BREASTFEEDING POLICY IN THE UNITED STATES AND JAPAN: HOW CAN A GENDERED OR GENDER-BLIND POLICY SERVE AS A CONDUIT OR BARRIER TO EQUALITY?

by

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Abstract

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Akiko Okada Shimizu

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This dissertation is a cross-cultural analysis of breastfeeding experiences in the United States and Japan. I conceptualize women's breastfeeding practice as embodied cultural experiences and constituted by historical, medical, personal and social perspectives on their lactating and nursing bodies. Breastfeeding practice is differently experienced by women as mothers and women as workers. At the same time, differences in a country's public policies and social attitudes toward breastfeeding, in general, and breastfeeding workers in particular, shape the different experiences of breastfeeding mothers and workers. Accordingly, through an analysis of public policies, medical recommendations, and personal and social attitudes toward breastfeeding, I will offer proposals to mitigate problems breastfeeding mothers face in the public sphere in the United States and Japan. In comparing the gendered public policies that have emerged from the dominant cultural

ideas of motherhood and “worker-hood” in the United States and Japan, I shed light on pitfalls that stem from an optimistically liberating view of the “mother friendly workplace” in Japan and the “gender-blind professionalized body” at work in the United States.

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Introduction

A. Breastfeeding - Embodied Cultural Practice

This dissertation presents a cross-cultural analysis of breastfeeding experiences at work in the United States and Japan. Women's workplace experiences of breastfeeding are constituted by various social forces that come to define the quality of motherhood and "worker-hood" in relation to breastfeeding. I conceptualize those breastfeeding experiences as the embodied cultural practice of mothers and workers. This embodiment approach highlights the cultural differences in personal and political struggles over experiencing motherhood and worker-hood in choosing infant feeding style in two countries. At the same time, it elucidates better the differences in social policy, medical recommendations, and personal and social attitudes toward breastfeeding practices.

B. Why Japan and the United States

In spite of the current revival of breastfeeding in both countries, the increased appearance of public breastfeeding bodies in the US and the gradual disappearance of public breastfeeding bodies in Japan caught my attention and encouraged me to investigate further the different social factors that influence women's decisions to breastfeed, in general, and in public, in particular. At the same time, this dissertation addresses the expected consequences of the increased disappearance and appearance of nursing breasts in public. How will this changing social phenomenon in nursing affect both countries' sex and gender relationships? Because the ultimate goal of this dissertation is to promote sex and gender equality in the public sphere in the two countries, investigating differences in women's cultural and personal embodiments of

breastfeeding as mothers and workers will help us understand better current problems in social policy, and personal and social attitudes in promoting sex/gender equality at work.

C. Breastfeeding – Sex and Gender Politics

I am particularly interested in sexual aspects of breastfeeding practice in the US and Japan because desexualized experiences of breastfeeding women inform us about the sexual politics between male and female bodies in the public sphere. The lactating and nursing bodies in public are sexually controversial subject in both societies today. On one hand, breastfeeding advocates try to de-eroticize nursing breasts in public by arguing that the primary purpose of nursing breasts is not for entertaining men but feeding babies. On the other hand, female breasts, including lactating ones, are continuously eroticized in media in both countries. Consequently, many mothers admit that in everyday life they live with their breasts having double meanings: their breasts are erotic and non-erotic objects. Therefore, for many women, breastfeeding in public is a precarious site to claim to be respectable women and good mothers.

At the same time, in the professional world, the breastfeeding worker's body is perceived as problematic. The breastfeeding body is a marginalized worker: it embodies counter-productive physiological conditions, lactation and nursing. The appearance of the breastfeeding body in the workplace is accepted as the prioritization of the mothering role over the working role among other workers but falsely so. The experience of expressing breast milk in the workplace is a precarious site to claim the role of a good worker. Through a gendered analysis of public policies, medical recommendations, and

personal and social attitudes toward breastfeeding, this dissertation will offer proposals to mitigate problems breastfeeding mothers face in the public sphere in the US and Japan.

D. Theoretical Background

Breastfeeding politics in the US and Japan directly inform us about the politics of gender/sex as they are played out through women's bodies. Despite cultural differences in traditional ideas about bodies in general, and mothers' and children's bodies in particular, in the late twentieth century, in the US and Japan, breastfeeding movements reflected feminists' rediscovery of empowerment through women's bodies and an understanding that breastfeeding practices were a way for women to control reproduction in patriarchal societies.

During the Edo period, under the strong influence of Confucianism, individuals viewed their bodies as the unification of *ki* (life energy) and *shintai* (body). Within this paradigm, an infant's body was considered identical to a mother's body, or a child's body was believed to belong to its maternal body. For instance, Japanese physicians in the middle of the Edo period spoke of the importance of prenatal care by emphasizing that a mother's character and her tempers the influenced her child through *Ki* (life energy) (Kajitani 2007:99). Thus, the idiomatic expression of *isshin dotai* (one mind and the same body) often characterized the symbiotic bonding of mother and child. Moreover, the wellness of one's body was understood as the harmonization of *ki* and *shintai*. The introduction of body hygiene and health defined by new term, "*eisei*" was a new concept of the body as the object of public health. It challenged, but did not supplant, the traditional approach of body maintenance (Nakayama 2001:27). The Meiji government

instituted *eisei* when it actively imported Western medical systems and medical science to improve public health in 1875. Women's and children's bodies were the object of medicalization and the site of legal restriction under the new constitution. Together with traditional idea of the unified identification of maternal and child body, *eisei* elevated the maternal body as the fundamental nutritional source for infants as well as a promise for future citizens of physical strength and a wealthy industrial nation.

How has the human body been perceived in Western philosophy? According to Chris Schilling in *The Body and Social Theory* (2003), historically, the concept of body has had an "absent presence" in social theory (Schilling 2003:17). His analysis of the body and social theory helps us in mapping the body in both classical and contemporary sociological thought. As Schilling explains, although social thinkers did not use the body as a major theoretical concept, it was certainly implicated in their works. For example, Karl Marx's wrote about the "assimilation of the body into capitalist technology" in *the Economic and Philosophic Manuscripts of 1844*, and his critique of capitalism addresses the degradation of workers' laboring bodies (Shilling 2003: 8; Marx 1844). A concern of Max Weber in *The Protestant Ethic and the Spirit of Capitalism* and *Economy and Society* was "rationalization of the body" (Shilling 2003: 9; Weber 1958, 1978). Emile Durkheim's *The Division of Labor* and *Elementary Forms of the Religious Life* investigate the "body as a site for binding together individuals into moral wholes" (Shilling 2003:9; Durkheim 1933, 1915). Georg Simmel's works - *Emotionality of the Mass Appeal and of the Mass, Secrecy*, and *The Metropolis and Mental Life* - are based on the idea of "emotion as the sites of embodiment of social relationship" (Shilling

2003:9; Simmel 1950). Ervin Goffman's "body idiom" is a manifestation of a form of cultural meaning (Shilling 2003: 72-8; Goffman 1963).

Schilling is critical about the most polarized social approaches to the body: naturalistic views of the body – the understanding that the social is a construction of the natural – and the Foucauldian socially constructed view of the body – the understanding that the natural is a construction of the social (Schilling 2003:71). He finds both approaches fall into essentialism. For example, the Foucauldian social constructionist approach toward the sociology of the body does not reveal much about the body as a material, physical, or biological entity. The naturalistic view of the body predetermines the social inequality of that which is human based on the biological and physical nature of bodily differences. It disregards that "social inequalities can themselves become embodied" (Shilling 2003: 172). Although I disagree with the political goal he presents in his book, that is, his call for a theoretical consolidation of social theory on the body for the sake of substantial theoretical progress in the field, I agree with his proposal to bring the physical body back to the sociology of the body. He differentiates his foundationalist view of bodies in sociology as material, physical, and biological entities from a naturalistic approach to the body (Shilling 2003:11). His effort to undo the nature/culture dualism is an intellectual task I share.

Rethinking the body beyond Cartesian categorical dichotomies or biological determinism is an important theme for theorists of the body (Grosz 1994; Crossley 2001; Schilling 2003). I want to think of the body as both socio-culturally constructed and a physiological agency that expresses differences through its own and surrounding forms.

Therefore, I conceptualize the body as matter and/or a quasi-open space that entails three fundamental social dimensions: (1) it is produced and reproduced by knowledge(s) and technologies, (2) it embodies and manifests social and psycho-somatic experiences, and (3) it brings changes to its own forms, ways of living, and surrounding environments.

Among Western feminists, the subject of the body, especially women's bodies has been controversial. Under the strong influence of the Cartesian philosophical tradition, the body is understood as matter that should be under the control of the rational mind. The idea of an asymmetrical relationship of mind over body frequently is equated with the idea that the male is identified with the mind and female with the body. This formulation justifies the subjugation of women by men in society. Accordingly, for Western feminists, analyses of the embodied nature of sexual differences become initial take-off points to argue against the unequal treatment of women. Let me briefly map the concept of the maternal body in some major Western Feminist thoughts.

Under the influence of the somataphobic tradition of Western philosophy, Simone de Beauvoir (1953), one of first wave feminism's most important theorists, raised the female body to the same stature as the fully rational male subject. She used that strategy in order for women to gain equal power with men in society. She contended that women can achieve the same social level as men once they have overcome female biological influences on their minds and have become as transcendent beings as male subjects are. In other words, for a woman to be as successful as a man she has to become a man (not woman) by nullifying specific feminine sexual features such as menstruation, lactation, pregnancy, and menopause. Feminists would later make major criticisms of de

Beauvoir's idea that the body was an obstacle to rationality. Their criticisms were mainly about de Beauvoir's uncritical reflection of a masculine bias toward women's bodies as secondary to the male body in the social hierarchy.

Adrienne Rich (1979) utilized another strategy to challenge the justification of male dominance over the female body. Different from de Beauvoir, she casts a positive light on the female body, especially on female reproductive capacities. She argues that relationality and responsibility are uniquely ethical essences of the maternal body (Price and Shildrick 1999: 5). Although this argument sounds attractive to those who are seeking the positive in the female body, Rich's universalized male and female bodily differences and her biological essentialism of the female body as reproductive capability disregards and/or downgrades the embodied experience of women who are not yet or will never become biological mothers. Rich's work, however, had a significant influence on later feminist works on the maternal body, especially work on women's embodied experience of childbirth.

In the 1980s, feminist scholars initiated a body of work on the cultural meaning of female (maternal) bodies and childbirth practices in the West. This move, together with criticisms of technocratic society in left wing academia, reflected the increased public attention to the home birth movement as an alternative to the biotechnological control of birthing in hospitals. Literatures across different disciplines pointed out the patriarchal biases present in American childbirth knowledge and practices (Davis-Floyd 1992, 1993, 1994a, 1994b; Kahn 1995; Rothman 1989; Oakley 1980; Simonds, Katz Rothman & Norman 2007; Wolf 2009). For example, Ann Oakley suggested that birth is seen

primarily through the patriarchal gaze, which causes the devaluation of childbirth as well as women's bodies (Oakley 1980). Emily Martin (1987) contended that technological intervention in childbirth facilitates the mother's disembodiment experience. She further argued that the feeling of being out of control and the intense experience of fragmentation often experienced by psycho-neurotic patients was similar to the experiences of pregnant women who went through Cesarean-sections (Martin 1987:75).

