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# La Leche League, the media, and the nursing mother: A broader perspective on persona theory

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La Leche League, the Media, and the Nursing Mother: A Broader Perspective on Persona Theory

For the degree of Doctor of Philosophy

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LA LECHE LEAGUE, THE MEDIA, AND THE NURSING MOTHER:  
A BROADER PERSPECTIVE ON PERSONA THEORY

A Dissertation

Submitted to the Faculty

of

Purdue University

by

Erin F. Doss

In Partial Fulfillment of the

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of

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West Lafayette, Indiana

For my mother

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## ABSTRACT

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This dissertation builds on current breastfeeding-related scholarship by suggesting that the lived experiences of nursing mothers could be effective arguments for initial and continued breastfeeding. To do this, I analyzed archival materials related to La Leche League, specifically League newsletters, and media articles from publications across the United States to determine how the “nursing mother” functioned as a persona throughout the second half of the twentieth century. First, in my analysis of League newsletters I theorized a new category of personae, the constitutive persona, which includes personae used by a collective to attract new members and provide them with language to talk about their experiences. Second, in analyzing the media’s coverage of breastfeeding, I argued for an expanded conception of Wander’s (1984) third persona that explains how individuals or groups may be both present in a discourse and simultaneously negated. Finally, the dissertation demonstrates a broader perspective on persona theory—one which presents a more complete understanding of breastfeeding discourse and the role of the nursing mother as an advocate for breastfeeding.

## CHAPTER 1. INTRODUCTION

Every new mother is faced with a multitude of decisions about infant care, foremost among which is what to feed her baby. Although a plethora of formula options are available, each complete with advertising campaigns touting the nutritional value of its product, the American Association of Pediatrics (AAP) (2012) states that breastfeeding and human milk are the nutritional standard for infant feeding and recommends exclusive breastfeeding (no other liquids or solids, including water) through the first six months of an infant's life, as well as continued breastfeeding for one year or longer "as mutually desired by mother and infant" (p. e832). This recommendation is echoed by the World Health Organization (WHO) (2011), which recommends exclusive breastfeeding for the first six months, with continued breastfeeding and nutritious foods up to the age of two years or beyond.

Proponents of exclusive breastfeeding cite health benefits for both the infant and the mother. Infants who are breastfed have lower risks of hospitalization for lower respiratory tract infections than those exclusively fed formula (Agency for Healthcare Research and Quality, 2007), as well as lower rates of obesity (AHRQ, 2007; Owen, Martin, Whincup, Smith, & Cook, 2005), diabetes (Das, 2007; Rosenbauer, Herzig, & Giani, 2008), celiac disease (Akobeng, Ramanan, Buchan, & Heller, 2006), allergic diseases such as asthma, atopic dermatitis, and eczema (AHRQ, 2007; Greer, Sicherer, &

Burks, 2008), childhood leukemia and lymphoma (Bener, Hoffmann, Afify, Rasul, & Tewfik, 2008; Kwan, Buffler, Abrams, & Kiley, 2004; Rudant, et al., 2010), and inflammatory bowel disease (Barclay, et al., 2009). Additionally, infants exclusively breastfed for three months or longer recorded higher intelligence scores and higher ratings from teachers than non-breastfed children (Kramer et al., 2001; Kramer, Aboud et al., 2008; Kramer, Fombonne et al., 2008).

Maternal outcomes of breastfeeding include short-term benefits such as decreased postpartum blood loss, more rapid involution of the uterus, and quicker return to pre-pregnancy weight (AAP, 2012; Krause, Lovelady, Peterson, Chowdhury, & Ostbye, 2010; WHO, 2011). Long-term benefits include a decreased risk of type 2 diabetes for breastfeeding mothers without a history of gestational diabetes (Schwarz et al., 2010; Stuebe, Rich-Edwards, Willett, Manson, & Michels, 2005), a lower risk for rheumatoid arthritis (Karlson, Mandl, Hankinson, & Grodstein, 2004), a reduction in hypertension, hyperlipidemia, and cardiovascular disease (Schwarz et al., 2009), as well as a decreased risk of breast and ovarian cancer (AHRQ, 2007; Lipworth, Bailey, & Trichopoulos, 2000; Stuebe, Willett, Xue, & Michels, 2009). Breastfeeding is also associated with psychological benefits, including increased bonding between mother and infant (Wiessinger, West, & Pitman, 2010) and a decreased incidence of postpartum depression and child abuse or neglect (Henderson, Evans, Straton, Priest, & Hagan, 2003; Strathearn, Mamun, Najman, & O'Callaghan, 2009). Finally, proponents cite the economic impact of breastfeeding, noting that if 90 percent of American families complied with recommendations to exclusively breastfeed for six months, the United States would save

\$13 billion per year, in addition to preventing more than 900 deaths (Bartick & Reinhold, 2010).

Despite all of these documented benefits and the support of the AAP and the WHO, however, U.S. breastfeeding rates, especially exclusive breastfeeding rates, continue to fall well below recommendations. Among U.S. infants born in 2011, the Centers for Disease Control & Prevention (CDC) (2014) reported that, although 79.2 percent were ever breastfed, only 49 percent of those infants were still breastfeeding at six months, and only 27 percent were still breastfeeding at 12 months. And while the AAP and the WHO recommend exclusive breastfeeding through the first six months, only 41 percent of U.S. infants were exclusively breastfed at 3 months and only 19 percent at six months. While these numbers are low compared to the recommended standards, they represent an increase since the first CDC Breastfeeding Report Card in 2007 when the CDC (2007) reported that 74 percent of babies born in 2004 were ever breastfed, while 42 percent were still breastfeeding at six months and 11 percent were exclusively breastfed at six months. For the nation to meet the U.S. Department of Health and Human Services' 2020 goals of 81.9 percent of babies being breastfed for some period of time, with 60.6 percent breastfeeding at six months (25.5 percent exclusively breastfeeding) and 34.1 percent of infants still breastfeeding at one year, however, further increases are necessary (United States Department of Health and Human Services, 2010).

This sort of goal setting was unnecessary at the beginning of the 20<sup>th</sup> century, when almost 100 percent of infants were breastfed. By mid-century, however, breastfeeding rates had decreased dramatically until, in 1966, only 18 percent of infants were breastfeeding when they left the hospital, nine percent were on mixed feedings

(breast and bottle), and 73 percent were on formula (Meyer, 1968). Such a sharp decline in breastfeeding has often been blamed on physiological problems such as the mother not producing enough milk, when, in reality, nursing failure is rarely related to physical problems (Wiessinger, West, & Pitman, 2010). Instead, as Davis (1980) argued, the rapid spread of formula feeding was more likely due to psychological factors such as anxiety, stress, and fear of failure perpetuated by a lack of successful breastfeeding role models (Newton & Newton, 1967). Other factors included social influences and healthcare practices that included putting babies on a strict four-hour eating schedule and introducing solid foods early (Newton, 1967; Davis, 1980). Even healthcare professionals who supported breastfeeding during the mid-twentieth century tended to micro-manage its implementation, prescribing how many minutes an infant should nurse at each feeding and how many hours should pass between feedings (Barber, 1938). Additionally, physicians routinely made decisions about when to wean an infant without concern about the mother's opinion (Cole, 1977).

Mothers also dealt with concerns about sexuality and breastfeeding (e.g. breastfeeding as embarrassing or shameful; American Academy of Pediatrics, 1978), breastfeeding as offering a blatant sexual invitation (Newson & Newson, 1974), worries about breastfeeding changing the appearance of the breasts (Weichert, 1975), and jealousy on the part of the baby's father (Eiger & Olds, 1972). Other factors impacting infant-feeding decisions included pressures to seem modern and upper class by bottle feeding infants (although later in the century bottle feeding bridged all classes and middle-class mothers led the revival of the breastfeeding movement) (Eiger & Olds, 1972; Goldfarb, 1980; Newson & Newson, 1974). Additionally, leaving breastfeeding for the

bottle was framed by some as a feminist emancipation from traditional wife and mother roles (Carter, 1995).

Compounding these factors was the rise of formula manufacturing as a billion-dollar industry. Throughout the century, improvements in sanitation, water supplies, mechanical refrigeration in private homes, bottle and nipple designs, and continued developments in altering cow's milk all resulted in infant formula that provided a viable alternative to breast milk (Fomon, 1974; Meyer, 1960). Once these alternatives became available, formula companies advertised them not only to customers directly, but also to health professionals for distribution in hospitals and pediatrician's offices. Materials promoting formula use often seemed to support breastfeeding while at the same time discouraging it. Formula advertisements frequently presented breastfeeding as complex and suggested practices that would ultimately create breastfeeding problems.

Advertisements then implied that infant formula was just as good for a baby as breast milk and, at times, made scientifically inaccurate statements regarding the formula they advertised (Greiner, 1975). As the formula industry began to grow, bottle feeding not only became an accepted means of infant feeding, but it also began to change the ways the mainstream public viewed breastfeeding. As Davis (1980) argued, "There [was] no longer a clear social endorsement of breastfeeding—on the contrary, negative values about breastfeeding are now deeply rooted in our culture" (p. 40). With this shift, many women began to choose the bottle over breastfeeding as a less stressful method of infant feeding that conformed to cultural expectations (Newton, 1971).

The sharp decline in breastfeeding rates caused concern among public health advocates. Thus, the WHO adopted a resolution in 1974 urging member nations to

promote breastfeeding, and the International Pediatrics Association began promoting breastfeeding education programs during its 1975 seminar on nutrition. In 1978, the AAP took action as well, acknowledging the need to promote breastfeeding in the United States and stating that breast milk should be an infants' main source of nutrition for the first four to six months (AAP, 1978). In addition to these actions by global health agencies, general societal attitudes began to change in the late 1970s as part of the countercultural and natural childbirth movements and a return to breastfeeding became part of "a renewed interest in all things natural" (Goldfarb, 1980, p. 22). Additionally, scientific investigation found that bottle feeding was not equal to breastfeeding either nutritionally or immunologically, providing an infant welfare argument for breastfeeding (Goldfarb, 1980).

Some changes affecting breastfeeding rates were made in the ways pregnancy, delivery, and breastfeeding were handled within the medical community such as "rooming-in" (allowing mothers and infants to share a hospital room after delivery) and providing some breastfeeding education and support. Arguably, however, the greatest impact came from support systems including doulas and lay support groups, in which breastfeeding mothers shared their knowledge and experience with women who wished to breastfeed their own children (Goldfarb, 1980). Foremost among these was La Leche League International, an organization founded in 1956 by a group of mothers who breastfed their children and taught other parents about natural childbirth and infant feeding methods (Lowman, 1978). The organization began to grow almost immediately after its inception, establishing chapters throughout the United States and worldwide and eventually creating a presence in 68 countries (Wiessinger, West, & Pitman, 2010).

What has not yet been fully explored is the impact the public discourse surrounding breastfeeding may have had on an individual mother's decision to breastfeed. By the 1970s, breastfeeding was a topic covered widely in newspaper and magazine articles and promoted through print materials in breastfeeding advocacy groups and some hospitals and medical offices. From a rhetorical standpoint, the public discourse surrounding breastfeeding is an important artifact of analysis, as arguments related to infant nutrition and the educational materials promoting both breastfeeding and formula feeding were all intended to impact mothers' infant feeding decisions. In this dissertation, I analyze fragments of discourse related to breastfeeding that were circulating in the United States in the second half of the 20<sup>th</sup> century and demonstrate how the "nursing mother" persona was constituted and utilized throughout this period. I chose to focus on the 1950s to the 1980s because this period includes the years with the lowest breastfeeding rates in U. S. history (from the 1950s through the mid-1970s), as well as years of continuously increasing breastfeeding rates in the 1980s. I chose to study rhetoric related to the rise of breastfeeding, rather than the decline, because of the potential for this study to yield practical insight into the continued promotion of breastfeeding (and similar health-related issues) and into social movement rhetoric more broadly.

Until recently, breastfeeding discourse has received little attention in rhetorical scholarship (see Foss, 2013; Koerber, 2013; Norwood & Turner, 2013; Wolf, 2013; Ziniel, 2012) but has been interrogated by scholars in other disciplines, such as feminist studies, yielding insightful results. My dissertation builds on arguments made by these rhetorical and feminist scholars who suggest that nursing mothers, and the concept of



motherhood itself, have been positioned both as active subjects and as subjected to societal conventions and constraints (Adams, 1995; Blum, 1999; Ross, 1995). This dissertation posits an expanded conception of persona theory that takes into account not only the ways nursing mothers used a first persona to discuss their individual experiences and philosophies, but also the ways those mothers were characterized in media coverage related to breastfeeding. Specifically, I argue that although nursing mothers were often overlooked in breastfeeding discourse and pressured by the media and society as a whole to keep the act of breastfeeding—and their personal experiences and stories about breastfeeding—out of the public eye, these stories of lived experience nonetheless emerged in this time period as important persuasive tools.

Blum (1999) argued for a “pragmatics of motherhood” that views motherhood from both a “high altitude” perspective through which the maternal body, pregnancy, birth, and breastfeeding are discursively constructed and historically, politically, and culturally shaped, and from the perspective of women and mothers who have valuable bodies, autonomous needs and desires, and individual experiences (p. 11). This dissertation further develops Blum’s proposed pragmatics by analyzing the ways in which media articles constructed and described the nursing mother, as well as the ways in which nursing mothers constructed their own rhetorical persona in stories and letters submitted to the La Leche League’s bi-monthly newsletter. The stories and letters from LLL present a helpful case study into the ways nursing mothers spoke about their experiences with breastfeeding. My analysis of these stories provides an example of how one group of women worked to rhetorically normalize the practice of breastfeeding at a time when few mothers tried to breastfeed their infants and even fewer succeeded.

However, League rhetoric can only tell part of the story, as LLL membership largely left out women of color, single mothers, and lower income or less educated mothers who were required to work outside the home, as well as mothers who chose not to nurse on demand, to wean at a young age, to mix breastfeeding and bottle-feeding, or to act in other ways contrary to League philosophy. Therefore, my analysis of the nursing mother persona is limited to describing one group of women and does not reflect the experiences of mothers breastfeeding outside the League. However, this case study still offers valuable insight into the ways at least one group of nursing mothers talked about themselves and their experiences during this time. Exploring both the ways nursing mothers presented themselves throughout a 40-year period and the ways these women and others were represented in the mainstream news media during this same time, my analysis reveals the fragmented character of the nursing mother persona and the numerous tensions and controversies women faced in their attempts to practice the embodied act of breastfeeding.

The following sections first, position my work within the field of health-related rhetorical studies; second, further describe the need for an expanded conception of persona theory; third, provide a methodological grounding for my analysis; and, fourth, offer a preview of the chapters included in this dissertation.

### 1.1 Rhetoric and the Study of Health-Related Issues

Because breastfeeding is an issue of infant and maternal health and well-being, a rhetorical study of breastfeeding discourse can be placed into the category of health communication scholarship. Traditional areas of study within health communication include patient-provider communication, social support, community health interventions,

and the design and implementation of health campaigns. Health communication scholars are often interested in health outcomes (i.e., health-related behavior, attitudes, and beliefs), and some health communication scholars have argued that theory and scholarship are meaningless if they do not somehow influence practices related to health and illness (Babrow & Mattson, 2003). The focus on applied scholarship, then, leads health communication researchers to focus on practical problems and solutions. Although many health communication scholars prefer to use quantitative methods, Roter and McNeilis (2003) argued that quantitative, qualitative, and critical approaches can be used to successfully analyze health communication dynamics.

Babrow and Mattson (2003) maintained that rhetoric is suited to study the communicative framing of uncertainty and values and the tensions between expectation and desire in healthcare interactions. Additionally, they argue that rhetoric has implications for understanding the mutual interdependence of the symbolic and physical realms and can offer resources for bridging theory and practice. Because health communication studies often tend toward application and little rhetorical scholarship could be called “applied,” using rhetorical methods to study health communication requires rhetoricians to move beyond merely advancing rhetorical theory to also discuss the practical, health-related implications of their work. In recent years rhetoricians have made an impact in health communication and rhetorical methods have been largely welcomed into the field because they can offer unique insight into discursive interactions. For example, in Asen’s (2002) study of rhetoric dealing with welfare recipients, he explained how the framing of welfare recipients by leading government officials, including presidents Reagan and Clinton, led to specific legislative actions, offering

insight into the power of discourse to impact people's lives both positively and negatively, depending on how those individuals were framed. Similarly Jordan's (2004) study of the rhetorical strategies used to justify nonstandard plastic surgery requests revealed how arguments from psychological distress operate to redefine how the human body is known and understood in society. Further demonstrating the usefulness of rhetorical scholarship to health communication, Keränen's (2007) analysis of an end-of-life patient preferences sheet provided practical suggestions for improving end-of-life discussions between patients and providers by moving from a technical framing of death to a meaningful, story-centered approach that would, ideally, allow the patient to maintain their dignity and identity throughout the process of dying.

These and other rhetorical studies of health communication and health issues can be roughly divided into four categories. First are studies that use health-related artifacts to explore rhetorical theory and concepts. Although these studies are less application-based than most health communication scholarship, they further rhetorical scholarship while offering insight into the ways people talk and think about health issues. For instance, Hayden (2001) used Foucault's conception of bio-power to discuss two sex education texts, finding that the texts functioned in different ways to both oppress and empower women and to influence their sense of self and gender norms. Alternately, Dubriwny (2005) argued through her study of consciousness-raising at the Redstocking's abortion speak-out that rhetoric is a collective enterprise that creates new public vocabularies about health and women's bodies, and Grey (2006) demonstrated how even fictional characters such as Ally McBeal and the actress who portrayed her (Calista Flockhart) can impact conversations about health (specifically weight and eating disorders). Along with

demonstrating how rhetoric can impact health conversations, these studies provide some practical applications as well, such as the identification of ways to improve messages in health campaigns. Examples of this include Branham's (1991) study of convert testimony in anti-abortion documentary films, which demonstrated how converts can have a limited persuasive influence; Vanderford's (1989) argument that vilification in discourses related to abortion reframed perceptions of the enemy, empowered movement members, and created an urgency for individual action; and Pezzullo's (2003) account of toxic tours, which argued that this sort of activism challenged ideas about what causes breast cancer and demonstrated that publics are not a phenomena "out there" but, rather, are real and affect people and bodies in the community.

A second category of health rhetoric studies uses health-related artifacts to determine how individuals talk about health, not only to learn about rhetoric and theory but also to understand how rhetoric can directly affect people and how it can be used to bring change in social and legislative situations. For example, Gring-Pemble (2001) used the narrative paradigm to argue that negative portrayals of the poor (and therefore negative consequences for those in the welfare system) came from a lack of representation in the public sphere, and Carcasson (2006) demonstrated how President Clinton framed welfare policy as "ending welfare as we know it," which transformed the negative rhetorical climate surrounding welfare and replaced it with more positive images of the working poor who deserved government aid. Alternately, Treichler (1987) demonstrated the ways the rhetorical construction of a disease such as AIDS affects those suffering from the disease, and Brouwer (1998) described the communicative and

performative strategy of self-stigmatization demonstrated by HIV-positive individuals, as well as those with AIDS, who chose to display their status with permanent tattoos.

A third category of research discusses the rhetorical implications of patient-provider communication and offers guidelines to improve both verbal communication between patient and provider and the documents used in these encounters. For instance, Segal (1994) determined that patient noncompliance with provider recommendations can be traced to the power structure and distant relationship between patient and provider, objectification of the patient, and a lack of understanding between both parties. Another example is Young and Flowers' (2001) strategy to improve provider-patient communication through collaborative interpretation, in which physicians and patients work together to create a body of new knowledge.

Finally, a fourth category of rhetorical health studies includes those which provide a rhetorical perspective on health communication campaigns and messages. Examples of these studies include Bush and Boller's (1991) analysis of AIDS education commercials, which argued that more individuals may be persuaded to change their behavior as a result of a long-term public service advertisement campaign than by the use of shorter public service announcements, and Kline's (2007) argument that current African American breast cancer education materials fall short of exhibiting cultural sensitivity. After demonstrating the problems with current materials, Kline offered concrete suggestions for improvement, such as reframing the issue to focus on relevant positive behaviors, attending more to cultural context, and using appropriate rhetorical strategies. Each of these categories includes scholarship that furthers rhetorical theory and at the same time provides insights and suggestions for application in real-world health communication.

My dissertation can best be placed in the second of these four categories, as it not only explores persona theory using health-related artifacts but also suggests how the discourse surrounding breastfeeding may have contributed to a renewed interest in the practice. By exploring the ways both breastfeeding women and the media characterized and thereby constructed the nursing mother persona, my analysis suggests that although the majority of arguments for breastfeeding were based on scientific nutritional data, the personal, experiential arguments presented by breastfeeding mothers themselves may have contributed to increases in breastfeeding rates as well. In addition, the shared nature of what I term a constitutive persona functioned to give nursing mothers the language to talk about their experiences and persuade other women to join the collective of breastfeeding mothers. As noted in chapter five, the use of a similar approach in current breastfeeding discourse may support and encourage women considering breastfeeding or struggling to continue the practice beyond the first few months of their child's life. As described in the next section, these conclusions about how the nursing mother persona has functioned in breastfeeding discourse require a broader perspective on persona theory and call for examination of the nursing mother as not only a first persona but also as a second and third persona.

## 1.2 Health Communication and Persona Theory

Although, as noted above, rhetorical scholarship cannot provide quantitative accounts of rhetorical impact, rhetorical theories can nonetheless be useful for answering specific health-related questions. Throughout the field of health communication, theories are sometimes adopted from other areas of scholarship and applied to situations where they best explain the observed phenomena. Theories used in this way are often fairly

simple to understand, are relevant in real-world situations, accurately describe communication behaviors, and can even predict communication outcomes. Although applied primarily in traditional rhetorical studies to date, persona theory fits much of this description, as it is an easily-understood idea, is consistent with other theories, and can be applied to a vast array of communicative situations. In addition, persona theory can provide clues about why individuals respond to discourse in certain ways and how discourse can impact specific situations. The versatility of persona theory makes it an excellent tool for studying health discourse related to provider-patient interactions, social support communities, health campaigns, and other areas of communication in health contexts, as nearly all parties in a communicative situation take on some sort of rhetorical role or persona throughout the interaction, whether that of provider, patient, care-giver, public health practitioner, or health campaign organizer.

Persona theory originated in Greek and Roman theater, as the term *persona* originally referred to the masks worn by actors to denote which character they were portraying. Since its origin, the term *persona* has been used in literary and rhetorical criticism to describe the carefully constructed character used by a communicator, “the created personality put forth in the act of communicating” (Gibson, 1969). *Persona* has been used to describe the voice an author uses when writing a text, accounting “for the disjunction between an author and the author’s presence in literary text” (Cherry, 1988, p. 257) and “the fictive being implied by and embedded in a literary or dramatic work” (Campbell, 1975, p. 391). The rhetorical persona is nearly always tailored to the intended audience and Ware and Linkugel (1982) argue that rhetors often use a persona drawn from cultural archetypes to identify with audiences and build ethos. When the persona is



used to create a strong bond, the character the author produces through his or her persona may linger in society's memory long after the author is gone.

Building on this understanding of the rhetor's voice as a "first persona," Black (1970) theorized a second persona—that of the implied audience or the audience the rhetor is addressing in his or her mind—rather than the actual, empirical audience. Black suggested that not only the age, group affiliation, or general attitudes of the implied audience can be understood by looking for clues in the rhetor's substantive claims and stylistic tokens (or general attitudes), but scholars can also discern even the ideology of that implicit audience. Black's work has since inspired scholars to explore texts for clues about not only the author's first persona and the persona of the implied audience, but also the ways other audiences are referenced, included in, or even excluded from the discourse. In both the first and second personae, the subject is differentiated from reality, as the rhetor creates a new, public persona separate from his or her private self and then re-creates the audience as an imaginary ideal rather than a real-life empirical audience.

In contrast, the third persona, described by Wander (1984), is the audience a rhetor chooses to discursively neglect or negate in the discourse, thereby silencing and objectifying the group "in a way that 'you' or 'I' are not" (p. 209). This audience is differentiated not from reality, but from those individuals who are included in the discourse, thereby erasing their concerns, ideologies, and experiences from the conversation (Turner & Ryden, 2000). Cloud (1999) extended Wander's ideas by arguing that individuals and groups can choose not to respond to issues they deem unspeakable and thereby negate themselves from a situation by strategically refusing to respond, utilizing what she termed a "null persona." Building on this differentiation

created by silence, Morris (2002; 2009) argued that a fourth persona is created when a rhetor attempts to “pass” as something he or she is not. For Morris, passing rhetoric involved not only identifying one ideology within an implied audience, as with the second persona, but recognizing an implied audience with two simultaneous ideologies, as the rhetor must seem to be in agreement with one audience and ideology while at the same time “winking” in affiliation with the second audience and ideology (one largely negated or silenced by the rhetor’s overarching message).

Building on these theorized personae, rhetorical scholars have identified a myriad of individual personae drawn from cultural archetypes and used by rhetors to communicate through a symbolic relationship with audiences, create identification through shared cultural values, and build ideological followings. Each of these personae allowed the rhetor to reach out to an audience using the most persuasive constructed character, one which might or might not reflect aspects of the rhetor’s actual personality, ideas, or experiences. For example, Hogan and Williams (2000) argued that Thomas Paine used a persona of “republican charisma” in *Common Sense* to become the “colonial ‘every man’” and allow readers to identify with him and accept his revolutionary message (p. 13). Similarly, Browne (1990) identified a pastoral persona in the writings of John Dickinson that allowed him to detach himself from the situation while still commanding attention from his audience and promoting a course of action, while Campbell (1989) argued that Angelina Grimké relied on biblical references and her authority as a messenger of God to create a prophet persona and legitimize herself as a female speaker. Other scholars recognized the prophet persona archetype in the Grimkés’ oratory (Japp, 1985), as well as in the rhetoric of Louis Farrakhan (Pauley, 1998),

Elizabeth Cady Stanton (Southard, 2007), and Fannie Lou Hamer (Houck & Brooks, 2011). Additional archetypal personas identified by scholars include explorations of a mother or Madonna persona (Anderson, 2002; Gibson & Heyse, 2010; Harris, 2009; Strange, 2002; Tonn, 2006), Francis Willard's use of a True Womanhood persona (Bizzell, 2006), and General Charles Gordon's employment of the Fool persona (Bass, 2007). Further, Jensen, Doss, Jansen, & Bowers (2010) theorized a transcendent persona, used by individuals with a boundary-breaking achievement or experience who draw from the symbolic capital of that experience to communicate their vision of the world and call audiences to action.

Even as the identification of specific personae used by individuals to communicate with and persuade audiences has contributed a great deal to persona theory, another body of work deals with the intersections between personae, scrutinizing the ways multiple personae overlap within one text or set of texts to meet the rhetor's persuasive goals. Hammerback (1994) highlighted the way José Antonio Primo de Rivera used both a first and second persona to constitute audience members into a united fascist body through a process of identification. Primo de Rivera achieved this by first creating his own persona as a model fascist leader and then discursively constituting his audience as one willing to take on qualities of their leader, accept his ideology, and celebrate his leadership. Building on Hammerback's discussion of interworking first and second personae, Doss and Jensen (2013) demonstrated the ways Dolores Huerta utilized a transcendent first persona when encouraging audience members to support the United Farm Workers movement. At the same time, Doss and Jensen argued, Huerta employed a second persona that outlined the behavior she wished audience members to adopt with

the goal of inspiring audience members to take concrete action. Jensen and Hammerback (1998) also explored the ways two personae worked in combination to strengthen a persuasive message in the rhetoric of Robert Paris Moses. They argued that Moses projected the first persona of an organizer who placed more emphasis on message content, teaching, relationship building, and becoming united with audience members than on his own personal skills or accomplishments. Adding to this, Moses rhetorically reformulated organizers, framing his implied audience as bold, fearless, patient, committed, and willing to forego acclaim, important qualities needed to organize southern blacks and empower them to act boldly. By demonstrating in his first persona the qualities he desired in audience members and then portraying his audience as demonstrating those qualities as well, Jensen and Hammerback argue that Moses was able to better empower young southern blacks and convert them into effective leaders and organizers.

Additionally, Leff and Utley (2004) analyzed intersections between first and second personae in Martin Luther King, Jr.'s "Letter from a Birmingham Jail," finding that King constructed a first persona of agency and restrained energy that clearly refuted his image as an uncontrolled radical and mirrored the qualities he wanted auditors to associate with himself and his movement. Although King's letter is addressed to an audience of white clergymen, Leff and Utley argued that the text's true audience is composed of African American "eavesdroppers" and the letter provides them with a model for action. Ultimately, Leff and Utley posited that King's letter portrays African American audience members as agents who can overcome the indifference of white moderates and break free from societal restraints to change the way they perceive themselves and are perceived by others. Similarly, Kendall (2008) explored interactions

of the second and third personae in *Natural Capitalism*, arguing that although the book's implied audience consists of dominant capitalists and technocrats who are prepared to solve problems of environmental sustainability, a second audience (the third persona), comprised of civic agents and non-proprietary classes, is negated from the dialogue unless their interests are aligned with the capitalist, proprietary class, an alignment that can only be made if the natural capitalism is presented as non-ideological.

Each of these studies explicating multiple personae interacting within a specific text provides valuable insight into how personae are used together to reinforce and sustain a persuasive message. However, rhetorical scholars have yet to study a single persona operating in a variety of texts authored by rhetors with diverse experiences, goals, and audiences. While studying a single rhetor's persona gives insight into that individual's persuasive strategies, studying a persona used by different individuals and groups in different ways sheds light on how a persona might be constituted by a large, undifferentiated group of individuals and how that persona can be changed over time. More specifically, my dissertation explicates the persona of the nursing mother as it was developed and used by breastfeeding women and by the media from the 1950s to the 1980s. Analyzing the nursing mother persona from a variety of angles allows me to present a broader picture of the discourse facing potential breastfeeding mothers in the latter half of the twentieth century and to identify the numerous tensions present in these two very different characterizations of the nursing mother persona.

### 1.3 Methodological Orientation

#### 1.3.1 Critical Rhetoric

To capture the discourse circulating throughout the period of my analysis, I chose to analyze fragments of breastfeeding discourse in newsletter articles and media coverage using a critical rhetoric orientation. McKerrow's (1989) conception of critical rhetoric involves a focus on demystifying the discourse of power and understanding "the integration of power/knowledge in society—what possibilities for change the integration invites or inhibits and what intervention strategies might be considered appropriate to effect social change" (p. 91). Although a mother's decision about how to feed her infant may seem like a simple, individual choice, as noted above, the decision is necessarily impacted by a variety of societal factors and entangled in power relationships between, for instance, the mother and healthcare providers, friends, relatives, and the infant's father. To understand how social change related to breastfeeding was discursively represented, it is necessary to study these discourses, unmasking how the rhetoric functions to encourage and discourage breastfeeding, as well as corresponding beliefs and behaviors.

As a method, critical rhetoric draws from the philosophy and critical spirit of Horkheimer, Adorno, Habermas, and Foucault, operating under the assumption that discourse is a dimension of power as it affects and controls all levels of society (McKerrow, 1989). McKerrow argued that power in this conception is not repressive, but productive. Power is an active force, an integral part of creating and maintaining society through discourse. According to McKerrow, the task of a critical rhetoric is to expose this discourse of power and thereby negate its effects on social relationships. This work

requires the critic to locate and examine the microphysics of power to understand how social practices are created and sustained. In this respect, critical rhetoric serves a demystifying function as it reveals the often silent and obscure ways discourse both conceals and reveals power and knowledge relationships. Because the goal of a critical rhetoric is to expose and undermine discourses of power, it must have an object, something it is operating against. The presence of an adversary means critical rhetoric has consequences and must identify possibilities of future action, even to the point of outlining what needs to be done as the result of an analysis.

