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# Breastfeeding, Rhetoric, and the Politics of Feminism

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# Breastfeeding, Rhetoric, and the Politics of Feminism

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*This article provides an argument for approaching the breast-bottle controversy within feminism from a rhetorical perspective, which focuses attention on how the controversy has been framed in relation to the value of medical evidence. Using the concept of rhetorical situation, the analysis demonstrates that feminists who devalue medical evidence of the health benefits of breastfeeding tend to see a breastfeeding-friendly culture, while those who see evidence for the health benefits of breastfeeding tend to see a culture friendlier to bottle-feeding. The consequences of these divergent views are significant, as the two groups differ significantly concerning whether culture or biology are changeable elements of the current circumstance that disadvantages mothers. The rhetorical perspective encourages feminists to find common ground by understanding how the staging of evidence and argument contributes to theoretical stalemates that impede all women from benefiting from political reframing of the breast-bottle debate.*

*KEYWORDS breastfeeding, rhetoric, feminism, rhetorical situation, framing, equality, difference, evidence*

In November 2010, Erica Jong published an article in the *Wall Street Journal Review* that included the following diatribe against attachment parenting:

> Women feel not only that they must be ever-present for their children but also that they must breast-feed, make their own baby food and eschew

A skeletal version of this article was given as a talk at the 6th annual Breastfeeding and Feminism Symposium, Reframing Birth and Breastfeeding, organized with the Coalition for Improving Maternity Services, University of North Carolina, Chapel Hill, March 2011.

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> disposable diapers. It's a prison for mothers, and it represents as much of a backlash against women's freedom as the right-to-life movement. When a celebrity mother like the supermodel Gisele Bundchen declares that all women should be required to breast-feed, she is echoing green-parenting propaganda, perhaps unknowingly. Mothers are guilty enough without more rules about mothering. I liked breast-feeding. My daughter hated it. Mothers must be free to choose. But politicians may yet find ways to impose rules on motherhood. Mandatory breast-feeding isn't imminent, but it's not hard to imagine that the "food police" might become something more than a punch line about overreaching government. Mothers, after all, are easy scapegoats. (Jong 2010, C1)

In her attack on attachment parenting Jong highlights breastfeeding, presented as an element of this contemporary parenting ideology that limits women's freedoms by enforcing a claustrophobic closeness to infants and children and mandating such burdensome behaviors as making baby foods and washing diapers. Another recent, longer, and more scholarly publication that makes similar arguments is Joan B. Wolf's (2011) book *Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*. Wolf's text identifies an ideology of "total motherhood" as the force behind the prescriptions tethering mothers to their children's perceived needs, targeting breastfeeding in particular as an exemplary instance of total mothering ideology.

This article examines these avowedly feminist claims about breastfeeding as a form of women's subordination by analyzing the rather vituperative feminist debate about maternal practices and infant feeding. My intention is to show that a rhetorical approach can elucidate the politics of this debate, focusing in part on how divergent assumptions about dominant cultural values inform what feminists see as cause for alarm. Revealing the current framing of the feminist debate over breastfeeding will allow us to reframe it in more politically advantageous ways.

One particularly salient element of the current framing has to do with arguments about the scientific evidence of breastfeeding's biological benefits to infants and their mothers. The arguments seem to turn on the question of whether breastfeeding is demonstrably beneficial to mothers and babies—in other words, whether science can tell us that women should breastfeed. Rhetorical analysis can show how the politics of infant feeding are staged through strategic use of biomedical evidence, and encourages feminists to disengage from the evidence debate and confront the political questions at hand more directly.

Ultimately, feminists should see there is more agreement over what impedes women's freedoms as mothers than disagreement over the value of breastfeeding. Public disagreements over the value of breastfeeding—in both cultural and biological terms—serve only as the staging ground

for contemporary ambivalence about motherhood and women's freedom. As feminists, we should interrogate these debates themselves as mechanisms of gendered discrimination that keep women preoccupied with evidentiary contests rather than focusing our attention on widespread political structures of domination and subordination.