There has been a substantial increase in American feminist literature and English-language research from the late twentieth to the present day (Behrmann 2005; Baumslag and Michels 1995; Blum 1999; Brown and McPherson 1998; Carter 1995; Giles 2003; Golden 2001; Hausman 2003; Latteier 1998; Maher 1992; Palmer 2009; Stearns 1999; Umansky 1998; Wall 2001; Wolf 2001). At the same time, breastfeeding self-help educational books for mothers (Eiger and Olds 1999; Huggins and Ziedrich 2007; Pryor 1997) and for medical professionals (Riordan and Auerbach 1993, 1996, 1999, Riordan et al. 1997, 2001; Riordan and Wambach 2009; Lawrence 1980, 1985, 1989, 1994; AAP 2002) have taken off.

A growing body of literature examines and illustrates the sexual aspects of lactating and nursing in breastfeeding practices (Baumslag & Michels 1995; Behrmann 2005; Carter 1995; Giles 2003; Stearns 1999; Umansky 1998; Wall 2001). Especially in the late 20th century, when public breastfeeding drew significant public attention in the US, studies on the (de)sexualization of breastfeeding have emerged in sociology. Baumslag and Michels write, "[o]ur culture, proud of its high standards of morality and modernization…, has transformed the [female] breast into a sexual, from a sustenance,

object" and wrongly regards naked breasts in public as the obscene equivalent to a naked penis (Baumslag and Michels 1995: 6). Blum points out that the decline in breastfeeding rates in postwar America can be explained by the increasingly sexualized nature of female breasts in popular culture: "[n]ursing was doubly dangerous in this era, when breasts were singled out and increasingly sexualized" (Blum 1999:38; Carter 1995:128). Carter explains that people's feeling of uneasiness with pubic breastfeeding originates from the dichotomized views of female sexuality that surround breasts because "[h]eterosexual availability is separated from child bearing," and female "[b]reasts are acceptable in public if they are presented (closed or not) in ways which correspond to non-reproductive (hetero)sexuality"(Carter 1995:128). At the same time, sexualization of nursing breasts is also regarded as cultural taboo. Umansky argues that "the crown of good motherhood is always given to the mother who is willing to desexualize her body" (Umansky 1998: 299). Umansky explains that law and culture eagerly construct the good maternal body by exorcising sexual element from breasts and breastfeeding at any cost. This social aspect is demonstrated by the story of Karen Carter, a mother who experienced sexual arousal when breastfeeding her two-year-old, called a crisis line to speak with a counselor about her feelings. The State Department of Social Service responded by taking her child away from her for more than a year (Umansky 1998:299). Furthermore, as Stearns points out, "the current construction of the good maternal body requires women to carefully manage the performance of breastfeeding" (Stearns 1999:308) because as Wall said, "[b]reasts in contemporary Western culture are required to be sexual within a heterosexual framework and women are expected to manage the scrutiny of their breasts by maintaining an appropriate balance between attractiveness and

respectability" (Wall 2001: 594). For Wall, "the issue of 'sexuality' [is] the important factor along with the issue of 'nature' in moral constructions of motherhood in breastfeeding discourse" (Wall 2001:598). Giles (2003), however, suggests another horizon for the sexualized body of the mother in relation to morality. Giles' collection of personal narratives about breast milk and breastfeeding experiences has new emancipating hope for women. It especially liberates women from embodying the sexual moral gatekeeper role by allowing for a morally legitimized view of female breasts and breast milk in heterosexual relationships. Each personal narrative in her book testifies that the eroticization of breast milk and female breasts are not necessarily reduced to a script of female bodies victimized by male desire. Giles' book demonstrates that the utility of breast milk is not limited to nourishing babies and nurturing relationships between mother and baby but is also a source of nourishing foods – a part of cooking recipes, nurturing love between adults in sexual relationship, and even voluntarily object of erotic fantasy (Giles 2003).

The above arguments affirm that desexualizing female breasts in the public sphere is impossible. For example, as Wall and Umansky argue "it is not helpful to simply assert that breasts are not really sexual because they have indeed been coded as sexual and such coding is deeply ingrained and widespread throughout Western culture" (Wall 2001:598; Umansky 1998:299). At the same time, Giles questions the legitimatization of asexual norms attributed to maternal breasts as only way in which bodies can be empowered in public sphere. This ironically indicates that the desexualization of breastfeeding bodies is another form of the sexualization of the female body in general

and breastfeeding body in particular within a hetero-normative and male hegemonic framework.

Along similar theoretical grounds, I argue that problematic features of asexual norms in the workplace reflect the embodied hetero-normative and male hegemonic cultural experiences of sexualized others at work. More than 50 years after de Beauvoir's discovery of women as the second sex, however, we have not yet been freed from her dilemma. In fact, many female professionals are still living with de Beauvoir's ethos: leave your body at home and bring a male body to work. In post-industrial societies, such as the US and Japan, her idea of "transcended being" has been reborn and become a dominant trope in the workplace, the "professional self," a role of gender neutrality. The miracle effect of the "professional self" is that it veils the sexual differences of workers in the workplace. Its narcotic effect makes female workers temporarily stop thinking about why they get angry being treated as a "second sex". The phrase, professional self even makes them ashamed about their personal failure to blame institutional sexism openly.

According to the logic of classical organization theories, as reflected in Max Weber's writings on bureaucratic organization, and F.W. Taylor's work on "scientific management," social institutions operate most efficiently when based on the rationalization of human relationships (Gerth & Mills 1946; Taylor 1911). In keeping with their ideas, the US Equal Employment Opportunity Commission has found that the organizational regulation of sexual harassment through legal governance in the workplace is the best way to promote work efficiency and productivity. In twentieth century US and Japan, the influence of classical organizational theory and practices continues to

loom large (Dore 1973; Tsutsui 1998). The asexual norm in organizational life appears as the best way to promote equality among organizational members. By idealizing the gender neutral body within asexual organizational practices sex, gender, and sexual discrimination should be eliminated in the workplace. Despite that idealization, however, sexism and sexual discrimination remain in organizational life.

Traditional organizational practices, and theoretical understandings of them, however, exhibit contradictions and problems that have drawn criticism from scholars in different fields (Hearn et al. 1989; Hearn and Parkin 1995; Schultz 2003; Woods 1993). Hearn and others show that organizational desexualization is an illusion by demonstrating how organizational life is actually implicitly and explicitly sexualized (Hearn et al. 1989). Hearn and Parkin (1995:21) note that "Classical theory and its associated practice ignore sexuality, conflate masculinity and asexuality, and create the possibility of the conflation of femininity and sexuality". Woods uses this argument to illustrate the (de)sexualized corporate life of gay professionals. He argues that the asexual norm in work organizations is ingrained by the heterosexual imperative; therefore, for the gay professional, "efforts to desexualized are in fact efforts to heterosexualize" (Woods 1993:68-69). According to Schultz, the asexual imperative in the workplace requires a sanitization of the workplace by legal forces that, in turn, threatens the nurturing of friendships and solidarity among workers from diverse cultural and occupational backgrounds and the realization of common goals (Schultz 2003:2069).

Sex and sexuality are important to understanding the human body because the body, sex, and sexuality are bound up in determining authentic selves and human relationships in Western Society. According to Foucault (1978), sexuality is perceived to

lie at the heart of the self. Judith Butler explains that the category of sex is a normative and "regulatory ideal" and its materialization never completed (Butler 1993:2). Sex is neither a given nor natural entity but acquires its naturalized effect through a sedimented effect of reiterated ritual practices. Following their theoretical approach I define sex as a part of a regulatory practice to control bodies. Sex is a regulatory practice, what Butler calls the practice of performativity, whose materialization takes place through time by forceful reiteration of norms. The necessity of reiteration implies that materialization is never completed. Bodies never comply with the norms by which their materialization is impelled. She states that the matter of bodies is an effect of dynamic matter shaped through the practice of performativity; sex is no longer a bodily given but a cultural norm which governs their materialization; the subject, the speaking "I," is formed by the process of assuming a sex, an identification; and "the construction of gender operates through exclusionary means" (Butler 1993:8). Butler discovers that the heterosexual imperative plays the role of regulating identificatory practices, that is, under such a regulation certain sexed identifications are foreclosed and disavowed. Subject formation depends on the simultaneous production of a domain of abject beings under the exclusionary logic of the heterosexual imperative (Butler 1993: 3). Butler's important argument is the de-constituting possibility of sex. She discovers this possibility in the very process of reiteration because reiteration creates gaps and fissures that open up the symbolic law of sex and lets norms escape, thereby creating a constitutive instability. By using Althusser's concept of interpellation as formation of the subject, Butler argues that the formation of a subject is easily challenged by misrecognition between the law and the subject but also by disobedience of the subject to the law (Butler 1993:122).

Therefore, “this instability is the power that undoes the very effects by which ‘sex’ is stabilized, the possibility to put the consolidation of the norms of ‘sex’ into a potentially productive crisis” (Butler 1993:10). Thus, she interrogates the erasures and exclusions that constitute its limits (Butler 1993:12).

Nonetheless, I also want to illustrate a pessimistic outcome of disobedient acts, which have the revolutionary hope of the total rejection of the existing system. Inadvertently, the subject’s intention of disturbing the existing order, a libel performance, soon becomes categorized as a parody because its practice still relies on the existing symbolic system of sex. Consequently, minor instability created by disobedience plays the role of a safety valve that maintains future organizational stability of the institution underlined by the heterosexual imperative’s symbolic system of sex. Accordingly, I illustrate both the constituting and de-constituting possibility of the heterosexual imperative by presenting the conflicted experiences of (de)sexualized bodies and hegemonic asexual body images. I contend that it will contribute to a better understanding of selves as socially embodied subjects of knowledge(s) and technologies. Experiences of (de)sexualized bodies certainly serve a political goal by providing an opportunity to refigure our bodies. Since contemporary ideas of the body are deeply anchored in our conceptions of the self and ideas of subjectivity, refiguring the body implies the very possibility of inventing a new self and its relationship with others. Within my theoretical framework, I define (de)sexualized bodies as an organic complex marked by various kinds of sexual and non-sexual meanings created out of body images, psychosomatic experiences through practices of abjection and rejection, as well as

"emulation, mimesis, performance, [and] habituations" of the hegemonic body image (Rose 1998: 191).

Following these arguments, I further argue that complete desexualization of breastfeeding bodies in public is not only an ineffective but also problematic strategy for challenging the sexual domination of women's bodies by heterosexual men. For example, the de-eroticized view of nursing breasts in public promoted by lactivists is not a helpful strategy to increase people's tolerance toward public breastfeeding because it cannot reflect the real experiences of a mother's life with her lactating and nursing breasts. The desexualization of maternal bodies in public space is problematic because it dangerously affirms the body hierarchy in public that operates within the hetero-normative and male hegemonic framework. While the asexual norm in public life is believed to be an achievement of civilization and a manifestation of a culture with high standards of morality, such a cultural norm successfully conceals the hierarchy of bodies by marginalizing the sexualized Others. As the result of this, the breastfeeding body is marginalized at work. Therefore, lactating or nursing bodies understood as bodily manifestations of feminine sexuality in naturalized, universalized and standardized ways also deviate from the naturalized, universalized, and standardized ideal asexual body image of the professional worker.