Methodologically, critical rhetoric requires the rhetorician to approach rhetoric in its “fragmented, unconnected, even contradictory or momentarily oppositional mode of presentation” (McKerrow, 1989, p. 101). McKerrow argued that analyzing fragments of discourse rather than a single text contains the potential for “*polysemic* rather than *monosemic* interpretation” (p. 107). Citing McGee’s (1987) analysis regarding discursive fragments, McKerrow argued that a text for the critical rhetorician is a compilation of fragments he or she put together. These fragments should be pulled from discourse circulating in society and the critic should bring them together in a way that can be argued to represent their circulation and function. The critic must attend to the polysemic nature of these fragmented texts in terms of both dominant and potentially subversive readings, pointing out how discourses of power are operating in and through the text. This methodological orientation moves the critic from a study of public address to a study of the “discourse which addresses publics,” placing the critic in the role of an “inventor” who observes the social scene and analyzes communication as “mediated” by popular culture and society (p. 101). By collecting and analyzing fragments of discourse,

criticism becomes an artistic, creative performance as the critic constructs new perspectives instead of finding them in texts created by someone else (Dow, 2001). Critical rhetoric provides a new way of looking at discourse without being tied to a specific text or the tenets of reason held by a certain society, although fragments for analysis should be selected using criteria relevant to the research questions at hand.

Following these tenets of critical rhetoric, the current project includes textual fragments from two different sources to illustrate a few of the numerous types of discourse surrounding breastfeeding in the second half of the 20<sup>th</sup> century. To capture episodes of increased media attention to breastfeeding, fragments were chosen from four specific three-year periods surrounding important discursive events in the history of breastfeeding: (a) 1957-1959—this period surrounds the 1958 publication of the La Leche League’s first newsletter, which represented the beginning of public conversations about breastfeeding by nursing mothers themselves; (b) 1967-1969—these years border the publication of a *TIME* article titled “Maternity: Back to the Breast” and represent the beginning of major mainstream coverage of breastfeeding in the media; (c) 1973-1975—these three years surround the publication of an editorial in the *New Internationalist* magazine and a pamphlet circulating in England and the United States titled, *The Baby Killer*, both of which highlighted unethical formula marketing practices and led to the 1977 Nestlé boycott; and (d) 1983-1985—this period includes the 1984 report from the Surgeon General’s Workshop on Breastfeeding and Human Lactation, the first of many efforts to support and promote breastfeeding sponsored and publicized by the U.S. government.



In each of these three-year periods, artifacts for analysis include both letters and personal articles shared by breastfeeding mothers in the La Leche League's newsletter, and newspaper and magazine articles circulating throughout mainstream, U.S. media. First, this project includes discursive fragments I gathered from the DePaul University's John T. Richardson Library Special Collections and Archives' extensive La Leche League collection. Archive materials include the League's newsletters, including by-monthly issues of "The LLL News" from 1958 until 1984, followed by the current newsletter, "New Beginnings," which began publication in 1985 and continues to the present. League newsletters were delivered on a bi-monthly basis to paying members and contained articles related to various aspects of childbirth, breastfeeding, and parenting, written both by medical professionals and mothers. Each newsletter also contained numerous stories written by women throughout the United States about their own experiences with birthing and raising children. Stories highlighted both "normal" experiences, as well as families who had difficult experiences with pregnancy, birth, and breastfeeding, or mothers who nursed twins and even triplets.

Second, the selected set of artifacts include newspaper and magazine articles related to breastfeeding that provide broader insight into how discourses surrounding breastfeeding were delivered to publics and how they may have shaped public perceptions of breastfeeding and nursing mothers. Media artifacts analyzed in this dissertation include more than 800 articles covering individual breastfeeding stories, physicians' opinions, advice columns, breastfeeding events and organizations, how-to articles, and other stories related to breastfeeding news. Articles were downloaded from newspapers.com, as well as the ProQuest Newsstand and the *New York Times* Historical

Database. They represent publications across the United States to provide a relatively complete picture of how breastfeeding was discussed in mainstream American media during this time period.

Once archival materials and media articles were collected, I read each newsletter submission and article closely, searching for themes and similarities in the ways nursing mothers spoke about themselves and the ways they were discussed in the media. Once themes were identified, I organized the themes and analyzed them using persona theory to determine how personae were used in the discourse. When reading archival materials written by women in La Leche League, I looked for similar uses of language, terminology, and ideas characteristic of a nursing mother persona. While interrogating media articles, I looked for their inclusion/exclusion of nursing mothers and the extent to which nursing mothers were included in the ideal and/or tertiary audience (the second and third personae).

Throughout the artifacts analyzed in this dissertation, the terms “nursing” and “breastfeeding” are used nearly interchangeably. In writing the dissertation, I chose to use “breastfeeding” when talking about the practice itself and to use “nursing” when referring specifically to the role mothers assume – “the nursing mother.” My choice to title the persona the “nursing mother” persona rather than the “breastfeeding mother” persona stemmed from a 1973 La Leche League newsletter, in which Patricia Anne Hamman wrote about “nursing mothers” who “share experiences and questions” (p. 51). Hamman’s approach to the terminology is somewhat consistent throughout League discourse, as mothers refer to the act of feeding a baby at the breast as breastfeeding, but refer to themselves and others as “nursing mothers” instead of “breastfeeding mothers.”

### 1.3.2 Feminist Standpoint Theories and Intersectionality

This dissertation is also informed by feminist standpoint theories, in which theorists posit that knowledge is socially-situated and is produced from multiple standpoints. These characteristics of knowledge, then, allow marginalized groups to ask questions and be more aware of certain realities than the non-marginalized. Further, theorists argue that research, specifically with a focus on power relations, should not only include the marginalized but should begin with these individuals. Standpoints theories are grounded in the Marxist approach, specifically in Hegel's (1807/2010) discussion of master/slave dialectic, in which he argued that the subjugated slave could eventually achieve freedom of consciousness through struggles with the master and began to affect the world in various ways. Hegel's dialectic argued that analysis of the slave's struggles is better conducted from the slave's point of view than from the master's perspective. His work was the foundation for further theories by Marx, Engels, and Lukacs developed within the dialectic of class consciousness and positing that the standpoint of the proletariat provided a more effective position from which to study and potentially change the world.

Standpoint theories were later adapted and reframed by feminist theorists in sociology and political philosophy to carve out a space for a feminist standpoint. Hartsock (1983a) first borrowed the standpoint concept from Marx and adapted it to argue that women have a unique position in society. This standpoint, she argued, allows women to justify feminist truth claims and provides a method for analyzing reality. Hartsock (1981) approached her conception of standpoint theories from the position that different segments of society perceive reality differently, concluding that "feminism as a

mode of analysis leads us to respect experience and differences, to respect people enough to believe that they are in the best possible position to make their own revolution" (p. 40). Hartsock (1983a) argued that each individual creates her or his own reality through their experiences and activities, but that from some of these perspectives "the real relations of humans with each other and with the natural world are not visible" (p. 117). Further, Hartsock (1983b) explained that a feminist standpoint "expresses female experience at a particular time and place, located within a particular set of social relations" (p. 303) and allows researchers and theorists to delve "beneath the surface of appearances to reveal the real but concealed social relations" (p. 304). Standpoint theories recognize women's lives as "particular and privileged" vantage points to understand and contradict male supremacy (p. 284).

Other theorists built on these ideas, focusing on the role social location plays in the creation of knowledge. Theorists such as Harding (2004) claimed that socially-situated knowledge can be objective and that standpoint theories demonstrate "how a social and political disadvantage can be turned into an epistemic, scientific, and political advantage" (p. 7-8). Specifically, she argued that those in unprivileged social positions create perspectives that are "less partial and less distorted" than those created by other social positions (Harding, 1991, p. 121). Harding (2009) argued that to gain a "rich and nuanced" understanding of these less-distorted perspectives, one must "either live as a member of the oppressed group or do the necessary work... to think within that group's standpoint" (p. 194). This unique characteristic of standpoint theories requires a break from the traditional conceptual research frameworks to focus on the "daily lives of oppressed, exploited, or dominated groups" (p. 195).

To further clarify the concept of *standpoint*, theorists have assigned it a very narrow definition. While colloquially “standpoint” may be used interchangeably with “perspective,” scholars argue that a feminist standpoint is earned through collective political struggle, meaning the oppressed are in a better position to achieve a standpoint. Attaining a standpoint is not an individual process, however, but a collective one in which individuals recognize and acknowledge others who share a similar standpoint. Self-defining one’s standpoint, then, allows one to assert their own identity and reject the identities imposed by stereotypes and hegemonic ways of thinking. Choosing to develop a standpoint serves to diminish the conceptual dissonance felt by individuals oppressed by dominant conceptual frameworks of which they are not really a part. A standpoint allows these individuals to identify and talk about their lives in ways that better represent their experiences. Operating from within a standpoint, then, allows individuals to resolve conflicts and fill the silences left in dominant conceptual frameworks (Collins, 1990; Harding, 1991; Wylie, 2004; Wylie & Nelson, 2007). Through this process of creating a standpoint, knowledge becomes the unique result of an individual’s location and experiences (Mann & Kelley, 1997).

Theories of intersectionality further inform standpoint theories, as they require consideration of the multiple arenas in which individuals are oppressed and dominated. While feminists often interrogate patriarchy and domination related to sex or gender, intersectionality theory argues that an analysis is incomplete without also giving attention to an individual’s race, class, sexual orientation, and other identity aspects. Originally coined by Crenshaw (1989), intersectionality theory argues that observations which fail to consider the multiple aspects impacting an individual’s identity cannot accurately

address their experiences or the manners in which they are subordinated. Further, theorists suggest, cultural patterns of oppression are rooted in society's intersectional structure and an understanding of these systems is crucial in the process of gaining equality and improving the democratic system (Collins, 1990; D'Agostino & Levine, 2011).

My own standpoint as a white woman, academic, wife, and mother informs this dissertation and, in some ways, influences my rhetorical readings of these texts. I am the mother of two young boys, one who breastfed until just after his second birthday, and the other who is 15 months old and continues to breastfeed at the time I am writing this dissertation. Breastfeeding seemed like a natural choice to me because I grew up listening to my mother's stories about her positive experiences with nursing and watched my friends successfully breastfeed their babies. While I was pregnant with my oldest son I read numerous books on breastfeeding and infant care, one of which was La Leche League's *The Womanly Art of Breastfeeding*. Although I am not a League member, much of my personal philosophy about child care stemmed from *The Womanly Art* and the book was a source of encouragement as I chose to breastfeed on demand (at times spending 10-12 hours a day nursing in the first months), allowed my babies to sleep with me at night to facilitate nursing and sleep, and continued to breastfeed beyond the 10-12 months that my friends (and our pediatrician) determined was "normal." As I read the personal experiences written by women in League newsletters (see Chapter 3), I came to tears numerous times as I identified with their struggles and triumphs and felt their pain when childbirth and nursing did not go as expected. Somehow the stories written by these

women 30 to 70 years ago spoke to me in a very real way, making it difficult at times to maintain a critical, analytical perspective.

As noted in Chapter 3, La Leche League was a helpful, at times life-changing resource for the women included in the organization's reach—most often white, middle-class, educated women who were able to stay home with their children full-time. For others—women of color, women with lower incomes or less education, or women who worked outside the home—the League did not provide a welcoming environment. In my own experience, although I identify with the League's major philosophies and in many ways am a part of their audience, I have not counted myself part of the League's collective. While I worked hard to make sure that my youngest son was breastfed exclusively for the first six months, as the League recommends, I had to leave both boys for several hours a week to meet teaching and research obligations. Because I could not pump enough milk for more than a 5-6-hour period away from a baby, both boys eventually received a few bottles of formula each week—the equivalent to poison in the eyes of many League fanatics. Even as I write this, feelings of guilt are surfacing because I have not lived up to the nursing mother ideal. I know my experience is not unique in any way and is one of the major critiques of the La Leche League philosophy and attitude.

Although this critique, as well as the lack of diversity in League membership, surfaces in my analysis, as I wrote about the women of LLL, I found myself identifying with their experiences and feeling incredibly thankful for their efforts. Without these women and the thousands who followed them, I might never have had the chance to develop close nursing relationships with my babies or be empowered to breastfeed in public wherever we happened to be—parks, restaurants, church, movies, shopping malls,

public transportation, the zoo, and anywhere else baby needed a drink. Separating my admiration and thankfulness for the work done by the founding women of La Leche League to make breastfeeding “normal” from my role as a rhetorical critic was difficult at times and I hope this reflection on my personal standpoint may inform readers approaching this dissertation, specifically my analysis in Chapter 3.

#### 1.4 Preview of Dissertation Chapters

*Chapter Two.* The second chapter of this dissertation situates my analysis within a broader historical context. The chapter traces the history of infant feeding practices in the United States from the Colonial era through the present. Topics include maternal breastfeeding and wet nursing, early alternatives to breast milk, and the development of cow’s milk formula. The chapter also discusses the formula industry and controversies surrounding unethical marketing practices, such as the Nestlé boycott begun in 1977. The chapter concludes with a discussion of modern breastfeeding support systems, “lactivism,” and celebrity breastfeeding role models.

*Chapter Three.* The dissertation’s third chapter begins by theorizing the constitutive persona, a category of first personae that can be used by multiple rhetorical voices within a collective. To function as a constitutive persona, the first persona, when used in conjunction with a complementary second persona, must operate to draw members into the collective and provide these new members with the language to describe their experiences and form their own persuasive arguments. In the chapter, I demonstrate one such constitutive persona, the nursing mother persona, and trace the creation and utilization of this persona in newsletter articles written by hundreds of individual La Leche League members. My analysis demonstrates ways the nursing



mother persona functioned to introduce the League's philosophy to potential members and draw them into the collective. I also demonstrate the cyclical nature of the persona, as members adopt the nursing mother persona to talk about their experiences to other League members, whose rhetoric previously persuaded them to join the collective.

*Chapter Four.* In the fourth chapter, I begin by further exploring Wander's (1984) theorization of the third persona and suggesting that the persona should be expanded to include the negation of individuals who are not only relevant to the discourse, but are directly addressed within it. I demonstrate the ways this negation can take place by analyzing newspaper and magazine articles related to breastfeeding. In the chapter, I identify how nursing mothers were negated through the discourse as media articles framed them as machines creating a desirable product, characterized them as trapped in the midst of numerous breastfeeding-related controversies, and described the practice of breastfeeding as related to sexual activity. I argue that although media articles were often intended to promote breastfeeding, they largely functioned to remove nursing mothers from the discussion or constitute them as out-of-step with society, undesirable, and potentially immoral—all of which served to negate breastfeeding women from the discourse and relegate them to a tertiary audience, or third persona.

*Chapter Five.* The concluding chapter discusses my contributions to rhetorical theory and demonstrates the applicability of the constitutive persona and the expanded third persona to other rhetorical situations. The chapter also highlights the broader perspective my analysis brings to persona theory and the merits of analyzing a single persona as used by multiple rhetorical voices. I end the chapter by delineating my

contributions to the study of health rhetoric and breastfeeding literature and suggest future areas of research related to breastfeeding, childbirth, and persona theory.

## CHAPTER 2. HISTORICAL CONTEXT

### 2.1 Breastfeeding in the United States

The history of breastfeeding in the United States cannot be separated from the larger historical context. Social factors surrounding breastfeeding have often determined who feeds an infant, where and when the infant is breastfed, and how long the infant continues to receive breast milk. While mothers have sometimes been able to make these decisions for themselves, often decisions have either been made or strongly influenced by others, including husbands, medical professionals, community leaders, and other friends and family members. As noted by Stuart-Macadam (1995), breastfeeding is a bio-cultural behavior that mirrors the evolutionary environment from which it develops and in which it functions. The impact of society on breastfeeding has been felt not only in the past, but continues into the present, as Blum (1999) documented the cultural pressures experienced by working class, and especially African American, mothers as they make decisions related to breastfeeding. Such pressures have at times caused mothers to choose not to breastfeed or to shorten the length of time they breastfeed.

Long before Europeans stepped onto land that would become the United States, Native American women were breastfeeding their infants from birth until they could be sustained with other foods (Banks, 2003). Their history and traditions have been largely displaced, however, and the majority of U.S. breastfeeding history is rooted in European

customs. On their arrival in the “New World,” Europeans brought centuries of information and misinformation about breastfeeding, thus making it all-but impossible to separate U.S. breastfeeding history from its various prehistories (Kedrowski and Lipscomb, 2008). Working-class infants were nearly always breastfed by their mothers unless the mother died, became ill, or could not otherwise breastfeed the child. In those cases, a white neighbor, or occasionally a Native American, was asked to breastfeed the child as a way to ensure the infant’s survival (Fildes, 1988). Whether fed by a mother or a wet nurse, the length of time an infant breastfed varied, although most children nursed until at least 9 to 12 months and sometimes up to 18 months or two years (Treckel, 1989). Some of the strongest early advocates for breastfeeding were Puritan leaders, who viewed breastfeeding as one of women’s primary duties as Christians. These leaders preached that breasts were created to nourish children. If a mother chose not to nurse her child for any reason she was condemned as selfish, vain, and sinful (Treckel, 1989; Fildes, 1988). At the same time, however, mothers were chastised for nursing infants as a way to delay conception and control family size, a condemnation that ultimately led to shorter periods of breastfeeding (less than two years) (Treckel, 1989).

Even as women were exhorted to breastfeed their children in the new world, wealthy mothers, specifically the wives of gentlemen, clergymen, physicians, and merchants, may have followed the European practice of hiring a wet nurse to care for their children. The decision to employ a wet nurse was not always made because a mother was not able to breastfeed. Instead, medical dictates of the time influenced such decisions. Among these were the misconception that colostrum, or a mother’s first milk, was harmful to an infant (whereas now we know colostrum is very nutritious), and that

resuming sexual relations while breastfeeding was harmful to the child (Treckel, 1989; Fildes, 1988). These beliefs led some parents to employ a wet nurse or ask a family member, friend, or neighbor to nurse the newborn until the mother's milk came in. Additionally, a husband wishing to resume a sexual relationship with his wife may have been prompted to hire a wet nurse, whether or not the mother wished to stop breastfeeding (Treckel, 1989).

In contrast to European nursing practices, children in the United States were rarely sent away from home to live with a wet nurse in the country. Instead, wet nurses were expected to either move into the family home or visit several times a day to nurse the baby. Hiring a wet nurse was a difficult process, as it was believed the wet nurse would pass on her physical and mental characteristics through her breast milk. Wet nurses nearly always came from the lower classes. In the northern colonies white women were nearly always preferred over women of color, although in the South children of wealthy slave owners were often nursed by slaves, both to free their mothers to pursue social obligations and to protect them against malarial diseases, to which slaves were believed to be immune (Fildes, 1986; Treckel, 1989). Sometimes the slave was allowed to continue nursing her own child as well as the owners' child, while in other situations the slave's child was taken away from her so she would focus on feeding the white infant. After the child was weaned, the slave often continued to care for the child until it was old enough to be tutored or was fully grown (Fildes, 1988).

In the early 19<sup>th</sup> century, American society experienced the rise of a "cult of domesticity," which celebrated and valorized the role of the mother and encouraged mothers to breastfeed and nurture their children (Kedrowski & Lipscomb, 2008). In fact,

maternal breastfeeding “became almost an emblem of new democratic ideals,” as the natural practice of breastfeeding was placed in contrast with the decadent, aristocratic culture of the upper class and connected strongly to the health and continued rise of the middle class (Blum, 1999, p. 21). Maternal breastfeeding also served as a way to protect middle-class infants from a lower-class wet nurse, whose milk was seen as impure, except again in the South, where slaves continued to be used as wet nurses (Kedrowski & Lipscomb, 2008). At the end of the 19<sup>th</sup> century, however, societal effects of the industrial revolution and the logic of efficiency created problems for breastfeeding. Mothers were urged to feed their children according to a schedule instead of on-demand, which in many cases led to diminished milk supply and the need for supplemental feeding. As breast milk substitutes became more available in the early 20<sup>th</sup> century, physicians attempted to control every aspect of breastfeeding, including how often and how long mothers fed their infants, and they recommended supplementing breastfeeding as necessary to control the nutrition an infant received. These strict recommendations ultimately contributed to a decrease in breastfeeding (Kedrowski & Lipscomb, 2008).

## 2.2 Development of Breast Milk Substitutes

Along with wet nursing, infants in colonial America and in the 19<sup>th</sup> century may also have been fed pap or panada, combinations of a liquid (usually milk, broth, or water), a cereal or grain, and some additive, such as egg yolks or butter, because physicians recognized that cow’s milk alone could not sustain a human infant. Referred to as dry nursing or hand-feeding, such food was not recommended by the medical community except as a last resort (Fildes, 1986). Because of suspicions about the purity of milk from lower-class wet nurses and the high infant mortality rates connected to dry nursing,

physicians and scientists began experimenting with formula substitutes for breast milk throughout the 19<sup>th</sup> century (Kedrowski & Lipscomb, 2008). As early as 1867, babies were fed a formula consisting of wheat flour, cows' milk, malt flour, and potassium bicarbonate (National, 2004). With the development of milk pasteurization in the 1890s, formula substitutes became more accepted by physicians and were used more often in cases where a mother was not able to breastfeed her child. Around this time, physicians adopted a percentage feeding system, which involved mixing a complicated formula of fat, protein, sugar, minerals, milk, water, and other ingredients. If this formula did not suit the baby's digestive system, the physician was expected to calculate the percentages again until the infants' needs were met. Such a difficult procedure required advanced mathematical calculations and prompted many physicians to prescribe a simple diluted milk and carbohydrate mixture (Meyer, 1960).

Regardless of which recipe a parent used for bottle-feeding, the development of safe, widely-used infant formula in the U.S. was made possible in the 20<sup>th</sup> century because of technological advances and an increased standard of living. Important advancements included modern methods of food preservation, modern plumbing and sewage disposal, home and factory screening against flies, the development of artificial ice and home refrigeration, the establishment of hygienically-controlled milk sheds to supply urban areas, improved transportation, and the development of hygienic consciousness in modern society. In addition, physicians began recommending the inclusion of solid foods in an infant's diet during the first year to improve nutrition (Meyer, 1960). These advancements came at a time when reformers were already focused on child welfare issues, such as ending child labor, and activists began to focus on infant

nutrition as well. At the turn of the century, one in ten infants in urban areas died before its first birthday, prompting the establishment of infant welfare stations by organizations such as the Infant Welfare Society of Chicago. Those coordinating these stations provided safe, clean milk for infant formula, examined infants, and educated parents in infant feeding and care, ultimately lowering infant death rates (Infant, 2014).

Such technological and medical advancements served as a catalyst for the science of infant feeding. In the first decades of the 20<sup>th</sup> century, scientists determined that cows' milk needed to be altered before it could serve as a beneficial infant food source. These necessary modifications included substituting vegetable oils for animal fat, diluting the milk's protein content, and balancing the minerals and vitamins present in the milk (such as adding iron and adjusting calcium levels). By 1915, a formula containing cows' milk, lactose, oleo, and vegetable oils was being processed in a powdered form and large-scale formula production began in the 1920s, signaling the advent of the modern formula industry. For lactose-intolerant infants, soy-based formula production began in 1929, although parents using these formulas complained about loose stools, diaper rash, and clothing stains (National, 2004). Once industrial formula production began, the number and varieties of formula options exploded. By 1952, more than 200 brands of evaporated milk were available along with 77 other infant milk foods, making it difficult for parents to choose the best food for their child. Options included diluted milk-based mixtures, one-formula or synthetic milk mixtures, and mixtures with special functions, such as protein milks, acid milks, fat-free milks, or hypo-allergic preparations. Nearly all of these were available in a liquid or dry form and in a variety of brands for various prices (Meyer, 1960). The most widely-used formula preparation from the late 1920s through mid-



century was evaporated milk. Meyer (1960) attributed evaporated milk's popularity to its uniform composition, low curd tension, homogenization, sterilization, Vitamin D content, and hypoallergenic properties.

Recipes used in early formula production continued to be developed and changed throughout the century to closer replicate human milk. Examples of this include changes in the protein content of formula in 1935, the introduction of iron to formula in 1959, re-balancing the whey-casein ratio in 1962, the introduction of taurine fortification in 1984 and nucleotide fortification in the late 1990s, and long-chain polyunsaturated fatty-acid fortification in the early 2000s. As noted by Enfamil, its product "has undergone several significant formulations - each one designed to bring it nutritionally closer to breast milk" (Enfamil, 2014c). However, because human milk changes from one individual to the next and because some properties of human milk cannot be replicated, the task of simulating human milks' properties was complicated. In addition, breastfeeding offers several potential advantages beyond nutrition, including disease prevention and neurodevelopment, some of which are part of the mother-infant breast-feeding relationship and cannot be replicated by formula (National, 2004). Even today, formula companies continue to add new ingredients and advertise their products as being "inspired by the changing nutrition of breast milk" (Enfamil, 2014b) and "designed to be closer than ever to breast milk" (Similac, 2014a). Formula makers have developed a dizzying array of products, including formulas designed specifically for supplementing breast milk. These products are advertised as "a formula designed to help complement your breast milk" (Enfamil, 2014a) and as having more prebiotics than other formulas, which "produce softer stools more like those of breastfed infants" (Similac, 2014b).

Similac (2014b) also advertises that “8 out of 10 moms who supplemented with formula agreed that it helped them continue to feed breast milk,” although it is not clear how often or how long breastfeeding continued.

As formula developers worked to make their product more like breast milk throughout the first half of the 20<sup>th</sup> century, the demand for infant formula increased. According to a National Fertility Survey conducted in 1965, 68 percent of mothers breastfed their first baby between 1911 and 1915, compared to only 35 percent of mothers in the 1940s (Solomon, 1981). With skyrocketing birthrates following World War II, the infant formula market began to thrive and expand. By the late 1970s, infant formula had grown to a \$750 million industry worldwide, and the industry continues to grow by as much as nine percent each year, resulting in the current \$11.5 billion-and-growing market. Thirty-three percent of this market is located in Western Europe and the United States, while Asia holds 53 percent of the market and is growing rapidly (UBIC, 2014).

Formula marketing has been the center of controversy since the mid-1970s when the media exposed unethical marketing practices in developing countries. A magazine called *New Internationalist* dedicated an entire issue in 1973 to reporting the problems caused by formula marketing practices (these included large billboards showing healthy babies and formula tins, the distribution of free formula in hospitals, and the paying of nurses to recommend formula to new mothers). Such marketing strategies led mothers to believe formula was a better choice to feed their babies than their own breast milk. Many of these mothers could not afford to purchase enough formula to feed their infants, so the formula was watered down and babies were malnourished. Other problems included a

lack of clean water and failure to sterilize bottles. Altogether, formula use and misuse claimed at least a million infants each year through malnutrition and diarrheal diseases and marked millions of others who suffered from malnutrition as infants (*New*, 1973; Solomon, 1981). The *New Internationalist* issue depicted the grave of a Zambian baby on which the baby's mother left a tin of formula powder and a bottle as symbols of her efforts to care for the child. A pamphlet titled "The Baby Killer," produced by the British non-governmental organization War on Want, further detailed the problems with formula marketing in the developing world and prompted a U.S. boycott against the Nestlé Corporation in 1977, led by the Infant Formula Action Coalition (INFACT). The boycott eventually spread to Europe, Mexico, and Australia and continues to be supported by organizations such as Baby Milk Action and the World Alliance for Breastfeeding Action.

In response to the controversy, Nestlé managing director Arthur Furer said the boycott was a "witchhunt," and that "lies and distortions" have been "used to turn well-meaning people against us" (Rosenfeld, 1980). Nestlé officials argued that rather than convincing women to stop breastfeeding, they introduced a product that saved the lives of children whose mothers were dead or malnourished and unable to breastfeed. Although boycott supporters argued that 10 million infants each year suffered from malnutrition due to formula use, Nestlé disputed that number and cited a doctor who said the number was "symbolic" (Rosenfeld, 1980). Nestlé spokespersons said they made the clear distinction that "mother's milk is the best milk of all" and said they did not market infant formula in the United States. Worldwide, they said, Nestlé's sales accounted for about a third of the \$750-million market with the "vast proportion of sales" going to middle-class homes where parents "know how to use it" (Rosenfeld, 1980). At the time, little evidence

suggested that Nestlé was impacted financially by the boycott, although the company spent a great deal of time and money fighting the boycott.

One of the boycott's major outcomes was the creation of an International Code of Marketing of Breast-milk Substitutes by the World Health Assembly in 1981. The code targeted the marketing of formula and other products intended to replace breast milk, as well as feeding bottles and other containers related to feeding. The code prohibited both marketing these products directly to the public and facilitating direct or indirect contact between sales persons and pregnant women or mothers. In addition, the code dictated the types of pictures and information that might appear on labels, as well as in pamphlets and other educational material related to infant feeding. It also set standards for how samples and free products should be provided to mothers and how companies should interact with the health care system (Richter, 2001). Specifically, the code stated that formula companies may not promote products in hospitals, shops, or to the general public, give free samples to mothers, give gifts to health workers or mothers, or give misleading information about formula or breastfeeding (Krasny, 2012). Although the code was intended to apply to global formula marketing, companies argued that it should apply only to developing countries. In fact, the United States voted against adoption of the code in 1981 even as it was adopted by all the membership of the World Health Organization without any distinction between developed and developing countries (Kent, 2006). Even in the developing countries the code was designed to protect, it was and is difficult to determine whether or not formula companies and healthcare systems are following the code because it does not include an enforcement mechanism (Krasny, 2012).

As the formula industry has continued to grow, formula is not only aggressively marketed, but is also subsidized by the government. More than half of all formula used in the U.S. is given to mothers at no cost through the government's Special Supplemental Nutrition Program of Women, Infants, and Children (WIC). This aid is given in the form of a store voucher that covers the cost of formula purchased at a local retailer. Because the government covers the rebate cost, formula companies and retailers have raised the price of formula, resulting in increased profit margins for both parties (Kent, 2006). In 1980, roughly one in five mothers received free formula through WIC; by 2002 that number grew to one in every two mothers. This expansion of the WIC program not only created a greater demand for formula, but also made the demand less sensitive to price increases.

The lack of free market price control allowed manufacturers to nearly double the cost of formula from 1980 to 2000, although there was no real change in manufacturing costs. In addition, the lack of real competition in the marketplace allowed the three major formula producers (Mead Johnson, Ross Laboratories, and Carnation) to continue price increases (Betson, 2009). Formula manufacturers participate in government rebate programs (sometimes providing up to a 98 percent rebate) because consumers often develop a brand loyalty and will continue to purchase the same brand of formula without the rebate once they leave the WIC program. Providing free or nearly free formula with the purpose of developing brand loyalty is a long-standing practice for formula companies extending back to the mid-20<sup>th</sup> century (Sokol, 1997; Teeley, 1983). Some parents, such as first-time mother Ann Roberts, who receive a free formula sample in the hospital continue to use that brand throughout their child's infancy. Although Roberts

had planned to breastfeed her daughter exclusively, she later decided to supplement with formula, beginning with her free sample and continuing to use that brand (Belluck, 2012).