## BREASTFEEDING AS A RHETORICAL SITUATION

The traditional concept of *rhetorical situation* was developed by Lloyd Bitzer and consists of an exigence that motivates a speaker (or rhetor) with some sense of urgency to communicate to an audience: "A rhetorical situation is 'a natural context of persons, events, objects, relations, and an exigence which strongly invites utterances'" (Bitzer quoted in Edbauer 2005, 6). Traditional models of the rhetorical situation "tend to describe rhetoric as a totality of discrete elements: audience, rhetor, exigence, constraints, etc." (Edbauer 2005, 7).[1]

According to Bitzer (1968), an exigence that cannot be modified is not rhetorical—that is, the language must be addressed to a situation that can be altered (6). In addition, Bitzer (1968) claims that

> an exigence which can be modified only by means other than discourse is not rhetorical; thus, an exigence is not rhetorical when its modification requires merely one's own action or the application of a tool, but neither requires nor invites the assistance of discourse. An exigence is rhetorical when it is capable of positive modification and when positive modification requires discourse or can be assisted by discourse. (6–7)

Broadly, then, a rhetorical situation is defined by some circumstance that motivates a discursive response and involves constraints that circumscribe both the rhetor's use of language and the actions that language describes, explains, and justifies.

The concept of rhetorical situation helps us see medical and other types of decision making as they are enacted by socially situated individuals. Decisions about breastfeeding are usefully understood to be the result of rhetorical situations in which expectant mothers find themselves: asked by a doctor or health care worker how they plan to feed their babies; informed by advice books that breast or bottle is a decision they will have to make; queried by mothers, friends, and colleagues about their feeding plans; waking up to a crying baby at night. Mommy blogs and Facebook pages with discussions of these choices abound and are replete with explanations and justifications for mothers' decisions. The discourse that women produce about their infant-feeding decisions reveals much about the constraints on their practices, influences on their thinking, and the forces that enable or

constrain them to feed their babies in particular ways. Representations of mothers' infant-feeding decisions often involve claims that aspects of the situation cannot be changed (for example, other people's attitudes or workplace norms and expectations); women's perceptions of cultural stasis clearly inform their discursive and material responses.

Breastfeeding itself can profitably be understood as a rhetorical situation, in that it is a material practice enacted within conditions of constraint that invite discourse.[2] Uncertainty about the value and meaning of particular infant-feeding methods permeates American culture. Public health campaigns and programs proclaim the health benefits of breastfeeding, but most US mothers do not breastfeed their babies beyond the first few months of life (Centers for Disease Control and Prevention [CDC] 2012).[3] Mothers face myriad challenges to breastfeeding, and most do not meet the recommendations of the American Academy of Pediatrics (AAP), which suggest exclusive breastfeeding for the baby's first six months and then complementary feeding accompanied by breastfeeding for at least the baby's first year or "as long as is mutually desired" (AAP 2005). Most American workplaces do not support breastfeeding, making it difficult for that majority of mothers who work to combine paid employment with lactation. To breastfeed one's child thus often involves continual personal commitment to the decision to breastfeed and the accompanying discourse affirming the practice or justifying a decision to wean.

In this article I focus on the rhetorical situation concerning breastfeeding within feminist popular and academic writing, rather than on the rhetorical situation of breastfeeding itself. Feminist writers and scholars such as Erica Jong and Joan Wolf imagine the rhetorical situation of women making decisions about infant feeding, as well as the ongoing situations that the decisions lead women into, in their excoriations of breastfeeding advocacy and the expectations of good motherhood they see in dominant ideologies. Other feminists criticize the cultural context, especially workplace norms and societal expectations, for not facilitating breastfeeding as a healthful practice, imagining an alternative rhetorical situation in which women lack access to the appropriate information with which to make infant-feeding decisions or in which women are not able to feed their babies as they wish due to intransigent social and economic challenges (J. H. Wolf 2006). The way in which feminists imagine those situations determines how they approach possible solutions, although both groups tend to see culture as a negative constraint on mothers' practices.

A rhetorical approach—and specifically one that addresses the notion of a rhetorical situation that both impels speech and constrains it—allows us to understand how the current debate about breastfeeding is framed within feminist discourses. In particular, such an approach can elucidate why feminist critics of breastfeeding advocacy see breastfeeding as necessarily tied to dominant ideological expectations of mothers that restrict their freedom and

limit their livelihoods, as well as why feminist breastfeeding advocates are more likely to separate breastfeeding from dominant ideological tendencies and see it as a practice that resists social norms.

