also the concomitant instruction to “give guilt the flick.” In light of the recent attention paid to the connection between infant-feeding discourse and mothers’ subjective experiences by health professionals and childcare resources, research focusing solely on the implications of the “breast is best” directive overlooks the profound consequences of the contradictory and complex context in which this assumption occurs. The present study illustrates how women manage “not feeling guilty,” “choice,” and “emotional self-control” in order to achieve certain social identities and to influence moral judgement over their practices. Our paper identifies some of the difficulties related to having to engage with opposing discourses and the moral labour that is undertaken to maintain and present a “correct” moral subjectivity. Examining the talk of women using diverse feeding practices, rather than just those who use formula, allows an understanding of the pervasiveness and complexity of women’s subjective experiences, and thus this discursive analysis highlights the impossibility and futility of the simple injunction, “don’t feel guilty.”
References


Faircloth, C. (2010b). What science says is best: Parenting practices, scientific authority and


Kitzinger, J. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health & Illness, 16*, 103-121.


Murphy, E. (2003). Expertise and forms of knowledge in the government of families. *The*