### 2.3 The Medicalization of Infant Feeding

As medically-approved alternatives to breast milk became available, the scientific worldview of the early 20<sup>th</sup> century called for mothers to optimize the nutrition their infants received and led to the medicalization of infant feeding. Medicalization, as explained by sociologist Peter Conrad, takes place when a previously non-medical problem, or a practice such as infant feeding, is labeled as a medical concern and consequently comes under the auspices of medical authority (Conrad, 2007). The medicalization of infant feeding resulted in health professionals determining the best food source and feeding patterns for infants with little or no input from the infants' parents. Even as public health campaigns urged mothers to breastfeed, underlying messages within the campaigns hinted at the medical establishment's drive to control infant feeding by ensuring exactly what, when, and how much infants were eating (Kedrowski & Lipscomb, 2008; Koerber, 2013).

Although at times health professionals supported breastfeeding as a way to combat infant mortality, at other times mothers were urged to supplement with formula or to quit breastfeeding altogether if they were experiencing problems with milk supply or if the infant was not gaining the right amount of weight, as determined by the physician (Van Esterik, 1989). Other medical developments, such as antibiotics and vaccinations, reduced the infant mortality rates associated with formula feeding and masked the previously-accepted benefits of breastfeeding. At a time when faith in medicine, science, and the medical expert was on the rise, these advancements convinced mothers that

formula was a safe alternative to breastfeeding, that it was perhaps *even better* than breastfeeding, and taught them to accept their physician's infant feeding advice (Kedrowski & Lipscomb, 2008). Because formula intake could be monitored and physicians could ensure the exact amount of nutrition infants were receiving from formula, mothers were often encouraged to bottle-feed instead of feeding babies breast milk, which increasingly was seen as imprecise and therefore as imperfect (Gillespie, 1985; Kroeber, 2013). Whether the baby was fed breast milk or formula, mothers increasingly believed that all babies required regular medical attention, and they acted on their physician's advice without question (Blum, 1999).

While mothers were guided by their physicians' advice, physicians themselves received information and guidance from medical authorities such as the American Academy of Pediatrics (AAP). In 1958 the AAP released a special report from its Committee on Nutrition that not only recommended that infants could thrive on "properly constituted cows'-milk formula" as well as human milk in the first three months of life, but also stated that infants should be fed iron-containing solid foods in the third month and as early as 2 ½ months, depending on the infant (Committee, 1958). The AAP's pro-formula stance in this statement reflects the tendency of physicians in the mid-20<sup>th</sup> century to treat bottle-feeding as the norm. This attitude continued into the 1980s, when the AAP chose not to endorse the WHO's International Code of Marketing Breast-milk Substitutes in 1981, followed by the 1982 release of its first policy statement regarding breastfeeding. According to Koerber (2013), the AAP's 1982 statement served to align the organization with current infant-feeding practices, including treating human milk and

formula as interchangeable and treating the formula industry as an important stakeholder in infant-feeding policy.

Breastfeeding began to re-emerge as a valid infant feeding choice in the 1970s, although AAP policy did not reflect this change until the late-1990s, when statements began to include scientific evidence of breast milk's health benefits. In 1997, the AAP released a statement that encouraged mothers to breastfeed for at least the first year of an infants' life and offered advice for physicians about how a breastfed infant's behavior and growth may differ from that of a bottle-fed infant. These policy changes and others laid out in the 1997 statement, including a list of breastfeeding-supportive hospital practices, were similar to recommendations made in previous AAP documents, although none had been included in an official policy statement (Koerber, 2013). In 2005, the AAP further strengthened its support of breastfeeding in a policy statement that cited additional benefits of breastfeeding. While again encouraging mothers to breastfeed infants for at least one year, the 2005 statement did not include an upper age limit for breastfeeding, thereby implying there is no evidence that breastfeeding a child three years or more is either psychologically or developmentally harmful (American, 2005). Along with these changes, the 2005 statement provided even more precise guidelines for hospitals to support breastfeeding, signaling the need for not only individual physicians to support breastfeeding and refuse free formula, but for hospitals to make significant policy changes as well.

Because mothers and infants begin their breastfeeding relationship shortly after birth, hospitals—the place where 98.6% of U.S. births occurred in 2012—have an important role in fostering breastfeeding (Martin, Hamilton, Osterman, Curtin, &



Matthews, 2013). In the early half of the 20<sup>th</sup> century mothers were hospitalized for up to eight days or more after delivery, allowing time to establish breastfeeding. By 1956, however, hospital stays lasted five or fewer days and mothers were sent home without an established milk supply, making it harder for them to continue breastfeeding at home (Meyer, 1960). Due to concerns about potential infection and the mother's need to rest after deliver, mothers and babies were often separated during their hospital stay and breastfeeding was confined to scheduled intervals. This separation made it difficult for the mother to establish a strong milk supply and often led to formula supplementation (Davis, 1980).

The practice of rooming-in, or allowing a mother and baby to share a hospital room, began in a few hospitals in the 1940s, and by the late 1950s 300 hospitals in the U.S. allowed the practice. Pediatrician Edith B. Jackson was an early proponent of rooming-in at the New Haven Community Hospital in the late 1940s and emphasized the importance of on-demand breastfeeding and giving mothers a chance to practice caring for their infants in the hospital (Temkin, 2002). Although some reformers like Jackson argued for rooming-in as a way to support breastfeeding, the practice was also implemented as a way to decrease infant infections, lessen the nursing workload, and help provide the infant security (Temkin, 2002). Rooming-in gained additional popularity in the 1970s, in part due to the natural children movement and the cultural emphasis on mother-infant bonding, although the practice was slow to be adopted. In 2013 only 37 percent of infants in the United States were born in hospitals that practiced rooming-in and only seven percent of infants were born in hospitals accredited as Baby Friendly (those which follow the WHO's Ten Steps to Successful Breastfeeding and the

International Code of Marketing of Breast-milk Substitutes) (Baby, 2012; Centers, 2013). In an effort to increase these numbers, the Centers for Disease Control & Prevention (CDC) funds Best Fed Beginnings, a multi-hospital collaborative run by the National Initiative for Children's Healthcare Quality. The collaborative's 89 participant hospitals are working to implement rooming-in procedures. Greenville Health System in South Carolina is one of the most successful participants and increased its rooming-in rate from 10 percent in July 2012 to 100 percent in February 2013 (Hutter, 2013).

Along with rooming in, hospital leadership must choose whether or not to provide free formula samples to mothers who do not ask for them or seem to need them. Although giving away goody bags full of free samples has been part of the hospital birth experience for years, breastfeeding advocates are pushing to ban these samples because they may influence mothers to supplement breastfeeding early on or to stop breastfeeding altogether. According to the CDC, nearly half of around 2,600 hospitals surveyed had stopped giving formula to breastfeeding mothers in 2011, up from about a quarter in 2007. Free formula samples were banned from all hospitals in Rhode Island and Massachusetts in 2011 and 2012 respectively and from individual hospitals in other states (Belluck, 2012). Former New York City Mayor Michael Bloomberg launched a city-wide campaign in 2012 titled "Latch On NYC" to promote breastfeeding in NYC hospitals. The initiative asked hospitals to voluntarily stop supplementing breastfed babies, to end the distribution of promotional formula and materials, and to support mothers who choose to breastfeed. The initiative also included a public awareness and education campaign (Farley, 2012). In addition to these efforts, breastfeeding advocates are asking hospitals to provide some type of support for mothers who wish to breastfeed, such as a

certified lactation consultant. In 2013, only 3.35 lactation consultants were available for every 1,000 births in the U.S. and once a mother leaves the hospital it is largely up to her to find a breastfeeding support network (Centers, 2013).

#### 2.4 Breastfeeding Support and Advocacy

Outside the medical establishment, breastfeeding is supported by government entities such as the CDC, the Office on Women's Health, and the National Institutes of Health, as well as non-governmental organizations, such as La Leche League, the International Breastfeeding Center, and the United States Breastfeeding Committee. Individual mothers also participate in breastfeeding activism – or “lactivism” – campaigning for breastfeeding rights, such as the right to breastfeed in public. As of 2013, 48 of 50 states in the U.S. had some statute protecting breastfeeding in public (the two without breastfeeding statues were West Virginia and Idaho), although only 10 of those states had an enforceable law making it illegal to prohibit a woman from breastfeeding. Many of the laws dealing with breastfeeding are very vague and some even include the caveat that a mother must nurse “discreetly,” with no explanation as to what that means (Marcus, 2014). Because of the imprecise nature of these laws and the general public's unfamiliarity with the laws, women are at times treated poorly for choosing to breastfeed their children in public and are even asked to leave public areas to nurse in private cars or in the bathroom. In 2013, a mother nursing her infant in a Chick-fil-A restaurant was asked to stop breastfeeding because it was making other customers uncomfortable. Local mothers responded by organizing a “nurse-in” at Chick-fil-A to educate the store manager and employees about breastfeeding rights and to help normalize breastfeeding (Halm, 2013).

Other mothers have been in the news for public breastfeeding controversies, such as breastfeeding in uniform (Alphonse, 2012a), breastfeeding while teaching a college course (Alphonse, 2012b), breastfeeding in church (where the pastor compared breastfeeding to stripping) (Ley, 2012), and breastfeeding children beyond an “acceptable” age (Sun, 2012). Several lactivist mothers are making an attempt to educate the public about breastfeeding by organizing nurse-ins at retail stores and other locations, such as a local Target (Fultonberg, 2013). The right to nurse in public is important because, as Hinds (2013) pointed out, for mothers to meet the goal of breastfeeding their babies for a year or longer they must be allowed to continue living their lives, which means breastfeeding at restaurants, retail stores, parks, pools, and other public locations. Projects such as the Milk Truck in Pittsburgh, Pennsylvania, support mothers and help them meet their breastfeeding goals. The truck, designed by artist and mom Jill Miller, is a mobile breastfeeding station created in an old ice cream truck – complete with a giant breast and light-up nipple on top. Mothers who need a place to nurse can tweet to the Milk Truck and volunteers drive to the mother’s location (Moye, 2012).

Local programs like the Milk Truck and community breastfeeding support groups provide an opportunity for mothers to interact and learn from each other. The largest breastfeeding support system worldwide is the La Leche League, with support groups all over the United States and around the world. Members of the League can attend local meetings to ask questions, solve breastfeeding problems, and hear about other mothers’ experiences with breastfeeding. Many local groups not only schedule meetings and play dates but also interact with members online, answering questions and providing virtual support. Each LLL group has League-certified leaders to answer questions and provide

support (Wiessinger, West, & Pitman, 2010). Along with La Leche League support groups, many hospitals today provide some lactation support and even group meetings where new mothers can bring their infants, receive help with breastfeeding problems, and interact with other mothers.

In the digital age, mothers can find support for breastfeeding online by reading about the experiences of other breastfeeding moms. Breastfeeding blogs are popular because, as Beyer (2013) put it, “What better source can you have on breastfeeding than another breastfeeding mother?” Popular breastfeeding blogs include The Leaky Boob, which provides information and humorous stories about breastfeeding; Yummy Mummy’s Breastfeeding Blog, on which the author posts photos of herself breastfeeding her daughter in public locations; paa.la and Chronicles of a Nursing Mom, which feature news about breastfeeding and other parenting issues; and Dispelling Breastfeeding Myths and Unlatched, both blogs with active Facebook pages where mothers can interact with each other virtually and receive answers to their breastfeeding questions. Hundreds of other blogs and webpages provide online visitors with breastfeeding stories, information, and advice. In addition to these sites developed by “regular” moms, several celebrities have chronicled their breastfeeding experiences online, including actress Mayim Bialik, who blogged about nursing her son, Fred, until he was four years old (Sieczkowski, 2014). Bialik has been very open about her breastfeeding experiences and defends her actions in the face of public criticism, arguing that breastfeeding is not a sexual act and a baby should not have to be covered up to eat (Huffington, 2014).

Other celebrities have also spoken out in favor of breastfeeding and have allowed themselves to be photographed and filmed while breastfeeding (including actress Julie

Bowen, who was so proud of nursing her twin sons that she shared photos during a television interview). These celebrities are often open about their breastfeeding experiences, including both the positive aspects and also the difficulties of maintaining a good milk supply and balancing nursing with other activities. Jennifer Garner and Christina Aguilera have talked openly about how nursing helped them lose pregnancy weight (although Garner said it took much longer than she had hoped), and Mary Louise Parker was excited about how breastfeeding helped her fill out the plunging neckline of her Golden Globes dress in 2004 (Emmons, 2011). Other celebrities' breastfeeding experiences have been more controversial. Salma Hayak received some publicity in 2009 for photographs of her breastfeeding a one-week-old malnourished baby in Africa when his mother was unable to feed him. Hayak said she was in the process of weaning her year-old daughter, but still had a strong supply and wanted to help (Cable, 2009). Back in the United States, actress Alicia Silverstone recently released a book, "The Kind Mama," that has garnered her some attention and criticism for her ideas about veganism, vaccines, tampons, and infant feeding (FoxNews, 2014). Whether or not the example of breastfeeding celebrity moms influences other mothers to breastfeed, their presence in culture continues to keep breastfeeding in the public eye and provides additional support and encouragement.

### CHAPTER 3. THE CONSTITUTIVE PERSONA AND THE NURSING MOTHER

Before the invention of formula, breastfeeding was often an art form women learned from their mothers and grandmothers and then passed on to their own daughters. Little formal teaching or rhetoric was necessary because young mothers witnessed breastfeeding on a regular basis and received support from women in their communities (Granberry, 1985). By the 1950s and 1960s, however, breastfeeding rates were incredibly low in the United States (down to 19 percent in 1969), and an entire generation of individuals had never seen a woman breastfeeding (Associated Press, 1984). For these women, rhetoric produced by members of La Leche League served as their entry point and guide along the journey to successful breastfeeding. Once they joined the League, women began receiving the League newsletter, which contained not only information and resources related to breastfeeding, but also stories from other breastfeeding mothers. For many women, these stories became a source of encouragement and confidence as they read about how other mothers faced challenges related to breastfeeding and found satisfaction and joy in a physical, intimate relationship with their babies..

In this chapter, I argue that the hundreds of stories written by breastfeeding mothers from across the country in LLL publications represent a valuable example of collective discourse. Although these women lived in different places and breastfed their children in different eras and under different societal constraints, I suggest that together they created and perpetuated a truly collective persona – that of the nursing mother. Through their discourse, I contend that these rhetors utilized the nursing mother persona to draw other women into the League and, further, provided those women with language to talk about their mothering experiences in a positive way. On a broader level, I argue that the nursing mother persona is one example of a constitutive persona, a category of personae that functions to draw audience members into a collective ideology and give them tools to use the persona as their own. The constitutive persona builds not only on the concept of constitutive rhetoric as theorized by Charland (1987), but also on current scholarship related to persona theory. A constitutive persona interpellates audience members into an ideology through the creation of both a first persona that presents the essential ideological elements of the collective and a second persona that frames ideal audience members as those who identify with that ideology. The persona further encourages audience-member identification by acknowledging the concerns and contradictions with which they approach the text and by shifting to remain relevant to new generations of audience members.

Theoretically, the introduction of a constitutive persona builds on the scholarship of Hammerback (1994) and Doss and Jensen (2013), who argued in different ways that rhetors create both a first and second persona in their discourse



and that audience persuasion is a result of both personae interacting in the text. The constitutive persona extends this scholarship, and other persona theory, by positing that a persona can not only be used by more than one rhetor, but can be created and perpetuated by hundreds of individuals within a collective. As audience members are exposed to the rhetoric of those adopting the persona, identify with the ideology expressed, and begin employing the persona, that persona becomes the unified voice of the collective. Such a persona shapes the arguments of those employing it and, in the case of La Leche League rhetoric, also alters the beliefs and lifestyle choices of those interpellated into the collective.

In the following sections I first outline the constitutive persona, drawing from rhetorical scholarship about interpellation and constitutive rhetoric. I then offer background information about breastfeeding mothers in La Leche League before providing evidence for the development of a constitutive persona through the analysis of League newsletter stories.

### 3.1 The Constitutive Persona

The constitutive persona I propose in this chapter is a category of personae rather than a specific rhetorical strategy. A persona, such as that of the nursing mother, can be a constitutive persona if it functions to draw audience members into a collective and then offers them rhetorical strategies with which to persuade. The persona draws from Charland's (1987) theories of constitutive rhetoric by demonstrating how the principles of constitutive rhetoric can be used to not only address audience members as "always already" (p. 134) part of the collective, but also to trace the interpellation of those audience members as they identify with the

ideology at hand and become rhetors themselves. As I demonstrate in the subsequent analysis, a constitutive persona can be used by members of a collective over an extended period of time, shifting as necessary to continue identifying with new generations.

Building on White's (1985) theorization of constitutive rhetoric and McGee's (1975) conception of "the people," Charland's (1987) discussion of constitutive rhetoric drew from Burke and Althusser to argue that through identification rhetoric can interpellate a collective as political subjects.. He said these subjects are persuaded by rhetoric because they are addressed as an audience that is "always already" presumed to be a constituted subject, although the audience is created by the text and does not exist concretely or historically (p. 134). As Charland noted, constitutive rhetoric is closely associated with Black's (1970) second persona – the ideal audience a rhetor is addressing. However, Charland argued that the second persona alone did not explain "the ontological status of those in the audience...nor the ontological status of the persona" (p. 137), issues that are resolved when the audience member is called into the discourse by the text itself. Charland borrowed Althusser's term "interpellation" to describe the process of recruiting subjects into an ideology through discourse. According to Althusser (1971/2001), individuals are interpellated or hailed by an ideology because they recognize themselves as subjects belonging to the larger category of Subject. For an ideology to successfully recruit subjects through interpellation, it must guarantee that everything really is as the ideology promises and that as long as the subjects understand their position and behave accordingly, "everything will be all right" (p. 181).

The individual subject, for Althusser, is interpellated as a free subject who is then free to accept subjection. For interpellation to take place, audience members must recognize the rightness of the ideology. Although this recognition seems to be a free act, “the language of rightness is not one of choices” (Thieme, 2010, p. 50). Instead, the process is an ideological conversion prompted by the audience members’ recognition that the ideology fits with their world view. The rhetorical outcome of interpellation is that audience members identify with the expressed ideology and take discursive positions within the rhetorical situation. From this position, the rhetor can begin to persuade the “free” subjects to adopt necessary attitudes and actions. Audiences interpellated as agents within a larger category then become responsible for accessing knowledge provided to them and applying that knowledge to their lives (Johnson, 2008). In this respect, constitutive rhetorics provide new subject positions, perspectives, and motives by which subjects may overcome communicative contradictions (Charland, 1987).

Constitutive rhetoric not only interpellates subjects who recognize the rightness of the ideology and their place within it. It also separates out those who do not recognize themselves in the ideology, relegating those audience members to undesirable subject positions, positioning them as an audience constantly “engaging in the act of constitution” (Sweet & McCue-Enser, 2010, p. 618), or excluding them altogether (Thieme, 2010). These audience members, then, are not interpellated as subjects and, for them, the constitutive rhetoric has failed (Charland, 1987; Kopelson, 2013; Tate, 2005; Zagacki, 2007).

Although constitutive rhetoric has traditionally been used to describe the audience of a text, or the second persona, I argue that in the case of a collectively-produced text, such as the discourse produced by breastfeeding mothers, a first persona can assume a constitutive function. Because, as Charland (1987) noted, personae are not literal persons, but “remain in the realm of words” (p. 138), the narratives and underlying assumptions presented by those using a persona such as that of the nursing mother can be adopted by more than one person to create a collective identity. Such a constitutive persona not only serves to interpellate audience members into the ideology, but it also gives them both a subject position and a voice with which to address others. The persona must operate on two levels. First, it must call the initial collective into being by interpellating subjects into the ideology and making them responsible for accessing and applying available knowledge to their lives and communication (see Johnson, 2008). Second, it must provide a voice for these subjects to use that marks them as part of the collective, including argumentative *topoi*, appeals, and assumptions upon which to ground their experiences.

As demonstrated in the following analysis, a successful constitutive persona first unites a collective by showing subjects the rightness of the ideology and prompts them to act on that ideology in prescribed ways. The goal of using a constitutive persona is not only to create an ideal audience in the text, but to prompt actual, concrete audience members to become active, vocal subjects using the persona in their own rhetorical expressions. Theoretically, this assertion extends Smith’s (2000) argument that constitutive rhetoric outlines the subject a rhetor wishes his or her audience to become. Rather than merely outlining an ideal audience, however, a

successful constitutive persona persuades audience members to actually *become* the ideal audience as they adopt the persona and use it as their own. Second, a successful constitutive persona must acknowledge concerns and contradictions potentially felt by audience members approaching the discourse and successfully resolve those concerns before audience members can be interpellated into the ideology (see Kopelson, 2013). Finally, for a constitutive persona to continue interpellating audience members over an extended period of time, those using the persona must shift their arguments to remain relevant for new generations. When those new generations become part of the collective and begin weaving their experiences and arguments into the discourse, the persona must change to include new images and expressions of ideology.

### 3.2 Background: Formation of La Leche League

The voice of breastfeeding mothers in the second half of the 20<sup>th</sup> century was largely synonymous with La Leche League (Spanish for “the milk”), an organization founded in Franklin Park, Illinois, in 1956. The League was started by seven mothers who were dedicated to the idea that mothers and babies should be together and that natural childbirth and breastfeeding were the best ways to accomplish this. All seven mothers, Mary Ann Kerwin, Mary White, Edwina Froehlich, Betty Wagner, Viola Lennon, Mary Ann Cahill, and Marian Tompson had experienced personal struggles and successes with breastfeeding. The idea to begin a club for breastfeeding mothers came during a picnic in July 1956, when U.S. breastfeeding rates were at an all-time low. White and Tompson were breastfeeding their babies and saw several other mothers struggling to keep bottles chilled on the hot summer day and then heated for

feeding time. After talking to other mothers at the picnic who had tried to breastfeed and stopped for one reason or another, White and Tompson began to realize they weren't the only mothers who had initially struggled with breastfeeding. However, they felt they had a solution to the problem – information and encouragement – and decided they wanted to begin helping their friends and others in the community who wanted to breastfeed their babies (Lowman, 1978).

The first official meeting of La Leche League was conducted in October 1956 and was attended by the seven founders and five of their pregnant friends. Although all seven founding mothers were members of the Catholic church, the organization did not have any official religious affiliation. After several informal meetings, the founders decided to begin a five-meeting series to educate mothers about topics related to breastfeeding, natural childbirth, and mothering, such as: the advantages and how-to of breastfeeding, weaning, pregnancy, delivery, and nutrition, as well as a special meeting for fathers (Lowman, 1978). The League began publishing an informational brochure in 1957 and, by the third edition, published in 1959, the founders clearly articulated the League's mission: "Our aim is to help mothers give and enjoy giving happiness and security to their babies through breastfeeding. The unique relationship between mother and her breast-fed infant affords a natural and sure start in good mothering. Much more than the best food for baby, breastfeeding is the best start in living" (La Leche League, 1959).

After hosting several successful meeting series, the founders decided to start a correspondence course for mothers who lived too far away to attend meetings in person. The materials used for this course were later compiled into the first edition of

*The Womanly Art of Breastfeeding* in 1958. This booklet highlighted the benefits of breastfeeding and helped mothers plan for baby, learn how to breastfeed, practice good nutrition, and understand how to wean their baby. The 1958 *Womanly Art* booklet was 31 pages long and was printed by the League. Over the next five years, 17,000 copies of the booklet were sold to members for \$2 each. Since that first edition, the book has been revised and extended until the most recent, eighth edition was published at 576 pages in 2010. The eighth edition provided mothers with step-by-step instruction and encouragement from the moment they found out they are pregnant through the entire childbirth, breastfeeding, and weaning process.

For League members, breastfeeding was much more than an infant-feeding practice. Instead, the act of breastfeeding was argued to be “Nature’s way of helping us rear our little ones in an atmosphere of love and security” (La Leche League, 1958, p. 5), a sentiment that was often in direct opposition to the “whole new manner of ‘mothering’” that had developed with bottle feeding (p. 1). Because bottle-feeding could potentially be done without holding a baby and required a number of decisions about which formula to use, League members feared that a mother might begin to “regard her baby as a most complex digestion system instead of a most dependent, but ‘feeling’ person” (p. 1). The League’s mantra of “mothering through breastfeeding” set out a distinct parenting philosophy in which a mother is so in-tune with her child through the breastfeeding relationship that she can anticipate the baby’s needs and desires. In response, the infant feels secure in the arms of their mother and is thereby able to develop a strong foundation for future growth and development. As League member Laura Klotz explained, breastfeeding “is not just an alternative

feeding method, but a close communication which enables respect, patience, and obedience to grow easily in a child” (Klotz, 1985). In the 1958 *Womanly Art* booklet and throughout League literature, mothering through breastfeeding is deemed a process that “comes from experiencing the quick, strong love-ties so natural between a nursing mother and her baby; from her sure understanding of her baby’s needs and her joy and confidence in herself to satisfy them; and from seeing the happy dividends from this good relationship as the baby grows up” (LLL, 1958, p. 2). The League’s ultimate goal, then, was to “help you successfully breast feed your babies and so successfully mother them” (p. 2).

For breastfeeding to be successful, however, League members contended that it must be a community-supported practice. Not only were breastfeeding rates low in the 1950s, but few mothers had ever seen another woman nursing a baby. Instead of an art form passed from mother to daughter, breastfeeding had become a matter perhaps discussed by mother and pediatrician, who was “necessarily well-grounded in prescribing formula” and had “very little opportunity to learn about the woman’s role in breast feeding” (LLL, 1958, p. 2). Mothers attempting to breastfeed in this situation often failed because breastfeeding was a lonely practice in which they were often isolated and discouraged. To mitigate this problem, League founders wanted to provide mothers with a community of women with shared experiences, hints, encouragement, and reassurance. This community was created naturally by those who attended League meetings. Women who were unable to attend meetings in person were connected with an established League member who could answer questions and provide encouragement (LLL, 1958).



By 1963, the League was receiving so many calls and letters each week that the founders could no longer deal with the volume of correspondence and hired a stenographer to work three mornings a week. The League began receiving more and broader publicity in the early 1960s, which generated additional growth (Lowman, 1978). In 1964, the League conducted its first national convention, which brought 425 mothers and 100 babies to Chicago's Knickerbocker Hotel. By 1978, the League had more than 3,300 groups in the United States, 42 groups in other countries, and over 10,000 leaders internationally (Lowman, 1978). In the early 1990s, the League was second in size only to Alcoholics Anonymous among U.S. self-help groups (Brighton Argus, 1991). Today, the League has continued to expand throughout the world, and is one of the United States' major resources for women seeking advice about and support for breastfeeding (CDC, 2013b). Despite its international presence, however, the League's membership is largely North American, white, and middle-class. While minorities and working class individuals are not excluded from membership, they have rarely become involved or received the League's support. Reasons for this include cultural resistance to seeing a woman breastfeeding in public or even in the home, lack of support from friends and family members, and the fact that many women are required to work full-time in jobs that make the facilitation of breastfeeding difficult (Blum, 1999; Parachini, 1985).

Correspondingly, the nursing mother persona constituted by the LLL is white and middle-class, making the following analysis a case study demonstrating how one group of women created and utilized a constitutive persona in their social movement to revive the seldom-practiced art of breastfeeding. The voice they collectively

created and utilized belonged only to women who met the League's definition of a good nursing mother—one who stayed at home with her children full-time, nursed on-demand, and devoted her entire life to raising her children. Those marginalized by the League's strict philosophies or by their race, social status, or lifestyle choices were not included or represented in League newsletters or in the nursing mother persona as it is outlined in this chapter. Instead, they became what Wander (1984) termed a third persona, relegated to a tertiary audience, for whom the discourse is relevant, but who have been negated and have no subject position within that discourse. However, for much of the period included in this analysis, the women of La Leche League largely spoke for all breastfeeding mothers (whether or not they were accurately represented in the discourse), making their persona an important object of study.

### 3.3 The Constitutive Persona of the Nursing Mother

Because La Leche League was the first, largest, and most vocal organization promoting breastfeeding in the 20<sup>th</sup> century, discourse produced by League members provides an excellent source of material to study the rhetoric of breastfeeding mothers. My analysis includes issues of the League's newsletter, published every two months from 1958 to the present. As in the other materials analyzed in this dissertation, I drew issues from the three-year periods surrounding important discursive events in the history of breastfeeding in the United States: 1957-59; 1967-69; 1973-75; 1983-85. The League's newsletter began in 1958 with a small, five-page typed and hand-lettered issue that was copied and sent to League members. Early newsletters were written by the founding mothers of the League and included information about the

League's founding and mission, as well as book reviews, informational articles, poems, and stories from nursing mothers. As the newsletter expanded into a more professionally-produced publication in the 1960s, the *La Leche League News*, issues grew to 16-18 pages each and included much of the original content, as well as a large number of letters, stories, and photos submitted from League members throughout the country. The *News* format continued until 1985 when the League launched its current magazine, *New Beginnings*. The new publication included nearly 30 pages per issue with recurring columns about topics such as raising toddlers, advice from experts, information for fathers, nutrition, and book reviews. The main focus of the newsletter, however, continued to be on the stories, photos, and poetry submitted by League members, what editor Judy Torgus termed "the heart" of the publication (Torgus, 1985). The submitted narratives ranged from a few paragraphs in length to two or more pages and often included photographs.

Because the League's newsletter depended so heavily on stories written by women across the country, I argue that the publication was not authored by one or two individuals but by a collective of women brought together through their shared dedication to breastfeeding as an act of mothering. I term the authorship "collective" because the stories included in each newsletter were written and submitted independently by hundreds of different women throughout a 40-year period without input from a central author, yet consistently reflect the same ideological assumptions. In the subsequent analysis, I demonstrate how the discourse they produced shares the features and language of a specific persona – that of the nursing mother. Although the poems and informational articles in these newsletters offer additional insight into the

discourse surrounding breastfeeding, I focus on the narratives because these far more numerous textual fragments detailed the writers' experiences with breastfeeding and mothering and best come together to delineate the constitutive persona at hand. In addition, because each newsletter contained a greater number of prose stories than poems or informational articles, the narratives provided a larger data set from which to analyze the collective discourse and discover how the nursing mother persona was created and utilized by members of La Leche League.

As I argue above, the construct "constitutive persona" is a category of personae rather than a specific rhetorical strategy. Any number of personae, then—not just the nursing mother persona—may potentially function as a constitutive persona. Specifically, the persona must (a) interpellate subjects into an ideology and prompt them to action, (b) must acknowledge tensions and concerns among the collective, and (c) must adapt as the collective changes over time. Below, I argue that the persona of the nursing mother created by members of the La Leche League demonstrates these constitutive functions.

### 3.3.1 Interpellating Subjects and Prompting Action

"Good mothering through breastfeeding the world over" is the motto heading each issue of *La Leche League News* for more than 20 years, and all of the stories contained in the newsletter focused more or less on this theme. Each of these narratives was written by a different woman about her own experiences, trials, failures, and successes with breastfeeding. Although the writers lived in different parts of the United States – and the world – and did not necessarily know one another personally, they shared La Leche League ideology and wrote about their experiences

using the common persona of the nursing mother. For the nursing mother persona to function as a constitutive persona, it must first interpellate audience members into the ideology as they identify with the La Leche League's beliefs and see themselves as part of the collective. Merely constituting the audience as a collective is not enough, however. The nursing mother persona must also give audience members the ability to speak about their experiences. As audience members adopted the League's ideology, aspects of the nursing mother persona should be traceable in the language they used to talk about breastfeeding and raising children.