## RHETORICAL SITUATIONS FOR AND AGAINST BREASTFEEDING

Joan Wolf's (2011) argument against breastfeeding in *Is Breast Best?* targets the medical evidence referenced to support breastfeeding as more healthful than infant formula. Joan Wolf (2011) suggests evidence for the contribution that breastfeeding makes to maternal and infant health is weak because it is based on observational studies that do not adequately control for confounding factors, the most important of which she identifies as *intention to breastfeed*. She also argues that the medical belief in breastfeeding among researchers in this field is so strong that it is never questioned. As a result, physicians are habituated to a status quo of "breast is best" and do not pay close attention to the weaknesses of research on infant feeding.

Even though this argument is against the public health interpretation and use of biomedical evidence for breastfeeding as a healthful practice, the book as a whole reads as a diatribe against breastfeeding itself, primarily because Joan Wolf (2011) links support for breastfeeding to an ideology that she names "total motherhood." For Joan Wolf (2011), total motherhood defines a moral code within which mothers are entirely responsible for child behavior and outcomes. Furthermore, total motherhood demands that mothers deny their own needs to further the well-being of their children. She sees an ideology of total motherhood permeating medical research, advice, and practice concerning breastfeeding, leading breastfeeding supporters to lose objectivity in their assessment of research findings. Because the practice of breastfeeding comes to epitomize the ideology of total motherhood, the argument against the strength of the evidence becomes an argument against breastfeeding itself.[4]

Joan Wolf (2011) argues that US culture is biased toward breastfeeding:

> Indeed, the superiority of breastfeeding is one of the rare "facts" about reproduction and child care that inspires widespread agreement among and between the medical community and the public, consensus that exists despite critical flaws in the scientific evidence and that has inspired dubious health claims. (106)

This statement actually represents an initial assumption that frames her study: The argument that breastfeeding is supported by weak biomedical evidence and that only an ideology of total motherhood sustains its hegemony in medicine and across the culture depends on an initial assumption that the

culture as a whole favors breastfeeding. In this scenario, both scientific evidence and public health interpretation of that evidence are flawed: All those available to evaluate the evidence and its interpretation are predisposed to understand it in a certain way.[5] As a result, total motherhood as an ideology can gain a foothold in medical research, clinical practice, and public health programming, fastening itself on breastfeeding as the maternal practice that concretizes its meanings in the daily life of mothers.

The rhetorical situation Joan Wolf (2011) imagines is one in which mothers' behaviors and discourse are significantly constrained by a cultural preference that is strong enough to be experienced as a requirement. Total motherhood overdetermines mothers' rhetorical situation: The notion of an a priori cultural bias or preference for breastfeeding is necessary to make sense of her thesis about total motherhood, but total motherhood is required conceptually to make sense of the initial preference for breastfeeding. For example, she writes:

> In the case of breastfeeding, the virtual unanimity surrounding its benefits amounts to a social consensus that risks to children are most important to address when they can be managed by mothers, and, by extension, that mothers are culturally responsible for reducing risks to their children. Indeed, mothers who bottle-feed often find themselves defending the practice in ways that demonstrate breastfeeding's power to signal commitment to total motherhood and responsible citizenship. (J. B. Wolf 2011, 94)

This comment suggests that the belief in the benefits of breastfeeding both comprises and demonstrates the consensus concerning total motherhood, contributing to total motherhood ideology as well as signifying its overall meaning. In this scenario, breastfeeding becomes a primary mechanism of women's subordination through the idealization of motherhood. In the context of this form of ideological overdetermination, mothers have no choices except those allowed by the system, and scientific evidence comes to be read, in every instance, as a support for the cultural requirement that mothers mitigate all perceived risks for their children. Mothers who do not do so fail in their duties and experience guilt and shame (J. B. Wolf 2011, 105–106, 136).

In contrast to Joan Wolf, feminists who advocate for breastfeeding assume that a cultural preference for formula pervades the United States as well as other industrialized societies (as examples, see Dowling, Naidoo, and Pontin 2012; Foss 2012; J. H. Wolf 2006; 2008). In looking at breastfeeding initiation and duration rates, these feminists tend to see initial enthusiasm for breastfeeding followed by early weaning, such that (at least in the United States) less than half of all mothers are still breastfeeding at six months and about one-quarter of mothers are still breastfeeding at one year (CDC 2012).