Why then do breastfeeding mothers believe that the professional body should be a body without traits of female sexuality? I assume that the ideal body in public institutions is our collective fantasy of the universalized and standardized body. Behind this ideal image, what I term the "hegemonic body image," unequal social relations based

on a sexual hierarchy lie hidden. I borrow Gramsci's political term hegemony to convey the idea that there is a dominant body image governing institutional members in our society (Jørgensen 2002). This hegemonic body image is inspired by other bodies as the picture of normal selfhood. It is a model and simulacra of desirable selves and reflects the other body against which alternate images of undesirable subjects – despised, rejected, or abject bodies – are judged. I ask how people in organizations come to believe that the hegemonic body image is natural despite the limits it imposes on their body images and practices. In other words, what makes the institutional (de)sexualization of maternal bodies possible in the US and Japan?

E. Methodological Approach

I employ discourse analysis to reveal how cultural, historical, scientific, medical, legal, personal and political narratives constitute breastfeeding bodies, breastfeeding practice, and breast milk in order to deconstruct ideal motherhood and worker-hood as they are scripted within the dominant breastfeeding discourses in the US and Japan. Therefore, I present the unstable nature of dominant discourses on breastfeeding by finding the silences and contradictory aspects hidden within it which also help to define the ideal body images of mother and worker in the USA and Japan.

I organize this dissertation in the following order. Chapter One examines cultural aspects of breastfeeding in the United States and Japan. Through illustrating the cultural narrative of the sexual aspects of breastfeeding, I analyze two cultural images of the nursing mother, one that appears in Christian iconographic art and the other in Japanese Ukiyoe art. In comparing these two art works, I explain how the sacred image of the

Madonna's breasts became distinct from the eroticized nursing bodies of 20th century American culture and how Yamanba's breasts existed as a part of 20th century Japan's desexualized maternal body image . In a second section, I present two psychoanalytic narratives: the Oedipus complex based on Greek mythology and the Ajase complex based on a Japanese version of Indian mythology. The maternal figures represent by the two narratives play completely different roles. While Oedipus's mother is represented as passive and sexualized, Ajase's mother is aggressive and non-sexualized. Oedipus reached maturity by sexualizing his mother; Ajase, in contrast, matured by forgiving her crime. Castration anxiety was equivalent to incest fear in Oedipus, but Ajase's fear was of his mother's evil side, her super-human and sub-human personality. Additionally, I examine the representation of female nipples and breasts in some Western, postmodern, feminist poetry and the representation of maternal breasts in 1970s Japanese nursery music and 1960s Japanese popular music.

In Chapter Two, I present the historical evolution of breastfeeding practices in the US and Japan. By and large, breastfeeding and the emergence of alternative feeding choices, and the social attitudes that have accompanied those choices, have proceeded along parallel tracks in Japan and the US. Alternative feeding choices – wet nurses, animal milk, and formula – emerged in similar historical order in both countries. Cultural differences in breastfeeding practices emerged in Japan and the US during the early twentieth century because Japanese mothers working in factories brought their babies with them and at times conducted onsite nursing, while similarly employed American mothers left their babies at home with their older children or neighbors. Different conceptions of the body – babies' and mothers' – mothering and working, and the

availability of alternative modes of infant feeding explain for how American and Japanese mothers related to nursing. Bottle feeding was less prevalent among poor and working-class Japanese mothers because of the cost of bottles and milk. At the same time, onsite free daycare was also available at many garment factories in Japan. Nonetheless, both American and Japanese babies born from these factory workers were less likely to survive. Presently, the United States and Japan are under the influence of world-wide breastfeeding movements. In the US, given difficulties with nursing in the workplace, the materiality of mother's milk plays the central role in defining breastfeeding practice among working mothers. At the same time, breastfeeding became the up-to-date infant feeding choice while urban professionals and educated mothers in the US increasingly perceived formula feeding as an obsolete choice. While the great majority of Japanese mothers wish to breastfeed, mixed feeding is the increasing trend.

In Chapter Three, I present scientific and medical interpretations of breastfeeding practice in America and Japan. I deconstruct the narratives of the breastfeeding absolutists who argue that mother's breast milk and breastfeeding practice is the ideal form of infant feeding because it most closely adheres to the laws of human nature and is proved by scientific evidence. I borrow Shinji Kajitani's concept, "*Shizen shugi*" – (Naturalism) to show how the word, "nature" is used to define mother's milk, human milk, and breastfeeding as an absolute truth, thereby undermining wet nurses' milk, cow's milk, and formula and bottle feeding. By presenting common aspects of naturalism in the discourse of the breastfeeding absolutists in America and Japan, I reveal the pitfalls in their ideological approach to the cultural idea of "good-motherhood."

In Chapter Four, I present body and sexual aspects of breastfeeding in the US and Japan. I apply queer theory and post-structural psychoanalysis to explore the relationship between the incest fear and nursing breasts in American and Japanese societies. I explain how fear of incest among parents and society plays a central role in defining the healthy and normal self in the US. In Japan, children achieve a healthy and normal sense of self by accepting their parents as flawed instead of omnipotent figures. Nonetheless, the fear of incest exists in Japanese society. Japanese parents and society are much more cautious about sexual violence against children by outsiders – non-family members. In exercising this caution, in fact a form of displacement, the domestic sphere is preserved as a haven from the outside world. As a consequence of this displacement, Japanese lose the opportunity to reflect seriously on the historical role that sex, sexual dominance, and the violence of one body against another has played in the domestic sphere. The Protestant ethic of an asexual norm in public life still dominates the American mode of a healthy and normal self, while the same Japanese sense of a healthy and normal self partly springs from the internalization of the colonizer's gaze on "not yet civilized naked bodies of the Japanese self" together with a constant displacement of eroticism to Others. Finally, I extend my argument about differences in US and Japanese culture by examining the silences that accompany the crimes of incest in both countries and the danger of maintaining these silences.

In Chapter Five, I move on to a deconstructionist interpretation of legal discourses in breastfeeding in the US and a cultural psycho-analysis of the absence of the relations between breastfeeding practices and obscenity and sexual offense laws in such legal outlines in Japan. In addition, I examine public and workplace laws and policies related

to breastfeeding in the USA and Japan. I present three different but inter-related aspects of breastfeeding practices: (A) public policies on infant feeding as an extension of maternal and child health; (B) public policies and workplace laws on maternal bodies in the workplace; and (C) legal conceptions of nursing and nursed bodies as they relate to sexuality. The first aspect examines differences in the promotion of breastfeeding as an extension of maternal and child health and supported by public policies and laws in the two countries. The second aspect is a comparison of labor laws that regulate the maternal and nursing body at work in the US and Japan. The third aspect explores the legal constructions of the nursing body in public as reflected in obscenity and sexual offence laws in the US and how the absence of similar laws in Japan influences attitudes toward public nursing.

In Chapter Six, I analyze mother's embodied experiences of breastfeeding at work. Here I investigate why maternal breastfeeding is not completely accepted in the workplace in the US and Japan. I apply Gramsci's concept of hegemony to explain how nursing women come to believe that the "asexual body" represents the ideal body image in corporations. I propose that the "hegemonic body image" appears to be natural and ideal because women imagine their bodies through the lens of the "hegemonic body image." It is often argued that the construction of the hegemonic body image operates through exclusionary means and forecloses culturally unthinkable bodies (Butler 1993:8). What constitutes the "culturally unthinkable," however, is contested. Laclau and Mouffe's view of discourse - "a temporary closure [which] fixed meaning in a particular way, but does not dictate that meaning is to be fixed exactly in that way forever" offers a way to think about the hegemonic body. "There is always room for struggle over what

the structure should look like, what discourses should prevail, and how meaning should be ascribed to the individual signs" (Phillips and Jørgensen 2002: 29). The important aspect of the hegemonic body is that it is inspired by other bodies as the picture of normal selfhood. It is a model and simulacra of desirable selves and serves as a mirror to the other body against which alternate images of undesirable subjects – despised, rejected, or abject bodies – are judged. I contend that nursing women create their images of bodies through practices of "emulation, mimesis, performance, habituations" of the ideal asexual body in the workplace (Rose 1998: 191). I investigate how these nursing mothers come to view the hegemonic body in organizations as natural despite the limits it imposes on their body images and practices.

In Chapter Seven, I discuss the causes and possible effects of the reappearance of breastfeeding bodies in American public spaces and their disappearance in Japan. Differences in cultural ideas about nursing bodies and public policies toward nursing mothers explain the reappearance and disappearance of the breastfeeding mothers in public in contemporary America and Japan. The visibility and physical presence of the nursing body in the workplace challenges the ideal asexual body within the heterosexual normative and male hegemonic system as well as the opportunity to question the sexualization of nursing breasts in public. The physical disappearance of the nursing body in Japanese corporations and public settings in the light of the "maternal protection policy" – long maternity and child care leave - may not have the same effects, however.

In Chapter Eight, I discuss the implications of gendered public policy toward mothers and breastfeeding children in Japan and gender-blind public policies toward

mothers and breastfeeding children in the US for sex equality at work and in public life. The purpose of this chapter is to indicate potential pitfalls stemming from an optimistically liberating view of “mother or family friendly workplaces” in Japan and the “gender-neutral professional body” in US workplaces. I follow with a conclusion and brief summary of the chapters.

Chapter 1: Cultural Aspects of Breastfeeding

A. Maternal Bodies in the Arts and Mythologies: The Nursing Breasts of Madonna vs. Nursing Beasts of Yamanba

Despite a comparable level of economic and technological development, Japan and the US are culturally distinctive in defining self and society. Although the size of their populations and the degree of cultural diversity by sex, race, ethnicity, and class are significantly different, we can still compare each dominant cultural value of the middle classes of each country. The difference in people's tolerance toward public breastfeeding is a good example of this. In this chapter, I use object relations theory to analyze the cultural meanings of maternal/nursing bodies represented by the Christian iconographic art and by *Ukiyoe* art, and Greek mythology (Oedipus complex) and Indian mythology (Ajase complex). The analysis here will contribute to not only understanding the differences in cultural tolerance to public breastfeeding but also the difference in cultural definitions of motherhood and a mother's cultural role in the development of healthy and normal self in society.

The psychological source of the cultural dilemma about the nursing breast in the contemporary US can be traced back to the religious iconographic image of the Virgin mother in Christianity. During the fourteenth century in Italy, the sacred quality of the maternal breasts represented by the iconic image of the nursing Madonna was worshiped as the ideal maternal body image in the society. Popular stories and paintings throughout the Middle Ages in Europe taught that breast milk was the most holy and miraculous fluid in next to blood. Its wonders were repeatedly mentioned in numerous poems, stories, and songs at the time (Yalom 1997:44). A story about the twelfth-century, Saint

Bernard who received a stream of milk directly from the Virgin's breast indicates that "only the milk of the Virgin, untainted by sins of the flesh, could be considered capable of producing miracles" (Yalom 1997: 45-46). The idea of virginity as a source of producing miraculous milk is underlined by the story of the miraculous birth of Christ from the Virgin Mary. Accordingly, the nursing Virgin Mary is carefully desexualized/de-eroticized by the word, miracle. Learning from the numerous paintings devoted to the theme of the nursing Virgin Mary in the thirteenth century onward, nursing body images were carefully desexualized by silencing "any suggestion of sensual enjoyment, and to convey only the idea of spiritual nourishment" (Yalom 1997: 46). Later, this sacred nursing breast image became overshadowed by the erotic implications of female breasts during the fifteenth, sixteenth, and seventeenth centuries in Italy, France, England and Northern Europe (Yalom 1997:5) and later in the 20th century US.