Those employing the nursing mother persona accomplished these tasks through the use of both a first and second persona. The *first persona* of the nursing mother – the implied speaker of the discourse – interpellated audience members by showing them how their beliefs fit well with League ideology. Specifically, the first persona demonstrated the League's ideological assumptions by presenting breastfeeding as the embodiment of motherhood, by balancing the need for self-sacrifice with the joy experienced through breastfeeding, and by imbuing the act of nursing with telos or purpose. Alongside the nursing mother first persona, a *second persona* – that of the audience as constructed by the rhetor – allowed empirical audience members to feel themselves being addressed and to recognize their calling into the collective. By accepting the call and adopting the first persona of the nursing mother as their own, members of the collective became spokespeople for the ideology, interpellating more subjects and expanding the collective. The cycle of audience members hearing League rhetoric, being interpellated into the collective, and then adopting the nursing mother persona as their own can be traced through the 40-year

period as League members wrote in to the newsletter, of their own accord, using the same nursing mother persona adopted by earlier writers. Many of these women even included in their narratives the fact that they read the newsletter, attended League meetings, or had read *The Womanly Art of Breastfeeding*, demonstrating their commitment to the ideology.

### 3.3.1.1 The First Persona

The nursing mother persona provided League women with a rhetorical lens through which to view their experiences of breastfeeding and mothering their infants and children. The persona was not inherently used to persuade, but to identify with audience members and help them see themselves as part of the collective. For those using the persona, audience members were understood to always, already be devoted to mothering. Such an audience, then, needed only a little encouragement to see itself successfully breastfeeding. To provide this encouragement, those using the persona related their experiences in a way that highlighted the positive aspects of breastfeeding while acknowledging the challenge of rejecting modern bottle-feeding practices. Their narratives were grounded in the three major ideological assumptions of the nursing mother persona: (a) the need for embodied motherhood, (b) the function of breastfeeding to moderate the self-sacrifice of motherhood, and (c) the acts of breastfeeding and mothering as imbued with purpose. Each of these assumptions emphasized aspects of breastfeeding that would appeal to ideal audience members and prompt them to accept the ideology.

First, the nursing mother persona was grounded in the assumption that a mother's body should be at the center of the mother-infant relationship. Rhetors using

the persona argued that the mother-infant relationship begins in the womb, but is nurtured through the close, physical act of breastfeeding. As League member Joyce Shelley explained, breastfeeding is “the natural continuation of pregnancy, a time when mother and child get to know each other and grow in love” (Shelley, 1985, p. 151). Just as the mother’s body is her child’s home during pregnancy, those employing the nursing mother persona contended that her body can be the site on which she builds a strong emotional relationship with her child. As Shelley described it, the closeness created through breastfeeding “can compare with no other, and is the best foundation for building the mother-child relationship” (p. 151). For those employing the nursing mother persona, the closeness of the mother’s body was so important that even adoptive mothers, who had not carried the infant in their body, wished to attempt breastfeeding because the physical closeness guaranteed a positive relationship. Marion Blackshear, who breastfed her three biological children, adopted an infant eight years after the birth of her third child. She put baby Peter to her empty breasts (still feeding him formula) until she began to produce milk. By two and a half months, Peter was completely breastfed. Blackshear wrote that it was worth the effort to breastfeed her adopted son because of the relationship they developed. As she expressed it, “What better way to insure a deeply loving relationship with our adopted son after knowing it with our three biological children?” (Blackshear, 1973, p. 6).

In Blackshear’s story and others, rhetors using the nursing mother persona argued that this special, “deeply loving,” relationship is reserved for the nursing mother and her baby. Further, they posited that breastfeeding *ensured* a successful relationship so much stronger than other mother-infant bonds that they simply *could*

*not be compared*. In fact, rhetors argued, the mother's body is so central to the infant's well-being that it becomes the one place where her child feels safe and secure. As Nancy Fitzgerald wrote, "Security often means Place... for a child, that Place is Mother" (Fitzgerald, 1975, p. 5). For the breastfed baby, their mother's body – which (in most cases) sheltered them during the nine months of pregnancy – remains the place where they feel most at home, and the milk produced by their mother's breasts is a concrete expression of her love. As Nancy Burks described it, "Mother's milk is made of love" (Burks, 1983, p. 4). Because this symbol of love that flows from a mother's breast is freely offered to her infant, rhetors using the nursing mother persona argue that breastfeeding is "another way of saying 'I love you'" (Keating, 1984, p. 17). They presented love as not only an abstract feeling that could be expressed through words, but also as a tangible product of the mother's body that could be touched and tasted. Those using the persona argued that not only is a mother's love important to her child, but her physical body becomes the *most* important thing in her infant's life – the embodiment of love and security. Because a close relationship with their child is something many mothers desire, audience members might have been drawn to the promise that breastfeeding fosters positive relationships and the underlying assumption that motherhood should be an embodied practice; one in which mothers give not only their time, attention, and love to their children, but their very bodies as well.

However, for other women the League's focus on embodied motherhood may have deterred them from League discourse—and potentially from breastfeeding. The unyielding maxim that a mother's body belonged to her baby first excluded women



who worked outside the home—whether by choice or necessity—and may have turned away mothers who desired some degree of autonomy. Additionally, the League’s all-or-nothing attitude on this issue, as well as the other underlying assumptions of the persona, may have operated to guilt audience members into giving up their desire to work or be away from their infant or to feel guilty about their choice not to breastfeed or to mix breastfeeding and bottle-feeding.

For mothers concerned about the implications of embodied motherhood and/or the personal sacrifices necessitated by breastfeeding, the second assumption undergirding the nursing mother persona is the idea that these sacrifices will nearly always be moderated by positive outcomes. Rhetors using the nursing mother persona argued that it was possible to embrace the sacrifices that come with raising children because those sacrifices are outweighed by the satisfaction and peace of rewarding motherhood. As Sandy Cianciola wrote, although the demands of mothering “seem limitless” and call for the mother to put her own desires on hold, breastfeeding her infant “makes it all such a rewarding thing to do” (Cianciola, 1983, p. 5). Those using the nursing mother persona argued that the physical and emotional sacrifices and challenges inherent in breastfeeding would not seem like sacrifices in the long run because of the rewards and satisfaction a breastfeeding mother receives. Such assurances that sacrifice would be moderated by joy could have encouraged audience members concerned about the challenges inherent in breastfeeding.

The act of breastfeeding can be physically painful, especially when a mother is plagued by sore nipples, plugged ducts, or breast infections. Instead of focusing on the pain these problems cause, however, rhetors using the nursing mother persona

framed the pain of these physical sacrifices as opportunities to persevere through suffering and achieve long-term satisfaction in the ability to breastfeed. For example, Diane M. Trimble wrote about her experience with a breast infection that a physician was unable to diagnose in spite of her clear symptoms. Rather than giving up on breastfeeding, Trimble acted on advice from the Leagues' *Womanly Art*. She took her baby to bed with her and "nursed like mad" (Trimble, 1969, p. 83). Trimble's infection soon disappeared and she credited the success to the "wealth of information and knowledge" she had received from the League. Trimble wrote that she and other women were determined to continue breastfeeding for their baby's health, as well as the benefits mothers receive: "the peace, the contentment, the joy of knowing what a really great job she's doing" (p. 83). Trimble and others using the nursing mother persona argued that the physical problems and the pain sometimes associated with breastfeeding were never a reason to give up the practice. Instead, those employing the persona framed these painful experiences as sacrifices necessary to achieve the greater rewards of peace, contentment, and joy found in breastfeeding.

Not all sacrifices are physical, however, as breastfeeding and embodied motherhood often require emotional sacrifices as well. Breastfeeding mother Sue Huml's limits were tested with her son, Robbie, a "Clinger Extraordinaire," who nursed until past his third birthday and would not allow his mother any time to herself (Huml, 1983, p. 14). Huml not only had to deal with Robbie's behavior, but she also had to face the gossip circulating in the neighborhood and the "free advice" from "well-meaning neighbors" (p. 14). Through it all, she continued to breastfeed Robbie and meet the needs he expressed, with the final result that Robbie entered

kindergarten as a “well-adjusted, secure, loving, and independent child” (p. 14). Summing up her experience, Huml wrote that “it may be tough going at times but the end result is a wonderful feeling of accomplishment and many less troubles in later years” (p. 14). Huml’s story demonstrated the persona’s underlying assumption that persevering in the face of sacrifice nearly always ensures a positive outcome – and often, as her story implies, a more positive outcome than in similar situations where a mother refuses to sacrifice. For Huml, the large amount of time and energy she invested paid off in the long-run when her formerly clingy son was the only child who kissed his mother goodbye and ran into the kindergarten classroom. The other children in his class, meanwhile, held onto their mother’s skirts, crying. Through her narrative, Huml implied that enduring difficulties and making sacrifices would result not only in feelings of satisfaction and joy for the breastfeeding mother, but ultimately in a child whose health and well-being is proportionately greater than that of children whose mothers sacrificed less.

The third assumption underlying the nursing mother persona is that the act of breastfeeding imbues a mother with *telos*, or purpose. As Nancy Fitzgerald put it, “One needn’t go searching to find purpose, it comes to you” (Fitzgerald, 1975, p. 5). Those employing the persona framed motherhood as not only an important aspect of a mother’s life, but as the *defining* aspect of her life. Everything else in life was less important. Often, the root of this purpose is found in the assumption that breastfeeding is nature’s preferred infant feeding method, and, further, is divinely inspired. Although official League rhetoric was not religious, narratives written by members at times incorporated Judeo-Christian religious ideology into their discourse.

For example, Donna Quorollo wrote that breastfeeding “is why God made mothers and babies the way He did, and as far as I can understand the Bible, He never intended for a baby to be fed in any other way. Anything else is less than perfect!” (Quorollo, 1974, p. 12). Those adopting the persona discussed breastfeeding as God’s special plan for mothers, their divinely-ordained purpose. The implication of this, then, is that breastfeeding is akin to a religious experience, and one to which mothers have an unyielding devotion. They framed breastfeeding as an act created by God to guarantee that infants receive the kind of care He desired for them – as Sue Ellen Jennings Austin wrote, “God created nursing to ensure all babies the loving and closeness they need and deserve” (Austin, 1985, p. 66). Austin’s statement that *all* babies *need* and *deserve* the closeness found through breastfeeding alone, implied that women should breastfeed because it was their God-given duty as mothers. For many audience members, framing breastfeeding as a divinely-ordered purpose may have been attractive, as many of the League’s original members identified themselves as attending a Christian church and all seven League founders were Catholic.

For audience members who were not church-goers, rhetors employing the nursing mother persona discussed breastfeeding as the natural way to feed infants – a practice they argued would create a better future. Judy Freeman described this approach to raising children as “mothering nature’s way – nursing and loving liberally” (Freeman, 1984, p. 103). The push to recommence natural methods of bearing and raising children was prevalent in U.S. culture beginning in the 1970s with the natural childbirth movement, spearheaded by Ina May Gaskin and her 1977 book *Spiritual Midwifery*. Because breastfeeding was part of this cultural return to nature,

arguments describing breastfeeding's relation to natural childrearing might have resonated with audience members, especially in the 1970s and 1980s. Women adopting the nursing mother persona, such as Beth Guss, built on this cultural trend by framing breastfeeding as not only a mother's divine purpose, but also an act that would perpetuate nature and change society for the better. Guss described herself and other breastfeeding mothers as working to "foster a better world tomorrow. We are back to nature, working in an interdependent relationship for a better future" (Guss, 1974, p. 3). Guss's statement implied that breastfeeding mothers have an even higher purpose. They are charged with not only nourishing and mothering their own infants, giving them nature's perfect food, but are also responsible for the betterment of society through breastfeeding. She argued that as mothers breastfeed their children and mother them with love, they would create better citizens and, ultimately, a better world. The existence of both this larger sense of telos and the more intimate purpose a breastfeeding mother feels in the act of physically nourishing her child undergird the nursing mother persona and serve as a basis for persuasive arguments.

Throughout their collective rhetoric, women using the nursing mother persona highlighted important elements of League ideology and created an image of the nursing mother with which audience members could potentially identify, one in which women practice embodied motherhood, moderated the sacrifices necessary for good mothering, and found purpose through breastfeeding. In this way, the collective not only created a voice of its own, but also called to audience members, asking them to see themselves reflected in the persona and become a part of the collective. The call is a rhetorical one that invited additional women to accept subject positions

within the collective, but it was also a very real call for women to change the way they think and act. Taking on the persona of the nursing mother required not only a change in abstract ideology and discourse, but also a change in lived values and actions. Asking audience members to make such a change required more than mere persuasion – instead, audience members must have seen the rightness of the ideology for themselves and imagined themselves joining the collective in philosophy and action. The desire to make this change was not only anticipated in La Leche League discourse, but was evidenced in the growth of the organization and the associated rhetoric of new members.

Even as those using the nursing mother persona within League rhetoric identified with like-minded mothers who wished to practice embodied motherhood and were defined by their role as mothers, League discourse functioned to exclude a (potentially larger) group of mothers who, for whatever reason, did not meet the League's ideal of motherhood. Whether because of their race, marital status, income level, sexual orientation, need for employment outside the home, or desire for personal autonomy, these women were defined not as part of the collective, but as part of what the collective was not. These women were marginalized in the discourse, and, in the process, potentially made to feel guilty about or regret their infant-feeding choices—even if those choices were dictated by their social and/or economic situation. Consequently, they were not part of the ideal audience envisioned in League discourse and were instead ignored and relegated to a tertiary audience or third persona (Wander, 1984).

### 3.3.1.2 The Second Persona: The Creation of New Nursing Mothers

As theorized by Black (1970), the second persona is the ideal audience of a text, as imagined by the rhetor. This audience is not the empirical audience that actually receives the text, but the audience the rhetor would like the empirical audience to identify with and become. This process of creating an ideal audience that already agrees with and supports the rhetor is the foundation of constitutive rhetoric (Charland, 1987). In the case of La Leche League discourse, little was explicitly stated in the mothers' stories to persuade audience members to breastfeed their children. Although other informational articles in the newsletters might provide arguments for the nutritional value of breast milk or provide statistics or other facts about nursing, the personal stories were not often intended to be persuasive. Instead, they were written with the assumption that audience members were already invested in the practices of mothering and breastfeeding and that by reading the narratives of League members they would become further invested.

As evident in League rhetoric, the greatest desire of ideal audience members was to have children and devote their lives to raising them. Although ideal audience members might aspire to breastfeed, more importantly they viewed themselves as mothers first and foremost and wished to embrace the concept of mothering through breastfeeding and all the challenges and sacrifices it entailed. Therefore, the ideal audience consisted of women who identified with the assumptions underscoring the nursing mother persona; they were drawn to practicing embodied motherhood, to leveraging the sacrifice of breastfeeding for long-term joy and satisfaction, and to finding a sense of purposeful mothering through breastfeeding. They were women

who desired “the quick, strong love-ties so natural between a nursing mother and her baby” and yearned for “the mother’s sure understanding of her baby’s needs and her joy and confidence in herself to satisfy them” (Cahill, 1958, p. 1). These were the women the League was founded to support and educate about breastfeeding. They recognized that “babies need their mothers and the cuddling that goes along with breastfeeding” (Fradejas, 1984, p. 86) and were ready to take up the divinely-ordained practice of breastfeeding to correctly mother their children, develop strong family bonds, and help create a better future for children everywhere.

The ideal audience of League rhetoric was already part of the discourse as they read advice from other mothers. Newsletter stories often ended by asking audience members to learn from mistakes or be encouraged by others’ experiences. Often these appeals to audience members addressed them as “you,” with the clear implication that the writer was giving the advice to other breastfeeding mothers. For example, Emmy Reese wrote about weaning a baby, saying, “My conclusion about nursing is that YOU ARE THE MOTHER, and the real decision is yours” (Reese, 1969, p. 22). For Reese, using the nursing mother persona, her audience was already breastfeeding their children and dealing with the same nagging questions about weaning from friends and family that she was. Her advice, like that of many others, was intended to be taken up by women who were already breastfeeding or intend to do so. Demonstrating how audience members were always, already part of the collective, writers using the nursing mother persona referred to themselves and others as “nursing mothers” who “share experiences and questions” (Hamann, 1973, p. 51). This sharing of information demonstrates the cyclical nature of discourse within the



collective. Women using the nursing mother persona wrote or spoke to other women about their experiences and those women then adopted the persona and spoke both to others and back to the original group. Trimble provided an excellent example of this cyclical constitutive rhetoric when she wrote about her experiences receiving advice from others: “You know, much is said about what nursing does for the baby. Why don’t they tell all that it does for the mother?... Maybe you did tell me. I guess I wouldn’t believe it until I tried it” (Trimble, 1969, p. 83). In this statement Trimble framed her audience as one that was not only already breastfeeding, but was actually more experienced at it than she was and had probably even advised her in the past. Her comment demonstrates the collective nature of the nursing mother persona, as Trimble used the persona to address the same audience which addressed her in the past. Her ideal audience included the same collective that once addressed her as an audience member. The line between first persona and second persona blurred in League discourse, as women addressed each other in the same voice, drawing new mothers in as they identified with the ideology represented in the first persona and then adopted that persona as their own.

Rhetors using the nursing mother persona clearly identified not only the ideal audience of their discourse, but also those who were *not* included in that audience. Throughout their stories, these women made a clear distinction between breastfeeding mothers, who were the ideal audience – who desired a close, intimate mothering relationship with their children – and bottle-feeding mothers, who either did not know that kind of relationship is possible, did not wish to have that relationship, or were unable to breastfeed for some reason. Although the majority of mothers were bottle

feeding their infants throughout this time period, women using the nursing mother persona were quick to point out the flaws of this modern, scientific feeding method and the failures of the mothers who chose to use it. Guss, for example, argued that the choice to breastfeed or bottle-feed had implications beyond simply providing a baby with nutrition:

Nursing does much more for both mother and child. It provides a loving situation for each feeding, plenty of sucking stimulus, and skin contact. A purely scientific ‘so-many-ounces-at-such-an-age’ loses impact in the face of a healthy baby consuming ‘who-knows-how-much.’ Breastfeeding fosters the natural instinct to really love your cuddly baby (Guss, 1974, p. 3).

By saying that breastfeeding taps into a mother’s natural instinct to love her baby, Guss implied that mothers who chose to use formula either did not have this instinct or squelched it in their attempts to follow scientific, medical advice. Mothers who bottle-fed, therefore, would not have understood the nursing mother persona’s focus on embodied motherhood or the telos imbued through breastfeeding. Additionally, Guss’s definition of nursing excludes mothers who either practiced both breastfeeding and bottle-feeding or who either chose or were unable to breastfeed in the manner outlined by League philosophy. Unless these women chose to change their mothering behavior and begin breastfeeding, they were excluded from the ideal audience of League rhetoric and were not interpellated into the collective.

### 3.3.2 Acknowledging and Resolving Contradictions

For a constitutive persona to function successfully, it must not only demonstrate to audience members how their beliefs align with the collective’s

ideology. The persona must also acknowledge the concerns and contradictions audience members may potentially bring to the text and resolve those contradictions (see Kopelson, 2013). Because a constitutive persona is used by multiple rhetors, such as the hundreds of women whose stories appeared in League newsletters, every text available to the audience might not address every contradiction. Taken as a whole, however, the text should resolve contradictions and unify the rhetor and audience under a single identity. This collective approach allows audience members to identify with the discourse of individual rhetors they perceive as similar to themselves. The text can then provide encouragement and information to help audience members resolve the points where they feel contradiction, confusion, or concern. Because it was impossible to determine every point of contradiction empirical audience members might have brought to a text, those adopting the nursing mother persona addressed potential worries felt by members of their *ideal* audience (the second persona).

This ideal audience was already invested in the idea of breastfeeding and just needed a small push to believe their concerns could be alleviated. By resolving the contradictions of the ideal audience, rhetors employing the persona demonstrated to actual audience members that real-life apprehensions could also be resolved. Specific concerns addressed by those using the persona included fears about breastfeeding, standing up to the medical establishment, being tied down by breastfeeding, and the opinions of friends and relatives. By drawing from their own experiences and from the collective identity of the nursing mother, League members addressed each of these concerns and explained how they could be resolved through research,

relationships with other nursing mothers, and a complete belief and confidence in mothering through breastfeeding.

### 3.3.2.1 Fears about Breastfeeding

A major concern for mothers interested in breastfeeding is their lack of experience and confidence in their ability to breastfeed. Especially in the early days of LLL, little information was available about breastfeeding outside of the League. Pediatricians, medical authorities, and society were often unsupportive of mothers choosing to breastfeed (Freeman, 1984). Because bottle feeding was considered the normal and modern way to feed an infant, ideal audience members might have felt a contradiction when they were asked to give up what they had experienced as normal for something completely different. Individual mothers shared stories about their former fears, such as Manual Soukup, who said she was “scared because still ringing in my ears were admonitions from the hospital: ‘every four hours’... I actually had thought that my body could produce a certain amount of milk and no more!” (Soukup, 1967, p. 2). Similarly, Patricia Anne Hamann said she was “determined to continue breastfeeding,” but was plagued with “problems and doubts” when she brought her son home from the hospital (Hamann, 1973, p. 51). Through stories from these mothers and hundreds of others, rhetors using the nursing mother persona addressed the shared fears and concerns about breastfeeding by urging audience members to redefine “normal” infant feeding and trust their bodies to provide for their babies.

Mothers employing the nursing mother persona faced the difficult task of changing society’s definition of “normal” infant feeding and mothering practices. Defining breastfeeding as normal was especially important for audience members

because, as noted by Wastyn and Wastyn (1997), decisions such as this can hinge on definitions and the implications of those definitions. In a society where bottle-fed (and potentially breastfed) babies were expected to eat (and often nap and play) on a schedule, redefining normality to include mothering through breastfeeding required a very different mindset. Even ideal audience members might have had contradictions not only about breastfeeding, but also about the style of mothering that develops when mothers throw away bottles and schedules to “demand feed” their infant whenever the baby wishes to nurse. As Jean Hart expressed these concerns:

After counseling several worried and insecure young mothers (and a few older ones too) I am convinced we must let these mothers know what is absolutely *normal* behavior for a breastfed newborn. That the baby is not starving because he wants to nurse ‘constantly’... that he may cry just for the warmth of *her*... that feedings *may* take two hours... that he is *not* being spoiled by all this touching and cuddling... that he deserves and demands a mother who is well rested and that learning to nurse while napping is almost essential... and above all, that this early demanding time will not go on FOREVER (Hart, 1975, p. 2).

Hart’s statement is an excellent example of how those using the persona reframed not only breastfeeding, but the behavior of a breastfed baby, as normal. For ideal audience members drawn to the concept of embodied motherhood, Hart’s assurance that a baby cries and nurses because they want to be physically close to their mother’s body and that babies are not spoiled by cuddling could have helped to relieve concerns about breaking away from the then-normalized concept of motherhood as

scheduled and disciplined. For other audiences approaching League rhetoric, however, the concept of “normal” presented by these women might serve to further separate them from League philosophy and deter them from breastfeeding altogether.

Rhetors argued that the move to normalize breastfeeding as conceptualized by League discourse required not only reframing different infant behavior as normal, but also a reliance on League leaders and other mothers to provide support and encouragement, a requirement that may have excluded women who were unable to attend meetings or purchase League materials because of geographic, economic, or social restraints. For those who received support from the League, rhetors argued this support was especially important for mothers in extreme circumstances, such as breastfeeding a premature infant or twins. Marjorie T. Crowell’s son was born six weeks early and was required to stay in the hospital two weeks after his birth. With encouragement from a League leader that “*anything* is enough,” Crowell breastfed her son whenever possible and pumped her milk at home. Although Crowell “chickened out” at one point and fed her son “some formula I should have left at the hospital,” she and her tiny newborn were a successful, “happy, *happy*, HAPPY,” nursing couple two days after he came home (Crowell, 1973, p. 12). Throughout her narrative, Crowell acknowledged that breastfeeding a preemie required determination and support. Through her story, she implied that the “normal” practice of bottle-feeding was easier, but labeled giving the baby a bottle as “chickening out.” By framing formula as something she should never have brought into her home, Crowell argued that breastfeeding was the superior choice, and one that could usurp the label of normal. Marilyn Gottesman also initially struggled with believing that

breastfeeding was a normal, positive choice when she faced the idea of breastfeeding twins. However, after another mother encouraged her that she could “nurse twins with no problems,” she decided to “take it for granted that they [the babies] would be satisfied, and never worried about it” (Gottesman, 1967, p. 2). Gottesman’s decision to believe her babies would be satisfied and nourished through breastfeeding demonstrated to audience members that breastfeeding could be a normal, healthy choice for those who had the time, means, and support to continue breastfeeding.

Gottesman’s story, and many others written by women adopting the nursing mother persona, argued that breastfeeding was possible only if mothers trusted their bodies and threw away bottles and nursing aids. Even ideal audience members, who already identified with League ideology—and definitely tertiary audience members forced to pump breast milk or to supplement breastfeeding with formula—might have struggled with this all-or-nothing attitude espoused by those using the persona. League rhetors attempt to resolve this concern, however, with numerous examples in which banishing formula and nursing paraphernalia resulted in a happy, successful nursing couple. Soukup wrote about how she had struggled with breastfeeding until she acted on a League leader’s advice to “throw away the bottles” and allow her son to nurse every hour if he chose (an idea that seemed “absolutely immoral!”). The result of rejecting supplements and trusting her body was an increased milk supply and a happy infant (Soukup, 1967, p. 2).

Another mother, Sandy Sebree, struggled with nipple soreness and was going to give up nursing until she called an instructor who urged her to throw away her breast shield and other nursing equipment and focus on teaching her son to nurse on

his own. Although Sebree was unsure about the advice, “with only a little courage and fight left in me, I did as she suggested. In starting anew I found it took only a little time and lots of determination before he was nursing properly. My soreness lessened and I began to look forward to nursing” (Sebree, 1968, p. 21). By eliminating the “scientific” equipment and trusting her body and her baby to work out the problems, Sebree’s problems were mitigated and she was able to not only feed her baby, but to actually enjoy the process. Rhetors using the nursing mother persona, such as Soukup and Sebree, acknowledged audience members’ potential fears about trusting their bodies to produce enough milk and their trust in the more modern, scientific equipment and formula. For ideal audience members, however, who were able to stay home with their infant and exclusively breastfeed, these stories of how a mother’s body could nearly always provide the food her infant needed without the help of equipment or supplements might have been enough to resolve concerns. However, for tertiary audience members with economic and social situations requiring them to be away from their infants, the emphasis on trusting their bodies and eschewing pumps and/or bottles may have been an insurmountable obstacle to inclusion in the League collective—and, potentially, a major deterrent to attempting breastfeeding in the first place.

### 3.3.2.2 Confronting Medical Authority

For mothers wishing to breastfeed in the mid to late-20<sup>th</sup> century, the medical community presented numerous obstacles to a successful nursing relationship. Audience members approaching League discourse would most likely have felt contradictions and concerns about defending their desire to breastfeed in the face of



modern medical authorities. One mother, Mary O'Brien, was deterred from breastfeeding when a doctor said her "milk was too weak, that nursing wasn't for busy young mothers, that I needed to save my strength and energy for the rest of my family" (O'Brien, 1968, p. 49). Another mother, Pat Palermo, was told by a physician that she was "crazy" to try breastfeeding her premature daughter and that the doctor "wouldn't allow it as long as she was in the hospital" (Palermo, 1975, p. 56). Mothers of multiples were often told "it was impossible to nurse two" (Clark, 1967, p. 11) and "Oh, you can't nurse triplets" (Smith, 1984, p. 2). The lack of support for breastfeeding led some mothers to doubt themselves, such as Beverly English, who wrote that "when one of the nurses told me I had no milk and wouldn't be able to breastfeed I believed her!" (English, 1975, p. 72).

As demonstrated in these stories, breastfeeding mothers faced many obstacles from the medical community. For audience members approaching the discourse, these issues might have served as a deterrent to breastfeeding, or at least required them to contradict the societal belief that the medical authority was always correct. Rhetors employing the nursing mother persona, however, addressed these concerns by demonstrating how ideal audience members could take advantage of League resources and experiential learning to defend their desire to breastfeed. They posited that if those ideal audience members took advantage of available research and demonstrate their confidence and ability to breastfeed, medical authorities would respond positively. As Jacqueline Palmenberg explained:

Doctors have technical medical knowledge that the average woman does not possess, but they are not gods... Doctors' preferences are not ultimatums...

The only way we can hope to ‘enlighten’ our medical people is to rap with them openly, intelligently, and confidently. This can’t help but breed a healthy respect for each other’s area of competence” (Palmenberg, 1975, p. 14).

Although, as Palmenberg noted, doctors had more technical knowledge than the average parent, very few of them had experience with breastfeeding – and for male doctors, any experience they had was second-hand through observation. In addition to their lack of experience with breastfeeding, physicians often preferred formula because it could be prescribed, measured, and controlled. Although most physicians agreed that breast milk was a better nutrition source, they were less comfortable with breastfeeding because it could not be measured.

To combat these circumstances, Palmenberg and other rhetors employing the nursing mother persona appealed to the ideal audience’s ability to arm themselves with medical knowledge about breastfeeding. With the knowledge learned from books and pamphlets, coupled with their experiences of breastfeeding, these women argued that doctors would come to respect the desires of breastfeeding mothers. They encouraged audience members to stand up to hospital regulations and request to nurse their child because “when you really want to nurse your child, there aren’t many things that can hold you back” (Plamondon, 1975, p. 11). Plamondon’s confidence in the power of a determined mother was repeated throughout rhetoric produced by women employing the nursing mother persona. Their narratives and encouragement worked to alleviate potential concerns of audience members about interacting with doctors and other medical authorities by demonstrating that if a mother was really

committed to breastfeeding (like those in the ideal audience), she would find a way to succeed.

### 3.3.2.3 Being Tied Down by Breastfeeding

In a time when bottle-fed babies could be cared for by husbands, grandmothers, or baby sitters, a major concern for audience members thinking about breastfeeding was that they would be tied down by their nursing baby. This fear was resolved by those using the nursing mother persona when they posited that a breastfeeding mother was not tied *down* by her infant, but was tied *to* them. Rhetors using the persona alleviated concerns by demonstrating how ideal audience members, who treasured time spent with their infants, could go anywhere they wanted because a breastfed infant was easier to transport than a bottle-fed infant. As Fradejas put it, a nursing infant was “so portable. There’s no equipment to pack – just a few diapers and a blanket” (Fradejas, 1984, p. 86). While a bottle-feeding mother might have had to worry about running out of formula or having a place to store and heat bottles, the breastfeeding mother was always ready to feed her baby. In fact, nursing mother Jeanne Symmonds wrote that she was amused by women who chose to bottle feed because they did not want to be tied down, saying that in her experience “breastfeeding has meant more freedom, not less” (Symmonds, 1985, p. 146).

Throughout League discourse, these women and others utilizing the persona provided examples of the freedom a breastfeeding mother enjoyed to shop, travel, and run errands with her infant, thereby relieving audience members’ potential concerns about breastfeeding tying them down. For mothers working outside the home, however, the concept of being tied to their infant was still a very real concern, as they

were often forced to leave the child for several hours a day, necessitating either numerous breaks in the work day to nurse or the inclusion of pumping and bottle-feeding.

#### 3.3.2.4 Worries About Others' Opinions

Audience members addressed by League discourse might also have felt contradicted by what their friends and relatives would say about their decision to breastfeed. Because comments and concerns about breastfeeding were voiced by those most influential in a mother's life, many women might find it difficult to breastfeed in the face of disapproval. To alleviate these concerns, rhetors using the nursing mother persona demonstrated how ideal audience members (whose first allegiance is to well-being of their child) would focus on breastfeeding and ignore comments "from doubters" (Schuberth, 1985, p. 9). Jennifer Schuberth, whose son was born with a cleft lip, said friends were surprised her son was breastfeeding and that she was "glad these people didn't get to me earlier, because they might have instilled doubts in my mind and hampered our successful breastfeeding" (Schuberth, 1985, p. 9). As Schuberth's story demonstrates, women utilizing the persona operated under the assumption that as long as a mother was dedicated to breastfeeding, the nursing relationship would nearly always work out. Although friends and family might not agree with her decision to breastfeed, they would eventually come to respect the mother's success.