Feminist breastfeeding advocates interpret these data as suggesting that cultural bias for formula is a dominant influence on women's practices: while most women start out wanting to breastfeed and believing that breast milk is better for babies than formula, most switch to formula before their babies are six months old, contrary to published medical advice. The switch to formula solves problems associated with breastfeeding in a bottle-feeding culture and is not seen by most mothers to introduce significant health risks to babies' lives.[6]

Feminists who see a culture that favors infant formula identify barriers to breastfeeding in most contexts—in mothers' homes when family members are disapproving or do not understand the needs of breastfeeding mothers; at workplaces that do not accommodate infants or milk expression; in public spaces where others frown on women's legal right to feed their infants (J. H. Wolf 2008). The rhetorical situation that such feminists imagine is one in which medical discourse in support of breastfeeding is either muted or contradicted by the practical realities of a bottle-feeding culture. Mothers making decisions about infant feeding or breastfeeding their newborns are beset by a situation that is contradictory and culturally dissonant, making early weaning and defensive justifications one way to manage the conflicting demands of a socioeconomic context that does not accommodate the actual practice recommended by professionals.

This perspective on infant feeding is supported by an initial assumption that there is a cultural preference for infant formula—that the culture approves of and subtly enforces formula use, not breastfeeding. In the context of this view, biomedical evidence indicating the biological value of breastfeeding often fails to convince mothers and others who, while in general agreement that breastfeeding may be preferable to other forms of infant feeding, do not see for themselves alternatives to replacement feeding because of lack of social support for breastfeeding, workplace difficulties, or perceived biological insufficiency. Assuming a cultural preference for infant formula thus makes seeing cultural barriers to successful lactation more likely than an overweening medical and public health establishment that oversells breastfeeding. Such a perspective generally supports medical and public health promotion of breastfeeding, perceiving the cultural preference for infant formula to be the result of effective marketing campaigns, workplace norms that lack accommodations for breastfeeding mothers, and cultural ambivalence about maternal bodies.[7]

Why these baseline assumptions about dominant cultural preferences differ so radically is not clear. Fortunately, a rhetorical approach does not require us to analyze or even understand the motivation for taking up a particular position; rhetoric is interested in the effects of such positioning. What is clear is that these assumptions make bridging the gap between these two groups of feminists difficult, because as a result of these initial assumptions each group defines the problem in a different way. For Joan Wolf and

those who agree with her, the problem is an ideological imposition on mothers through which breastfeeding signifies women's moral responsibility and devotion to their children's welfare—thus, breastfeeding is a constraint on women's freedom and a limiting aspect of mothers' rhetorical situation. For feminist breastfeeding advocates, the problem is a culture in which healthful norms of infant feeding (i.e., breastfeeding) are impeded by a culture inimical to its success—the constraint is on breastfeeding, and mothers' rhetorical situation is defined by exhortations to engage in a practice that the culture impedes.

Both sides seem to agree that a major problem with breastfeeding promotion is a sociocultural context that makes breastfeeding difficult for women at the same time that they are advised strongly to breastfeed. That is why the debate seems to hinge, at least in part, on the value and validity of the medical evidence for breastfeeding's benefit to health. If that benefit to health is substantial, as breastfeeding advocates claim, then the material situation must be altered to lower barriers to breastfeeding success and the rhetorical situation must be addressed by reframing the discursive preference away from infant feeding *choice*. But if the evidence is not substantial, then women should simply be left alone with their choices—the solution to the rhetorical and material situation is to stop promoting breastfeeding as if it matters so much to infant and maternal health, since that promotion is a significant ideological force in women's daily subordination to the demands of total motherhood in the absence of evidentiary support.



## THE EQUALITY VERSUS DIFFERENCE DEBATE AND THE RHETORIC OF EVIDENCE

The debate described here mirrors the equality versus difference debate. Baldly put, those who perceive a cultural preference for breastfeeding seem to accept equality with men as an argument for sameness between the sexes, while those who see a bottle-feeding culture are more comfortable with difference as a politically appropriate way to achieve equal rights for women. Indeed, "difference feminists" would argue that ignoring women's specific needs *as women* impedes true social and economic equality. Historically, arguments for difference have involved protections for women that confirmed their lesser social and political status, but achievements through claims to sameness have led to strange legal situations such as the Pregnancy Discrimination Act, which equates pregnancy to any temporary disability experienced by workers of either sex and seemingly denies the unique situation of pregnancy and motherhood for women.