Ironically, the picture of the nursing Virgin Mary became an object of male desire: a lactating woman without any trace of childbirth or sexual intercourse. Indeed, such a male fantasy survives in contemporary Western countries but in a different form. Rather than in the desexualized/de-eroticized form, the body image of a highly sexualized/eroticized lactating woman minus a baby appears in many pornographic pictures, videos, films, and comic magazines in the US and Japan. Director, Ed Deroo, who shoots many lactation porno films,[1] argues that the lactating maternal body is the never-ending object of desire for many men. In Fiona Giles's book *Fresh Milk: the Secret Life of Breasts*, she quotes Deroo: "I think the main reason why men like lactating

[1] Ed shoots the porno since 1984. Some of his films are "Battle of the Ultra Milkmaids, Beyond the Battle of the Ultra Milkmaid, Jersey Maids, Lactomania series (eighteen volumes), Ready to Drop, Forced to Lactate, Aged to Perfection" (Giles 2003:167-168).

girls has to do with mothering. It's what life and sex and the whole thing is all about. Pregnant women have always hidden their bodies; they've always been ashamed of themselves. But it's a beautiful thing. And most guys either nursed or wanted to. So it's ingrained in us that need it" (Giles 2003:171-172).

Furthermore, Yalom argues that the breast of the nursing Madonna "had value only because it nourished the future Christ." She explains, "her significance always depended on a male more powerful than herself" (Yalom 1997: 48). In order to prove his miraculous power, Christ needs Madonna as an alibi of his birth story – a child born of a virgin woman with a relationship to God. In this sense, the Madonna's nursing breasts play a role of phallus for Christ. According to Lacan, the phallus is a symbolic signifier in patriarchal systems, although it is not necessarily viewed as a symbolic representation of the penis (Lacan [1966] 1977). The phallus acts as both a sign of gender difference and is "intrinsically neutral" (Ragland-Sullivan 1982:10) as an object of the other's desire (Grosz 1990). The phallus is desired by both woman and man in order to compensate for what they lack out of the disillusion of complete identification between mother and child. Men disavow their lack and try to displace it with women, and women try to symbolize themselves as the lack for men in order to compensate for their own lack (Allison 2000:23). Accordingly, while desire for the Madonna's nursing breasts has continuously existed in our society, it is presented in a tilted form in contemporary society. The desexualized Madonna's nursing breast images no longer hold the power to sanitize all nursing bodies in public. After the death of God, the sacred meaning of Madonna's nursing breasts has been lost, it can no longer invest its miraculous power on the human

psyche. Therefore, in the contemporary US, public nursing breasts signify a tilted form of the Madonna's nursing breasts in iconographic art.

In conventional Japan, it is politically correct to think that once a woman becomes a mother the sole purpose of her breast is to nurse her child which means it no longer holds a sexual connotation. Benedict describes attitudes of Japanese breastfeeding in *The Chrysanthemum and the Sword* (1967) as follows:

"For three days after its birth the baby is not fed, for the Japanese wait until the true milk comes. After this the baby may have the breast at anytime either for food or comfort. The mother enjoys nursing too. The Japanese are convinced that nursing is one of a woman's greatest physiological pleasures and the baby easily learns to share her pleasure. The breast is not only nourishment: it is delight and comfort" (Benedict 1989: 257).

The "*Yamanba to Kintato*" by the famous Edo period *Ukiyo-e*[2] artist, Utamaro Kitagawa, presents a traditional image of nursing in Japan. The picture is a nursing scene of the *Yamanba* mother and her baby son, a legendary child in Japan, *Kintaro* (*Sakata no Kintoki*). This woodblock print was drawn in 18th century Japan. *Yamanba* is often depicted as a witch-like woman who lived deep in the mountains. She was depicted mostly alone but sometimes with her son, *Kintaro*. According to the book of historical legend, *Konjaku monogatari shu*, published late in the Heian period (794 – 1185) in 976, the emperor *Minamoto no Yorimitsu* crossed Mount *Ashigara*. The mountain was completely surrounded by red clouds. Attracted to the unworldly atmosphere of the mountains, the emperor climb to the summit where he met a boy named *Kintaro* and his widowed mother, *Yamanba*. The emperor leaned that *Yamanba* conceived *Kintaro*

[2] Literally means 'pictures of the floating world.' It is a genre of Japanese woodblock prints and paintings produced between the 17th and the 20th centuries. It motifs are landscapes, tales from history, the theatre, and pleasure quarters (JAAUS 2001).

through sexual intercourse with a red dragon that appeared in her dream. The birth story of *Kintaro* convinced the emperor that *Kintaro* is not an ordinary human, and his beast-like arms proved his super-human trait. Later *Kintaro* became a bodyguard of the emperor. Usually, *Yamanba* is depicted alone as a fearful face with large eyes, long hair, and a skinny body. When she is joined by her son, *Kintaro*, however, *Yamanba* is depicted as a nurturing and loving mother. As we see in Utamaro's picture, *Yamanba* has a Buddha like face, casting soft eye sights toward her son and letting her son's playful fingers pull her nipple. In Japan, such behavior from a small child is openly accepted as an extension of his or her nurturing relationship with the mother. The Japanese regard it as one of the sweetest memories from childhood.

The Virgin Mary, based on the monolithic religious interpretation of the ideal motherhood image, is depicted as sacred and beyond the touch of any profane essence. *Yamanba* is depicted as having two conflicting personalities: a nurturing and loving mother and a cruel and inhumane female creature. Radical idealization of the maternal breasts represented by the Madonna oversimplifies the maternal body image in Western countries where the ideology of Christianity dominates. Melanie Klein's object relations theory explains this phenomenon as the condition of "paranoid-schizoid position" in which the primary object is separated into good and bad (Klein 1928). According to Klein, this psychic mechanism is necessary to cope with anxiety and ambivalence toward others. Therefore, the Madonna's breast was idealized as good against the bad hetero-sexualized breasts on the earth. It was necessary for religious men at that time to cope with their own ambivalence over the double meanings of women's bodies: virgins or whores. Therefore, the oversimplified maternal body image represented by the Virgin

Mary is easily dismissed because it easily gives birth to the alternative image: a sexualized female body. On the other hand, the complex characterization of maternal body images embodying two opposing personalities – good and bad – represented by *Yamanba* is hardly conceived as an alternative body image. These different metaphorical representations of maternal body images partly explain the culturally distinctive foundations of the differences in tolerance toward the woman's public nursing body.

B. The Oedipus and Ajase Complexes

According to Sigmund Freud, children at a very early age develop an object-cathexis with the maternal body through erotic (aggressive) impulse of suckling maternal breasts. When a boy's sexual wishes toward his mother become more intense, his father prohibits him from exercising it. Girls simply identify with their mothers by sharing penis envy. The boy receives a message from father: identifying with your mother means castration. Boys develop their superegos out of castration fear and then by identifying with their fathers. Freud explains this psychological development of self by using Greek mythology, Oedipus, the son of Laius and Jocasta, king and queen of Thebes, killed his father and married his mother Jocasta and had four children. After many years of marriage to Jocasta, a plague of infertility strikes the city of Thebes as God's punishment for Jocasta's incestuous relationship with Oedipus. Dissolution of and by overcoming their Oedipus complexes boys consolidate their sexual identities, identify with their fathers, and desire women but based on a disavowed desire for their mothers. Girls identify with their mothers and desire men based on a penis envy of their fathers. Boys' desires are disavowed but girls' are not. Although incestuous relationships have been prohibited between mother and son by the father, those of daughter and father are not

mentioned – not yet disavowed in the Oedipus complex. This could partly explain why in Western countries incest between daughter and father is a greater public concern than that of mother and son.

The Ajase complex was introduced by Japanese psychoanalyst Kosawa Heisaku in 1932. It is based on "the Japanese version of the story of the Indian prince *Ajatasatru*, a contemporary of the Buddha whose legend appears in Buddhist scriptures" (Allison 2000:4). The Ajase Myth appears in Buddhist scripts. Queen *Idaike* desired a child to secure her husband's attention, but she could not have a child so she consulted this with a seer who told her that a sage living in the forest will die within three years and will be reincarnated as her son. The queen could not wait that long and killed the sage and gave a birth to *Ajase*. Later the queen was haunted and cursed by the dead sage. Queen *Idaike* tried to kill her son, *Ajase*, in fact, twice but could not do it. She finally accepted her fate and became a loving and dutiful mother. A happy child *Ajase*, one day learned the history of his birth. The story disillusioned his idealized image of his mother. He hated her crime and tried to kill her but failed. The guilt from his attempt to kill his mother made him sick and later he was inflicted with a terrible disease. His mother stayed by him and cared for him with love and devotion while he was in bed. Then *Ajase* lost his resentment of her. The two then reunited in a bond of mutual forgiveness (Allison 2000:4). The differences between Ajase complex from Oedipus complex, argued by Kosawa are that (1) child socialization in Ajase complex is illustrated in a dyadic form rather than the triangular one in Oedipus complex. This shows, the family is centered by the mother and child relationship and the father is barely involved in this relationship in Ajase narrative; and (2) in Ajase complex, child's maturation is marked not by his ability

to break off the relationship with the mother but ability to recognize the mother as a person by overcoming the ideal motherhood image of such as omnipotent being, great-mother (Allison 2000:137-138). Different from the application of the Oedipus complex and the father's order to his son to separate from his mother, in the Ajase complex, rules guide Japanese children about how to accept mothers as persons. The significant difference between the Ajase and Oedipal myths, argued by Allison, is the difference in resolution of guilt (Allison 2000:3-5, 8, 136-137; Okonogi 1978, 1979). For Oedipus, the resolution of the guilt from his sexual desires for his mother was resolved by his father's threat but Ajase resolved his feelings of guilt for hating his mother by forgiving her crime and accepting her as a flawed person. Thus in Ajase narrative, the boy child remains bonded to his mother. The absence of erotic desire in the Ajase narratives is in marked contrast to its presence in the oedipal narrative.

C. Cultural Ambivalences of Maternal Body Images

Kintaro's play with *Yamanba's* nipple reminds me of two contemporary English narratives defining female nipples. The first is about the legal re-definition of nipples that occurred in the guidelines for discreet nursing in several US states. Recently, several states have amended laws that classified nursing as obscene. Those laws required mother to nurse discreetly by covering up nipples and areolas. The law was rewritten as follows: breastfeeding is legal "… irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding" (Public Act 093-0942, Illinois, Section 10: 145.905 Location for breast-feeding, see also, Minnesota). Past obscenity laws in the US defined maternal breasts as sexual objects, their sexuality

indicated by the exposure of nipples and areolas. Thus, a baby's playful finger pulling and touching nursing breasts was considered an illegal sight in the US.

The closet life of maternal breasts in the public discourse is challenged by a narrative - "the secret life of nipples". Here, the nipple is identified with the new phallus in a society completely permeated by computer technology and a remote control culture.

> "Consider the commonness of the computer keyboard, with all its little finger-sized keys to press, and designed specifically so all fingers can optimize their contact, although I know many of you limit your selves to your two index fingers, which is a shame. Then there's the computer keyboard's extension, the curvaceous mouse, with two smooth buttons at its summit - a full breast and two nipples in one elegant whole, ergonomically molded to the human hand. Think of the comfort this affords office workers during moments of stress, when they can grasp this soothing object" (Giles 2003:178).