Once a mother and infant have established their nursing relationship, however, friends and relatives stop asking why the mother is nursing and began to ask when she will end the relationship. Mothers breastfeeding older babies and toddlers must

“contend with those who question with eyebrows raised, ‘Is she STILL nursing?’” (Farrell, 1974, p. 50) and hear the question “Are you going to do that forever?” (Olson, 1985, p. 37). Rhetors using the nursing mother persona acknowledged that audience members – and even those already interpellated into the collective – might have been disturbed by these comments because, as Edwina Froehlich wrote, mothers wanted to “measure up and be approved of ourselves” (Froehlich, 1959, p. 3). This need for approval might have haunted audience members and made them “a bit uneasy that our baby might still be nursing after the accepted period” (p. 3). However, Froehlich and others using the nursing mother persona contended that weaning should happen at the infant or toddler’s pace and not because the mother is feeling pressure to wean. They showed that concerns about social disapproval were far less important than the long-term benefits of continuing the breastfeeding relationship into toddlerhood. As Froehlich wrote, “Our norm for judging what we should do must be what under the circumstances is BEST for baby” (p. 4). The ideal audience member of League discourse was already committed to the idea of breastfeeding because it was in the baby’s best interest. Rhetors employing the nursing mother persona built on that foundation by arguing that if breastfeeding was good in the short-run, then long-term nursing was also desirable, regardless of others’ opinions. Because breastfeeding would continue to offer numerous benefits for mother and child, audience members were assured that comments from others, while at times painful, would ultimately pale in comparison with the joys of breastfeeding.

Throughout League discourse, rhetors employing the nursing mother persona acknowledged the major contradictions experienced by audience members as they

approached the ideology. Rhetors utilizing the nursing mother persona addressed their ideal audience members (the second persona) as individuals who already understood the value of breastfeeding and who had the belief and determination to succeed regardless of their concerns. They demonstrated how these audience members could alleviate their own contradictions and concerns through their complete dedication to breastfeeding and mothering. Even as rhetors acknowledged the concerns audience members might have possessed, they positioned those same audience members as confident, proud breastfeeding mothers who could actively articulate and defend their beliefs. By addressing ideal audience members in this way and alleviating potential concerns, those using the nursing mother persona invited empirical audience members to view themselves as being part of this second persona and to be interpellated into the collective.

### 3.3.3 Adapting to Change

If a constitutive persona is to function successfully over a period of time, it cannot remain stagnant. While the important ideological assumptions of the persona may remain unchanged, particular aspects of the persona must shift to reflect the collective utilizing the persona. Technological advancements, economic situations, attitudes toward gender roles, and many other factors bring change to society over time and a constitutive persona must change as well to remain relevant. In the case of the nursing mother persona, women's roles and identities changed a great deal from the 1950s to the 1980s. Those employing the nursing mother persona acknowledged these changes over time by altering the scope of arguments to welcome into the collective not only full-time mothers, but also mothers who worked outside the home.

Those using the persona also shifted the foundational image of the breastfeeding mother from her original place in the home to allow for new positions in the workplace or in public locations. Throughout these changes, the important ideological assumptions of the nursing mother persona remained intact. Arguments made by women employing the persona still centered on the themes of embodied motherhood, moderated sacrifice, and the telos imbued by breastfeeding, but those arguments were broadened to remain relevant to new generations of audience members.

### 3.3.3.1 The Nursing Mother Goes to Work

When the nursing mother persona was first developed in the 1950s, only 34 percent of women ages 16 and older participated in the workforce, a number that grew to 60 percent by 2000 (Toossi, 2002). As more women returned to work after their maternity leave, some of those mothers continued to breastfeed their children and were interpellated into the collective, signaling a shift in the ideal audience addressed by those adopting the persona. Although the shift happened somewhat organically as women joined the collective and began to use the persona as their own, the inclusion of working mothers as part of the collective text's ideal audience was not without hesitation. The important ideological elements of the persona called for mothers to be physically present and available to their children, to accept sacrifice – even monetary sacrifice – with joy, and to find their purpose in breastfeeding and mothering. Mothers working outside the home violated these core elements by (in League terminology) denying their children physical contact for several hours each day and by finding purpose in a career instead of mothering.

Although mothers such as Virginia Martin wrote about balancing work and breastfeeding, they acknowledged that “working and raising small children is not the best combination” (Martin, 1973, p. 10). Martin’s struggle to return to work and maintain a presence in her daughter’s life is indicative of the arguments made by rhetors using the nursing mother persona. Although they admitted that sometimes a mother *had* to work, for the women who made up their ideal audience, the decision was never easy. For example, Phyllis Moore D’Amico wrote about her decision to return to work and the inward struggle she experienced:

I...spent several nights crying myself to sleep. I would gaze at my little angel and burst into tears. I felt as though I was being forced to give her up forever! I felt tremendous guilt as I was faced with the possibility of leaving my child to work. I later realized that it was not so much ‘guilt’ as it was grief I felt over probably missing out on the precious changes in my child while we would be away from her (D’Amico, 1984, p. 82).

The guilt and grief D’Amico experienced at the thought of leaving her daughter to work separated her from other breastfeeding mothers who did not work and did not experience those feelings. However, following the arguments of those employing the nursing mother persona, D’Amico’s guilt and grief also set her apart from bottle-feeding mothers, who (in the characterization of those using the nursing mother persona) had not established the close breastfeeding relationship and were, therefore, able to work and leave their infants without guilt.

Ultimately, working mothers such as D’Amico were included in the ideal audience of those adopting the persona because, although they chose to spend time



away from their children, they found salvation through continued breastfeeding. Even though working mothers were not always physically present and available to their infants, breastfeeding when they *were* together allowed these mothers to continue enjoying a close relationship with their babies. As Leslie Koczan explained, breastfeeding was something only she could do for her baby, a bond that lasted through the hours apart. She wrote that the “nursing relationship sustained us and strengthened our bond, despite the daily separation... It is the one thing that I could do for my baby that the sitter could not. It was a special bond reserved for my baby and myself that no one else could replace” (Koczan, 1985, p. 108). By acknowledging that breastfeeding and the mother’s physical presence remained the most important aspect of mothering their infant, working mothers were able to recognize themselves in the images presented by the nursing mother persona and could adopt the persona as their own.

Even as the second persona of the nursing mother persona expanded to include working mothers (although only those who felt guilty about their need or desire to work and who were “saved” only because they worked hard to continue breastfeeding during non-working hours), rhetors continued to frame the core of the ideal audience as those who believed a mother and baby should always be together. This belief was demonstrated in the stories of mothers who sought employment opportunities that would allow them to bring their babies along. Ann Marie Loughlin intended to return to teaching full-time, but when the time came to return to work her “natural instinct” was that she could not leave her thirteen-month-old daughter. Instead, she found several part-time jobs that allowed her to bring her daughter along.

As Loughlin wrote, the part-time positions allowed her to “continue in my profession and still have my baby with me” (Loughlin, 1985, p. 6). Loughlin’s desire to have both a career and a close breastfeeding relationship with her child demonstrated the struggle women in the collective of nursing mothers experienced. Rhetors using the nursing mother persona negotiated this struggle, as Loughlin did, by framing employment as secondary to a happy, breastfed baby. June Provost-Firschke, for example, worked part-time at an office job where she was allowed to bring her son to work. Although she said it took her longer to complete her work, she argued that bringing her baby with her allowed her to be “more productive as an employee because I can concentrate more fully on work knowing Aaron is right next to me, happy and healthy” (Provost-Firschke, 1984, p. 104).

Because Loughlin and Provost-Firschke framed themselves as mothers first and employees second, both argued they were happier and more satisfied in their career choices. Instead of feeling the guilt and grief of full-time working mothers, these women wrote about the satisfaction they felt in being physically available to their children and in the continued sense of purpose they found in mothering. As the second persona of the nursing mother expanded to include working mothers, whether full-time or part-time, a greater number of actual audience members were given the opportunity to see themselves reflected in the expressed ideology, and, as long as they recognized the need to experience guilt over their inability to practice all aspects of that ideology, be interpellated into the collective.

### 3.3.3.2 Mothering as Work

Beginning in the 1980s, the nursing mother persona shifted again as a response to the large numbers of women working outside the home. In the 1950s when the League began, few middle-class mothers worked outside the home, making a stay-at-home mother the norm, rather than the exception (Toossi, 2002). As more women returned to work, whether out of necessity or desire, the concept of staying at home to raise children became old-fashioned. As D'Amico argued, "Somewhere along the way, our society no longer placed a high value on the time spent caring for and shaping our young into responsible and respectable adults," which caused full-time mothers to feel they needed to apologize for their choice to stay at home (D'Amico, 1984, 81-82). Women utilizing the nursing mother persona combatted this societal change with the argument that staying at home to raise children was a profession in itself. Because society had begun to expect women to return back to work after having children, mothers using the persona wrote about the importance of being "a woman who works at mothering" (Landau, 1985, p. 98). As Suzi Thomas McPherson explained it:

The reasons why we choose to be full-time mothers focus on meeting the needs of our children. Mothering is a profession... Viewing motherhood as a profession, though, transforms the moments playing a game with a child from wasted time (not accomplishing chores) to significant work. Remembering our mothering job revitalizes and reinforces our resolve to nurture our children in all ways... The raising of conscientious, caring persons is as critically

important as any work our husbands or friends do. And what other position has such variety and challenge? (McPherson, 1983, p. 71).

McPherson's arguments were based on the assumption that a mother found her purpose in raising her children. That purpose led her to spend time interacting with her children and physically meeting their needs, whether through breastfeeding an infant or playing games with older children. Because these acts were increasingly devalued by society, McPherson and others utilizing the persona began to argue that although they did not receive a paycheck for their work it was as purposeful, valuable, and fulfilling as any other career.

These arguments became necessary because, as Susan Anderson put it, a mother had to have "courage...to admit that one is a full-time, stay-at-home mother" because those with other priorities "tend to look at you as if you must have the mental capacity of a toddler or the interests to match" (Anderson, 1983, p. 85). As audience members faced the possibility of being ridiculed or belittled for the choice to be full-time breastfeeding mothers, women using the nursing mother persona adapted their arguments to address this changing audience. By framing full-time motherhood as a profession, rhetors provided their audience with the language they needed to justify their choice to stay at home and welcomed them into a collective of professional motherhood. However, in characterizing motherhood as a profession, these women also defined what motherhood was not—a professional mother was required to "work" at mothering full-time, meaning she could not work outside the home. Therefore, women approaching League rhetoric were encouraged that motherhood was a valid

“career” choice, but were also told that being a good mother required a full-time commitment, something many mothers in this time period were unable to make.

### 3.3.3.3 The Nursing Mother in Public

Because the ideal audience of those adopting the nursing mother persona was devoted to embodied mothering, rhetors acknowledged that audience members would at times need to move their bodies outside the home, necessitating public breastfeeding. Although early League narratives described breastfeeding in public, the practice was usually confined to a department store dressing room, a friend’s living room, or a League meeting. By the 1970s and 1980s, however, rhetors began to take advantage of the greater social acceptance of breastfeeding and demonstrated that ideal audience members could breastfeed anywhere they chose. For example, Caroline Staton wrote that she took her breastfeeding baby to “fancy restaurants, hospital meetings, parties, Boston Symphony Hall, church, up a mountain, and to the beach” (Staton, 1974, p. 18).

Rhetors using the nursing mother persona, such as Debbie Clawson, acknowledged that while some people might be “shocked and disgusted” by the sight of a mother breastfeeding her baby in public, “most people are encouraging, if they even notice!” (Clawson, 1983, p. 33). As women employing the persona began to discuss breastfeeding in public contexts, they did not present the act as a protest against society or as exhibitionism, but as a way to continue mothering a baby outside the home. Rhetors argued that mothers needed a chance to venture outside the home while still meeting infants’ needs, which included regular feeding times and a mother’s “special attention...in an unfamiliar place” (Fradejas, 1984, p. 86).

Breastfeeding in public, then, was not framed by these rhetors as a right mothers should enjoy, but as a practice necessary to meet an infant's needs. Although the location of breastfeeding shifted from private to public, the reasons for breastfeeding remained the same: meeting a baby's needs and continuing the close intimacy of the breastfeeding relationship. By increasing the number of acceptable locations for breastfeeding in response to societal change, rhetors broadened the second persona of the nursing mother to include women wishing to travel outside the home and around the world. Their rhetoric also provided encouragement for actual audience members who wished to breastfeed outside the home and gave them language and arguments to defend their decision to do so.

As rhetors expanded and changed the second persona of the nursing mother over time to adapt for the current moment, the persona became a better reflection of the rhetoric's empirical audience. Some aspects of the persona were more easily changed than others, as those using the persona often struggled with the idea of a mother working outside the home, but easily accepted the need for public breastfeeding. Regardless of the issue, however, shifting the persona to appeal to a new generation of mothers was necessary to interpellate new audience members who might not have identified with previous versions. If those utilizing the nursing mother persona refused to shift the persona to identify with new audience members, this interpellation would not take place, the constitutive process would fail, and fewer women would join the collective and take up the persona as their own. With the ability to adapt and change the persona to fit current societal needs, however, a

constitutive persona such as that of the nursing mother can continue to serve its purpose and bring together members of an ever-changing collective.

### 3.4 Conclusions

Throughout this analysis I have traced the creation and perpetuation of a constitutive persona that not only calls a collective into being, but also gives members of that collective argumentative topoi, appeals, and assumptions upon which to ground their experiences and further the interpellation process. A constitutive persona, such as that of the nursing mother, includes an interworking first and second persona that presents the assumptions on which the collective ideology is built. Audience members approaching the text are invited to see their own values and beliefs reflected in that ideology and to understand their place within the collective. Those using the persona assist in this process of interpellation by acknowledging and resolving audience members' contradictions and concerns about the ideology and the changes and challenges adopting the ideology might present. Finally, the constitutive persona changes and adapts over time to frame the ideological arguments of the collective in a way that resonates with new generations of audience members and allows them to identify with the ideology and be interpellated into the collective.

Theoretically the constitutive persona extends rhetorical theory by building on both Charland's (1987) construct of constitutive rhetoric and scholarship related to persona theory, specifically interactions between the first and second persona (as called for by Doss & Jensen, 2013). Beyond this, the construction of a constitutive persona allows a rhetor to study fragments of text by multiple authors using the same persona to discover how a single persona is created by many individuals and how that

persona can be used to provide a unifying identity for the group and to call more members into the collective body.



#### CHAPTER 4. MILK, NOT MOTHERING: THE THIRD PERSONA AND THE NEGATION OF NURSING MOTHERS

Wander (1984) defined the third persona as the audience of a discourse that is negated from a text; the audience that though relevant to the discourse, is not included in the text's ideal audience (the second persona). He argued that a text's silence toward specific individuals or groups denies them the discursive access given others. Cloud (1999) built on the idea of creating a persona through rhetorical silence by arguing that an individual or group can negate *themselves* from a situation by choosing not to speak for fear of extra-discursive relations of power. Her analysis of this "null persona" demonstrated how critics must explore not only a text, but also the "extradiscursive social, political, and economic arrangements" surrounding the text, to understand the situational factors imposing silence on the individual or group and rendering them voiceless. In the cases Wander and Cloud analyzed, individuals or groups were completely negated via silence. Clair and Anderson (2012) followed Cloud by suggesting that individuals could appear to share a first persona of empowered entrepreneurs via literature from nonprofit organizations, while simultaneously perhaps being silenced through what is not shared. Taking this a step further, I argue that in other texts, such as media coverage related to breastfeeding, the third persona can refer to audiences that *are* directly addressed by the text (the second persona) but are nonetheless negated from the discourse via more implicit

symbolism. This negation operates to remove the group's discursive subject position, to suppress the group's ideology, and to diminish its persuasive efforts.

In many cases, this process of negation takes place because the individual or group in question is deemed controversial or subversive, a status that threatens the social order and therefore invites conflicted media coverage. For example, in coverage of breastfeeding from the 1950s to the 1980s—coverage that I argue explicitly named nursing mothers and through that naming silenced and disenfranchised them—the media vacillated over how to write about the controversial issue of breastfeeding. Some articles touted breast milk as the best form of infant food (Molner, 1959), while others detailed the benefits of formula options and/or described the convenience of “modern” bottle feeding (“Proper Feeding,” 1974). Articles both warned expectant mothers about the hardships of breastfeeding (Crook, 1967) and, at the same time, condemned them when they chose to bottle-feed their infants (Dugan, 1958; United Press, 1958). When mothers were allowed to speak in media coverage, their comments often served to defend their actions or refute breastfeeding criticisms, both of which remained in the controversial frame imposed by the media and constituted them as provocative, uncompromising, or otherwise outside social norms (Borgman, 1975; Dorin, 1975; Johnson, 1984; Nemy, 1973; Manners, 1974; Van Buren, 1959).

I find that, throughout this media coverage, nursing mothers—though constituted by the discourse and therefore part of the ideal audience (or second persona)—were nonetheless negated by the text and disciplined into subject positions outside the discourse. In the articles circulating throughout the 40-year period covered

in this analysis, breastfeeding was rarely presented as an embodied practice involving a close relationship between a mother and infant. Instead, articles focused on the product a mother provided (the milk) and the mother's body as the site of milk production. Nursing mothers were present in the text, but they were placed in the background, quietly and discreetly nursing their babies. When a mother managed to move out of the shadows and talk about her desire to breastfeed, media articles disciplined her for this aberrant behavior and reminded both the transgressor and other audience members that breastfeeding should be a private act and that nursing mothers should not be seen in public or have a voice in the discourse. Through this process of discursive negation, nursing mothers were effectively silenced by the media and relegated to a tertiary audience set apart for their deviant conduct, thereby becoming the third persona.

#### 4.1 Extending the Third Persona

Wander (1984) theorized the third persona as an example of ideological criticism joined with rhetorical theory, a marriage he argued would allow scholars to critique "legitimizing actions, policies, and silences relevant to the great issues of our time" (p. 199). He analyzed Heidegger's art lectures in the fall of 1936, demonstrating how Heidegger's rhetoric addressed not only the primary audience interested in his ideas about the origin of art, but also Nazi party officials and government censors who were ready to denounce him, and a third audience, which Wander said "may or may not have been part of the speaker's awareness" (p. 215). Wander theorized that this third persona existed in the "silences of the text, the reality of oppression, and the unutterable experience of human suffering" (p. 215). This third

audience consisted of those who were poor, hidden, and persecuted by the German state – those who never would have heard Heidegger’s lectures or have a way to respond to his words. Wander argued, however, that the lectures were nevertheless relevant to these individuals because rhetoric such as Heidegger’s categorized people according to nationality, age, gender, race, religion, and sexual preference and placed them in the status of non-subjects. Wander’s construction of the third persona supported his argument that ideological criticism and rhetorical theory should be used together to offer criticism in real-world situations with the goal of impacting the actions and policies of government officials and others in power.

Wander’s conception of the third persona, however, does not take into account the negation of individuals or groups who are explicitly named within a discourse’s audience. I argue that these individuals or groups may be explicitly constituted as part of a text’s ideal audience (as sources quoted by media articles, for example) but are ultimately cut out of the conversation through the text’s language and framing devices. On a methodological level, this shift in conceptualization of the third persona requires that a critic attend both to a text’s silences and its constitutional framing of ideal audience members. Though audiences are referred to—and even quoted—in the text, these references and quotations are surrounded by language that defines audience members as unconventional and outside social norms. Further, they are framed as being the opposite of ideal audience members – inconsiderate, selfish rule-breakers who speak and act in ways that reveal their character flaws and demonstrate that they are unacceptable and undesirable. By interrogating the silences in the text, the critic may determine what elements of the audience are not being accounted for or

communicated through the discourse, further outlining “the silhouette” of the third persona (Wander, 1984, p. 209).

The subsequent analysis expands the third persona by suggesting that a tertiary audience of individuals may be negated even as a text deals with issues specifically related to that audience. Instead of drawing linkages between words and phrases used by a rhetor to the negated audience, as Wander suggested, I argue that a text specifically devoted to an issue can negate related individuals or groups, suppressing their ideology and attempts at persuasion. As my analysis demonstrates, the media’s coverage of breastfeeding issues and concurrent negation of breastfeeding mothers provides an incomplete presentation of the ideology espoused by those mothers and diminishes persuasive efforts by individual women and breastfeeding advocates.

#### 4.2 The Third Persona and the Negation of Nursing Mothers

Media articles provide insight into what society knew about an issue at a certain time, what pressures affected those dealing with the issue, and what controversies surrounded the issue (Worsnop, 2011). Although twentieth-century journalists were trained—in many cases—to be objective and represent both sides of an issue, no reporting is entirely without bias and newspaper coverage from this time included not only reporter-generated content, but also advice columns and opinion pieces. Writers producing these non-journalistic pieces were under no obligation to be objective. Syndicated opinion columns such as “Dear Abby” were read by individuals throughout the country and arguably played a role in shaping public opinion about breastfeeding in the latter half of the 20<sup>th</sup> century. As Todd Gitlin (1980)

noted, the media create frames, or “persistent patterns of cognition, interpretation, and presentation, of selection, emphasis, and exclusion,” (p. 7) which can contribute to hegemony. These frames are often unrecognized by those consuming the media and can shape ways of organizing and viewing the world—both for journalists who report the news and for audience members who consume media. Clair (1993, 1998) drew from Gitlin’s work as she explored the framing of discourse that sequestered and defined women’s lived experiences, further silencing them. Building on these ideas, the following analysis explicates how the media framed the experiences of breastfeeding mothers in ways that negated them from the prevailing discourse.

The articles included in this analysis were taken from four three-year periods surrounding important discursive events in the history of breastfeeding: 1957-59, 1967-69, 1973-75, and 1983-85. Articles were downloaded from newspapers.com, as well as the ProQuest Newsstand and the New York Times Historical Database, using the search terms “breastfeed,” “breast-feed,” “breast feed,” and “breastfeeding.” These articles represent publications across the United States and provide a relatively representative picture of how breastfeeding was discussed in mainstream American media during this time period. By decade, I collected 70 articles from 1957-59; 63 articles from 1967-69; 280 articles from 1973-1975; and 400 articles from 1983-85.

Interrogating mass media coverage for clues about its ideal audience requires a shift from the traditional rhetorical situation in which Wander identified the third persona. Rather than a single rhetor responding to a rhetorical exigence by addressing a definable audience, media articles, and especially syndicated columns, were addressed to a larger, more inclusive audience (although each media outlet had a

general sense of its audience's demographics). Such a varied empirical audience makes it difficult to determine who might have read a particular article or the composition of the writers' ideal audience. Also, treating a collection of media articles from a 40-year period as textual fragments further problematizes the construction of an empirical audience, as the audience for each fragment would have been different. What does emerge, however, in an examination of media coverage as both text and textual silencer, is the image of nursing mothers created by the media through its coverage of events and issues related to the practice of breastfeeding.

As I demonstrate, this image is one of the nursing mother as a negated third persona. Although the articles and columns discussed breastfeeding positively and often touted its benefits, writers very rarely quoted breastfeeding mothers directly or provided any sense of breastfeeding as a potentially embodied, personal, or satisfying process. Breastfeeding was treated primarily as a topic under the province of medical professionals and members of scientific research communities, while the mothers who practiced it were framed as insignificant, controversial, and even immoral. Through these framing devices and language choices, a discourse highly relevant to an audience of nursing mothers failed to reflect their experience or philosophy and effectively silenced their voice in the discourse.

The process of negating these mothers through mainstream media began, I find, when breast milk was framed almost exclusively as a product for consumption, much like infant formula, with little recognition of the product's source. When mothers *were* allowed to speak in media articles, their voices were nearly always framed by controversies surrounding infant feeding, which acted to silence these

mothers as legitimate sources of experience and knowledge. Furthermore, in many cases nursing mothers were discussed in terms of their sexuality and the relationship between breastfeeding and sexual intercourse. Such a framing constituted these mothers as not only embroiled in a controversial issue, but as living a potentially immoral lifestyle completely opposed to what was expected of a modest, maternal figure. Rather than forcing others to witness their behavior by breastfeeding in public—or by vocally advocating for breastfeeding in general—nursing mothers were reminded in media coverage that they should be a discreet, unnoticeable part of the scene. In the following sections, I demonstrate the discursive processes through which breastfeeding mothers became a tertiary audience in mainstream media discourse, processes related to (a) defining breastfeeding as mechanical, (b) framing breastfeeding as controversial, and (c) equating breastfeeding with sexual behavior.

#### 4.2.1 Breastfeeding as Mechanical

In coverage of breastfeeding throughout the 40-year period of this analysis, the breast milk nursing mothers produced was written about extensively and, in many cases, served as a vehicle through which mothers were removed from the story. This removal took place as writers focused on breast milk as a product apart from the thinking, feeling mother who produced it. Throughout media coverage, breast milk was framed in terms used to describe a product, often with the same language and criteria used to talk about infant formula. When mothers were included in the product description, they were often constituted as merely the machines producing milk and, as often occurs when the *body as machine* metaphor is used, the thinking, feeling mind of the mother was separated from her body's actions (see Segal, 2005). Through



the mind-body dualism created by the metaphor, mothers as whole persons were removed from the discourse and remained only as physical bodies (i.e. machines) producing milk.

Media articles in the 1950s often focused exclusively on the qualities of breast milk and the health benefits it provided to infants. The superior qualities of breast milk as a product were celebrated via long lists of health benefits, as in a syndicated column written by Dr. Walter C. Alvarez in 1958: “Protection from allergy is not the only advantage of the mother’s nursing a baby. Breastfeeding lessens the mortality from a number of conditions, such as severe diarrheas, and perhaps contagious diseases” (p. 14). In Alvarez’s list of benefits, as in many others, medical terminology and phrasing was used, such as “lessens the mortality” and “contagious diseases,” terms that highlighted the health benefits of breast milk and placed it in the realm of medical purview. Alvarez wrote about breast milk as a product that could be separated from the mother who produced it and could be studied and desired for the health benefits it provided, much as other articles discussed the qualities of both breast milk and cow’s milk formula, equating the two as substances to be studied and compared scientifically.

An example of this is a 1959 syndicated column by Dr. Joseph G. Molner, in which he argued for the supremacy of breast milk: “It’s a good thing that we have excellent preparations to add to cow’s milk, to make it suitable for babies. But being ‘excellent’ does not mean it’s as good as the best—which is mother’s milk” (Molner, 1959, p. 5). Even as Molner wrote about the benefits of breast milk as a product, however, he separated the product from the source—formula and breast milk were

created through completely different processes but were compared using the same nutritional criteria. Although Molner referred to breast milk as “mother’s milk,” the mother was present in name only, as the milk she provided was the subject of Molner’s article. In this and other syndicate medical columns, lists of breastfeeding benefits nearly always focused on what the milk provided for the baby, much as formula companies would tout the nutritional benefits of their products, designating breast milk a medically-approved infant-feeding product.

The treatment of breast milk as a product separated from its source continued in the 1960s and 1970s, although articles discussed positive benefits of breastfeeding beyond simply nutritional values. In a 1967 letter to the editor of *The Ludington Daily News* of Michigan, Mrs. William T. Wenger and Mrs. John Bleeker provided a list of “good sense” reasons to breastfeed, noting that it is “the quickest, safest, most inexpensive, and best way to feed a baby” (p. 4). Although they followed the 1950s trend of comparing breastfeeding and bottle-feeding, they moved the comparison to a consumer level, taking into consideration the financial cost and time investment required for each product. By discussing breast milk in terms of its cost, Wenger and Bleeker moved it from the scientific realm into the financial, further cementing the concept of breast milk as product—and a comparatively inexpensive one at that.

Other articles presented breastfeeding as a good financial choice, such as a 1974 article in *The Oil City Derrick* of Pennsylvania, which noted that a breastfeeding mother could save more than \$300 in an infant’s first six months by breastfeeding (“Good Mothering,” 1974). Although these descriptions of breast milk as an infant-feeding product were very positive, the articles failed to discuss the mother’s role in

the process or recognize the financial costs of additional food the nursing mother might have needed or the time commitment breastfeeding required. Instead, breast milk was presented as a nearly perfect, cost-free product, while the demands of producing the product were ignored. This presentation of breastfeeding may have been persuasive for mothers interested in breastfeeding, but it might not ultimately have prepared them for the commitment required to be successful, potentially leading to discouragement and failure.

When the mother's body was included in discussions of breast milk in the 1970s, it consistently remained in the "body" aspect of the mind-body duality discussed by Segal (2005). Although mothers were discussed in the context of breast milk, their mental capacity for thoughts, feelings, and decisions was ignored as mothers were framed by the *body as machine* metaphor. To ensure the milk-producing machine was working properly, numerous media articles offered advice for expectant and breastfeeding mothers, including detailed instructions about what a mother should put into her body to ensure the infant was receiving the highest quality product. As Dr. S. L. Andelman wrote in a 1974 syndicated column, "The nursing mother should pay special attention to maintaining a well-balanced diet rich in calcium, protein, and vitamins A and C. Milk, meat, eggs and green leafy vegetables are particularly important. Only prescription drugs should be taken, as drugs can appear in the mother's milk and affect the infant. Alcohol and chocolate can also have an effect" (p. C6).

Andelman presented the mother's body as a production mechanism by which the input ("a well-balanced diet") directly impacted the output ("mother's milk"). If

the correct elements were introduced into the machine (“calcium, protein, and vitamins A and C”), the highest quality product would be produced. However, if the machine received incorrect building materials, such as drugs, alcohol, or chocolate, it might “affect the infant.” Andelman’s choice to describe the mother’s diet in terms of nutrients followed the current medical trend of viewing a person as a composition of facts derived from laboratory data rather than a thinking, feeling human being (Reiser, 1978). Just as doctors viewed their patients in terms of the statistical data they received from tests and lab results, Andelman’s column treated nursing mothers in terms of the measurable aspects of their diet and the nutrients in the milk their bodies were producing. Such a treatment of the issue negated the experience of eating food and was silent about the difficulties of maintaining such a careful diet or the cost of purchasing the recommended foods. Thus, even as these women were closely tied to the process of creating breast milk, their individual problems and experiences were negated from the discourse and separated from milk production.

From the 1950s to the 1970s, media articles recognized that the majority of women might struggle to breastfeed their infants. In the 1980s, however, language used in media articles began to suggest that the mother’s body may have been the problem and began to characterize the unsuccessful nursing mother as a faulty machine. An article published in 1983 in the *Atlanta Daily World* explained that breastfeeding was not an automatic process, but that the machine might need to be properly calibrated, as breastfeeding was “a natural way to feed your baby,” but “may take some learning” (Ranney, 1983, p. 4). While the mother’s body was said to automatically make milk, the process involved some regulation. The supply-demand

nature of breastfeeding required the baby (or the breast pump) to remove milk so the machine could create more. If an infant had trouble latching on or sucking properly, or if a mother could not successfully express milk, the machine faltered.