The debate about breastfeeding reminds us that the equality versus difference debate concerns the value of female bodies in society. For breastfeeding advocates, support for breastfeeding is a way of valuing women's

bodies and the contribution that those bodies make to human communities (Hausman 2010). Arguments against breastfeeding seem to be claims made against the uniqueness of biological mothering and its value in human history, precisely because historically that kind of estimation of women's value has been a primary mechanism of women's subordination. The belief that supporting breastfeeding is support for total motherhood demonstrates feminists' fears about the political implications of thinking about women as different from men and as warranting differential treatment and support. The belief that constraints to breastfeeding interfere with women's freedom is more comfortable with difference, but it still may underestimate the political effects of emphasizing mothers as special kinds of citizens.

While both equality and difference positions seek equal rights and opportunities for women, each identifies the rhetorical situation of breastfeeding differently as each emphasizes distinct primary constraints on maternal practice and different aspects of the environment that are resistant to necessary change. The equality position implies that the economic context cannot be changed except that *barriers to sameness* that impede women's advancement must be removed, while the difference position asserts that the biological context cannot be changed and thus *barriers to difference* must be challenged. In both analyses, the element presumed unchangeable is identified as the factor that should influence public health and public policy.

For example, in a recent "Personal Health" article in the *New York Times*, Jane Brody (2012) begins a discussion of "The Ideal and the Real of Breast-Feeding" with an account of her own experience trying to breastfeed twins in 1969 (a period when rates of breastfeeding initiation were the lowest in recent US history). Because of a maternal infection, her babies were first fed formula and then switched to breastfeeding. She writes, "The boys gradually reduced their dependence on formula. But then I had to return to work, an hour's commute from home, to an office without on-site day care or any place to express milk." She follows this comment about combining breastfeeding and working in the late 1960s with a statement about the current moment: "Many more women now work full time, most in places that cannot accommodate a nursing mother. Few can afford an extended unpaid maternity leave." The article then continues with a lengthy discussion covering the lack of evidence for significant biological benefits to breastfeeding.

Thus the "reality" of breastfeeding that Jane Brody (2012) imagines is one in which the economic contexts that women find themselves in do not accommodate maternal nursing and the evidence for breastfeeding's health benefit is limited. As a result, she writes, "Perhaps it is time for more realistic, less polarizing messages about breast-feeding." Rhetorically, she has set up this conclusion by presenting the supposed real situation as one that cannot be altered in preference to breastfeeding; the fact that the scientific evidence

is presented as inconclusive bolsters the overall argument that medicine oversells breastfeeding to women. Breastfeeding as an ideal only makes mothers' (real) situations difficult and stressful.

Breastfeeding advocates wonder why the economic and social situations constraining breastfeeding practice—that is, what Jane Brody (2012) identifies as "the real of breastfeeding"—cannot be targeted for change, so that the difficulty and stress of breastfeeding in inhospitable contexts might be alleviated rather than tolerated. Most often, an argument for the health benefits of breastfeeding is the rhetorical engine for targeting the environment for change. Because feminist breastfeeding advocates are most likely to see biology as unchangeable (or only changeable over very long periods of time, through evolution), their rhetorical strategy is to utilize public health messages within a framework of female difference. For this reason, reference to scientific research on the health benefits of breastfeeding is a cornerstone of their rhetorical strategy.

In this way we can see an equality strategy lining up against breastfeeding through an argument that an intransigent culture is too hard to change on the basis of inconsistent or questionable scientific evidence. The difference strategy supports breastfeeding through an argument that unchanging biological needs should be met through significant cultural changes. While both sides see the current situation as being unfair to women through the creation of unrealizable expectations for mothers, neither truly acknowledges its own rhetorical staging of scientific evidence—that is, neither foregrounds its use of evidence in the context of its own argument, instead treating the evidence as either true or untrue in an absolute sense.

Yet untangling the rhetoric of the feminist debate over breastfeeding demonstrates the crucial role played by evidence in the overall understanding of what the problem is and how to solve it. Scientific evidence about the role of breastfeeding in human health is not simply true or false—it is a discourse that is marshaled to support a position about biological stability and necessary cultural change, for example, or a discourse that is criticized because it cannot validate measures to challenge an intransigent culture. Even if there was a surefire way to verify the complex outcomes of breastfeeding for human health, using scientific evidence to promote breastfeeding in the context of a culture that makes it hard for women would still be inappropriate. Feminist theorists have long resisted using scientific evidence as an argument for how women should live their lives, because historically most instances of this kind of usage have tried to circumscribe women's freedom with what have come to be understood as fallacious arguments.