> "Take the common home-based remote control, for example, which has become button central of our domestic lives, its popularity casting the humble dildo into obscurity. Also the calculator, and banking machines, Light switches and telephone dial pads. ….Hot buttons, panic buttons, …And, during the cold war, simply The Button, which, like any self-respecting matriarch, could instigate World War II and destroy the planet" (Giles 2003:179).

> "…the breast has become the new phallus. The breast is the caring erection, proving once and for all that women make the most important contributions to our culture. And were we to acknowledge the female phallus's power to give forth a stream of life giving fluid from within, its old adversary, the male phallus, would have to consider an amicable détente, or risk being crushed forever" (Giles 2003:182; Emphasis is mine).

Historically, the phallus is identified with missiles, rockets, and airplanes and whatever used to signify the male symbol – the penis. Now breasts have become the new phallus, seen in an animated nursery song - *Oppai ga Ippai* -, aired by Japan's national public broadcasting organization - Japan Broadcasting Corporation. It represents as a politically correct approach to the nursing/maternal breast in Japan.

I drank it then my younger sister drank it,
But it never gets small, mommy's boobs
I was allowed to touched it in a bathtub and it was like a balloon without enough air
Because I drank it then my younger sister drank it,
No more milk from mommy's boobs
I cannot remember if it tasted sweet or not, though I drank it a lot
Full of boobs, many boobs, Full of boobs,
Such a pleasure, I want to touch it

I drank it then my younger sister drank it,
But it is still big, mommy's boobs
I pushed it with my index finger, and it was surprisingly soft
Because I drank it then my younger sister drank it,
No more milk from mommy's boobs
I wonder if it will have milk again after another baby is born,
Full of boobs, many boobs, Full of boobs,
How beautiful it is, I love it
Full of boobs, many boobs, Full of boobs,
How beautiful it is, I love it
(English translation is mine from original Japanese; Lyric: Kayoko Fuyumori & Music: Takashi Miki).

The music, a Tango rhythm, starts with the image of a mother and baby. A smoky white curtain obscures a real nursing scene of mother and baby. The curtain successfully combines realism with a sweet childhood memory, a feeling of melancholic longing for mother's nursing breasts. In the opening music, a real mother opens half of her blouse and breastfeeds a baby. The scene of the mother and baby gradually moves to close-up of a baby's face sucking mother's breast. This scene is followed by a series of animated pictures: a boy and a girl, a child's fingers reaching and touching a mother's breast, and many identical light peach colored breasts. All kinds of mammals including the boy and the girl, each rides on a single breast. The breasts are all identical: light peach colored, rounded with nipple, floating slowly together like balloons in the air.[3] A

[3] The floating breasts may represent Japanese maternal breast nurses, those future salaried Japanese workers represented whose uniformed and identically similar laboring bodies move in the same direction with the same constant speed

light peach colored airplane speedily passes between the floating breasts. Is it a farewell moment to a former phallus? Or is the speedy airplane symbolic of male sperm? The slow motion breasts female eggs? The universe is a womb? In this song, maternal breasts are presented as a source of pleasure for any one (Allison 2000: 21). This music demonstrates the pleasure of maternal breasts is not limited to sex between adults. Allison argues that the recurring erotic cultural image of mother-breasts in nursery pictures represents a "never-ending presence of mother in her child's life" or "the very essence of life itself" from childhood to adulthood in the Japanese mind (Allison 2000:3).

Utamaro's Edo period image of nursing *Yamanba* and a nursery song in the late twentieth century demonstrate that the nursing breast is continuously desexualized in the public life in Japan. While the Madonna in the West represents a pure and sacred female figure, *Yamanba's* character is highly ambivalent having both super-human and human qualities as well as a merciless and merciful personality. Because of these dualities, the desexualized views of nursing breasts portrayed by the *Yamanba*'s nursing picture survived longer in Japanese unconscious psyche without relying on a counter image of the female body that is often portrayed in highly eroticized form. However, the dominance in Japanese culture of the maternal figure - the great mother – as represented by the *Yamanba* and *Ajase* complex suggests the greater salience of mother and son incest than that of daughter and father.

Yet, it does not mean that the sexual appeal of nursing breasts has been completely eradicated in Japanese culture. It just works differently. Differences in cultural conceptions of nursing breasts/bodies originated in the traditional ideas of male

and female bodies and acts of sexual intercourse in both countries. Traditionally in Japan, "sexuality itself lacked the connotation of dirtiness" that Judeo-Christianity ideology held, especially in the ethical scope of Protestantism. In the Shinto tradition, sexuality is regarded as one bodily function along with "burping, excretion, and picking one's nose, as a matter more of nature than of shame" (Allison 2000:163). Representations of sex are tolerated and even indulged in the Japanese mythology (Kawai 1988) and other artistic, religious, and dramatic traditions (Allison 2000:163). Westerners who visited during Japan's early modernization at the end of 19th century often argued about this moral aspect. For instance, the English missionary, the Reverend Walter Weston, and American English teacher, William Elliot Griffis, noted in the late 19th century that naked Japanese women's bodies generally attracted little more than glances when they were involved in public bathing or nursing (Weston 1925; Griffis 1899). This cultural attitude toward sex and sexuality has often been viewed as an indication of Japanese heathenism (Allison 2000:163).

Historically, obscenity law, established during the 1900s,[4] functioned as a way to acquire the civilized identity of a modern nation in the eyes of Westerners. For the Japanese, the asexual norm in organizational life in the public sphere was acquired during this time. Therefore the rules of asexual norms originated not from its traditional culture but from a reaction to a foreign psyche that propagated a stereotype of Japan as a culture of excessively exposed bodies. Drawing from Homi Bhabha's Freudian analysis of the colonial psyche (Bhabha 1992), Allison argues that the early modern Japanese

[4] "Contemporary laws on obscenity originated during the Japan's period of modernization with Article 175 of the Criminal Code in 1907 and Article 21 of the *Customs Tariffs Law* in 1910" This includes prohibitions against public nursing and mixed public bathing (Allison 2000:163).

government's response to censorship is indicative of the ambivalent nature of the colonized other: "On the one hand, an attempt was made to reform Japan by eliminating the differences that it posed to, and that were disparaged by, western culture. On the other hand, censorship was invoked in order to protect Japan's own social body from being infiltrated and de-formed by western influence" (Allison 2000:164). She concluded that Japanese obscenity law represents both "[t]he fetish of public obscene protectionism around the self and from hostility as well as receptiveness toward the other" (Allison 2000:164). This ambivalent attitude still exists among the contemporary Japanese, especially toward public breastfeeding.

In the twentieth century, the desexualized view of nursing breasts was considered as a civil/moral ethic in a traditional Japanese patriarchal society that prohibits sex and sexual desire toward the other's wife. Together with the Japanese's own ambivalence about Westerner's view of their exposed-body culture, and increasingly sexualized female breasts under the influence of western popular cultures, large lactating breasts no longer hold a sanitized value for the Japanese public. In underground Japanese popular culture, there is a market for soft-porno videos and *manga* about lactating girls and women who are not necessarily breastfeeding mothers (Tsukushino 1999; Shinano 2000).

Chapter 2: The Historical Evolution of Breastfeeding Practice

In this chapter, I trace the historical shift in infant feeding choices from the late seventeenth to early twenty-first century in the US and Japan.

A. US

1. Breastfeeding Women in Colonial America (1620- 1776)

From its early history to the present, breastfeeding has been a contested political site in America because it concerns health, fertility, and sexuality (Golden 2001: 25). During the colonial period, mother's breast milk and another woman's breast milk were the two major infant feeding choices. Implementing artificial feedings - animal milk or mixture of a pap of flour, water and milk - was a last resort when human milk was unavailable for a new born baby. Artificial nourishment was much less successful than wet nursing a baby because it was often contaminated by harmful bacteria (Golden 2001:17). Who were the women that suckled another woman's baby? They were wet nurses, friend, neighbor, relatives or slaves. As for social custom, suckling another woman's baby could be an act of paid labor, a temporary and personal act of friendship and generosity, or performed under the compulsion of plantation slavery (Golden 2001:32). Society's attitudes toward paid wet nurses and unpaid slaves were particularly low. They were perceived as "poor women with few virtues other than their milk" (Golden 2001:34). This negative view was grounded by stereotypical ideas about female domestic employment. There were differences in infant feeding practices in America by geographic locations. Plantation owners used slave "mammies" to suckle their offspring. Southerners' infant feeding decisions were made in a more pragmatic way than their

Northern counterparts. Southerners accepted cross-racial nursing, "just as early settlers had turned to Native American wet nurses in times of need" (Golden 2001:26).

Religious and political beliefs, social customs prevailing from class specific cultural practices, mothers' health conditions, and sexual beliefs and practices were major factors in influencing infant feeding decisions during this period. In colonial America, infant feeding practices among English settlers reflected the practices of their homeland and other European countries' such as France and Germany. Puritan ministers and theologians recommended that American mothers breastfeed their own baby and persuaded them that breastfeeding is a part of mother's religious calling (Kedrowski and Lipscomb 2008:21). In 1701, the celebrated Puritan minister, Cotton Mather extolled the breastfeeding mother while criticizing the mother who hired a wet nurse. Minister and Harvard president Benjamin Wadsworth harshly criticized mothers who refused to nurse their babies and accused them of perpetrating a kind of criminal act (Golden 2001:11-12). The public discourse of infant feeding at that time existed as a part of broader narratives of culturally valued woman-hood and wife-hood carried out by social and religious experts (Kedrowski and Lipscomb 2008:21). Nonetheless, religious belief and social practice did not necessarily coincide. For instance, there was evidence that the urban Puritan women from New England valued nursing own baby but, in fact, sent their offspring out to nurse in the countryside (Golden 2001:22).

Not only religious and moral experts but also physicians supported maternal breastfeeding. The English physician Hugh Smith who was influential with American audience, warned mothers they would ruin their own health as well as their offspring's'

by hiring wet nurses instead of breastfeeding them . He also believed that wet nurse's milk might carry disease. By and large, wet nurses were viewed as lacking in both health and morals in America and Europe (Golden 2001:15-16). Such views existed "because of their willingness to abandon their own babies in order to find work" (Golden 2001:16). Sexual beliefs and practices also influenced infant feeding decisions (Golden 2001:24). Some women and their families frequently used nursing as a form of birth control. They could engage in sex and at the same time space their pregnancies (Golden 2001:24). At the same time, sexual intercourse was perceived as having detrimental effects on breast milk quality (Golden 2001: 25).[5] Medical text books warned nursing women against sexual intercourse, and doctors sometimes advised husbands to restrain their sexual passions. Some took this advice. However, for many, rather than restraining from sexual intercourse, mothers would wean their babies early and hire wet nurses or switch to artificial feeding. Although moral leaders and physicians condemned only mothers for hiring wet nurses, such decisions were not made by mothers alone. For instance, Countess Elizabeth Clinton in her *The Countesses of Lincolnes Nursery* (1752) confessed that her husband urged her to hire a wet nurse (Golden 2001: 13). This indicates that the maternal nursing breast was already recognized as an ambivalent sexual subject. Her breasts swing between the object of her husband's sexual desire and the function of nursing babies within the family.

