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**The Body as a Site of Care: Food and Lactating Bodies in the U.S.**

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**The Body as a Site of Care: Food and Lactating Bodies in the U.S.**

**Abstract:** The breast/chestfeeding body is a site of intense politics and power relations in the United States. Hardly a week passes without an incident in the news of a person being publically shamed, or unlawfully asked to change their behavior while using their body to feed their infant in public. Lactating bodies are deemed out of place. Simultaneously, birth-parents are judged on their infant feeding practices, with those who do not nurse cast outside of the biologically deterministic ‘good mother’ role. This framing causes the nursing or not-nursing body to become a site of debate. These takes, which point to governance, surveillance, and sexualization of bodies are limiting and have brought these debates to an impasse. What I suggest here is that a re-reading is needed, which situates the body as a site of care, here I focus on the lactating body in particular considering food production, co-production, and consumption. Re-reading the body in this way illuminates how food production and care work are undervalued as related to infant feeding and re-casts the act of nursing as not about ‘women’s bodies’ but about food + care. Ultimately, such work allows for bodies to be considered multiple and as transformational sites of knowledge production.

**Keywords**: bodies, care, breastfeeding, chestfeeding, human milk, food

In this commentary, I look to the lactating body as an example of re-reading the body as a site of care. Specifically, as an intervention in the way we theorize bodies and embodiment. Examining bodies where food production, co-production, and consumption takes place provides an opportunity to, first revisit how we theorize bodies, multiplying the way we think about bodies in geography; and second, re-cast the act of infant feeding at the site of the body around food and care. To situate these ideas, I first consider infant feeding in public followed by a discussion of the contradictions in recommendations for feeding infants and the ability (or not) to feed infants human milk. Finally, I ask what a re-reading of the body might look like and how we can re-consider the ways that bodies matter (see: Butler 2011). This requires viewing the body as multiple and as part of these considerations I look to Bartlett’s suggestion that if, as Grosz (1987) argues, the body is undervalued as space of knowledge production, that ‘revaluing the lactational body may also have the capacity to transform knowledge itself’ (2019, 293). Thus, a re-reading through the lens of care + food is one avenue of re-prioritizing the body as a space of knowledge production.

Although the body is a space, place, and scale that is a core component of scholarly work in geography, very few geographers focus on nursing or human milk as an explicit part of their research (as exception, see: Boyer; Lane; Mathews). Yet these are spatial conversations—where people feed their infants (public versus private is a long-standing issue), where the parenting body fits both as a space and within spaces (determining which bodies are coded as in- or out-of-place is a common theme), and the care work undertaken by lactating bodies (emphasis on care-work is increasing). As geographers, we know that place matters; bodies are sites of care and bodies are also, in some cases, places where food is produced, co-produced, and consumed. Examining the example of nursing brings additional attention to the messiness of place and care work.

**Infant Feeding in the Public Arena**

In August 2019, a breastfeeding mother filed a lawsuit in Oregon claiming discrimination on the basis of sex because she was escorted out of dental office for breastfeeding her son (KTVZ 2019). Dutch airline KLM came under fire in 2019 for advocating a policy where breastfeeding mothers may be ‘asked to cover up to avoid offending other passengers’ (Boffey 2019). In August 2018, a photo of a woman who was on vacation and was told to ‘cover up’ while breastfeeding and took a unique approach went viral on U.S. social media (see Figure 1; O’Kane 2018); there is excellent existing work on the sexualization of women’s bodies and especially of the breast that I do not seek to replicate here. Breast/chestfeeding (preferred term for transgender and non-binary parents [Smith 2018]) parents are criticized, shamed, and actively removed from the public eye when feeding their infants, whether they expose their bodies or not. This topic is not new, and there is well-established literature about public shaming and breastfeeding (cf. Acker 2009; Boyer 2011; 2012; 2018; Lane 2014; Longhurst 2008; Stearns 1999). Competing opinions exist about nursing infants in public that focus particularly on the rights of women (the majority of discourses about infant feeding are expressed in gender binary terms, something I try to disrupt here). There are those that are enthusiastically supportive and defensive—see work on ‘lactivism,’ nurse-ins, group nursing photo shoots, as well as, foods that include human milk as an ingredient (c.f. Boyer 2011; M. Brown 2019; Cassidy 2012; Cohen and Otomo 2017; Dillard 2015; Giles 2018)—and also those which shame, oppose, criticize and/or offer alternatives to breastfeeding in public. Notwithstanding these opinions, in the U.S., every state, the District of Columbia, Puerto Rico and the Virgin Islands has a law protecting breastfeeding in public. The contradictory character of the contemporary public atmosphere for nursing infants suggests a reframing is necessary. If we change the focus from exposed bodies to bodies providing food and care, it has the potential to change the conversation and re-consider how we produce knowledge about bodies and care work.