Nevertheless, feminist activists have also argued for better evidence-based health care concerning breast cancer and other predominantly female diseases, which is to say that, in the big picture, feminism has tried to have its cake and eat it too. But using scientific evidence in the context of political arguments is not just sometimes rhetorical—it is always rhetorical. Arguments

about the validity of evidence concerning breastfeeding's benefit to maternal and infant health are no longer—or have never been—helpful to feminism in addressing the dilemmas of modern motherhood. Instead, these debates have encouraged feminists to argue among themselves rather than focus on challenges that face all mothers and the ways in which sociocultural support for breastfeeding might be good for all women regardless of their method of infant feeding.

## RHETORIC AND REAL PROBLEMS

The following general statements outline positions of agreement between these two broad groups of feminist scholars and activists:

- Breastfeeding is difficult due to a host of sociocultural and economic constraints.
- In a society structured to meet men's needs, breastfeeding can reinforce sex inequality, especially for less-well-off women.
- Breastfeeding places unequal burdens on mothers and is experienced by women as a moral responsibility.
- Research into the biological and other benefits of breastfeeding cannot escape cultural influence.
- Breastfeeding promotion has sometimes used politically objectionable messaging that is inimical to feminism.

As discussed in the previous section, disagreements between these two groups rely on political strategy (equality or difference) and the assumptions (what can or should change, whether the culture is biased toward breastfeeding or formula) that are linked to that strategy.

These political disagreements are also rhetorical. They demonstrate that feminist scholars imagine infant-feeding controversies to result from rhetorical situations in which different cultural or biological factors are influential and in which evidence plays an inconsistent role. Disagreement is fostered by a cultural context in which backlash against feminism is common, motherhood is idealized yet also subordinated, and a social movement for women's rights languishes. Not acknowledging or repudiating the health contributions of breastfeeding may downplay health benefits for children and mothers who lack consistent access to medical care or who cannot engage in lifestyle choices that breastfeeding advocates argue compensate for not breastfeeding. However, focusing on evidence for breastfeeding as a contribution to health in the absence of a social analysis of breastfeeding challenges may ignore real impediments to breastfeeding which poor and marginalized women face in particular but which affect all mothers at some level.

The culture of academic feminism feeds this problem of conflict within feminism. Feminist scholars have been trained within a culture of self-reflection—a result of years of analyzing discriminatory patterns within feminist organizations and theories, especially concerning issues of race, class, and sexuality—which means that articulating criticism between feminist positions has been a staple of the field. While a healthy response to an early lack of reflection in second-wave feminist organizing and theorizing, this tendency no longer serves a feminism seeking to make real changes benefiting mothers and children across racial, ethnic, and class groups, largely because it keeps feminists preoccupied with theoretical disagreements, thereby neglecting concerns that, if addressed, could have broad impact on women in general.

The five points of agreement articulated previously could set an ambitious agenda for feminists interested in fostering mothers' understanding of the material and rhetorical situations that constrain—in both a positive and a negative sense—their practices. Scientific evidence is a part of the rhetorical situation that faces mothers as they make infant-feeding decisions and enact infant-feeding practices. Yet if the biomedical evidence for the health contributions of breastfeeding is to be useful to mothers, then social and cultural support must be made available so that the evidence can be acted upon appropriately. The evidence comes with a certain cultural demand for accommodation—if that demand is not met, then the evidence is simply counterfactual to most mothers' real circumstances and lived experiences.

Questions about the value or validity of the evidence should become elements of an ongoing public debate about the fit between contemporary lifestyles and seeming requirements of biology. Women's roles and expectations of biological motherhood are clearly at issue here. If there is anything that feminists can agree on, it is that using biomedical evidence to manipulate women or make them feel bad about themselves is reprehensible. That is why using evidence of the benefits of breastfeeding—whatever its value or validity and regardless of whether it is couched in terms of risk or benefit—to convince mothers to breastfeed is a problem in a cultural context that makes breastfeeding difficult. Conversely, feminists should be able to agree, with Jacqueline H. Wolf (2006), that not acknowledging trends in biomedical research suggesting the value of human milk for human health is itself a reprehensible withholding of pertinent evidence from women. The point is to make the evidence that exists useful to women by contextualizing it for the rhetorical situations that new mothers face.

