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# The concept of shame and how understanding this might enhance support for breastfeeding mothers

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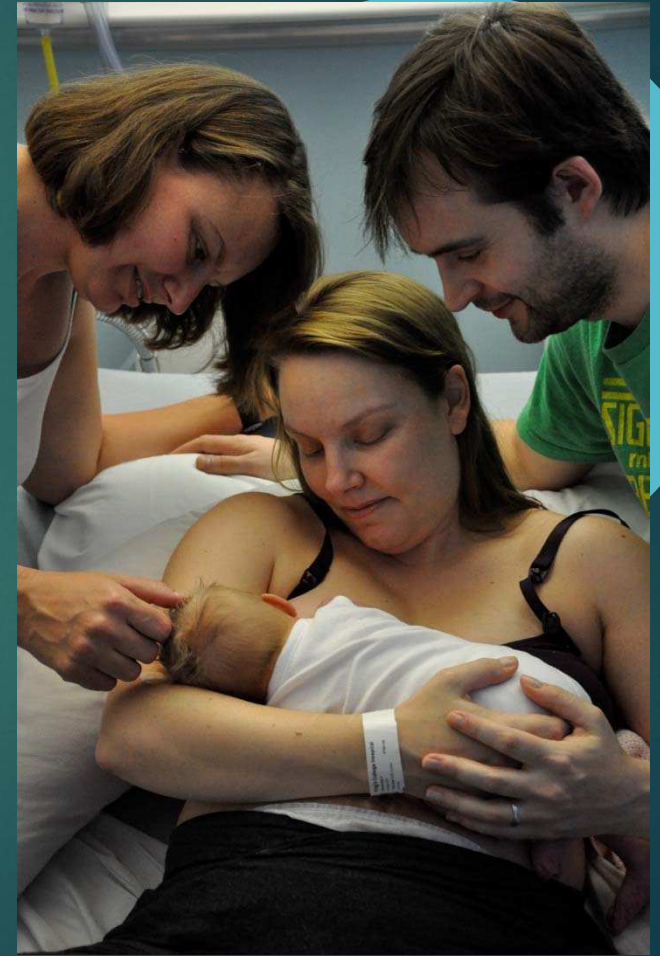
# Aims

- ▶ To explore the usefulness of the literature on shame and shame management for understanding the experiences of women who struggle to establish breastfeeding
- ▶ To consider what this literature might suggest re. good practice when supporting breastfeeding mothers
  - ▶ illustrated with data from two previous empirical studies (Marshall et al., 2007; Marshall & Godfrey, 2011; Williamson et al., 2012; Leeming et al., 2013)

# potential for shame: experiencing breastfeeding as a test of good mothering

*I was really nervous because I remember thinking, this isn't going to work, and Gordon [husband] was there, all sort of excited to watch, and I felt really on display, even though I was still sort of overwhelmed..... How am I going to succeed in this? And I felt really like, **this is a sort of test.** (Talking about first feed following birth)*

*From: Leeming et al. (2013)*



# The potential for shame

*I felt tense because I felt I was being observed to some degree to see what I was like, if I was coming up to scratch. ... and they also made a big deal every time he was grouchy like 'oo babies don't cry for no reason there must be something wrong with him' and ... saying to me 'have you fed him, have you fed him, he's hungry, have you fed him?' ... I found that a bit undermining really*

*From: Marshall et al. (2007)*

*It ['topping up' with a bottle of formula milk] also made me feel very, um, just like **a really crap mother**, to be honest ... I just felt that I couldn't um, produce what she was needing ... **It just made me feel very inadequate.***

*From Williamson et al., (2012)*

# The potential for shame

- ▶ Breastfeeding as taboo – sexualisation, disgust
- ▶ Difficulties establishing breastfeeding can have powerful emotional consequences:
  - ▶ Sense of 'failure', 'inadequacy', guilt, self-doubt, low self-esteem... (e.g. Guyer et al., 2012; Mozingo et al., 2000; Thomson et al., 2014; Williamson et al., 2012)

# Invisibility of shame

- ▶ Shame has become a taboo within the West
  - ▶ We are ashamed of our shame (Scheff, 2003)
  - ▶ Sometimes referred to as 'embarrassment' or 'guilt'
- ▶ Some recent attention to shame in breastfeeding literature e.g. Thomson et al. (2014)
- ▶ Taylor & Wallace (2012) - Distress around difficult breastfeeding / decisions not to breastfeed has often been treated as 'guilt'

# Shame vs. guilt

- ▶ Many attempts by emotion theorists to tease out differences:
  - ▶ Extent of concern with own / others' views of self
  - ▶ Negative focus on behaviour / self
- ▶ We draw on Gilbert's (1994, 2003) model:
  - ▶ Highlights differing experience of relations with others



# Guilt

## Self (able)

- ▶ Source of hurt / let down
- ▶ Intact and capable
- ▶ Focus on own actions
  - ▶ Wrong doing
  - ▶ Putting it right

## Other (unable)

- ▶ Needful, hurt
- ▶ Incapable, needing
- ▶ Focus on let down / injury

*(Gilbert et.al,1994 p. 26, - adapted from Lewis,1986)*

# Shame

## Self (unable)

- ▶ Self in focal awareness
- ▶ Object of scorn, ridicule
- ▶ Paralysed, helpless, passive, inhibited
- ▶ Inferior, smaller, weaker
- ▶ Involuntary body response (rage, blush..)
- ▶ Functioning poorly (mind blank, desire to hide..)