Despite the modern imaginary about the pre-modern mother with abundant breast milk, breastfeeding did not work as a natural law even for the colonial women. Pre-

[5] Evidence for this attitude comes from the diary of an eighteenth century Virginia planter, Landon Carter, who strongly objected to his daughter-in-law's refusal to wean and her strong will to continue breastfeeding while she led a sexually active life (Golden 2001: 25).

modern mothers also suffered from “anatomical, physical, and mental conditions that limited their ability to breast-feed their infants” (Golden 2001:19). Illness interfered with many women’s ability to breastfeed. Although there were women who nurse babies regardless of illness and physical discomfort, illness was also a good excuse for some women to refrain from nursing. Therefore, the demand for wet nurses ranged from the need - due to the death or illness of mother - to choice (Golden 2001:32). Death shortly after childbirth or the sudden illness of mothers caused families to look desperately for wet nurses.

2. Breastfeeding Mother as a Democratic Ideal (1775 -1865)

For many moral leaders during the period from the American Revolution to the Civil War (1775-1865), the idea of maternal breastfeeding was a point of ideological struggle between old and new societies. The political leaders perceived maternal breastfeeding as democratic ideal for a new land to grow healthier and wealthier. They criticized mothers who relied on wet nursing as perpetrating an aristocratic vice that neglected domestic and religious obligations (Blum 1999:21). Although there were some moral philosophers and leaders who recommend maternal breastfeeding instead of hiring wet nurse, relying on wet nurses were much more common practice among aristocrats in England, France and Germany. Bourgeois ideology was born during this time in France and soon imported to America. In *Emile* (1762), French philosopher, Jean-Jacques Rousseau, praised maternal breastfeeding and condemned the practice of hiring wet nurses (Golden 2001:13). Nonetheless, French bourgeois mothers were busy with their public life and needed to rely on the service of wet nurses. In Germany, too,

although wet nurse was opposed among German medical and moral authorities, wealthy families continued to hire wet nurses (Golden 2001:13). In Europe, aristocratic social traditions of relying on wet nursing cultivated a way for the state to institutionalize the systems of wet nursing care for orphans and babies lacking access to maternal breast milk (Blum 1999: 20). In America too, at the end of eighteenth century, hiring a wet nurse became a sign of status among the urban upper class in the North (Golden 2001:27).

Despite male bourgeois moral philosophers' efforts in promoting maternal breastfeeding practice, the ideological battle was hardly won by a new class at the maternal bosom. This is explained by the sexualization of female breasts. Ironically, bourgeois ideology also gave a birth to the idea of female breasts as a sexual object of her husband under new bourgeois perception of romance and companionship within marriage. This idea accompanied the traditional aristocratic practice of hiring wet nurse in Europe and America.

Between the American Revolution (1775–1783) and the Civil War (1861–1865), women's lives were reconfigured by a new ideology -"the cult of domesticity"- and socio-economic changes. The maternal role - instructing children about patriotic thoughts and feelings - was regarded as a Christian religious obligation for the women during the American Revolution and Civil War. For instance, Abigail Adams, the wife of John Adams - second president of the Unites States - was respected as representing a republican motherhood - a protector of liberty and republicanism by raising the next generation of citizens. By the turn of the 19th century, the ideologies of the "cult of domesticity" and "cult of true womanhood," were the prevailing views of upper- and middle-class white women who lived in the Northeast, particularly New York and

Massachusetts. According to Barbara Welter (1966), "True women" were identified with women holding four cardinal virtues: Piety, Purity, Submission and Domesticity. Women were regarded as more religious and spiritual than men, regarded as pure in heart, mind and body. At the same time, women were supposed to submit themselves to men because their domain was domestic life and they ought to create a "haven in a heartless world" for their husbands and children in the home (Welter 1966:152). Under such a philosophy, women's proper place was regarded as the domestic sphere in contrast to their husbands' primary role in the public sphere. Without any doubt, the maternal nursing role was highly regarded as an important public duty for these women during the late eighteenth- to the late nineteenth- century.

3. (De)sexualization of Maternal Breastfeeding in Victorian America (1875 - 1910)

"Public nursing, acceptable in colonial times, had no place in Victorian America" (Golden 2001:138). During eighteenth- and early nineteenth-century America, attending births and nursing were social events that allowed young upper- to middle-class women to familiarize themselves with those events. Women in subsequent generations, however, lost knowledge of birth and lactation because childbirth and breastfeeding became privatized. Increasingly only a few family members and a physician attended births. Birthing became a medical and less a social event (Wolf 2001:22). At the same time, mothers were reluctant to discuss aspects of reproduction with their daughters. This phenomenon also crossed race and class lines; "daughters of slaves also testified to ignorance of conception and birth, even after marriage and during a first pregnancy"

(Wolf 2009:20). Women's ignorance about sex and female and male reproductive functions was considered a female virtue – Purity. Women and men during this time expected to have romance and companionship within marriage, and this changed attitude toward marriage reflected their changing ideas about sex and perceptions of women's breasts (Wolf 2001, 2009). By deemphasizing "procreation as the purpose of sex, the feeding of infants like-wise became estranged from reproduction" … "breasts acquired meaning beyond feeding a newborn. A woman's breasts now 'belonged' to her husband at least as much as, if not more than, to her infant. Men and women alike began to define the breast less in physiological terms and more in sexual ones" (Wolf 2001:24).

Changing people's perception of marital relationships certainly influenced fertility rates, family size, and social expectations of maternal roles in child rearing practices such as nursing and educating children. White people living on farms and cities began limiting their family size (Golden 2001:39-40). The popularity of birth control liberated the ultimate meaning of sex from the reproductive purpose. Sex became the expression of intimacy, too (Wolf 2001:23). Women had fewer pregnancies and spent less time nursing than previous generations and nursing (Golden 2001:40). In 1800, average white women gave birth to 7.04 children during their childbearing age but it changed to 4.24 in 1880 and 3.56 in 1900 (Haines & Preston 1991; Hains 1998; Haines 2008). This demographic change reconfigured the cultural meaning of motherhood. With fewer children, upper- and middle-class women's mothering role became more intensively oriented toward quality childrearing.

4. Public Skepticism toward Wet Nurse's Milk in Victorian America

Despite generally acknowledged dangers associated with "artificial" forms of infant nutrition, by the end of the eighteenth century, there was an increased public skepticism about the quality of breast milk provided by wet nurses. Public knowledge of the high mortality rate among wet-nursed infants amplified this concern (Golden 2001: 14). At the same time, desexualization of respectable families – young women were increasingly ignorant of biological processes of reproduction (Wolf 2001:22-23) – accompanied a hyper-sexualization of lower-class people. Under such class prejudice, the lower-class wet nurse was often considered sexually active thus endangering her healthy milk supply. Consequently, physicians and families in the North increasingly questioned wet nurses' physical and moral fitness. Some physicians and families worried that lactation heredity might harm their child. They feared that children would inherit negative traits of wet nurse via lactation. Anglo-Saxon Americans who lived in northern cities where new immigrants crowded into neighborhoods worried that non-Anglo-Saxon and foreign-born wet nurses might corrupt their children's moral character and eventually corrupt society (Golden 2001:153). Meanwhile, southerners accepted cross-racial wet nursing for pragmatic reason rather than ideological or scientific one (Golden 2001: 26). They believed that a child's personality was inherited from its parents and the wet nurse could not influence a child's character by close and constant contact (Golden 2001:153).

From the late nineteenth century to the middle of the twentieth century (1870 - 1925), the declining rate of wet nursing reflected the advance of artificial feeding,

changing cultural ideas of motherhood, and new employment opportunities for women who had previously worked as wet nurses (Golden 2001: 156).[6] According to Golden, wet nurses lost out in competition to artificial feeding because of growing class divisions between women – wet nurses and the families that hired wet nurse - in the nineteenth century (Golden 2001:2). Physicians warned against wet nurses' milk because they assumed that "human milk was a volatile substance that could become toxic as a result of the lactating woman's strong emotions and, by implications, sexual activity" (Golden 2001:65-66). Middle-class motherhood in relation to infant feeding practice was largely determined by the growing authority of medical science and professional role of physicians in child-rearing practices (Golden 2001:2). The number of privately employed wet nurses who were institutionalized single mothers had increased by the middle decades of nineteenth century (Golden 2001:63). They lived in homes especially designed for fallen women, and pregnant unmarried women in red-light zones (Golden 2001:82-83). Consequently, hiring a wet nurse created profound ethical dilemmas for middle class families (Golden 2001:73-74).

5. Scientific Interventions Regarding Maternal Milk and the Emergence of Artificial Milk in Victorian America

Nursing norms changed dramatically during the late nineteenth to early twentieth century in America. Mothers, especially who lived in cities complained of a shortage of milk supply and suspected the quality of the milk. Physicians' popular and scientific-sounding explanation for the lack of breast milk supply among the mothers in urban areas

[6] According to Golden," by the 1930s, wet nurses had almost entirely vanished, replaced by bottled human milk" as the result of selling human milk for use in home and hospitals by new career oriented lactating mothers (Golden 2001: 179).

was that "the progress of civilization and stress of modern life impeded lactation" (Wolf 2001:90). The shortage of breast milk supply, however, was directly caused by two scientific achievements: "scientific motherhood" and the "discovery of bacteriology". Popularization of science during this time influenced mothers' house management and child rearing activities. "Scientific motherhood" was introduced to mothers as a rationally oriented childrearing technology, a most efficient way to balance mother-hood and wife-hood. What was expected but unsaid in the ideology of scientific motherhood was that wife-hood was more valued than mother-hood, or it was invented to save conjugal romantic and sexual life rather than to save maternal relationships. Apparently it was, scientific "motherhood" not "wife-hood." This approach was very similar to scientific management of workers and machines, which was applied in factories and large organizations (Golden 2001: 157).[7] The pioneering discoveries in the field of bacteriology made mothers move further away from nursing. Even for the mothers who did not follow feeding schedules, their task of cleaning home by combating invisible bacteria gave them little time for on-demand breastfeeding (Wolf 2001:25). After the public health community introduced the germ theory of disease to the general population, mothers frequently complained that they had either not enough milk or that its quality was bad. Therefore, the popularity of the scientific method of scheduled infant feeding and the pasteurization of cow's milk relieved mothers from the norm of exclusive breast feeding. Mothers and physicians increasingly distrusted mother's milk. Irregularities of mother's milk were detected in scientific laboratories and such scientific knowledge

[7] In the seventeenth and eighteenth centuries, babies were fed on demands but scientific motherhood suggested feeding should followed by precise schedule: "Never nurse baby for more than twenty minutes. Nursing intervals should never be less than four hours" (Wolf 2001:32, Holt 1914: 47, 49, Hess 1928:43).

pushed mothers naturally to rely on cow's milk and artificial milk. Ironically, mother's reliance on feeding schedules from an early postpartum period diminished their milk production which led to early weaning.