It is too easy, as Erica Jong (2010) writes, to say "I liked breast-feeding. My daughter hated it. Mothers must be free to choose." That "choice" occurs in a context defined by constraint, a rhetorical situation in which both action and discourse are influenced and circumscribed by social and economic structures, cultural expectations, and individual circumstances. It is

not enough to say that women's freedom depends only on their capacity to be free of expectation and social regulation, because those are impossible goals. All of us are subject to the rhetorical situations constraining our capacities to speak and act. One thing we can do as feminist scholars is to reframe existing structures of understanding that are debilitating to women.

If any public debate needs reframing, it would be the debate about infant feeding. Rhetorical analysis is helpful in identifying how arguments are staged and what kinds of assumptions make possible existing perspectives and analysis. Demonstrating how current frameworks define and circumscribe public debate, rhetoric can also help us redirect our attention through alternate frames. But to do so we have to be willing to get rid of sacred cows and understand that all evidence, even scientific evidence, is rhetorical, and that its persuasiveness is not based on its objective value as fact but on its particular staging within a specific framework of understanding and utility. Arguments both for and against science are rhetorical strategies with certain goals in mind. Because feminists share a number of goals concerning the freedom of women and respect for motherhood, it would seem that a rhetorical approach to the societal-level question of breast or bottle might be a first step in bringing individuals with divergent views around a table to at least consider what the common points of agreement are or could be.



## NOTES

1. The reference to a concrete reality that exists apart from the rhetor and audience and impels speech in an objective fashion has been criticized by a number of scholars who have advocated for more fluid and contextually sensitive notions of the rhetorical situation, in which rhetors and the exigence that motivates them are, in part, coconstructed by the scenarios in which they find themselves.

2. Amy Koerber has studied breastfeeding through rhetorical theory, focusing primarily on how women, breastfeeding supporters, and medical personnel articulate resistant discourses about infant feeding in the context of changing theoretical paradigms of the body in medicine. Specifically, she looks at "the ideological power of institutional discourses" in relation to the "rhetorical agency" of both medical professionals and nursing mothers (Koerber 2005, 304), as well as "how breastfeeding advocates and their clients resist medical regulatory rhetoric" (Koerber 2006, 87). Such analyses are related to but also different from the work that I conduct in this article. In particular, I use the concept of *rhetorical situation* rather than *rhetorical agency* or *resistance* to guide my analysis, primarily because of its utility in explaining the debate within feminism concerning infant feeding.

3. The number of mothers breastfeeding at six months continues to increase, although it is still below 50%.

4. Joan Wolf's (2011) arguments are familiar to feminist scholars of breastfeeding who follow the literature. To argue that public health promotion of breastfeeding is an ideological project to subordinate women, critics must first establish that breastfeeding is not as healthful a practice as it is purported to be (Hausman 2003, 189–207). Joan Wolf's particular version of this rhetorical strategy interrogates the kind of evidence available in studies of infant feeding, but it is essentially similar to the strategy used by Linda Blum (1999), Rebecca Kukla (2005; 2006), Jules Law (2000), and others (e.g., Carter 1995). What makes Joan Wolf's (2011) discussion somewhat exemplary is that she focuses more intensely on the evidentiary basis for biomedical arguments for breastfeeding and goes into far greater detail than other feminist critics who breeze through the issue to move quickly into an analysis of the ideologies furthered by breastfeeding advocacy. Thus, *Is Breast Best?* does a more thorough job of attacking biomedical support for breastfeeding.

5. See, for example, Joan Wolf's (2011) comment that the US Department of Health and Human Services' (HHS) advisors to the National Breastfeeding Awareness Campaign, "all of whom were convinced of breastfeeding's health benefits, w[ere] unlikely to yield a critical, or fully balanced, evaluation of the literature" (175). Another example: "Composed entirely of breastfeeding advocates, the review panel convened by HHS to evaluate the research for the NBAC was unlikely to find fundamental problems in the literature" (J. B. Wolf 2011, 133).

6. See Chin and Dozier (2012) for an interesting discussion of comfort with infant formula among poor women.

7. Joan Wolf (2011) also sees cultural ambivalence about modern motherhood as a key factor in the total motherhood ideology that she excoriates: "If breastfeeding reinforces long-standing notions of maternal obligation, it also serves in a risk culture to help manage anxiety about primary relationships that are no longer held together in traditional ways" (104).

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