In considering the conundrums associated with infant feeding in public, I am inspired by Amy Brown’s question of why we focus on ‘women breastfeeding in public’ instead of ‘babies eating in public’ (2016, 240). Shifting the narrative from the exposure of bodies to food becomes a very different way of positioning the lactating body. As Longhurst notes, ‘at some times, in some places for some bodies, breastfeeding is sanctioned. At other times, in other places, for other bodies, it is condemned’ (2008, 114). Bartlett and Giles (2004) suggest, something that often considered personal and private is actually rather public. Lactating bodies are messy, leaky, fleshy (Longhurst 2001). Bodies are also spaces within spaces, and in the case of the lactating body, contemporary society in the U.S. creates work-arounds to not have to deal with feeding at the site of the body—bottles, pumping devices and rooms, formula, donor milk, to name a few (see: Figure 2). Framing these bodies as out-of-place, they are rendered invisible. Again, place matters—the space made for lactating bodies may be viewed as an amazing resource to some parents, yet these sites still hide bodies that are co-producing food. Many things about making lactating bodies out-of-place speaks to a myopic focus on the body of the person feeding the infant, rather than the infant feeding and receiving care at the site of the body.

**Bodies and Food**

In the past few decades there is increased attention to bodies (see: Longhurst and Johnston 2014), especially as they relate to food consumption, health issues, and body size. Many scholars ask questions about ethical relations, biopolitics, obesogenic environments, epigenetics, and justice. Arnold argues that we often point to unhealthy bodies and place personal responsibility for lifestyle choices, genes, living environments, and fitness at the center of laying blame, while rarely considering what people were fed as infants and pointing to different outcomes between human milk and its substitutes (2010:15). Countless studies show that human milk is superior to formula. At the outset of this section, I would like to recognize the following: I fully understand that not all lactating parents want to, or feel comfortable feeding their infant in public at the site of their body; moreover, the parent-infant dyad for nursing is complex and may require private (quiet) space to be successful; additionally, not all parents can or want to nurse their infant; these people form a diverse group from cancer survivors to descendants of enslaved peoples who are reclaiming power at the site of their bodies; and finally, I am not arguing against formula, which can play an important role in infant feeding. Health organizations, including the World Health Organization (WHO 2002), the American Academy of Pediatrics (AAP 1997), the American Academy of Family Physicians (AAFP 2003), and the American Dietetic Association (ADA 2001), endorse human milk as the best nutrition for infants in their first year of life. Human milk is multiple (see: Cohen and Otomo 2017) and it is part of a co-production process between the parent-infant dyad; milk is food and the performative act of nursing is a form of care, nursing is not solely for nourishment, and the co-production of this food can soothe or be a sleep or health aid (see: Giles 2004; MacDonald 2012). A review of the literature shows that infants who receive human milk and birth-parents who nurse are healthier (by a number of measures, such as blood pressure, cholesterol, cognitive and motor function and etcetera) than those who did not (see: Brown 2016). Indeed, Arnold (2010) suggests that scholars and practitioners should begin to consider infants first food when thinking about the well-being of bodies.

 That humans can produce milk complicates the realization of reproductive rights—as it relates to the ability to choose (or not) what infants are fed (see Allers 2017; Smith, Labbock, and Chambers 2017). Although this commentary is focused on rethinking the body through the lens of food + care, this reframing must necessarily differ from discourses that position the birth-parent who feeds their child their milk as the ‘best’ parent. There already exist issues in framing nursing as choice, for Barlett, the longstanding politicization of breastfeeding suggests that ‘choice is always already compromised’ (2019, 280), society tends to force a decision. Many parents in the U.S. have heard the phrase ‘breast is best.’ This discourse is tied to ideologies of the ‘good mother,’ which turn the body into a site to be judged and shamed if it is *not* used as a food source (Wall 2001). Advocacy around breastfeeding is often critiqued for inducing guilt and shame for birth-parents who are struggling with breastfeeding, or those who cannot or choose not to feed at the breast/chest (Taylor and Wallace 2012). The breastfeeding support organization La Leche League is the subject of critique for their paradoxical advocacy, which encourages women to reclaim their bodies through the ‘womanly art of breastfeeding’ (1997), while also shaping ideas of what it means to be a ‘good mother’ that confine women to socially constructed caretaker roles that are grounded in biological determinism (Bobel 2001). Thus, infant feeding practices are influenced by dominant discourses about the role of the lactating body and where, when, how, and by whom that embodied role can be performed, something that is taken up by MacDonald (2019) as harmful to the trans and non-binary community as they have negative healthcare encounters and receive little to no lactation support as a result. This deterministic paradigm is less about producing food and more about the social construction of parenting. In reframing then, we must consider not only milk as multiple but the body as well.

