Promoting Developmental Research on Breastfeeding, Mothers' Lives, and Children's Health

Commentary on Whipps et al.

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Breastfeeding is a practice that lies at the intersection of developmental, medical, sociological, and anthropological interests. As a result, the interdisciplinary life course perspective – which situates individual or dyadic behaviors within macrolevel contexts and emphasizes how both behavior and context evolve over developmental and historical time – is a potentially valuable tool for pushing research on breastfeeding forward into new directions. As such, I certainly appreciate the thoughtful conceptual model of breastfeeding that Whipps, Yoshikawa, and Godfrey [2018, this issue] have constructed based on the temporal and contextual elements of this perspective. Here, I want to provide some comments about why this conceptual model is significant and how the field can capitalize on it.

As background, the life course perspective can be and has been applied to a wide variety of topics of interest in many different disciplines, from fertility to mortality and everything in between. It is not explanatory but rather orienting, helping researchers ask new questions rather than providing the answers. For example, rather than focusing on whether X shapes Y, the perspective guides attention to such questions as: When does X shape Y? Where does X not shape Y? Following these questions through to empirical research opens up new avenues of inquiry and information that can be incredibly useful to the theoretical understanding of some issue but also the translation of that understanding into policy and practice [see Shanahan, Mortimer, & Johnson, 2016, for several examples].

From the pioneering work of my mentor Glen H. Elder, Jr. [1974] on children growing up amidst massive economic upheaval, one of the features of the perspective

that has been illuminating for developmentalists is the consideration of family processes – both as core contexts of child development and as the linking mechanisms between individuals and larger social structures [see also Crosnoe & Johnson, 2011]. Not only does studying intrafamily dynamics and interactions shed light on how and why children develop the way that they do, studying structural, historical, and cultural differences in how such dynamics and interactions unfold can illuminate disparities in children’s outcomes [Conger, Conger, & Martin, 2010; McLoyd, 1998]. Surely the breastfeeding of children by their mothers is a primary family process, but it is rarely studied as such, especially in a life course framework. Instead, it is viewed as an individual behavior or simply as an “input” into child health. Consequently, there are angles not studied, questions not asked. Whipps and colleagues are encouraging us to fill these gaps.

With a life course approach, breastfeeding can be understood as a dyadic process that is both reflective of and important to the experiences of mother and child. The conceptual model discussed by Whipps and colleagues is most convincing in how it breaks down this dynamic behavior into components relevant to child, mother, and their dyad. For the child, the dominant consideration has been the degree to which breastfeeding promotes current and future health. Indeed, ample evidence from a wide variety of studies suggests that children who are breastfed experience fewer infections and allergies during childhood, are less likely to be obese and to have high blood pressure and obesity as adults, and have higher IQs [World Health Organization, 2017; US Department of Health and Human Services, 2011]. These health benefits have helped to fuel large-scale investment in public health campaigns to encourage mothers to follow the recommended guidelines for breastfeeding children that Whipps and colleagues describe.

Of course, as the authors also note, these benefits of breastfeeding have likely been overstated by studies that have not adequately accounted for endogeneity issues inherent to studying the effects of maternal behavior on children. Yet, even if the magnitude and range of benefits of breastfeeding are overstated, I think it safe to say that breastfeeding – a practice that has supported the survival of the species throughout human history – *is* generally good for children and should be encouraged. Why, then, do most American women (and women in many other high-income countries) not follow the aforementioned breastfeeding guidelines, especially as their children move out of the newborn stage? For that, we must turn to the mother; in particular, the resources that she must expend to meet these guidelines. Consider the time that needs to be expended when breastfeeding must be done at regular intervals and in long sittings – especially when one is working – as well as the effort breastfeeding requires when it can be physically draining, frustrating, and boring. Consider also that, today, there is a financial component to breastfeeding, as breast pump equipment and lactation consultants that help to overcome some of the barriers to breastfeeding are expensive and many women may have to forego some earnings while breastfeeding [Artis, 2009; Horta & Victora, 2013].

Thus, dyadically speaking, breastfeeding is something mothers do in the short term to gain long-term benefits for their children, not without costs to themselves. This dyadic process is further complicated by “demands” of children (Are they fussy or sleepy? Do they show interest in feeding?), the psychological and social experiences of mothers far beyond resources and constraints (What are their intentions? How is their mental health? Are their partners supportive?), and the relationship be-

tween child and mother (What is the attachment?). The convergence of such complex factors over time is what needs to be explored to gain well-rounded insight into breastfeeding and its effects, not any one factor on its own. That convergence is precisely what the life course perspective emphasizes.