Although these articles continued to separate the mother's body from her mental processes, at times they noted the impact that negative attitudes and excessive worry or stress might have on milk production. A 1985 *Los Angeles Times* article quoted lactation expert Audrey J. Naylor on the nature of breastfeeding as a "sensitive physiology," which has a "built-in problem: 'When it isn't going well, and the mother gets anxious, worried and tired, the physiology doesn't work well'" (Granberry, 1985, p. 1). In Naylor's characterization, the mother's milk production could be impacted by factors outside the input-output or supply-demand procedures. She said that if the mother is "anxious, worried and tired," the production process could break down. By noting that a mother's milk production is affected by her mental and physical state, Naylor acknowledged that a mother's body is more than just a machine operated without her feelings, intention, or desire. However, Naylor's statement was prefaced by the phrase "built-in problem," which connoted mechanical imagery. The mother's body was built to produce milk. Even as Naylor attempted to humanize the process of milk production by incorporating the mother as a whole person whose thoughts and emotions impacted her production capabilities, the *Times* article situated her comments in mechanical terminology, implying that even a mother's emotions are merely another aspect of the production cycle. To get milk flowing again, the machine required rest and lower stress levels (although the article did not detail how the busy mother of a newborn could achieve this). Once the machine was properly

maintained, however, the “built-in problem” could be fixed and the mother’s body could once again serve as the site of milk production.

Along with framing breastfeeding mothers as machines with the potential to malfunction, 1980s media coverage also framed breast milk as not only a desirable infant feeding choice, but as a high-priced commodity available from a new source—a milk bank. A 1985 *Chicago Tribune* article reported about the Milk for Life milk bank in New York, one of only 29 such organizations in the country at that time that provided milk to infants across the country for 75 cents per ounce, plus shipping charges (Nelson, 1985). Articles dealing with milk banks, such as the *Tribune* story, presented them as lifelines for infants who were not thriving on formula and needed another option. However, articles also framed milk banks as providing a product that, while higher quality than formula, was also more expensive. Because an infant needed an average of 25 ounces of milk per day (Bonyata, 2011), the reported cost of milk could be as much as \$18.75 per day plus shipping charges, or around \$140 per week, more than the cost of an entire month of formula. When a hospital was footing the bill, a 1985 *Philadelphia Inquirer* article noted, one milk bank bumped its price 200 percent to \$1 per ounce because insurance would cover the cost as a medical expense (Iams, 1985). By giving breast milk a price and reporting about it as a commodity to be bought and sold, media coverage presented breast milk as a marketable product with a financial cost, thereby further separating the product from the mother whose body created it.

When the source of the milk was discussed, articles often described the ideal conditions under which the product was created. Much as a factory producing

formula would have to meet health code requirements, the *Tribune* article pointed out that women donating milk were required to “sign health statements” and to “maintain high levels of cleanliness while collecting and storing the milk,” both of which ensured the quality of the product the milk bank received (Nelson, 1985, p. 2). Once donors met these requirements, the article reported, they could donate as many ounces of milk as they desired. The *Inquirer* noted that although women donated milk freely, the only payment they received was a “spiritual” one—the satisfaction of knowing they provided a baby with breast milk (p. G17). By detailing the process of milk bank donation, media articles demonstrated the viability of breast milk as a monetary product, while simultaneously devaluing the women who donated the milk. While articles focused on the process of receiving, pasteurizing, and distributing the milk, for the most part, the women who produced it were described only in passing and remained nameless, voiceless, and unpaid machines—separated both from the product they created and from the infant who would eventually consume it.

Throughout media depictions of breastfeeding the continued separation of breast milk from thinking, feeling, mothers, and the characterization of those mothers as machines dedicated to producing milk left little room for conceptions of breastfeeding as an act of embodied motherhood. By presenting a commodified, mechanized conception of breastfeeding, media articles offered readers an image of breast milk as a clean, safe, quick product that could be produced inexpensively and fed to babies without the need for a sterilized bottle. Although these arguments provide a partial image of breastfeeding, the experiences of nursing mothers were present only in the silences of the text; in the “built-in problems” inherent in

breastfeeding and in the emotions experienced while holding and nursing an infant. The exclusion of these experiences acted to diminish the persuasive arguments presented in media articles and removed the loving devotion of motherhood—reasons the mothers discussed in chapter three cited for their dedication to breastfeeding—and leaving only milk production and distribution.

#### 4.2.2 Breastfeeding as Controversial

Because conflict is one of the major values journalists use to determine whether or not a story is newsworthy, articles dealing with breastfeeding frequently framed the practice in light of the controversies surrounding it (Shoemaker, Chang, & Brendlinger, 1987). Articles quoting breastfeeding mothers had titles such as “The Bottle isn’t Best: Local Mothers Speak Out on Nursing their Babies” (Borgman, 1975) and “Breast-feeders survive in sea of opposition” (Dorin, 1975). These headlines alone constituted breastfeeding mothers as a minority, potentially militant group challenging accepted infant feeding practices and facing resistance from multiple fronts. Although these mothers may or may not have identified with the feminist movement of the 1960s and 1970s, they were characterized as “speaking out,” a phrase frequently used to describe second-wave feminist activities (see Dubriwny, 2005). In utilizing the phrase “speak out,” then, the headline may have brought up images of feminist protests and framed “local mothers” as part of a social movement calling for an end to bottle-feeding. And like other feminist protest movements of the era, breastfeeding mothers faced serious opposition and disapproval from society, as the phrase “sea of opposition” connoted. By comparing those opposing breastfeeding to the sea, the headline related breastfeeding mothers to a small boat being jostled by



overwhelming waves. The imagery implied that not only were few women breastfeeding, but those who chose to do so were embroiled in debates and contentions over various aspects of breastfeeding.

The articles that ran under headlines such as these included quotations from both medical professionals and nursing mothers in support of breastfeeding, but nearly always framed these comments in relation to one of the many debates surrounding breastfeeding. Rather than writing about breastfeeding as a normal, natural part of mothering, media articles framed nursing mothers as struggling to negotiate a myriad of issues such as (a) the battle of breast vs. bottle, (b) the cult surrounding breastfeeding, and (c) the need to breastfeed in public. As I demonstrate, by continually placing nursing mothers in the midst of controversial issues, media articles provided an image of breastfeeding as a divisive practice, fraught with problems and difficult to navigate. While media articles encouraged women to provide their infants with breast milk, they concurrently framed the act of nursing as controversial, resulting in coverage that rarely validated the lived nursing experience and potentially discouraged new mothers from breastfeeding their infants.

#### 4.2.2.1 Breastfeeding as a Battle

Audience members approaching media discourse about breastfeeding in the 1970s and 1980s were framed as participants in the rhetorical battle of breast vs. bottle. Headlines of these articles included the argument that “Breast fed...is best fed” (Clark, 1975) and the celebration of success: “Breast vs. bottle: The trend turns again” (“Breast vs. Bottle,” 1975) and “Sweet victory” (Gillespie, 1985). Articles that ran with headlines similar to these included both specific war metaphors with references

to a fight, victory, and the use of “vs.” to link breast and bottle, and an overall framing of the issue as a battle between two opposing sides. As Boyd (2003) found in his study of metaphors in corporate rhetoric, war metaphors often function to polarize audiences, drawing clear distinctions and reducing the possibility for compromise. Boyd found that this polarizing function could be both positive and negative, as it could unite stakeholders against a common enemy while at the same time making it difficult to end the “war” on positive terms. In the case of media coverage about breastfeeding, the media’s use of war metaphors to describe the relationship between breastfeeding and bottle-feeding constituted nursing mothers as both victims of society’s acceptance of formula and as militant crusaders fighting against all opposition.

Articles constituted nursing mothers as battling against bottle feeding, society, and even medical authority, because of their “radical” dedication to breastfeeding (Borgman, 1975, p. 1). Articles discussed the challenges breastfeeding mothers faced, characterizing them as beset by societal opinion and even by their own husbands’ reaction to the “raised eyebrows of others” (no mention was made of nursing mothers who might not have a husband to either support or oppose breastfeeding – the mothers constituted throughout media discourse were, much like La Leche League audiences, largely white, middle-class, and married) (Borgman, 1975, p. 1). However, despite the difficulty of facing opposition on multiple fronts, nursing mothers were characterized as continuing to fight to gain approval for their own choice to breastfeed and to convince other mothers of the superiority of breastfeeding.

Media articles nearly always presented the battle of breast vs. bottle as a battle with no middle ground—a mother could choose to breastfeed or bottle feed and little credence was given to supplementing breastfeeding with formula. Instead, the bottle was implied to be the common enemy to nursing mothers. Any time a mother faced resistance from family members, friends, or physicians, supplementing with formula or switching to formula entirely was presented as the easy way out of the controversy—and, therefore, the ultimate enemy to successful breastfeeding. By constituting breastfeeding mothers as united against a common enemy, media articles created a unified image of the nursing mother. This image, forged in the midst of controversy, presented nursing mothers as both a victim of society's dedication to formula and as soldiers in the battle against the bottle. Neither of these characterizations was entirely positive, however, as nursing mothers were either constituted as helpless victims unable to defend themselves against society or as militant, outspoken advocates of breastfeeding who desired to force other mothers to breastfeed as well. Ultimately, by framing breastfeeding as an uncompromising battle against the bottle, media articles forced nursing mothers into the role of winners or losers and in the process drowned out mothers' individual voices and experiences.

Although the majority of articles framing infant feeding as a battle between the breast and the bottle were published in the 1970s and 1980s, the media's constitution of breastfeeding mothers as probable victims to the many problems inherent in breastfeeding began much earlier. As Koerber (2013) noted, the battle between breastfeeding and bottle-feeding in the 1950s and 1960s was understood to be more or less a choice between relative equals, "each with its own benefits and

drawbacks” (p. 15), an assumption that permeated media coverage and prompted numerous comparisons between breast milk and formula. Although these articles often presented breast milk as the better option, they treated cow’s milk formula as a reasonable alternative that posed no risks to an infant. The large number of the mothers who bottle-fed their infants was often recognized in these articles and readers were reminded that breastfeeding was very difficult for the mother and that many women were unable to breastfeed for one reason or another.

The relative equality of formula and breast milk was assumed in many articles, including a 1958 syndicated advice column by Dr. Joseph G. Molner that counseled an expectant mother to nurse her new baby “for a time” and to “be ready to switch to formula, or supplement with a bottle” if the baby was not “getting enough to eat” (Molner, 1958, p. 6). Molner’s advice was characteristic of other media coverage in this period, as writers—even those who supported breastfeeding—constituted nursing mothers as faced with a host of difficulties and opposition to successful breastfeeding. Mothers were characterized as nearly always having issues with milk supply (which necessitated supplementation), as being prone to sore nipples, breast infections, and other painful complications (Hyman, 1959; Molner, 1958; Stimson, 1957). In addition, mothers were faced with opposition from friends and family members, such as a young mother whose letter about her husband’s strong opposition to breastfeeding was published in Hyman’s (1959) syndicated advice column, and another mother who wrote to Molner’s (1967) column about the disapproval she faced from her husband and her mother, who said breastfeeding would be inconvenient and that “they don’t breastfeed any more like they did years ago” (p. A2). Although not explicitly stated in

every case, media articles were framed with the assumption that formula was an available and viable alternative for these struggling mothers. As in Molner's (1958) column, mothers were counseled to supplement with formula, which Molner himself later acknowledged would hinder breastfeeding and lead to the baby being "all on bottle" (Molner, 1967, p. A2). Although media coverage of this period did not frame formula as the explicit archenemy of breastfeeding, it constituted mothers as besieged by problems and opposition—all of which could be solved by switching to the bottle. Molner's comments implied, then, that the battle of breast vs. bottle was an all-or-nothing conflict with no opportunity for compromise.

A few articles in this period attempted to separate breastfeeding from bottle-feeding by appealing to the "imponderable qualities" of breastfeeding "that can't be weighed or measured" (Hyman, 1959). The decision of whether or not to breastfeed was posed as a "perplexing question for mother" (Stimson, 1957) that provided an exigence for rhetorical arguments outside the realm of science. For example, a 1957 article published in *The Daily Herald* of central Utah posited that the most important reason to breastfeed was the "psychological benefit both to mother and baby... Anyone can give a baby a bottle, but barring wet-nurses, only a mother can nurse her baby, a fact which gives a successful mother great satisfaction. Then she knows it's her baby and while she nurses, she gives her infant the tender loving care and feeling of security that even little babies want and need" (Stimson, 1957). In one of the few instances of the media appealing to the psychological needs of women as mothers, the article validated the experiences of breastfeeding mothers and treated them as part of the text's ideal audience—as women who were meeting their babies' needs in the best

possible way. However, even as the article pointed out the intangible benefits of breast-feeding over bottle-feeding, it narrowed the scope of who could enjoy those benefits to “a successful mother,” implying that many other mothers might try to achieve this goal and fail. Further, the next paragraph explained that “doctors agree there are times when it is wiser for a mother not to nurse her baby” and that “many mothers are afraid to nurse lest they develop painful cracked nipples or even infection” (Stimson, 1957). Paired with several sentences of the article which assured that formula was a safe, healthy alternative to breast milk, the statements that it might be wiser for a mother “not to nurse her baby” or that mothers were “afraid to nurse” again implied that while breastfeeding was the ideal, in reality only a few mothers might be successful (i.e., not bottle-feed). For audience members approaching this discourse, the article’s constitution of breastfeeding mothers as enjoying psychological benefits from the nursing relationship may have provided a persuasive argument for breastfeeding. However, by limiting those advantages only to the few mothers who could succeed despite the challenges inherent in breastfeeding, the article also narrowed the number of women who could potentially be included in the audience of nursing mothers.

Although not the norm, a few articles in the 1950s characterized breastfeeding advocates as in direct, vocal opposition to bottle-feeding and set up the controversial breast vs. bottle framing used in later decades. In one example, a United Press International article published around the country in 1958 quoted breastfeeding expert Dr. Herbert Ratner about why far more infants were bottle-fed than breastfed. Immediately moving breastfeeding into the controversial frame, the article’s headline

in the *Daily Herald* of Utah County, Utah, read, “Mothers blamed for slump in breastfeeding,” and the article quoted Ratner as arguing that “mother delinquents” were responsible for increases in bottle-feeding (United Press, 1958, p. 18). The article continued to report Ratner’s potentially salacious comments about the “breast neuroticism throughout the country,” which has “pre-empted the primary function” of the female breast to focus on the “subordinate function...to add to woman’s beauty and attractiveness” (p. 18). Because these mothers were caught up with their appearance, the article—not necessarily Ratner—implied that these women had forgotten that “human milk is a ‘formula created by God’” (p. 18). By focusing on Ratner’s negative comments—even characterizing him as “complaining” about modern mothers—the article set up a clear divide between Ratner and his associates (nursing mothers), and those he argued were the problem (bottle-feeding mothers). Although the article stopped short of describing Ratner’s communication as a crusade or battle for breastfeeding, it laid the foundation for future articles to build a rhetorical battle of breast vs. bottle and constituted breastfeeding mothers and supporters as those attacking the current status quo of bottle-feeding.

The media’s framing of breastfeeding supporters as embroiled in a battle over infant feeding continued into the 1970s and 1980s. Articles presented nursing mothers as both victims of a culture built on bottle-feeding and as angry combatants espousing the superiority of breastfeeding—either way, these mothers’ words and experiences were framed in relation to the controversy over breast vs. bottle. Following the trend of 1950s and 1960s media coverage, nursing mothers continued to be constituted as besieged by opposition and concerns related to breastfeeding—“fear of what others

around her might think,” “trouble with infection,” “worries that her milk is not rich enough,” and “frustrations...about being tied down” (Borgman, 1975, p. 1). In one article, published in Iowa’s *Alton Democrat* in 1975, nursing mothers were quoted about their experiences with breastfeeding and their ability to move past obstacles to nursing. While the women quoted in the story discussed strategies for dealing with breastfeeding problems, their comments were sandwiched between paragraphs detailing the obstacles and problems a breastfeeding mother must overcome. For women unable to succeed at breastfeeding, the article noted, “a bottle turns out to be an easy remedy” (Borgman, 1975, p. 1). In recognizing that all breastfeeding problems had the potential to end in bottle-feeding, the *Democrat* article framed the nursing mother’s struggles to breastfeed as attempts to avoid the alternative. In this framing, mothers who were not able to breastfeed became victims in the battle.

Beyond characterizing nursing mothers as victims of the bottle, articles reported about other casualties of the battle whose losses were potentially greater. For example, a *New York Times* article published in 1975 detailed the experiences of Rosanne Holliday, who was fired from her position as a professor of child development because she breastfed her daughter on campus. Holliday had begun breastfeeding in the women’s faculty lounge between classes, and, when that was prohibited, resorted to nursing in the restroom of a nearby filling station. Even this was too much for college officials, the article reported, as they suspended her for continuing to breastfeed her daughter while at work. Although the article noted that Holliday was “fighting” the suspension, it framed her as the victim of not only administrators who “objected to... the idea that a woman could be a good teacher and



a good mother,” but also of administrative support personnel—secretaries, clerks, and non-faculty female employees—many of whom “have no choice but to work and to leave their children alone at home” (Strick, 1975, p. 33). The article reported how Holliday attempted to assuage the situation by hiring a babysitter to watch her daughter at home and by purchasing private insurance to cover the child during her brief time breastfeeding on campus. However, regardless of her efforts, the article noted, Holliday was suspended and all children of employees were barred from campus, potentially creating hundreds of other victims in the conflict.

Throughout the article, Holliday was characterized as a victim who was guilty of nothing except “practicing what she preached” as a child development expert who praised breastfeeding as “a beautiful experience” (p. 33). Although formula was not mentioned or characterized as the enemy in any way, Holliday’s choices to avoid suspension included either bottle-feeding her daughter or resigning her position to stay home—an action suggested to her by a male faculty member, the article reported. Throughout the article, Holliday was characterized as both a victim of forces outside her control and as a militant, outspoken woman unwilling to give up breastfeeding. Although the article characterized Holliday as willing to compromise on some points, she was ultimately unwilling to stop breastfeeding at work and was framed as battling for the right to continue both teaching and breastfeeding.

Much as coverage about Holliday’s suspension framed her as a combatant, other breastfeeding mothers in the 1970s and 1980s were characterized by the media as fighting, angry, and at-odds with society. One series of articles by United Press International in early 1984 followed a lawsuit brought by former firefighter Linda

Eaton against the Iowa City Firefighter Union for harassment related to breastfeeding her son while at work. The suit was Eaton's second, as she won a sex discrimination suit in January 1979 and received an injunction allowing her to breastfeed her son twice a day at the firehouse (she also received \$25,000 in legal fees and damages). Articles about Eaton's trial quoted the testimony of several witnesses, including Eaton, who said she wanted to both work and breastfeed her son because "I only wanted to learn the art of firefighting and give my boy the best start possible" (United Press, 1984). Although Eaton's quote framed her desire to breastfeed in terms of her son's health, the extensive coverage of the trial (21 articles in January and February, 1984) constituted her as attacking the current patriarchal system and demanding to be not only included in a male profession but also to both work and breastfeed (a demand that was eventually denied when Eaton lost the suit).

Media coverage of the controversies surrounding Holliday and Eaton framed them—and other nursing mothers by association—as unwilling to compromise and thus as unreasonable. Although they wished to continue working in their former professions, they also wanted allowances for breastfeeding. When their requests were denied, they continued to fight until all avenues were exhausted. By focusing on the controversies of these situations, media articles neglected to report the everyday experiences of breastfeeding enjoyed by Holliday and Eaton. Aside from Holliday's comment that breastfeeding was "a beautiful experience" and Eaton's desire to give her son "the best start possible," these mothers' personal experiences and the reasons for their dedication to breastfeeding were not included in media coverage. The absence of personal, relational coverage of these mothers placed their actions entirely

in the controversial frame and left their identities as nursing mothers in the silences of the text. Without any context behind their actions, audiences approaching the text were left with an image of nursing mothers as single-minded devotees fighting for a cause that readers might not have understood.

In the 1970s, breastfeeding advocates were framed not only as fighting their personal battles to breastfeed but also as warriors against the entire system supporting bottle-feeding. In a 1974 article in Ohio's *Lancaster Eagle-Gazette* breastfeeding advocates were described as "angry" and on a crusade against "general hospital practices of keeping mother and baby apart, of offering a bottle to the infant, of sending formula home for the baby, and of stopping, by means of medication, the mother's flow of milk" (Kim, 1974, p. 2). The "angry" advocates discussed in this article were framed as taking the battle directly to the enemy—those who perpetuated the use of formula. In contrast to coverage about Holliday and Eaton, the *Eagle-Gazette* article provided reasons for breastfeeding, including the "special relationship between mother and child" fostered by breastfeeding and the "economics of the situation," which made the practice more attractive (p. 2). The advocates themselves, however, remained unquoted and unrepresented in the article, making them nameless, faceless soldiers against bottle-feeding.

Unlike Holliday and Eaton, however, media coverage presented many of these soldiers as winning the battle. A 1975 article in the Harlingen, Texas, *Valley Morning Star* credited breastfeeding advocates with reversing the infant feeding trend: "As popular as the bottle has been, now the trend is starting in reverse as more women and their doctors are taking a serious second look at the health benefits of breastfeeding"

(“Breast,” 1975, p. 9). Ten years later, a 1985 *Chicago Tribune* article reported that, 30 years after its founding, “La Leche League has turned around the medical establishment’s opinion of breastfeeding” (Gillespie, 1985, p. 25). The article also noted that 64 percent of American mothers were breastfeeding infants when they left the hospital in 1985 (up from about 20 percent when the League began). The article celebrated the League’s growth and success and included then-Surgeon General Everett Koop among breastfeeding’s advocates. But even as the article reported the achievements of nursing mothers, coverage continued to frame the issue as a battle, claiming “sweet victory” for the League and characterizing nursing mothers—especially those in the 1950s—as “heroic” (p. 25). The polarizing function of battle metaphors is evident in these articles, as breastfeeding advocates were constituted as uniting against the common enemy of bottle-feeding. On the positive side, as Boyd (2003) suggested, the clear us-vs.-them nature of the war metaphor may have prompted audience members to see themselves as nursing mothers and join the battle. However, the metaphor might also have prompted a negative response, as it constituted nursing mothers as locked in a struggle of right vs. wrong with no intention of compromise and provided little or no insight into their personal experiences with breastfeeding or the reasons behind their crusade. Such an all-or-nothing attitude may have made breastfeeding advocates seem out-of-touch, elitist, and even cultish, as they waged their “war” on a practice continued by a large number of American mothers.

#### 4.2.2.2 The Cult of Breastfeeding

In the 1950s, breastfeeding advocates were difficult to find and those who supported breastfeeding often recommended supplementing with formula when necessary. With the establishment of La Leche League in 1956, however, breastfeeding began to be defined as a very specific, uncompromising practice that required a mother to breastfeed her child exclusively for at least the first six months of life and, potentially, to continue breastfeeding for a year or more. Mothers learning to breastfeed the League way were told to throw away bottles and rely on their breasts alone to nourish their infant. Along with breastfeeding, League ideology called for mothers to ignore current parenting trends of feeding infants on a strict schedule and worrying about “spoiling” them with too much cuddling. Instead, mothers were counseled to feed “on demand” whenever an infant was hungry and to hold and cuddle their babies as often as they wished. Such recommendations required mothers to listen to their children and to mother each one in the way he or she required—including breastfeeding until the child desired to wean (La Leche League, 1958; Lowman, 1978).

Although these concepts were clearly articulated in League discourse (see chapter three for more on this), few ideological statements were passed on via media coverage of the League’s activities—or of breastfeeding in general—in the decades following the League’s formation. A 1968 article published in *TIME* relayed the story of the League’s founding and highlighted members’ zeal for breastfeeding. Although the article described many practical reasons for breastfeeding (health benefits, allergy protection, convenience for the mother), it framed breastfeeding as a practice “only

for those who both can and want to do it” (“Maternity,” 1968). For everyone else, the article stated, “La Leche mothers concede that for the vast majority of infants, formula does no harm.” Although the phrase “vast majority” was used to describe all infants except the very few who, for some reason, could not process cow’s milk formula, the phrase could have been taken to describe the number of infants thriving on formula – the “vast majority,” as opposed to the few babies who were breastfed.

Additionally, although the article referred to “La Leche’s scores of thousands of members,” it characterized the League and its focus on breastfeeding as novel and, potentially, unnecessary, as even the League “conceded” that formula did “no harm” to infants. Although the *TIME* article counseled audience members that there was “no point in making a cult of breastfeeding,” by framing League members, and by extension all nursing mothers, as a small, novel group out of step with society and devoted to each other and the cause, the article constituted them as members of a cult-like organization who viewed themselves as not only different, but better than others.

The media’s use of the term “cult of breastfeeding” again brought nursing mothers into the realm of controversy. The term “cult” carried with it numerous connotations about what happened in League meetings and what breastfeeding mothers advocated, many of which were negative, such as brainwashing, misplaced trust, inability to see outside the group, and exclusivity. By describing nursing mothers as a “cult,” articles implied that only a few mothers could be accepted into this group and those who were part of the group were there because they had been indoctrinated and were unable to recognize the validity of other options and worldviews.

Other articles framed the cult of breastfeeding as on a mission to persuade women to breastfeed by any means necessary—even by creating a culture of guilt among women who were unable to breastfeed or chose not to. One example of this appeared in 1974 medical advice column in *The Pocono Record* of Stroudsburg, Pennsylvania. Dr. Lester Coleman answered a question about breastfeeding by writing:

I doubt that the difference [between breast milk and formula] is so significant that it should cause a sense of guilt to mothers who either cannot breastfeed their babies or who just do not want to. In some intellectual groups breastfeeding and natural childbirth have become symbols of enlightenment. Don't let that overwhelm you and push you into a decision you may not be happy with" (Coleman, 1974, p. 8).

By framing breastfeeding as something the “intellectual groups” were trying to push as a “symbol of enlightenment,” Coleman suggested that breastfeeding was a lofty ideal of over-educated parents who interacted only with each other and were unfamiliar with the “real” world outside of their group. Further, by urging the question writer not to let herself be “overwhelmed” by breastfeeding advocates or “pushed” into a decision she would regret, Coleman suggested that these educated elites were attempting to force their beliefs on others and indoctrinate them into the cult of breastfeeding. In his characterization, as in the *TIME* article, nursing mothers were constituted as a small, elitist, overbearing, disconnected group seeking to either force their doctrine on other women or, at the very least, make bottle-feeding mothers feel guilty about their choice not to breastfeed.

The idea that bottle-feeding mothers might feel guilty about their inability to breastfeed or their choice not to breastfeed appeared in media coverage throughout the four decades covered in this analysis. The source of that guilt, however, shifted from the 1950s to later decades as educational materials and media coverage of breastfeeding increased. In a 1959 column in *The Anderson Herald*, of Anderson, Indiana, a young mother discussed the guilt she felt as the result of being urged by her doctor to bottle-feed: “I am only 18 and so I took his advice and did not breastfeed. Now I am unhappy and feel I have not been a complete mother...I promise myself that next time I will follow the dictates of my own heart. Then maybe I will get over the idea that I have cheated this baby” (Eldred, 1959, p. 9). The guilt this mother felt was evident, as she wrote that she was “unhappy” about her decision not to breastfeed because she felt she had “cheated” her son and that her mothering was incomplete. The mother defined the source of her guilt as the decision prompted both by her doctor, who said breastfeeding was “old-fashioned and a lot of trouble,” and by her friends, who “laughed and said it was ‘stupid’ and even ‘disgusting’” (p. 9).

A similar letter was published 15 years later in a 1974 medical advice column in North Carolina’s *High Point Enterprise*, but this time the mother’s guilt was blamed on breastfeeding advocates instead of doctors or friends. The mother wrote that she “didn’t know breastfeeding a baby was so important” until she read an article advocating breastfeeding. She said she was “frightened” by the article and asked if she had “harmed” her two-year-old daughter, “leaving her to be devoured by every disease she comes into contact with because I didn’t breastfeed her?” (Thosteson, 1974, p. 31). This mother’s bottle-feeding guilt was described as coming long after



her daughter was eating solid foods and surfaced only because she was exposed to breastfeeding education. The framing of breastfeeding education as the problem was further indicated by the column's headline, "Worried by talk on breastfeeding" and Thosteson's answer to the question: "Yes, I favor breastfeeding, but I regret that you've been unduly frightened by what you read" (p. 31). In characterizing the "talk" about breastfeeding and what the woman read as the problem, the column placed the source of guilt not on the mother's decision or on the advice she received from others, but on the breastfeeding discourse to which she was exposed.

Media articles continued to frame breastfeeding advocates as a cult seeking to induce guilt in bottle-feeding mothers into the 1980s. For example, an article published in the *Boston Globe* in 1985 reported on the discourse surrounding proposed legislation to limit the use of formula in hospitals and to promote breastfeeding education. The article included the opinion that "more vigorous education on behalf of breast-feeding would make many women feel guilty if they couldn't manage to suckle their infants" (Knox, 1985, p. 80). By framing the cult of breastfeeding as the source of guilt, media coverage such as the *Globe* article implied that breastfeeding education, while potentially convincing or teaching some women to breastfeed, was nonetheless harmful to other women who chose to bottle-feed. Beyond this, media articles suggested that nursing mothers could cause problems for others by breastfeeding in public because, as a 1985 article in the *Washington Post* stated: "A nursing mother also may make an older mother feel guilty if she didn't breastfeed her own child" (Kelly, 1985, p. B5). Statements such as this framed breastfeeding as inordinately likely to induce feelings of guilt and inadequacy in

bottle-feeding mothers. Such coverage suggested that nursing mothers should breastfeed privately rather than flaunt their success at a practice unattainable for the majority of mothers. Because the previous generation of women (the article's "older mother") had largely bottle-fed their children and many modern mothers were choosing to bottle-feed, media articles presented nursing mothers as a minority causing problems for the larger population.

By constituting nursing mothers as an elites-only, cult-like assemblage on a mission to spread its doctrine and guilt other women into breastfeeding, media articles placed nursing mothers in an undesirable position. Instead of recommending breastfeeding as a valid infant choice, this characterization of nursing mothers presented breastfeeding as an elitist ideal practiced only by over-educated women armed with the resources necessary to nurse their babies. For those less educated or with fewer resources, media coverage implied, breastfeeding was a difficult, less valid option and the rhetoric of breastfeeding advocates served only to make these mothers feel guilty when they failed. Individual mothers and experiences were largely absent from this coverage, as members of a cult are rarely seen or discussed outside the group. By characterizing all nursing mothers as voiceless followers indoctrinated into the cult, articles suggested that their actions were those of brainwashed devotees and their voices, when they were allowed subject positions in the discourse, merely repeated the cult's ideology.

Instead of being encouraged to breastfeed by these articles, audience members approaching the discourse were likely discouraged by the controversial framing of nursing mothers as cult-like—both because of the implied loss of individual control

and autonomy in joining a “cult” and by the accompanying suggestion that only those who bought into the cult’s doctrine could be successful at breastfeeding. In fact, the failure of articles to relay specific tenets of League ideology or the beliefs and experiences of nursing mothers may have contributed to this discouragement because the implication of a cult’s beliefs might be more misleading or frightening than the undisclosed reality. Either way, the implication that nursing mothers were indoctrinated into a cult rather than acting of their own free will stripped their credibility and framed their words as merely restating the elitist doctrine of an exclusive group. Further, by labeling words and actions promoting breastfeeding as harmful to others, media articles presented the voice of nursing mothers as one which should be ignored and even silenced to avoid causing guilt for those not belonging to the cult. Although they were present in the discourse—as were the women celebrating 30 years of La Leche League—the media’s controversial framing of breastfeeding as a cult operated to negate their contributions to the dialogue and relegate them to the silences of the text.