6. Replacement of Wet Nurses by Milk Banks (1910s to 1960s)

From the 1910s to 1920s, the number of wet nurses hired by wealthy families diminished. Wet nurses began working at the orphanage hospitals and with abandoned babies in private homes. The prevalent use of the bottle for infant feeding created a market venue for wet nurse to sell their milk to homes and hospitals. Demand for human milk also opened up the opportunity for wet nurses to enter the milk business. Physicians and public health reformers discovered that addressing the problem of premature births would lower the infant mortality rate (Golden 2001:179-181). Physicians sought out human milk supplies to save premature babies. They sought out nursing mothers in private homes or wet nurses at hospitals or institutions who were willing to share or sell their breast milk (Golden 2001:183). Wet nurses were asked to produce milk for premature babies by manual expression or by using a pump, and the suckling of their own infant was used to stimulate milk production (Golden 2001: 190). "[B]y the 1930s, wet nurses had almost entirely vanished, replaced by bottled human milk" (Golden 2001:179). In this respect, human milk not only became a commodity but was also perceived as a therapeutic agent (Golden 2001:183). Physicians no longer judged the quality of human milk for sale on moral grounds but shifted their moral judgments to race and ethnicity

(Golden 2001: 191).[8] Racism against new immigrants in cities was prevalent during this time. Emergence of milk banks solved previous ambiguous cultural rules about the quality of human milk. Through construction of a scientific system for collecting and distributing breast milk through a milk bank, physicians erased the individual characteristics of milk producers. Instead they evaluated potential contributors' tuberculosis, syphilis and other contagious diseases. Approved candidate received instructions to apply hygienic milk-collection procedures (Golden 2001: 193, 197-98).

In 1910, Fritz Bradley Talbor, the founder of the Boston Wet Nurse Directory and Francis Parkman Denny, a Harvard-trained bacteriologist opened in Boston the first milk bank, the Floating Hospital (Golden 2001:194). Soon after, several other hospitals such as Manhattan Maternity and Dispensary, the Boston Children's Hospital, and New York City's Bellevue Hospital started similar services. Detroit Women's Hospital and Infants' Home under the direction of B. Raymond Hoobler initiated the same programs during 1910s to 1920s (Golden 2001:193-195). Women were paid by the ounce for their milk, and their motives "ranged from greed to altruism". Some women refused payment others cheated by adding water and cow's milk to the collection bottle in order to boost their earnings (Golden 2001: 197). In order to avoid such deception, instead of picking up the milk at women's homes, the Children's Welfare Federation in New York, for example, started to ask the women to express at the local health station (Golden 2001: 197). "By 1929 at least twenty cities had milk banks" run by either child-welfare organizations or hospitals (Golden 2001:200). In the 1930s, however, the appropriateness of selling breast

[8] The milk by Italians and Southern blacks are regarded as much less qualified than those of northern and central Europe of Teutonic and Slavic descent (Golden 2001:191).

milk was questioned from two perspectives: the cost of the milk and a sense of patriotism – critics compared the sale of milk to World War I blood-donation drives (Golden 2001:202). During Depression, the numbers of milk banks increased by attracting women in need of income support. During and after the World War II the milk bank business shrank due to new employment opportunities for women, and by 1955, only seven milk banks remained in operation. The last surviving milk bank, the Directory for Mothers' Milk in Boston, finally closed its door in 1962. Women who sold their breast milk changed from the low-income women in the early twentieth century to the middle-class women in the late twentieth century (Golden 2001:204).

7. Popularity of Human Milk Substitutes - Formula - (1920s to 1970s)

Reacting to high infant mortality rates, government officials in the early twentieth century encouraged both middle-class and working-class white mothers to breastfeed their babies (Blum 1999: 28). Although breastfeeding was encouraged by physicians and public health departments, mothers began abandoning breastfeeding in the 1910s and increasingly jettisoned the practice in later decades (Wolf 2001: 3).[9] This is explained by the influences of industrialization, urbanization, and the application of science to women's domestic lives and their changing perceptions of their reproductive bodies and their birthing and nursing functions (Wolf 2001: 39-41). As previously mentioned, pregnancy, birthing, and nursing had begun to lose their social aspects, and physicians began to suspect that adhering to a feeding schedule diminished a mother's milk supply. In late 1921, the US Congress enacted the *Sheppard-Towner Maternity and Infancy*

[9] This attitude was observed among mothers across class and ethnic lines (Wolf 2001: 3).

Protection Act to promote and encourage breastfeeding (it was repealed in 1929). Forty-three states used Sheppard-Towner funds and succeeded at some level (Wolf 2001: 187). Despite the effort represented by such a public campaign, and some physicians' recommendations, mothers' preference for bottle-feeding became even stronger in the following years. During this period in the US when the industrial revolution managed to separate home and workplace, poor and working-class mothers had few opportunities to breastfeed, instead relying on cow's milk or formula. Consequently, infant mortality rates were high in the urban areas. To address those high rates, municipal workers instructed the siblings of newborns on how to prepare bottles and formula.

In the 1930s, formula companies pushed aggressive sales tactics on mothers, and physicians collaborated with the formula companies to promote their products. Furthermore, young physicians were ignorant of the benefits of breastfeeding (Wolf 2001: 191). This new generation of doctors uniformly distrusted breast milk and lauded artificial food (Wolf 2001: 101). By the 1940s, doctors advised mothers to introduce solid-foods earlier to infants which curtailed breastfeeding further (Wolf 2001: 196). Some pediatricians' advice for infant feeding was more ambivalent than others. American pediatrician Benjamin Spock's best-selling 1946 childrearing manual advised readers to follow the doctor's advices in infant feeding. His support of breastfeeding was bolstered by the belief that breastfeeding and good mothering helped to nurture future democratic citizens (Blum 1999:34-35). Ideological perspectives on maternal nursing roles still existed in America. During the post war era, Talcott Parsons, one of America's most influential n sociologists, contended that the maternal role of breastfeeding was a "functional necessity" for nurturing future congenial organization men (Blum 1999:35-

36). However, bottle feeding was a liberal promise for politically conscious women who believed that the liberation of the female body from a patriarchal system could be achieved by leaving the feminine body at home and bringing a man's body to work. Ironically, formula feeding also merged with sexism against the female body; over sexualization of female breasts during this time simply discouraged many mothers from breastfeeding. Sexualizing women's breasts coincided with a declining rate of breastfeeding from the 1940s to 1960s. Carolyn Latteier in her *Breasts: the Women's Perspective on an American Obsession* (1998) argued, "I grew up in the late 1950s, the era of 'mammary madness'" (Latteier 1998:4). In 1954, the Miss America pageant was nationally televised and the media started to play a major role in the sexualization of the female body, and breasts took center stage in the competition. Marilyn Yalom said, "[f]or most of us, and especially for men, breasts are sexual ornaments – the crown jewels of femininity" (Yalom 1997:3). Based on the changing size of Miss America contestants' bust measurements, and *Playboy* magazine's playmates' bust measurements, the ideal female breasts changed from the flat-chested look of the 1920s to the bigger size of the early 1970s (Latteier 1998:5). Especially in the postwar years, women were "expected to conceal *and* display" by observing the complex sexual codes of female breasts (Blum 1999:39). At the same time, the public sexual codes differed for white and black women.[10]

Artificial feeding continued to rise after 1950 and a study in 1972 reported that less than 30 percent of one-week old babies were fed exclusively at the breast and more

[10] No African American women participated until Miss Saundra Williams, the first Miss Black America in 1968 (Craig 2002).

than 80 percent of two month olds are exclusively on the bottle (Apple 1987:177, 243f; see also Kram and Owen 1971). In 1956, Marian Thompson, who through the encouragement of her family physician, Gregory White breastfed only her fourth child, founded the La Leche League. Thompson and her friend Mary White, wife of Gregory White, founded the league as "a growing reaction against the widespread employment of physician-directed bottle feeding" (Apple 1987:177). Believing that the decline in breastfeeding was primarily caused by women's unfamiliarity with breastfeeding, they promoted the supportive environments for breastfeeding through woman to woman networks (Apple 1987:178). The primary targets of their approach were middle-class and stay-at home mothers. They initially viewed successful breastfeeding as achievable by the mothers who stayed at home. In the later decades, they include advice for successful breastfeeding for working mothers in their text books (Pryor 1997). Replacement of home birth by hospital childbirth was also regarded as an important cause of depriving breastfeeding opportunities for new mothers. Responding to this finding, some hospitals in the late 1940s initially instituted "rooming-in" to create an environment more conductive to breastfeeding for new mothers in hospitals (Apple 1987:178).

The 1960s was the most popular era for formula feeding. United Nations International Children's Education Fund (UNICEF) distributed "almost two million pounds of milk annually for malnutrition in infants" (Baumslag and Michels 1995:148). Aggressive marketing of commercial breast milk substitutes gained legitimacy through UNICEF to establish the marketing stage in the third world (Baumslag and Michels 1995:148). Again, there were continuous declines in breastfeeding rates until the late

1970s when eco-feminist movements advocated for "natural childbirth" and "family-centered" birthing rooms in hospitals (Wolf 2001: 197). These activists encouraged women to trust their own bodies to give birth *naturally* and feed babies *naturally*. In the 1970's, "third world health workers, international pediatricians, nutritionists, and missionaries grew increasingly alarmed at the increase in cases of severe malnutrition and death in bottle-feeding babies" "resulting from unsafe, unhygienic, diluted feeding methods" (Baumslag and Michels 1995:151-152). In 1977, a consumer organization called the Infant Formula Action Coalition (INFACT) initiated a consumer boycott against Nestlé[11] in the US that soon spread to Canada, Europe and New Zealand (Baumslag and Michels 1995: 158-159). In 1978, Edward Kennedy held hearings in the US Senate to "draft the International Code to regulate the marketing of commercial infant feeding products" (Palmer 2009:256). In 1972, only 22 percent of newborns was breastfed at hospitals and in ten years, the number went up to 62 percent but declined again to 52 percent in 1989 (Wolf 2001: xvii).

8. Breastfeeding as a Political Statement of Motherhood (1980s – 2010s)

By the end of the twentieth century and after a generation of bottle-feeders, breastfeeding had once again become fashionable (Yalom 1997:7). During this period, a wide variety of well-established groups encouraged mothers to breastfeed. They included: United States Breastfeeding Committee in 1995, The Academy of Breastfeeding Medicine (ABM), National WIC Association (NWA) in 1983, and many

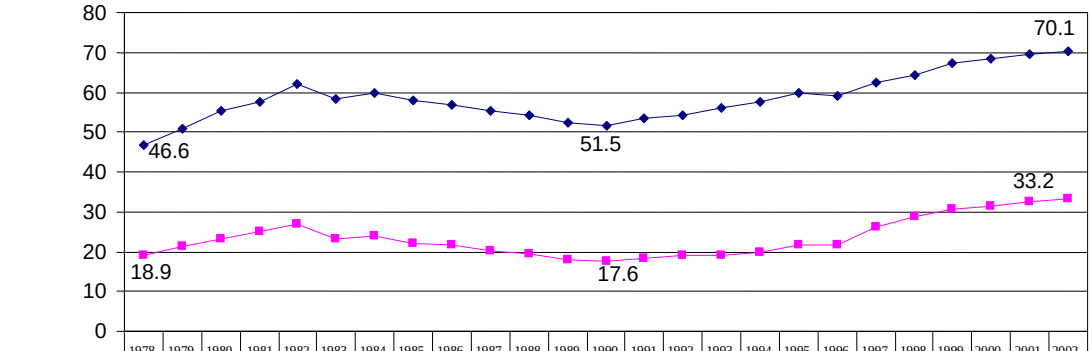
[11] A major artificial milk maker, Henri Nestlé sold his powdered infant food in Switzerland, Germany, France, and England in 1868 and in the US in 1873. Gail Borden also opened first canned milk factory in the US in 1856. (Wolf 2001: xiii).

others. Breastfeeding advocate groups also called Lactivists, encouraged mothers to nurse babies even in public. For decades, the World health Organization (WHO) and The United Nations Children's Fund (UNICEF) recommended that a child be breastfeed for at least two years. In 1997, the American Academy of Pediatrics (AAP), as well as the American Academy of Family Physicians (AAFP), recognized various advantages of breastfeeding and recommended exclusive breastfeeding for all babies, with rare exceptions, for about six months. Social activists, medical professionals, and educators argued about the health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits of breastfeeding for children, mothers, and society at large. Public breastfeeding was supported as an extension of exclusive breastfeeding.