 Complicating the embodied practice of producing food is the case that some parents cannot produce milk. In some instances, following a traumatic birth experience a birth-parent may not be able to produce milk immediately or at all. In other cases, parents may be adoptive and therefore not naturally producing. In these situations, some parents turn to donor milk and/or milk sharing (cf. Falls 2017). Here, the embodied performance of care is done not through breastfeeding, but through the production of food for the infant of another parent, which through pumping and donation becomes a disembodied form of care. This care is generally voluntary and may take place through formal channels, such as at institutionalized milk banks, where milk is received, processed and made available for purchase, or through informal means, such as through social media, online spaces of exchange, or even through parental support groups. These contemporary systems of milk sharing differ vastly from past practices of forced milk sharing in the form of wet-nursing that were used during the period of enslavement, where Black women underwent the trauma of weaning their own children to provide milk for the children of those they were enslaved by (Allers 2017) and also the practice of low-income women selling their services as wet-nurses up until the early 1900s (Falls 2017). An additional point to bring to light, but which exceeds the short-form of this commentary is whether and how newly arrived immigrants to the U.S. experience nursing when they leave places where it is not stigmatized in the same way. Much of these experiences point to a problem with the narrowed perception of the nursing body, a reframing opens up these conversations and spaces, and creates a site for re-reading the body in additional and non-deterministic ways.

**Re-reading the body for food + care**

It is abundantly clear that contemporary society largely undervalues care work. The social reproduction that allows for a diverse set of labor arrangements tends to remain invisible (Gibson-Graham 2006). As many feminist scholars note, there is nothing about the way we structure formal work that is attentive to caregiving. In the U.S., parental leave in the formal workforce is undervalued. It is protected federally only through the Family and Medical Leave Act, which allows twelve weeks of unpaid leave in a one-year period for parents. In the case of nursing parents, the formal work environment actively removes the site of food production—their body—from their infant, despite nursing being a reproductive right. The care and feeding of infants is undervalued by society and made structurally prohibitive. The parent-infant dyad as it relates to nursing is a set of signals, milk is not ever present awaiting a hungry baby, there are bodily cues, hormones, and co-production practices that are in place that are embodied and are a relation between bodies.

What if we asked questions through the lens of the body as a site of knowledge production via thinking about it as a source of food + care—how might that reframe the way we think about bodies? As Amy Brown notes, rather than debating whether women should breastfeed, ‘we should be talking about a baby’s need to be fed’ (2016, 241). Scientific standards for human milk center on nutrition and the concomitant benefits to health and cognitive development. Societal standards for providing human milk focus on the body of the nursing parent, but not as a source of food and care, instead as an exhibitionist, a distraction, or an otherwise uncomfortable presence on the one hand, and as a good or bad ‘mother’ on the other. A number of scholars attempt to re-focus our attention on desexualizing flesh and recognizing the rights of nursing parents to feed their infants in public. However, I argue for a new approach that re-reads the body. It is problematic to frame infant feeding as ‘normal,’ and ‘natural,’ as the attention still falls on the flesh or the choices of the birth-parent. Indeed, Bartlett (2005) argues that scholars should de-naturalize breastfeeding, for naming it natural erases its complex histories and politics. I advocate for a reframing that focuses attention on, what Dixon terms ‘corporally disassociated flesh’ (2015:59), the milk itself, the food produced for infants that happens at the site of the body as part of caring labor, and which may be consumed at that site (co-production) or be disembodied.

**Bodies Matter**

 Breast/chestfeeding are embodied experiences of care work and food production, co-production, and consumption. The somewhat myopic focus on a sexualized body exposed in public and the ‘cult of the good mother,’ an how bodies are governed, provides little space for considering the body as multiple and as a site of knowledge production. Bodies are sexual, bodies are also fleshy and leaky, and bodies provide care, however, these do not exist in a mutually exclusive state. Rather than debating which bodies can be allowed, or what food production and consumption activities should be valued or seen as ‘in place,’ we might instead consider the multiplicity of food and bodies. By recasting the lactating body as a site of food + care, new avenues are opened up that allow for a co-creation of knowledge around why and where bodies matter in place.

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