#### 4.2.2.3 Public Breastfeeding

As noted above in the 1985 *Washington Post* article, one of the major controversies surrounding breastfeeding throughout the latter-20<sup>th</sup> century involved nursing mothers’ desire to feed their infants in public. Because a breastfed baby needs to eat at least every 2-3 hours (and sometimes more often), mothers unable to breastfeed in public would largely be forced to stay at home, leading to increases in postpartum depression and, often, a decrease in the duration of breastfeeding (Myers, 2011). Instead of presenting breastfeeding as a natural act that sometimes had to be

done in public places, however, early media coverage of public breastfeeding framed nursing mothers as exhibitionists who were either trying to draw attention to themselves or were unwilling to conform to society's expectations. Even as the rules of U.S. society relaxed in the 1970s and 1980s, media articles continued to frame public breastfeeding as a controversial act that had the potential to disturb others. Although nursing mothers and others supporting breastfeeding were quoted in these articles, their comments nearly always either defended a mother's need to breastfeed in public or attacked those who questioned this need. Either way, media articles quoting nursing mothers placed them in the frame of controversy, implying that public breastfeeding was inherently contentious and those who practiced it had to carefully navigate social mores to avoid causing offence.

In the 1950s and 1960s, the sight of a mother breastfeeding her infant in public was rare, due both to the low numbers of breastfeeding mothers (18 percent of mothers leaving the hospital were breastfeeding in 1966) and the cultural taboo of public breastfeeding (Meyer, 1968). The few women who ventured to breastfeed in public became part of the news media's coverage of this controversy, as demonstrated by a 1958 exchange in the syndicated Dear Abby column. The exchange began when a woman vented her shock and disgust over seeing a mother breastfeeding her child on a bus. In her mortification, the woman wrote that she "stood in front of her and made a 'curtain' with my coat. She sneered at me as though I were out of my head. Are women nursing their babies in public these days or was this one a little off?" (Van Buren, 1959a, p. 10A). Van Buren's response to the question provided the exigence for nursing mothers to write their own Dear Abby letters and also framed

their responses as controversial and outside social norms. Instead of supporting the mother on the train, Van Buren agreed with the letter-writer that mothers should breastfeed their babies at home, although “occasionally a non-conformist will come along and disregard everything and everyone except her baby and his [sic] feeding schedule. In which case – those present simply turn their attention elsewhere” (p, 10A). Van Buren’s response characterized the breastfeeding mother as not only pushing the boundaries of social norms, but as selfishly disregarding them altogether to focus instead on her own priorities—something a polite member of society would never do.

Van Buren’s negative response to public breastfeeding prompted letters from women across the country, seven of which were printed in Van Buren’s column a few weeks after the original letter. Although letter-writers did not identify themselves as nursing mothers, they all wrote in support of the mother on the bus. Working within the controversial frame introduced by the original letter, writers were defensive. Rather than arguing for the benefits of breastfeeding or the close bonding of the nursing relationship, they responded to Van Buren’s comments by bringing up instances of nudity that would be truly “shocking” for Van Buren’s letter-writer, such as the sexual encounters taking place in “those parked cars,” or the “back rows of our movie houses,” as well as images of “nakedness in the girlie magazines” (Van Buren, 1959b, p. 5). These comparisons of breastfeeding to sexual promiscuity and pornography equated nursing with other scenarios of public nudity, issues over which most women reading Van Buren’s column would also be “mortified, shocked, and disgusted” (1959a, p. 10A).

A majority of the letters included direct responses to the original letter writer, such as “Too bad the nursing mother didn’t have twins. That could have electrocuted ‘Shocked’” and “You Americans are shocking, mortifying, and disgusting with your strange attitude towards feeding a baby” (Van Buren, 1959b, p. 5). Though letter-writers intended to support breastfeeding and urge Van Buren to change her opinion on the topic, by employing defensive sarcasm (“too bad the nursing mother didn’t have twins”) and repeatedly referring to things that would “shock” the offended woman, their letters functioned to cement the status of breastfeeding—especially public breastfeeding—as controversial (p. 5). By responding to the controversial framing introduced by Van Buren, letter writers were not well-positioned to provide positive, personal, relational examples of breastfeeding or to make clear ideological arguments. Instead, their letters further presented breastfeeding as something done only by a few “non-conformist” women who fed their babies in public hoping to shock others.

The characterization of the nursing mother as out-of-step with society and selfishly uncaring about the feelings of those around her emerged in later media coverage as well. When Barbara Seagull (now known as Barbara Hershey) breastfed her son, Free, on the Dick Cavett Show in 1974, she received a great deal of publicity, including a feature in Dorothy Manners’ syndicated Hollywood column. The column was titled “Barbara Seagull: The Accent’s on Controversy,” and Manners (1974) wrote that she had received more irate letters about Seagull’s breastfeeding than “any other single incident of the Hollywood year” and that most of the letters came from other mothers (p. 19). The column focused on the public outcry that followed

Seagull's actions, which, as Manners noted, filled Seagull's mailbox with angry letters and caused Seagull to vow that she would "never again breastfeed my baby on a TV show in full view of the cameras" because "it caused too much commotion" (p. 19). At one point in her column, Manners quoted Seagull about the genesis of the controversy and allowed her to explain why she nursed Free during the show: "When I heard him crying off-stage I knew he was hungry, so I went and got him and fed him" (p. 19). Although Seagull explained her behavior as that of a mother simply taking care of her child and providing for his needs, Manners continued to highlight her contentious actions by referring to Seagull as "the girl-least-likely-to-make-Mother-of-the-Year" and "hardly your average parent," both of which called Seagull's mothering abilities into question and implied that a woman willing to breastfeed her son in public—and especially on television—might not have the morality and good sense necessary to raise a child (p. 19). At a time when few celebrities were breastfeeding (a notable exception was Princess Grace of Monaco), Seagull's dedication to nursing her son—and her willingness to do so on national television—could have been inspirational to nursing mothers and to women thinking about breastfeeding.

In Manners' treatment of the incident, however, Seagull was not celebrated as role model, but was framed as the focus of yet another Hollywood scandal. Although Seagull's televised breastfeeding incident created a rhetorical exigence for public discussion of breastfeeding as a valid and increasingly practiced infant feeding choice, articles such as Manners' highlighted the controversy instead, interviewing Seagull only about her participation in the scandal and relegating her experiences as a nursing

mother to the very few minutes she breastfed on television. Manners' treatment of the story constituted Seagull as a poor mother because of her breastfeeding-related decisions and, by association, called into question the infant-feeding decisions made by other nursing mothers.

Even as Seagull was chastised for public breastfeeding, by the late 1960s and 1970s the media began to discuss breastfeeding in public (although not on television) as a “growing trend” and media articles provided nursing mothers with a second constituted identity—that of a mother aware of the social taboos related to breastfeeding in public and the potential of breastfeeding to disrupt society. These articles continued to frame breastfeeding in public as a controversial act that had the potential to embarrass and upset bystanders. However, articles related to breastfeeding began to include the premise that a mother might not be able to breastfeed without, on some occasions, nursing her child in a public place. A 1974 article published in Chicago's *The World* quoted physician George Dietz about the need for public breastfeeding: “A normal active woman cannot successfully breastfeed her baby if she must always hide in a bedroom or a ladies' room to do it. It is a symptom of the intolerance of our culture that women in the United States are made to feel embarrassed about such a natural maternal function” (“Oak Parker,” 1974, p.3). Dietz's comment demonstrates that although media coverage often discouraged women from breastfeeding outside the home, some media representatives recognized that public breastfeeding was necessary if mothers were to provide their children with breast milk.



This awareness was evident in the construction of the nursing mother's second, less discussed identity in this coverage—that of a social conformist who understood the inherent controversy of public breastfeeding and attempted to navigate the potentially difficult task of breastfeeding in public without being part of the debate. Much of the media coverage speaking to this portrayal of the nursing mother, such as a *TIME* magazine article published in 1968, began with the premise that “most women nowadays are too embarrassed to nurse in public” and then offered suggestions for discreet breastfeeding (“Maternity,” 1968). By leading with the ad populum argument that “most women” were embarrassed about public breastfeeding, the article implied that breastfeeding outside the home posed a problem for all nursing mothers. This statement made a generalization based on the cultural intolerance discussed by Dietz. Articles such as these constituted public breastfeeding as an embarrassing act, but one that must be practiced if breastfeeding is to be successful. Nursing mothers, then, were characterized in media coverage as trapped in a difficult situation. Although nourishing her infant may be a mother's top priority, she also had to be aware of the public eye.

Media articles throughout the 1970s and 1980s stressed the nursing mothers' need to alleviate embarrassment by providing detailed directions about what mothers might wear to breastfeed “discreetly” and listed the appropriate places to nurse an infant. A 1975 article in the *Arizona Republic* suggested that a mother wear “a two-piece outfit, lacy shawl, poncho, halter top or three-piece pantsuit” because these clothes allowed a mother to “breastfeed the baby anywhere, and generally avoid drawing attention from other people” (Gilbert, 1975, p. B10). Ten years later, in 1985,

a *Washington Post* article counseled the nursing mother to wear “a blouse she can open with modesty and cover her breast with a light shawl when she’s nursing” (Kelly, 1985, p. B5). Although written under the guise of providing breastfeeding mothers with helpful information, both articles reminded mothers that their actions verged on controversial and that they should follow specific steps to “avoid drawing attention” (Gilbert, 1975, B10) and to “be discreet” (Kelly, 1985, p. B5). By prescribing the correct clothing for breastfeeding, these articles assumed mothers either already owned the items described or were wealthy enough to afford a new breastfeeding wardrobe, an assumption that may have excluded nursing mothers whose family income would not cover the cost of new clothes. Even if a mother located the correct clothing for public breastfeeding, the *Post* article suggested she should still attempt to avoid controversy by offering “to go into another room if she thinks the hostess or one of her guests would be offended” and that it “may be indiscreet of a mother to nurse in front of teenagers, singles, and the elderly” (p. B5). To follow these directives would require a mother to not only move past her own potential embarrassment, but also to worry about what everyone else in the room might be thinking. By offering such detailed instructions, these articles framed public breastfeeding as practically unfeasible for a mother trying to accomplish these tasks while also managing a hungry infant.

A few articles constituting the nursing mother’s conformist identity included comments from nursing mothers about their experiences with public breastfeeding, such as an article published in the *New York Times* in 1973, which quoted seven nursing mothers about their experiences with breastfeeding at dinner parties,

restaurants, movies, and stores (Nemy, 1973). Although the quotes came from breastfeeding mothers and described their experiences, the focus of the article remained on how their actions affected others, as when the article quoted Mrs. Robert Wright's description of what happened when people realized she was breastfeeding her child in public. "I've had everything from smiles to averted eyes. The only severe reaction I've had was in the ladies room at Saks Fifth Avenue where some of the women gave me a look and walked out" (Nemy, 1973. p. 20). By quoting Wright about the responses of other people rather than her own feelings or opinions about breastfeeding in public, the article maintained the 1950s-era pattern of framing breastfeeding as a controversial, potentially upsetting act; but it also demonstrated that breastfeeding mothers could reduce the impact of their actions by being discreet.

While the article quoted mothers directly about their personal experiences, their comments were couched in language that prescribed the nursing mother's correct response to the controversy inherent in public breastfeeding. For example, Mrs. Ira Silverman's comment that "It's not a sexual thing to me. Nursing is on a different level... it's a basic life function" (p. 20) was followed by the explanation that Silverman breastfed in public "only when the necessity arose" and that women who breastfed in public did so "as unobtrusively as possible, often so expertly that others are unaware of what they are doing" (p. 20). The clear implication of the article's commentary is that while these mothers were quoted about their positive experiences with the "basic life function" of breastfeeding, these experiences were only possible because the mothers took care not to embarrass others or cause discomfort. Had they not been aware of the inherent social problems with public

breastfeeding, the article infers, these women might have drawn attention to themselves, made others uncomfortable, or caused public outrage. Although nursing women's personal accounts were included in the article, the narrow focus on the controversy of public breastfeeding—as opposed to breastfeeding as a normal, natural act—did not allow them to speak to any other issues and diminished any persuasive impact of their comments. Instead, these women's quotes were used to position them as conformists who breastfed in public only when it was absolutely necessary and were careful to be so discreet that often those around them did not realize what they were doing. In this characterization, nursing mothers were pushed into the background as they worked to avoid causing embarrassment for themselves or others.

In the midst of the controversy surrounding public breastfeeding, media articles constituted nursing mothers as having a choice between one of two controversial identities. First, a nursing mother could join “most women” in their embarrassment over public breastfeeding and attempt to avoid the appearance of controversy. Second, a mother could choose to ignore the media's prescriptions for socially-correct behavior and be what articles term a “non-conformist” and “a little off” by venturing to breastfeed her baby in public. Whichever constituted identity a mother chose, she was led to this false dilemma through the media's treatment of public breastfeeding. Although nursing mothers were given a voice in media discourse, and therefore an opportunity to argue the benefits of breastfeeding, their comments were limited to public breastfeeding and represented only one aspect of the breastfeeding experience. By continually placing breastfeeding advocates in the frame of controversy, media articles drowned out their experiences and failed to provide a

complete image of the nursing mother. Through this framing, media coverage effectively erased the everyday experiences of breastfeeding mothers, and with those experiences, the presence of the mothers themselves. When these mothers were eliminated from the discourse, so were their attempts to persuade the public to accept breastfeeding or to inspire other mothers to nurse their infants.

#### 4.2.3 Breastfeeding as Sexual

Just as the controversies related to breastfeeding functioned to oust nursing mothers from the discourse, media coverage of breastfeeding as a sexual act constituted them as not only insignificant but also as the undesirable opposite of ideal audience members. Such a characterization served to further alienate nursing mothers, because, while they were present in the text, their actions, desires, and ways of seeing the world were constituted as not only to be avoided, but, in Wander's (1984) terms, as "equated with disease, a 'cancer' called upon to disfigure an individual or group" (p. 209). Media coverage not only implied that breastfeeding was inherently sexual, but framed nursing mothers as more interested in sexual fulfillment than in being good mothers. Concurrently, articles presented modesty and the relationship between sex and breastfeeding as reasons to bottle-feed, further cementing the image of nursing mothers as sex-crazed exhibitionists who not only enjoyed both sex and breastfeeding, but potentially continued to breastfeed because of the sexual stimulation they received. Such a characterization of breastfeeding mothers framed their behavior as the antithesis of good mothering and effectively negated their subject positions within the infant feeding discourse.

The media's discussion of breastfeeding as a sexual act began in the 1960s with coverage of a 1967 *New England Journal of Medicine* article by Dr. Niles Newton and Dr. Michael Newton about the psychological and social factors impacting breastfeeding rates and potentially contributing to what they termed the "lactation failure" taking place in the mid-1960s. Although Newton and Newton (1967) discussed numerous factors in their report including a mother's attitudes, experiences, and feelings, media articles focused on their identification of modesty and sexual pleasure as contributing influences in a mother's decision to breastfeed. A *New York Times* article published in 1967 set the tone for media coverage of the report, as a large portion of the article focused on Newton and Newton's linkage of breastfeeding to sexual intercourse as the two actions on which human life depended.

Beyond this, the article quoted other, related studies to argue that "nursing women had a higher level of sexual interest than those who bottle-fed their babies" and that "mothers who choose to nurse their babies tend to be less inhibited, sexually, than others" (Sullivan, 1967, p. 43). By linking breastfeeding with sexual activity, the *Times* article and other stories covering the report removed breastfeeding from the innocent realm of mother-infant interaction and placed it into the adult, salacious realm of sexual intimacy. The article's nearly exclusive focus on modesty and the sexuality of mothers (six of the article's eight paragraphs about the content of the report dealt with these topics) worked to exclude or bury numerous other factors that might potentially influence mothers' decisions to breastfeed (and which were included in the Newton and Newton report). Although the article noted that "mental attitude" and the fact that "today a young woman has often never seen a woman

nursing her child” might inhibit a mother’s attempt to breastfeed, these factors were listed in the bottom two paragraphs of the article, after several paragraphs dealing with the more sensational topic of sexuality. The article’s focus on sexuality, then, framed it as *the* topic of Newton and Newton’s report and as the defining factor influencing a mother’s desire to breastfeed.

A second article published in the *Chicago Daily Defender* in 1968 not only repeated the *Times* article’s assertion that nursing mothers had a higher level of sexual interest, but said that as a group “nursing mothers are more interested in as rapid a return as possible to active intercourse” (“Social Rejection,” 1968, p. 11). The article then described the ways “a woman’s body responds similarly to both coitus and breastfeeding” and provided a detailed description of these physical reactions:

Her uterus contracts, her skin temperature rises, and her nipples lengthen and become erect during both suckling and sexual excitement. [Niles Newton] notes that oxytocin, a hormone produced by the posterior pituitary gland, triggers the ‘milk-ejection reflex’ that causes milk to flow in suckling. It also causes uterine contractions similar to those occurring during sexual excitement (p. 11).

Not only does the detailed description further entwine breastfeeding and sexual intercourse, but the language used to describe a mother’s physical response to breastfeeding is in itself sexually suggestive. Words such as “erect,” “contracts,” and “rises” connote sexual imagery, in addition to the repeated use of “sexual” (twice in this quotation and four times in the three-paragraph section surrounding the quote). Directly after this description, the article related Niles’ assertion that both coitus and

breastfeeding are pleasurable experiences and her argument that if these acts were not pleasurable, they would not be repeated, and the human race would not survive.

Although the article quoted Newton as saying breastfeeding was pleasurable, it did not specifically argue that nursing mothers receive sexual pleasure from breastfeeding. However, the language used in the passage not only related breastfeeding to sexual intercourse, but made breastfeeding appear to be a *sexually* pleasurable act, as the physical responses were described similarly and language with sexual connotations was used throughout. By implying that breastfeeding was sexually pleasurable, the article intimates that nursing mothers—who are eager for a return to sexual intercourse after giving birth—may choose to breastfeed as a way to fulfill their sexual desires.

In this very narrow focus on nursing mothers as sexual beings, these articles separated nursing mothers from bottle-feeding mothers based on their sexuality, to the exclusion of any other factors in the infant-feeding decision. By writing that nursing women had a “higher level of sexual interest” than bottle-feeding mothers and that they “tended to be less inhibited sexually,” the article constituted nursing mothers as more interested in sex than other women and, potentially, morally loose, as lack of sexual inhibition might lead to immoral sexual behavior. By focusing on the sexual desires of nursing mothers, media articles framed breastfeeding mothers as sex-crazed, attention-seeking women who used the excuse of feeding their infant to flaunt their sexuality in public. Beyond this, articles presented these mothers as choosing to breastfeed not because it was best for their infant, but because breastfeeding helped to fulfill their extensive sexual appetite. As a group, nursing mothers’ lack of virtue was



implied by the article's statement that "modesty plays a role in causing mothers to select bottle-feeding from the start," suggesting that mothers who bottle-fed did so because they are inherently more modest.

Although the article did not discuss public breastfeeding, the implication was that because a nursing mother had the potential to breastfeed in sight of others she was less modest than a bottle-feeding mother. Further implications were that a nursing mother's sexual inhibition allowed her to breastfeed without embarrassment—even in public—and that her desire to breastfeed in the first place might be related to her heightened interest in sex. By framing breastfeeding in terms of sexuality and immodesty, media articles presented breastfeeding mothers – especially those who chose to flaunt their socially-deviant behavior in public – as those practicing immoral, aberrant mothering behavior. By equating breastfeeding with a sexual act, media articles suggested that the act of breastfeeding in public (or even breastfeeding at all) constituted an individual as immodest and, potentially, immoral.

While nursing mothers in the 1960s were characterized as hyper-sexual and uninhibited, 1970s media articles continued to link breastfeeding and sexuality. In this decade of increasing tolerance for nudity and sexual freedom, however, mothers were characterized as more sexually inhibited than others. Articles in the 1970s recognized that nursing mothers were not necessarily the sex-crazed exhibitionists described in earlier coverage. Instead articles presented these mothers as hesitant to breastfeed in public (or at all) because of concerns about modesty. However, in attempting to assuage these concerns, articles continued to treat breastfeeding as a

sexual act. Because female breasts were then (and now) highly sexualized, particularly via mediated portrayals, breastfeeding continued to be related to situations involving sex or nudity, such as pornography. For example, an article published in the Lancaster, Ohio, *Eagle-Gazette* in 1974 stated that “In this liberated age of free love, free sex, nudity on stage and screen, and publication of pornography, it is surprising the number of women who are too inhibited from a social standpoint to breastfeed their babies” (Kim, 1974, p. 2).

Although the article asserted that women should not feel embarrassed about public breastfeeding, the comparisons made to nudity and pornography equated breastfeeding with stripping naked and performing sexual acts for a camera or choosing to have non-committal sexual intercourse with multiple partners. Such comparisons, rather than freeing a nursing mother to breastfeed in public, continued to constitute her mothering activities as related to her sexuality. While the nursing mother was no longer constituted as breastfeeding because of the potentially sexual pleasure she received, the *Eagle-Gazette* article and others continued to equate breastfeeding with acts understood to be socially inappropriate, immoral, and degrading. These comparisons continued to separate the breastfeeding mother, who compromised her virtue to nurse her child, from the bottle-feeding mother, whose mothering practices were above reproach.

Even attempts to counsel mothers about how to breastfeed discreetly to avoid the appearance of sexual exhibitionism were framed by the media as an admission of breastfeeding’s underlying sexual nature. A 1974 article in *The Des Moines Register* of Iowa noted this contradiction, as the author wrote that “the La Leche League, an

organization which encourages breastfeeding, emphasizes that it is possible to nurse a baby inconspicuously, an emphasis that somehow seems to give breast-feeding a sneaky, smutty touch” (Serria, 1974, p. 9). As the article noted, La Leche League provided guidelines for discreet nursing, as did many media articles in the 1960s and 1970s. What was inferred here, however, is that those instructions were given because breastfeeding was understood to be inherently sexual. By attempting to hide breastfeeding under a blanket or a “big sweater” (p. 9), the article implied, mothers recognized the sexual nature of the act. While mothers were not constituted here as exhibitionist, they were presented as “sneaking” their morally-compromised actions past society, as if by nursing in public they were performing a secret sexual rendezvous.

The need to be secretive about breastfeeding because of its sexual connotations was suggested by media articles as a reason why fewer women were breastfeeding in the mid-20<sup>th</sup> century. A 1975 article in the *Irving Daily News* of Texas quoted a pediatrician as saying that the “sexual implications of breastfeeding” could lead to a psychological block for mothers and potentially constrain her ability to breastfeed (Dorin, 1975, p. B1). Although the pediatrician was quoted as saying that “every woman can breastfeed,” he also noted that those experiencing psychological problems, such as concern over what others might perceive as immodesty, might be better off bottle-feeding their children: “If however, a mother is really anxious about it, we tell her to forget it” (p. B1). By implying that sexual “hangups” were a good reason not to breastfeed, the *Daily News* article highlighted the sexual nature of breastfeeding as a major point of contention between

breastfeeding mothers and bottle-feeding mothers. This article was published well after those covering the Newton and Newton article in 1967 and was written with the assumption that while breastfeeding mothers might not actually be more interested in sex than other mothers, they were often perceived to be so.

Together, these articles functioned to constitute breastfeeding mothers as the undesirable opposite of the ideal mother. They framed breastfeeding as a (potentially sexually) pleasurable experience enjoyed by women with greater-than-normal sexual desires who might cover themselves in public, but only because they recognized and attempted to hide the sexual nature of their act. In relating breastfeeding to sexuality these articles characterized nursing mothers in terms of their sexuality rather than their roles as mothers. The language used throughout these articles connoted “smutty” images of sexual encounters rather than the innocence of nourishing a newborn baby. Instead of constituting nursing mothers as multi-faceted women with many roles—mother, member of society, sexual partner—they merged these roles to characterize the nursing mother’s sexuality as overshadowing all others. Even the act of nourishing her child through breastfeeding was presented as sexual, as the mother derived pleasure from the act. Such mothering, then, could be understood as tainted by sex—a “good” mother would never allow her sexuality to impact her mothering choices. The opposite of this tainted mothering was the bottle-feeding mother who chose not to breastfeed because of her modesty and virtue. Regardless of the author’s goal, articles that compared or related breastfeeding and sexual behavior implied the inherent sexual nature of breastfeeding and constituted the act of breastfeeding as something to be avoided if a mother wished to remain above reproach. Consequently,

these articles constituted nursing mothers as women whose “characteristics, roles, actions, or ways of seeing things,” in Wander’s (1984, p. 209) terms, should be avoided.

By focusing unilaterally on breastfeeding as sexual, media coverage framed nursing mothers as the opposite of an ideal audience – as the antithesis of what a good mother should be. Although nursing mothers were the topic of this media coverage, the implications made in the discourse framed them as undesirable and their choices as those to be avoided. In this constitution, nursing mothers lost not only their identity as mothers, but also their voice in the discourse. When they were framed as immodest and potentially immoral, their image left little to attract new mothers to breastfeeding and their persuasive messages might not have been enough to move past the sexually-related “hangups” described in the *Daily News* article. Even as these mothers were very present in the discourse, then, they were effectively silenced by this media coverage and relegated to the sidelines of the larger conversation.

#### 4.3 Conclusions

Using frame analysis, a metacomunicative technique first introduced by Bateson (1972), refined by Goffman (1974), applied to sociology and media by Gitlin (1980) and introduced to the communication field by Clair (1991/1993, 1998), I demonstrated how framing devices contributed to specific personae and how these personae can be understood using Wander’s (1984) concept of the third persona and Cloud’s (1999) contribution of the null persona. Wander (1984) originally theorized the third persona as a tertiary audience that appeared in a text only as a silhouette left behind by the delineation of a second persona, or ideal audience. He described the

third persona as those “negated through the second persona” (p.209) – the undesirable, insignificant audience to which a text was relevant, but not addressed. I find, however, that a text, such as the fragments of media coverage analyzed in this chapter, can simultaneously address and negate an audience, forcing audience members out of the discourse and diminishing the persuasive impact of their arguments. In this expanded conception of the third persona, the tertiary audience is present in the discourse but is negated all the same, as the text provides only a partial glimpse into their lives and identities and treats them as an undesirable “other” that should be avoided or ignored.

As I demonstrated throughout this chapter, nursing mothers were included in media coverage throughout the 40-year period of my analysis and were even quoted in numerous articles. However, their contributions were largely negated through coverage presenting them unidimensionally—as machines making milk, as soldiers in a war on the bottle, as sexual beings who enjoyed flashing their breasts in public and causing disruptions. Through these characterizations, audiences—and nursing mothers themselves—were reminded that breastfeeding was inherently controversial and that those who practiced it were nearly always in conflict. By focusing only on these aspects of nursing mothers, media coverage did not provide a complete image of these women or why they breastfed their infants. Articles did not discuss the bond a mother and infant shared through breastfeeding, the ways breastfeeding could be a mothering tool, or the personal satisfaction mothers derived from feeding babies at the breast (all of which were aspects of La Leche League philosophy discussed in chapter three). By so narrowly constituting nursing mothers as milk producers or in

relation to the conflicts surrounding breastfeeding, media articles ignored or downplayed the lived experiences of these women and the philosophies and ideologies they espoused. Instead, articles presented only an empty silhouette of the nursing mother and removed them as thinking, feeling individuals from the discourse and the ideal audience.

The implications of negation felt by Wander's third persona—denial of rights, prejudice, and objectification—apply also to those referenced by this expanded conception of the third persona, as the text in these cases positions audience members outside the realm of socially-accepted behavior and discourse. Although nursing mothers and women interested in breastfeeding were present both in the discourse itself and in the second persona of the text, the narrow perspective of media coverage constituted them as uncompromising, single-minded, elitist exhibitionists facing a plethora of problems and oppositions inherent in the choice to breastfeed. Coverage reminded potential nursing mothers both of the negative image breastfeeding would force them to adopt and of all the problems and controversies they must navigate to be successful. Even as media coverage highlighted the benefits of breastfeeding, by providing a narrow image of nursing mothers—at times even constituting them as the opposite of what “good” mothers should be—articles operated to diminish persuasive pro-breastfeeding messages and frame the role of a breastfeeding mother as difficult, controversial, and undesirable. Thus, nursing mothers were treated as Wander's third persona—the objectified, alienated “other” that ideal audience members were “told to avoid becoming” (p. 210).

## CHAPTER 5. CONCLUSIONS AND FUTURE DIRECTIONS

The Centers for Disease Control and Prevention (CDC) lists the promotion of breastfeeding in the United States as one of its key strategies for improving the health of Americans. Although breastfeeding rates are continuing to increase—up to 79 percent of infants left the hospital breastfeeding in 2011—the number of mothers who continue to breastfeed their infants past six months or one year remains low (49 percent at 6 months and 27 percent at 12 months) (Centers, 2014). These numbers suggest that while mothers are often eager to begin breastfeeding, they struggle to continue the practice after the initial few months and may need additional support and encouragement to sustain breastfeeding. While this encouragement could come from many sources (e.g., friends, family, other mothers, health professionals), breastfeeding education and support materials have the potential to contribute substantially to a mother's support system and help her view herself as a nursing mother who has the ability to successfully breastfeed her infant for as long as she and her baby desire. The analysis presented in this dissertation suggests that lived, experiential arguments for breastfeeding might be excellent persuasive tools in helping mothers envision themselves as successfully breastfeeding their infants. Further, my analysis demonstrates that nursing mothers, while at times absent from



current breastfeeding literature, may be among the most important advocates for breastfeeding.

An understanding of the nursing mother persona as employed by breastfeeding women in the past provides rhetorical insight into the ways mothers might be persuaded to view themselves as successfully breastfeeding. As I demonstrated in chapter three, women within La Leche League adopted what I have termed the constitutive persona of the nursing mother in their personal stories about breastfeeding. Through its underlying ideology of embodied motherhood, moderated self-sacrifice, and mothering as imbued with purpose, the persona provided nursing mothers with not only encouragement to continue breastfeeding but also a new philosophy and approach to life. The nursing mother was presented not as bound by a feeding schedule or tied down by breastfeeding but, rather, as free to cuddle, love, and enjoy her child. In this presentation of the nursing mother, she enjoyed breastfeeding for the closeness she felt to her child, as well as the knowledge that she was providing her infant with the highest quality food available. Through the use of the nursing mother persona, League members invited other women to view themselves as nursing mothers and identify with the lifestyle and philosophies espoused by League mothers, including long-term breastfeeding (up to two years or longer). Although determining causation is impossible in a rhetorical context, the dramatic increases in League membership from the late 1950s to the 1980s demonstrate that the League's rhetorical approach to breastfeeding likely persuaded a large number of women to join the League and practice breastfeeding. Although League publications continue to adopt a similar nursing mother persona today,

perhaps other breastfeeding educational materials could adopt aspects of the persona to continue changing perceptions about breastfeeding and helping women identify themselves as nursing mothers.

Concurrently, media coverage from the 1950s to the 1980s, as discussed in chapter four, demonstrated rhetorical strategies that negated nursing mothers and should be avoided in any text intended to promote breastfeeding. By focusing on breast milk as a product, framing nursing mothers as embroiled in numerous controversies, and relating breastfeeding to sex, media articles during this period presented nursing mothers as milk-producing machines, often ignored and urged to stay out of sight. When these women were present in news stories, they were constituted as uncompromising, militant, out-of-step with society, and even immoral and undesirable, none of which provided a persuasive image of the nursing mother. Instead, media coverage constituted the nursing mother as a role that should be either hidden within the home or avoided altogether. Although articles provided persuasive arguments for breastfeeding, such as lists of nutritional benefits, convenience factors, and financial savings, the media's overall constitution of the nursing mother provided little to draw women to breastfeed or encourage them to adopt the identity of the nursing mother. Many of these strategies are still used in breastfeeding educational materials and media coverage and may need to be altered or discontinued to improve the persuasive messages breastfeeding advocates wish to convey.