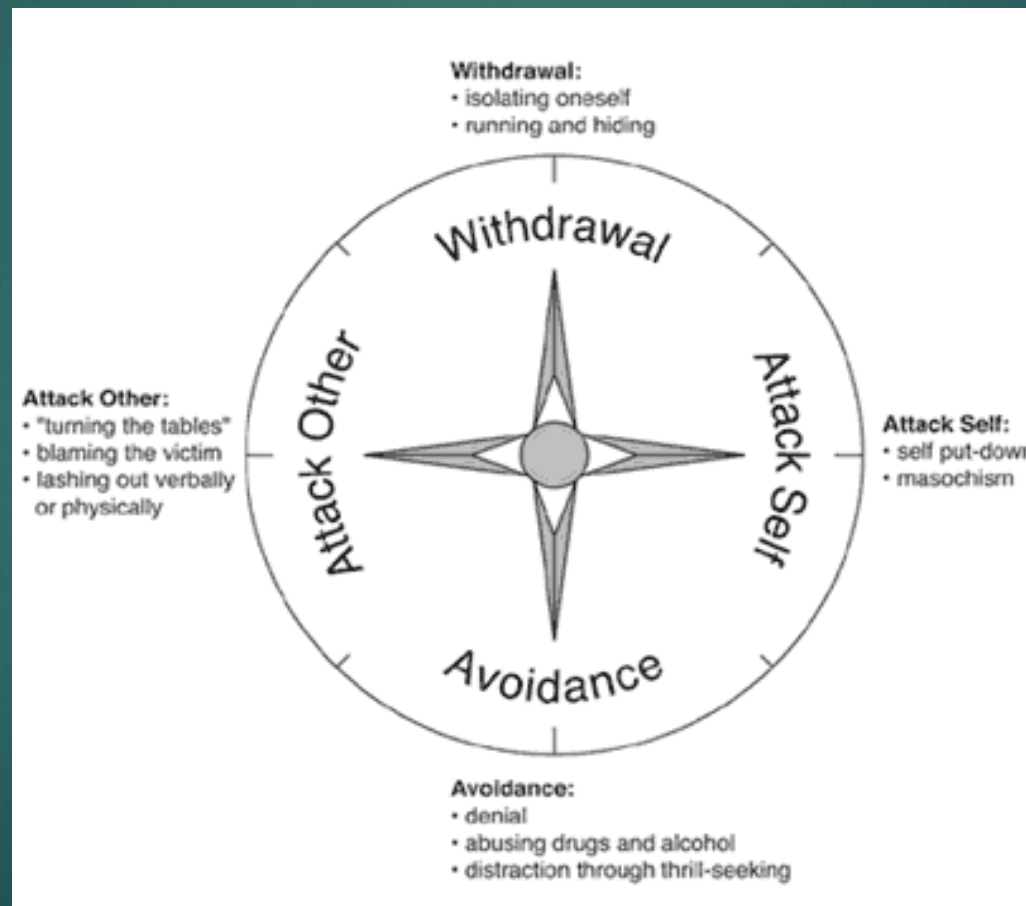
## Other (able)

- ▶ Other in focal awareness
- ▶ Source of scorn, ridicule
- ▶ Laughing, rejecting, active, uninhibited
- ▶ Superior, bigger, stronger
- ▶ Adult & in control
- ▶ Functioning well but experiencing contempt

*(Gilbert et.al,1994 p. 26, - adapted from Lewis,1986)*

# Nathanson's 'Compass of shame'

We can respond to shame in quite problematic ways:



# Possibilities for managing & repairing shame

Recent empirical findings tell us that what is useful is:

Connection

Articulating & acknowledging shame

Empowerment & redefining ideals



Art work credit: Hero-in-shame, Deviantart.com

Acceptance, validation, compassion

Normalisation & contextualisation of experiences

(Brown, 2006; Dayal, Weaver & Domene, 2015; Gilbert & Proctor, 2006; Leeming & Boyle, 2013; van Vliet, 2008)

# Connection vs withdrawal

## Connection:

*if you can get the midwife that you're used to that you feel less  
self-conscious in front of them perhaps you might be more  
likely to allow somebody to show you more techniques,  
because it's quite intrusive having people touching your  
breasts and watching you when you already probably feel a  
little bit new to things (diary – 5 weeks)*