The life course approach also pushes the contextualization of breastfeeding not just in the proximate ecologies of everyday life, but also in the macrolevel systems that organize society. This kind of contextualization is not as common in developmental research, but has great potential to add value to the developmental perspective. It is also where the conceptual model by Whipps and colleagues could be developed even more. In this approach, race/ethnicity and socioeconomic status are not individual or family characteristics but instead systems of stratification that cut across the population and persist across historical time. These systems influence the opportunities that are available to families, or withheld from them, and how families are treated and what is expected of them, in addition to the cultural traditions that intersect with them. We know that these systems affect breastfeeding patterns in the USA, as evidenced by breastfeeding rates that are lower in some racial/ethnic minority groups (e.g., African American mothers) than for White women and that decline as income and educational attainment decrease [Centers for Disease Control and Prevention, 2014; US Department of Health and Human Services, 2011].

There are many ways to unpack such disparities related to social stratification. One way that is more common in disciplines outside developmental psychology is to consider how breastfeeding is socially constructed and how such social constructions involve complex power dynamics among groups in a society. As defined in my forthcoming book, *Families Now: Diversity, Demography, and Development*, the term social construction refers to the gradual development of beliefs about families in groups and societies over long periods of time that eventually seem self-evident and natural. In unequal societies, social constructions often reflect the worldviews of the most powerful groups, which are then imposed on other groups, which then often develop different ways to contest them. One historical example of a social construction of breastfeeding has been that it is indecent, as it involves the female breast. This social construction has faded over time, but periodic uproars about a mother breastfeeding in a restaurant or on a bus remind us that it has not disappeared. Perhaps more relevant, though, is the more recent social construction of breastfeeding as the essence of good mothering [Artis, 2009].

The decline in breastfeeding in the USA and other high-income countries, especially among African American and lower-income women, following the mass production of (and advertising for) formula eventually triggered a backlash. Medical organizations, public health officials, feminist groups, and advocacy groups such as La Leche League campaigned to raise awareness of the benefits of breastfeeding. This push converged with another cultural shift towards *intensive mothering*. Defined by Hays [1996] as “child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive,” intensive mothering is the perception that good mothers give their all to promote their children’s health and well-being, no matter what the cost to themselves. Fueled within the affluent and highly educated (and especially White) upper classes, intensive mothering became a standard by which mothers across the socioeconomic and racial/ethnic spectrum were judged, regardless of whether they bought into its basic idea or whether the time and sacrifices it entails were even realistic for them [Elliot, Powell, & Brenton, 2015; Hays, 1996] This

elite cultural conception of mothering drove the reconstruction of breastfeeding as a mother's duty that defined whether she is a good mother or not.

In this context, mothers who do not or cannot breastfeed their children according to recommended guidelines run the risk of being labeled bad mothers for making the "choice" not to breastfeed, and qualitative evidence suggests that many mothers do feel like failures and suffer from the pressure [Avishai, 2011]. Such experiences belie the very real practical constraints that many mothers face breastfeeding, constraints that are greater for women in more difficult socioeconomic circumstances (especially women of color) in a highly stratified society. This spoken and unspoken message – that not consistently or exclusively breastfeeding is a sign of maternal incompetence – is likely to trigger much resistance, and the lower rates of breastfeeding in some groups need to be viewed through this lens. Specifically, some mothers do not breastfeed for a variety of reasons *and* do not feel guilty about it. They reject the idea that a single behavior defines them as a good mother. Many of these mothers are lower-income, African American women, who have long had to resist the definitions of motherhood imposed on them by the powerful elites of society. They want to define motherhood for themselves and do [Avishai, 2007; Blum, 1999; Gibson-Davis & Brooks-Gunn, 2006].

These insights offered by considering macrolevel contexts – stratification systems and how they organize opportunities, constraints, and exposure to and perceptions of social construction – have potential to reshape our understanding of breastfeeding and its developmental effects. That potential is increased when coupled with the more interactional approaches to this issue that are more common in developmental science and family studies. The key is to approach an "old" issue in new ways. The life course perspective can be a guide in such pursuits, which is why I encourage readers to read the article by Whipps and colleagues and use their conceptual model to map out new lines of research.

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