### 5.1 Contribution to Persona Theory

The analysis of breastfeeding discourse presented in this dissertation contributed to the study of persona theory in three ways. First, I theorized a new

persona, the constitutive persona, which can be used by a group over time to draw new members into an ideology and provide them with language to talk about their experiences and persuade others to join the collective. Second, I extended Wander's (1984) conception of the third persona by suggesting that audiences can be both present in the audience of a text and simultaneously negated from the discourse. Finally, I provided a broader perspective on persona theory by suggesting that a single persona could be identified in the discourse surrounding a specific individual or group. Tracing a single persona as it was used by multiple rhetorical voices provides insight into not only how members of a group utilized a first persona but also the ways those group members were framed in the larger discourse—framings which may ultimately have compromised their persuasive messages.

First, in chapter three I theorized the constitutive persona and argued that members of La Leche League adopted this persona in their personal contribution to the League newsletter, which resulted in a single persona adopted by hundreds of women throughout the 1950s to the 1980s (although, as noted in chapter three, the majority of these women were white, middle class, married, and able to stay home with their children full-time). For this persona to function successfully, I argued that it must interpellate subjects into an ideology and prompt them to action, acknowledge tensions and concerns among diverse members of the collective, and adapt as the collective changes over time. Although I used the example of League rhetoric to demonstrate the constitutive persona of the nursing mother, the category of constitutive personae could be extended to include numerous other combinations of first and second personae. For example, a constitutive persona may be identified in

the rhetoric of Occupy Wall Street (OWS), a social movement without an identified leader, but with a message based on the fundamental American values of economic equality and financial security—a message they believed vocalized frustrations felt by the majority of Americans (Jacobs, 2011; Schoen, 2012). Clearly, OWS rhetoric served a constitutive function, as members succeeded in rallying tens of thousands of individuals to protests around the country and eventually morphed into an international movement (Jacobs, 2011). OWS rhetoric further influenced the U.S. political climate, as President Obama’s 2012 re-election campaign featured themes of income inequality and the need to distribute wealth, and Mitt Romney’s campaign struggled to deal with questions about his wealth, the tax rates he paid, and his positions on Wall Street, business, and job development. Beyond this, OWS rhetoric even influenced Wall Street itself when Citigroup shareholders opposed a proposed \$15 million salary package for its CEO in 2012 (Schoen, 2012).

The identification of a constitutive persona operating in OWS rhetoric might provide insight into why the group’s discourse not only interpellated new members and prompted them to action but also provoked action on a broader scale. Additional interrogation of OWS discourse could also reveal ways the discourse acknowledged the tensions and concerns of those joining the movement. A study of OWS rhetoric could also determine how those using a constitutive persona might adapt the persona to address changing situations more quickly, as the movement altered rapidly and developed offshoots around the world, such as Occupy London, which presented a list of financial grievances to the British government (Wardrop, 2011); Occupy Nigeria, a movement protesting the removal of petroleum subsidies, poverty, and government

corruption (Busari, 2012); and Occupy Sandy, a hurricane relief movement (Feuer, 2012).

Beyond the social movement context, the use of a constitutive persona could be traced in other types of group communication, such as an online community like the Whole Earth 'Lectronic Link (WELL). Begun in 1985 long before the current Internet experience, the WELL was imagined by founders Stewart Brand and Larry Brilliant as a place for intellectual and social gathering. Although the WELL includes space for debate and interaction in thousands of conversations on an enormous variety of topics, members are united in their identity as WELL members who know that “it’s our ongoing, semi-private interaction that matters” (The WELL, 2014). As the first-ever online community that served as the ground for Rheingold’s (2000) theorization of the “virtual community,” the WELL demonstrates characteristics of a constitutive persona as members are interpellated into the community and adopt the persona and identity of WELL members. Further study of discourse within and surrounding the WELL could reveal ways the conversations and persona have changed over time and how a constitutive persona might function in an organization without a larger persuasive goal (beyond incorporating new members into the group).

Although La Leche League, OWS, and the WELL are very different entities with hugely divergent messages and philosophies, the rhetoric created by members of these groups demonstrate the rhetorical applicability of constitutive personae as theorized in this dissertation. Because the constitutive persona provides guidelines for a new category of personae rather than a specific persona, it can be used to help describe the communication strategies of multiple collectives as it is adapted to the

contexts of different situations. For example, some groups or organizations, such as the WELL, invite little by way of risk for those newly joining, and thus they may have fewer contradictions to acknowledge and resolve for potential members. In other collectives, members may deal with greater risks (such as the OWS protestors who were pepper-sprayed by police during their protests) and, therefore, the need to mitigate those risks in organizational rhetoric. Further study of discourse produced by these collectives and others will allow for more theorizing about the constitutive personae and the ways they can be used and adapted to draw people together and provide them with collective language and philosophies.

Second, in chapter four I provided an expanded conception of Wander's (1984) third persona by arguing that while nursing mothers were mentioned—and even quoted—in media articles and were clearly present in the text's ideal audience, they were ultimately negated from the discourse and relegated to the tertiary audience, or third persona. Instead of describing only those which are completely absent from a discourse, this new iteration of the third persona allows it to describe those which are present and yet still negated through both the text and the silences within it. Suggesting that the third persona can be applied beyond Wander's original theorization allows critics to interrogate texts dealing with any controversial individual or group to determine if, and how, the discourse operates to negate that individual or group. In addition, I demonstrated through my analysis that a persona may be identified through fragments of media coverage written by multiple authors at various times in history. While a text created from media fragments did not come from a single source with a particular persuasive goal, as do many texts in which

personas have been identified, I demonstrated that such a text can still identify both an ideal audience (second persona) and a tertiary audience (third persona).

Both of these contributions to rhetorical theory can be utilized in other contexts to determine ways in which individuals and groups have been marginalized and/or negated from discourses to which they are closely related. For example, media fragments covering the United Farm Workers of America could be analyzed to determine how those articles framed not only union activities in general, but also more specifically union leadership. Although most people identify Cesar Chavez as the face of the UFW, few may recognize Dolores Huerta, who co-founded the union with Chavez and served in many leadership positions and as a key union negotiator. Although Huerta sacrificed a great deal to serve the union and fight for the rights of Chicana/os working in the farming industry, she has received relatively little attention for her work (although she has been the subject of some recent academic scholarship—see Doss & Jensen, 2013; Garcia, 2008; Sowards, 2010; Sowards, 2012). Reasons for Huerta's lack of recognition may include her gender, her ethnicity, and her willingness to allow Chavez to take hold of the spotlight. Further insight into the issue, however, might be gained by interrogating media coverage related to union activities to determine how Huerta was framed by the media throughout her career with the union. By looking at media coverage through the lens of persona theory it may be possible to trace the media's framing of Huerta in the 1960s and 1970s at the height of union activities and compare it with more recent media coverage celebrating her contribution to unions and American democracy, including Obama's decision to award Huerta with The Presidential Medal of Freedom in 2012 ("Dolores Huerta,"

2014). Such an analysis could not only explicate Huerta's situation, but also provide further insight into the ways individuals can become negated through media texts, as well as how the media's framing of an individual may change over time to reverse their negation.

An expanded version of the third persona could also address rhetorics that function to both constitute and negate a specific group of people, such as the poor. Although not a formal organization, the collective described as "the poor" is often treated as a group and individual members of the group are understood to embody (often negative) characteristics of the group as a whole. Asen (2002) traced the ways the collective imagining about poverty and the poor pervaded welfare debates in the 1980s and 1990s, ultimately impacting welfare policy and programs. Analyzing discourse surrounding poverty, particular media coverage, and/or government documents, may provide further insight into how those identified as "the poor" are, to use Asen's term, imagined, and potentially negated in the discussion, leading to disenfranchisement and continued poverty. Such a study could provide suggestions for alternative framings of the poor and potentially lead to more accurate, helpful framings of poverty and better government policies and programs (current work in this area includes Clair, 2013; Clair & Anderson, 2012, 2013; and Clair & Hearit, under review).

Finally, my analysis provided a broader perspective on persona theory by tracing a single persona as it was constituted by multiple rhetorical voices. Specifically, I demonstrated the development of the nursing mother persona as a first persona used by breastfeeding mothers involved in La Leche League, as well as a



second persona that may have helped audience members envision themselves as nursing mothers. I further demonstrated that the nursing mother persona functioned as a constitutive persona and those using it inspired women not only to employ the persona themselves, but also to adopt the philosophies and larger lifestyle changes associated with becoming a nursing mother. Adding to these uses of the nursing mother persona, I also identified the persona as it functioned within the larger media context of the period. In my analysis, I found that the nursing mother was largely negated through these texts and either framed as an individual outside social norms and easily overlooked or, if she forced herself into the public eye, an undesirable, potentially immoral individual who caused societal disruption and should be avoided. Analyzing texts created by both breastfeeding mothers themselves and those writing to and about breastfeeding mothers in the media provided a more complete image of the discourse surrounding breastfeeding from the 1950s to the 1980s.

Additionally, my analysis traced these uses of the nursing mother persona throughout a forty-year time period and demonstrated how the persona changed and adapted over time. Although previous studies of personae involved analyzing numerous texts by the same author/authors, few noted ways a rhetor(s) adapted their persona to reflect different audiences or situations (an exception to this is Doss & Jensen, 2013). By tracing the nursing mother persona as it was used by multiple rhetors in various situations, my analysis provided a more detailed outline of the rhetorical landscape facing women interested in breastfeeding. Although it is impossible to determine what persuaded women to breastfeed or what rhetorical arguments were most persuasive, it cannot be denied that breastfeeding rates in the

United States increased in the years following the founding of La Leche League. While not all women who breastfed their babies were League members, they were nonetheless likely to have been exposed to League rhetoric and/or to have read the League's guide to breastfeeding, *The Womanly Art of Breastfeeding*. Tracing the use of the nursing mother persona in League rhetoric provided insight into the persuasive messages these women were exposed to—messages that might have prompted them to either begin breastfeeding or to continue breastfeeding long-term. Alternatively, women who did not come into contact with League rhetoric may have received arguments about breastfeeding through the media, which, as noted in my analysis, provided an incomplete image of life as a nursing mother and might have discouraged mothers from breastfeeding. Taking a broader perspective regarding persona theory provided a way to account for both the positive images of the nursing mother presented by League members and the negative or dismissive images presented in the media and suggest which framings of the nursing mother might have been most persuasive.

Examining a single persona used by multiple rhetorical voices could be useful in other situations as well. For example, an individual diagnosed with diabetes is urged to be a “good diabetic,” but is confronted with numerous conflicting messages about how to accomplish this. Diabetes is a life-changing diagnosis that requires a patient to carefully monitor their food and insulin intake to control blood sugar levels and remain healthy. Ideas of what constitutes a “good diabetic” vary depending on the source, as health professionals, the media, a diabetic's friends and family and others they come into contact with may all have different ideas of what the diabetic should

do to be “good.” Drummond (2005) explored messages diabetics received from friends and family members that either supported or discouraged healthy lifestyle choices, while Stefanik-Sidener (2013) analyzed media framings of diabetes, determining that media coverage failed to provide a broad understanding of diabetes or its long-term consequences. Using persona theory to study the concept of a “good diabetic” could build on this work to determine not only how diabetics are characterized in media, but also the persona they use to talk about their struggles to be “good.” Potential artifacts for this study would include the rhetoric created by diabetics, such as books, articles, and online community discourse; the rhetoric created by health professionals about diabetics; and media rhetoric related to diabetes. Using persona theory to interrogate these artifacts could aid our understanding of the pressures facing diabetics and the rhetorical tools they use to navigate their illness. The analysis could also provide insight into the ways diabetics are framed and understood in society as a whole and the public image of a “good diabetic” versus a “bad diabetic” (see Clair, 2007; Segal, 2005).

## 5.2 Contribution to Health Rhetoric, Breastfeeding Literature

The analysis presented in this dissertation contributed to the study of rhetoric related to health and breastfeeding, first, by providing insight into what Koerber (2013) termed “nonscientific reasons” for breastfeeding and what Wolf (2013) did not address in her focus on disproving scientific arguments for breastfeeding. Koerber’s discussion of breastfeeding discourse focused almost exclusively on the scientific developments and studies related to breastfeeding, as she contended that infant feeding arguments in the 20<sup>th</sup> century nearly always remained in the realm of science.

The discourse Koerber analyzed included policies and advocacy materials produced by organizations such as the American Academy of Pediatrics (AAP) and the National Breastfeeding Council that relied on scientific arguments to highlight the nutritional benefits of breastfeeding. Similarly, Wolf's book utilized numerous scientific studies related to breastfeeding to argue that breastfeeding's health benefits have been exaggerated and confounded by a lack of distinction between breastfeeding and the choice to breastfeed.

Neither Koerber nor Wolf explored arguments related to the personal, relational aspects of breastfeeding, such as those espoused by La Leche League. Although Koerber described these arguments as "compelling to a passionately devoted segment of U.S. mothers who wanted to breastfeed" (p. 36), she, as Wolf, focused on the scientific, top-down nutritional arguments for breastfeeding. My analysis, however, provides insight into the lived, experiential arguments for breastfeeding and suggests that these nonscientific reasons might be persuasive in their own right and that the nursing mother herself may be an important, although often overlooked, advocate for and authority on breastfeeding. Because breastfeeding is an all-encompassing lifestyle change (as noted by Wolf), my analysis suggests that persuasive arguments for breastfeeding may be stronger when they provide an image of the nursing mother that readers can identify with—an image that presents breastfeeding as not only healthy for the baby but also as satisfying, fulfilling, and well worth the sacrifice of time and energy it requires.

My analysis also extends Blum's (1999) work, which called for further exploration of what she termed the "pragmatics of motherhood"—a concept that

invites the analysis of breastfeeding discourse both from the lived experience of mothers and from a “high altitude” perspective (p. 11). By analyzing the ways the nursing mother was presented in media coverage and in League discourse, I provided two contrasting images of the nursing mother and numerous tensions between the media and the mothers’ approach to breastfeeding advocacy. While media discourse functioned to negate the lived experiences of mothers while focusing on the health benefits of breast milk, the mothers of La Leche League highlighted the personal, relational aspects of breastfeeding. Even as media articles listed all the difficulties a mother might face when attempting to breastfeeding, nursing mothers continually reminded themselves and each other that the benefits of breastfeeding far outweighed any necessary sacrifices. Although both media discourse and League rhetoric painted breastfeeding as an all-or-nothing venture, media articles framed this attitude as controversial and extreme while nursing mothers described it as necessary to successful breastfeeding. Public breastfeeding was understood by both mothers and the media to be controversial. However, while the media often treated public breastfeeding as a form of exhibitionism, nursing mothers framed it as a normal part of motherhood. Finally, the very act of breastfeeding itself was framed differently in the media—where the mother’s breast was recognized as a sexual object and breastfeeding was understood to have sexual connotations—and by nursing mothers—who celebrated breastfeeding as a bond between mother and child and utilized it as the basis for good mothering.

In identifying these tensions between media coverage of breastfeeding and nursing mothers’ lived experience, my analysis demonstrates the difficult rhetorical

landscape facing potential nursing mothers in the second half of the 20<sup>th</sup> century. These women were confronted by very different, and sometimes opposing, arguments about breastfeeding from dissimilar sources: scientific experts and lived-experience authorities. Although neither questioned the veracity of others' claims—mothers agreed that breast milk was the healthiest choice and scientists did not dispute the relational aspects of breastfeeding—they provided potential nursing mothers with two alternative conceptions of breastfeeding. By drawing from these two very different sources of breastfeeding rhetoric, my analysis demonstrates that the “pragmatics of motherhood” Blum proposed presents a fragmented image of the nursing mother and suggests that although scientific arguments have dominated persuasive efforts, accounts of nursing mothers' lived experiences may also serve as a source of successful persuasion.

### 5.3 Future Research Directions

Future scholarship could continue to build on the ideas and themes of this dissertation, including exploring the use of persona theory in other discourse related to breastfeeding. For example, scholars could analyze government documents, such as the summary report from the 1969 White House Conference on Food, Nutrition, and Health and the report of the Surgeon General's Workshop on Breastfeeding and Human Lactation in 1984. These and similar government documents may provide further insight into the ways nursing mothers were discussed during this period, specifically in relation to government policy and funding for research and advocacy programs. Along with this, other documents, such as literature produced by the AAP, the World Health Organization, and other national and international health-related

organizations, as well as articles published in scientific journals, might provide additional insight into not only the rhetoric confronting breastfeeding mothers, but the research and discoveries informing that rhetoric. As Asen (2002) argued, the ways a group of individuals is collectively imagined (whether by government discourse or the rhetoric of another authority group) can impact the ways that group is characterized by the media and understood by society. Therefore, studying the rhetoric produced by these influential groups can inform the analysis presented here and further contribute to our understanding of how the nursing mother persona was created and utilized.

Along with exploring persona theory in relation to the nursing mother, scholars could continue to explore the wealth of La Leche League archival materials housed at DePaul University's John T. Richardson Library Special Collections and Archives. In addition to the newsletter articles analyzed in this dissertation, the library's collection includes hundreds of other articles, letters, business documents, and paraphernalia from the League's history. These materials are important research artifacts because they provide the opportunity to continue exploring what made League ideology and rhetorical appeals attractive to women throughout the second half of the 20<sup>th</sup> century. The League's tremendous growth throughout this period demonstrated the persuasive force of its message and continued interrogation of League materials offers a chance to discover arguments and rhetorical strategies that may have impacted this growth.

Moving from La Leche League, future scholarship could identify how the nursing mother persona has been used by women who were either not part of the

League or who came from different backgrounds. As noted above, the majority of League members were white, middle class, heterosexual, and married. Few women of color, women from working class backgrounds, single mothers, or mothers with alternate sexual orientations adopted the persona described in chapter three. Although some League members worked outside the home or identified themselves as single mothers, they were in the minority and altered the League's philosophy and the assumptions of the nursing mother persona to fit their situations. Future scholarship could provide an understanding of how women from these various backgrounds, particularly minorities and working mothers, articulated their experiences with breastfeeding, whether they adopted a similar nursing mother persona or altered it significantly to reflect their situations.

Finally, scholars may continue to use persona theory, as well as other rhetorical theories where applicable, to study other materials related to childbirth and breastfeeding. Artifacts for analysis could include the work of Ina May Gaskin, who wrote extensively on these topics, including books on midwifery, childbirth, and breastfeeding. Gaskin is one of the central figures in the natural childbirth movement and has been present for more than 3,000 births since the 1970s, making her an interesting and important figure in U.S. reproductive history (Shapiro, 2012). Second, scholars could explore the ways mothers learn about breastfeeding and find breastfeeding support online, specifically in Internet chatrooms and blogs. Several of these blogs were mentioned in chapter two and future scholarship could explore the ideas and rhetorical strategies developed on these blogs, as well as the comments and dialogue between bloggers and those who follow them.



One blog, Mama Bean Parenting, has received national attention due to the number of comments on her Facebook post when she promoted the breastfeeding campaign, “When Nurture Calls,” in May 2014. The campaign was designed by two college students to support public breastfeeding and featured images of college-aged mothers breastfeeding their babies in public bathroom stalls with taglines such as “Bon appétite,” “Table for two,” and “Private dining” (Haro & Wenske, 2014). Although the Mama Bean Facebook post has since been removed, more than 2,000 different comments were made on the post either supporting public breastfeeding or expressing outrage at the images presented in the campaign. Many of these posts received numerous replies, contributing to the debate. Analyzing sites such as Mama Bean Parenting provides an opportunity to discover how nursing mothers are presenting themselves and interacting with each other in a current medium and to determine if the nursing mother persona has continued unchanged or, more likely, how it has again adjusted to reflect modern nursing mothers.

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Concentrations: Rhetoric, Health Communication
- “La Leche League, the Media, and the Nursing Mother:  
A Broader Perspective on Persona Theory”
- Co-advisors: Robin E. Jensen, University of Utah  
Robin Clair, Purdue University
- Committee: Josh Boyd, Purdue University  
Jennifer Bay, Purdue University  
Deb Koester, Purdue University
- Degree awarded: December 2014
- Graduate Teaching Certificate, Purdue University  
Date awarded: April 2010
- M.A. Purdue University, West Lafayette, Indiana  
Brian Lamb School of Communication  
Concentration: Rhetoric  
Degree awarded: May 2009
- B.A. Olivet Nazarene University, Bourbonnais, Illinois  
Major: Mass Communication, Journalism concentration  
Minors: English, History  
Degree awarded: May 2004 (*summa cum laude 4.0*)  
Honors: Named Most Outstanding Female Graduate, Class of 2004

### **Academic Appointments**

|                                      |   |
|--------------------------------------|---|
| Acting Assistant Professor           | Indiana University Kokomo<br>School of Humanities and Social Sciences, Humanities Department<br>August 2014-Present           |
| Instructor/<br>Teaching Assistant    | Brian Lamb School of Communication, Purdue University<br>August 2007-May 2014   |
| Editor of<br><i>The Communicator</i> | Brian Lamb School of Communication, Purdue University<br>August 2011-May 2014   |
| BLSC Social Media<br>Coordinator     | Brian Lamb School of Communication, Purdue University<br>August 2013-September 2014   |
| Research Assistant                   | Purdue Healthcare Advisors, Purdue University<br>[formerly Healthcare Technical Assistance Program]<br>May 2010-December 2012 |
|                                      | Brian Lamb School of Communication, Purdue University<br>March-June 2011  |

### **Peer-Reviewed Publications**

Doss, E. F. & Jensen, R. E. (2013). Balancing mystery and identification: Dolores Huerta's shifting transcendent persona. *Quarterly Journal of Speech*, 99 (4), 1-26.

Jensen, R. E., Doss, E. F., & Ivic, R. (2011). Metaphorical invention in early photojournalism: *New York Times* coverage of the 1876 Brooklyn Theater Fire and the 1911 Shirtwaist Factory Fire. *Critical Studies in Media Communication*, 28 (4), 334-352.

Jensen, R. E., Doss, E. F., Janssen, C. I., & Bower, S. A. (2010). Theorizing the transcendent persona: Amelia Earhart's vision in *The Fun of It*. *Communication Theory*, 20, 1-20.

### **Invited Publications**

Jensen, R. E., Doss, E. F., & Ivic, R. (2011, December). Photojournalism and the Pursuit of Justice. *Communication Currents*, 6 (6).  
<http://www.natcom.org/CommCurrentsArticle.aspx?id=1967>

**In Progress**

Doss, E. F. The nursing mother in public: The formation of a media persona. In preparation for review at *Critical Studies in Media Communication*.

Doss, E. F. Imparting rhetorical agency and improving health: *Healthiest Wisconsin 2020*. In preparation for review at *Health Communication*.

**Awards/Honors**

Graduate School Excellence in Teaching Award. (April, 2013). Committee for the Education of Teaching Assistants, the Teaching Academy, and the Office of the Provost. Purdue University.

Bruce Kendall Award for Excellence in Teaching by a Graduate Student. (April, 2012). Brian Lamb School of Communication, Purdue University.

CETA Outstanding Graduate Student Teaching Award. (April, 2012). Committee for the Education of Teaching Assistants, the Teaching Academy, and the Office of the Provost. Purdue University.

Top Paper Award. (November, 2011). Public Address Division. National Communication Association.

Earl R. Harlan Award for Excellence in Teaching by a Master's Student. (April, 2009). Purdue University.

**Grants**

Communication Graduate Student Travel Grant Award, Purdue University, 2009 (\$100).

Communication Graduate Student Travel Grant Award, Purdue University, 2008 (\$100).

**Selected Conference Presentations**

Doss, E. F. & Jensen, R. E. (2011). Balancing mystery and identification: Dolores Huerta's shifting transcendent persona. Paper presented at the 97th annual meeting of the National Communication Association in New Orleans, LA.

Doss, E. F. (2011). The Kairotic Moment and the Sky: Amelia Earhart's Arguments for Progress. Panel presentation presented at the 97th annual meeting of the National Communication Association in New Orleans, LA.

Doss, E. F. (2011). Voice in Healthcare Interactions: Burke, Agency, and Student Experiences. G.I.F.T.S. submission presented at the 97th annual meeting of the National Communication Association in New Orleans, LA.

- Doss, E. F. (2010). Kairos as motive-centered: Envisioning the kairotic moment through the writings of Kenneth Burke. Paper presented at the 96th annual meeting of the National Communication Association in San Francisco, CA.
- Jensen, R. E., Doss, E. F., & Ivic, R. (2010). Theorizing metaphorical invention in early photojournalism: *New York Times* coverage of the 1876 Brooklyn Theater Fire and the 1911 Shirtwaist Factory. Paper presented at the 14<sup>th</sup> biennial meeting of the Rhetoric Society of America, Minneapolis, MN.
- Doss, E. F. (2010). Unifying, educating, and persuading: Developing a rhetoric of balance. Paper presented at the 14<sup>th</sup> biennial meeting of the Rhetoric Society of America, Minneapolis, MN.
- Doss, E.F. (2009). "A conspiracy this big leaves footprints, Jake": Detecting a conspiracy of hope. *National Communication Association*. Paper presented at the 95<sup>th</sup> annual meeting of the National Communication Association, Chicago, IL.
- Doss, E.F. (2009). For whom is this an exigence: Answering questions of exigence and fitting response in the rhetorical situation. *National Communication Association*. Paper presented at the 95<sup>th</sup> annual meeting of the National Communication Association, Chicago, IL.
- Doss, E. F. (2009). Definitions of work: Lillian Gilbreth and the homemaker, the woman, and the professional. *Organization for the Study of Communication, Language and Gender*. Paper presented at the 32nd annual meeting of the Organization for the Study of Communication Language and Gender, Los Angeles, CA.
- Doss, E. F., & Imboden, K. (2009). Intersections of gender, rhetoric, and leadership: An analysis of the rhetoric and leadership styles of Cesar Chavez and Dolores Huerta. *Organization for the Study of Communication, Language and Gender*. Paper presented at the 32nd annual meeting of the Organization for the Study of Communication Language and Gender, Los Angeles, CA.
- Doss, E. F. (2008). "I don't believe in evolution!": Identification as persuasion. *National Communication Association*. Public Address Division. Paper presented at the 94<sup>th</sup> annual meeting of the National Communication Association, San Diego, CA.
- Jensen, R. E., Doss, E. F., Janssen, C. I., & Bower, S. A. (2008). The transcendent persona: Amelia Earhart's rhetoric of inevitable progress. *Organization for the Study of Communication, Language and Gender*. Paper presented at the 31<sup>st</sup> annual meeting of the Organization for the Study of Communication Language and Gender, Nashville, TN.

## **Other Research Activities**

Assisted lead investigator Jakob D. Jensen in the creation and data collection of the 2010 Ethnic Media Newspaper Study, August 2009-May 2011.

Worked on the digital transfer team for the DVD "KB: A Conversation with Kenneth Burke," originally filmed by Harry Chapin, January-May 2010.

## **Teaching Experience**

### *A. Courses Taught*

#### Indiana University Kokomo (2014-Present)

SPCH-C321 Persuasion

- Taught one semester
- Developed this course; created all new lectures, exams, quizzes and other course activities

SPCH-S121 Public Speaking

- Taught two sections, one semester
- Created and facilitated classroom activities, designed and graded presentations, quizzes, and other course activities

#### Purdue University (2007-2014)

##### *Undergraduate Courses as Primary Instructor*

COM 325 Interviewing

- Taught a total of three semesters
- Recent evaluations:
  - Course rating: 4.1/5
  - Instructor rating: 4.8/5
- Ran classroom activities and coordinated discussions, graded interview assignments and other course work

COM 252 Writing for Mass Media

- Taught a total of 12 semesters
- Recent evaluations:
  - Course rating: 4.7/5
  - Instructor rating: 4.8/5
- Coordinated classroom discussions, graded writing assignments, and developed course activities, assignments and course web page

- COM 217 Science Communication
- Taught one semester
  - Evaluations:
    - Course rating: 2.9/5
    - Instructor rating: 3.8/5
  - Created lesson plans, graded writing assignments, developed course activities
- COM 114 Introduction to Public Speaking
- Taught a total of five sections
  - Recent evaluations:
    - Course rating: 4.1/5
    - Instructor rating: 4.3/5
  - Ran classroom activities, graded presentations, outlines and other course work and developed quizzes
- COM 114H Introduction to Public Speaking, Honors
- Taught two semesters
  - Recent evaluations:
    - Course rating: 4.4/5
    - Instructor rating: 4.7/5
  - Constructed a syllabus, created new assignments, graded presentations, outlines, and classroom activities
- COM 114Y Introduction to Public Speaking, Distance Learning
- Taught one semester
  - Evaluations:
    - Course rating: 4.2/5
    - Instructor rating: 4.6/5
  - Adapted classroom activities to an online format, created new assignments and online quizzes, graded presentations, outlines, and exercises

*Undergraduate Courses as Teaching Assistant*

- COM 318 Persuasion
- Served as TA one semester
  - Graded quizzes, facilitated classroom media
  - Created exam questions and formatted exams

- COM 312 Rhetoric of the Western World
- Served as TA one semester, taught two recitation sections
  - Evaluations:
    - Course rating: 4.5/5; 4.5/5
    - Instructor rating: 4.5/5; 4.4/5
  - Created/administered/graded quizzes, facilitated classroom media
  - Created exam questions and formatted exams

*B. Professional Development*

Participant. Supporting International Students Workshop. Purdue University. January 2013.

Participant. Teaching Portfolio Workshop. Purdue University. February 2012.

Advanced Teaching Portfolio Workshop. Purdue University. April 2012.

Participant. College Teaching Workshop Series 1. Purdue University. January – April 2010.

**Professional Service**

*A. Manuscript Reviewer*

Conference Submission Reviewer

|  |              |
|--|--------------|
| National Communication Association, G.I.F.T.S.                       | 2012         |
| National Communication Association, Rhetoric and Com Theory Division | 2012         |
| National Communication Association, Public Address Division          | 2011-present |
| National Communication Association, Student Section                  | 2010-present |
| Communication Graduate Student Association Conference                | 2010-2011    |

*B. Invited Lectures and Presentations*

Colloquia Presentation. (2012, October). Panelist on “award-winning teaching,” CGSA Fall 2012 Colloquia Series. Brian Lamb School of Communication, Purdue University.

Guest Lecture. (2011, February). Doctor-patient communication: Burke, the pentad & patient agency. Presented in Assistant Professor Robin Jensen's COM 491 class, Rhetoric of Health. Purdue University



Invited Presentation. (2010, September). Experiences with Service Learning. Presented in the Center for Instructional Excellence Workshop "Three Perspectives of Service-Learning: Faculty, community partners, and students." Purdue University.

Guest Lecture. (2010, January). Communication as sender-oriented: Socrates and dialogue. Presented in Assistant Professor Samuel McCormick's COM 312 class, Rhetoric in the Western World. Purdue University.

Guest Lecture. (2010, March). Eloquence and persuasion: William Jennings Bryan and the Scopes Monkey Trial. Presented in Assistant Professor Samuel McCormick's COM 312 class, Rhetoric in the Western World. Purdue University.

### *C. School/Community Service*

Advise the student newspaper, *The Correspondent*, at Indiana University Kokomo

Co-founded a student chapter of the Rhetoric Society of America at Purdue University.

- Served as chapter president and treasurer

Volunteered for department service

- Judged Com 114 test-out speeches
- Served as judge for department-sponsored speech/debate contest
- Mentored incoming students through the graduate student buddy system

Facilitated micro-teaching sessions for Purdue's Center for Instructional Excellence.

Organized and categorized archival material for the Tippecanoe County Historical Society.

### **Professional Memberships**

National Communication Association  
Rhetoric Society of America