## Withdrawal:

*... she said ring me if you need me tomorrow. And I thought  
well, I'd like you to come tomorrow, but it makes me feel  
inadequate if I have to ring you. (interview – week 1, talking  
about midwife)*

*From Williamson et al., (2012); Leeming et al., (2013)*

# Validation through contextualisation and normalisation:


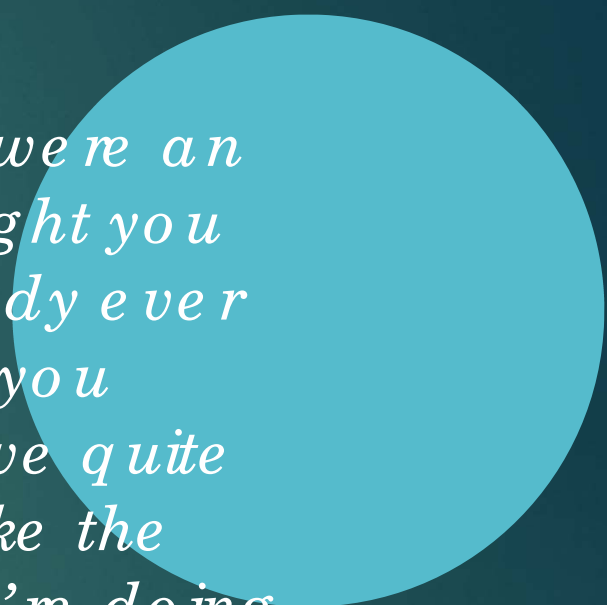
*it [breastfeeding] just wasn't happening at all that first night, the first few hours. And I wish um, actually it was only when one of the m said he's probably feeling full because of the mucus, it's not anything you're doing wrong, sort of thing. (Diary – looking back on day 1)*

*you sort of lack confidence about whether you are doing it right or not and when you get painful nipples, and you think, well I must be doing it wrong. I got some help from one of the ladies at the Baby Café and she said first of all that he has got a very small lower jaw [uh hm] and wasn't latching on completely properly (interview – one week)*

*From Williamson et al., (2012); Leeming et al., (2013)*

# Implications for midwifery, health visiting and peer support practice


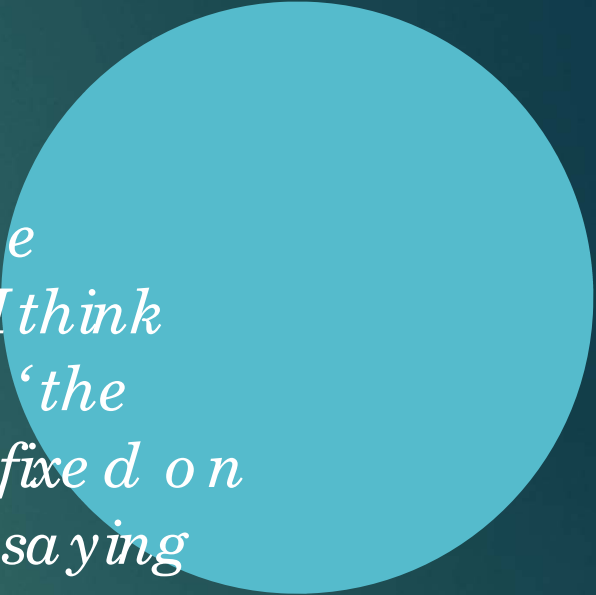
- ▶ Promotion of breastfeeding - less problematic antenatally but potential cause of shame for women experiencing challenges breastfeeding
- ▶ There is a need to listen to women's stories and explore their individual beliefs and expectations of infant feeding and motherhood
  - ▶ Not assuming women will ask for help – some women will need proactive support
- ▶ Value women as mothers (rather than breastfeeding perse) and help to build self-esteem during the transition to motherhood



*They came in, listened to you and, you know you were an individual, you didn't feel like they were saying 'Right you should be doing this, you're doing it wrong'. Nobody ever said to me 'Don't do that, you're doing it wrong', you know with anything so, you know I felt like I did have quite a lot of support. And they kind of, also gave you like the encouragement and say 'Well yeah, you know you're doing really well'. Kind of, you know 'hang in there', which was nice to hear.*

*From: Marshall et al. (2007)*





*“Some of the m [women] don’t realise that it can be incorrect fixing and they might only be 2mm out. I think they think ‘god I am crap at this’ because you say ‘the baby is not fixe d’. If you just went ‘this baby is not fixe d on properly’, its ‘oh I am not good at this’. Instead of saying ‘we ll do you know you have got it 85% right the re , all you need is that little bit more in the baby’s mouth’”*

*From: Marshall et al.(2007)*

# Implications for midwifery, health visiting and peer support practice

- ▶ Emotional support cannot be separated from practical/technical support
- ▶ Help women to connect with others - to talk, socialise and 'find allies'
- ▶ Shame resilience is likely to be important for good maternal mental health

# Publications from datasets quoted:

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  - ▶ **Sally Johnson** – Bradford University

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