Response to this social trend, breastfeeding rates in the US have steadily risen since 1990. According to breastfeeding research conducted by a major US infant formula company, Ross Products, a Division of Abbott Laboratories, in-hospital breastfeeding rates increased 18.6 percent, and the rate of infants breastfed at 6 months increased 15.6 percent from 1990 to 2002 (Chart 2-1). These data indicate that since the late-1970s a majority of US mothers have at some point breastfed their child. The US Centers for Disease Control and Prevention reports this trend continues. According to National Immunization Survey data, among child born from 2003 to 2006, about 30 percent were exclusively breastfed for 3 months and 10 percent exclusively breastfed for 6 months (CDC 2010, See Chart 2-2).

Chart 2-1:Breastfeeding Rates in the USA from 1978 to 2002

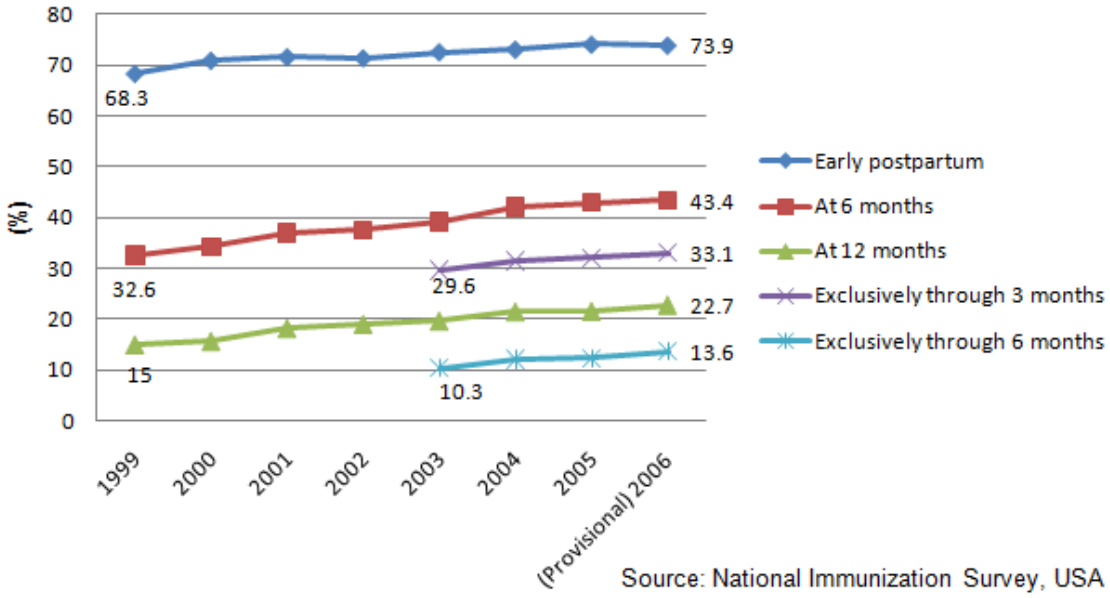
All infants



	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
In-hospital	46.6	51	55.3	57.6	61.9	58.4	59.7	58	56.9	55.5	54.3	52.2	51.5	53.3	54.2	55.9	57.4	59.7	59.2	62.4	64.3	67.2	68.4	69.5	70.1
6 months	18.9	21.3	23.2	25.1	27.1	23.3	23.8	22.1	21.6	20.2	19.5	18.1	17.6	18.2	18.9	19	19.7	21.6	21.7	26	28.6	30.7	31.4	32.5	33.2

Data Source: 2003 Ross Products Division, Abott Laboratories

Chart 2-2. Percent of U.S. Children who were breastfed, by birth year (1999 - 2006)



Source: National Immunization Survey, USA

By 2010, the US is likely to reach the highest breastfeeding rate since early twentieth century. The target figures are 75 percent for mothers who have ever breastfed, 50 percent for mothers who will breastfeed at six months, and 25 percent for mothers who will breastfeed at 12 months.

Breastfeeding rates differ among mothers from different socio-cultural backgrounds. Based on breastfeeding data in 2002, higher educated (college educated vs. high school graduates), part-time employed, older (30 to 34 vs. 20 to 29 years old), those living in the Pacific region, and non-low-income mothers (mothers not in the WIC program) are most likely to breastfeed. Differences in race/ethnicity in breastfeeding were also found. From 1992 to 1997, white mothers breastfed at the highest rates, although after 1998 Asians surpassed whites. Black mothers breastfed least from 1992 to 2002 (Abbott Laboratories 2003). Breastfeeding rates also differ across the regions. From 2003 to 2005, Pacific, Mountain, West South Central, and West North Central regions had higher breastfeeding rates than the rest of the USA. In 2005, however, New York, Massachusetts, Maryland, New Hampshire, and Vermont joined geographic areas with the highest breastfeeding rates (the percentage of children ever breastfed is equal to or more than 75 percent). In the same year, the lowest breastfeeding rate (less than 55% of children ever breastfed) was found in the East South Central regions. Such a regional difference in breastfeeding rates indicates differences in people's attitudes toward breastfeeding in general and public breastfeeding specifically (CDC 2010).

In 2005, Barbara Walters revealed on her television show, "The View" that she felt uncomfortable sitting next to a nursing mother on an airplane. More than 200 nursing women protested in front of ABC Television's NY headquarters (Glanton 2006). In June 2006, two store managers at Victoria's Secret rebuked customers while they nursed on the shop floor (McNamara 2006). The following month, a quartet of nursing mothers lobbied in front of Victoria's Secret at malls in North Carolina, Wisconsin and Massachusetts (Morita 2006). Similar scenes were replayed at Starbucks in South Beach,

Florida and in Maryland. In August 2006, a local breastfeeding group held a "nurse out" at a Port Richey, Florida shopping mall (Buie 2006). On November 21, 2006, about 30 mothers protested at Delta Air Lines and other companies in the Baltimore-Washington International Thurgood Marshall Airport. They accused these companies of hassling them for breast-feeding in public (Cohn 2006).

In 2006, the issue of public breastfeeding was highly politicized in America. Observing the nurse-in protests in malls and Victoria's Secret, *New York Daily News* writer Daniel McNamara stated that "the nurse-in was part of a national effort put together by mothers tired of expulsions, the lectures and 'the looks' – the dirty, the funny, the not-so-funny ones that they get while breast-feeding their children in public" (McNamara 2006). There is a name for these protesters: "Lactivists, the people who [are] advocating for greater acceptance for lactating, or nursing, mothers" (Owens 2006). In the US, the people who led this movement are politically conscious, urban, middle-class, white, educated (frequently with more than a four year college degree), and professional mothers (DCD 2010). Not all women who breastfeed are politically committed toward public breastfeeding. A white, middle-class, highly educated, professional mother who emigrated from Russia told me that she does not want others to see her as making a political statement by breastfeeding in public. She does it for the sake of the baby not for any political reason. At least, for many of them, bottle feeding is no longer the liberal promise of womanhood, it just an obsolete choice. In urban areas, many professional mothers pumped their milk in the office for their baby stay at home with another woman (mother, sister, relative, friend or nanny). Many of them satisfy with the fact that their baby is not bottle fed the formula but their milk.

B. JAPAN

1. Nursing by Mother or Another Woman (1688 - 1868)

For people living in the late Edo period, the primary form of infant nutrition was human milk, either a mother's breast milk or another woman's breast milk. From historical evidence we know that animals' milk was an alternative used to feed infants in some area in Japan, but human milk has always been considered the infant's primary source of nutrition. Alternative supplements to breast milk included rice powder, rice soup with sugar, and other crops (Kojima 1989:198-199, Tanaka 1955:337).[12] From nutritional, digestive, and sanitary points of view, however, a baby's survival chances were limited by the above feeding practice. Indeed, infant mortality rate was high during this time. Many new born and infants died from ingesting non-human milk due to poor diet, health, or sanitary conditions.

Despite modern idealizations of pre-modern maternal body image with plenty of breast milk, many women in this period also suffered from inadequate supplies of milk. Mothers with milk problem were always there. Although lactation often been perceived as an instant natural outcome of child delivery, it requires some efforts for new mothers to produce enough milk and successfully nurse their babies. In other words, there are cultural dimensions in the process of lactation and nursing baby. For instance, women in pre-modern Japan followed traditional diets, rituals that govern daily activities, religious beliefs based on worship, and medical advice to facilitate their lactation. Among them, many mothers visited Shinto shrines and many others prayed at a maidenhair tree (Ginko

[12] These foods were placed in "*Nyū Tō*" - a bamboo bottle. A small bamboo tube is stuck into a small hole on the side of a bamboo bottle. A baby sucks the foods that travel through the cloth wrapped around the small bamboo tube from the bamboo bottle (Ōniwa 1985:256).

biloba), various kinds of mother goddesses,[13] and bought a breast shaped amulet for a sufficient milk supply. The maidenhair tree was especially worshiped for its milk producing qualities.[14] Its name was probably due to its breast-like humps sagging from the trunk or people's empirical knowledge about the nutritional benefits of the Ginko nut. Regardless, many people believed that the maidenhair tree had a magical power for curing breast milk problem (Tanaka 1955: 337-65). For example, there is a myth about a girl who was nursed by a maidenhair tree in Kawasaki City, Kanagawa Prefecture in Japan. The tale originated from sometime in the Edo era or even earlier. The girl lost a mother immediately after her birth, and her desperate father sat at the tree with holding his crying daughter for hunger. Suddenly, a strange woman appeared from behind the tree and kindly held her and nursed her until she fell asleep. The woman asked the father to come back whenever the baby needs to be nursed. The woman was a tree maiden. Many years later, the girl grew up and became a mother. One day, she had a trouble producing breast milk. She visited the tree which nursed her. She massaged the trunk and drank the syrup from a hump while remembering the tree maiden who nursed her. Suddenly, she realized that her breasts were engorged and producing plenty of milk for her baby. The tree is still kept in the temple called *Nō-man-ji* in Kawasaki City and visited by many women who wish to produce a sufficient supply of milk. Maidenhair trees are similarly worshiped in many other parts of Japan, and numerous fables report on the miraculous tree. Although each storyline is unique, almost all of them inform us about people's never-ending fantasy of the power of maidenhair trees to help women

[13] The goddesses are: *Ki-shi-bo-jin, Ko-yasu-ji-zo, Chichi-iwa-sama, Kan-non-sama, Kono-hana-saku-ya-hime* (Yamamoto [1983] 1997:35).

[14] Polynesians also apply the syrup from a particular tree to a new mother's breasts for producing plentiful supplies of milk (Yamamoto [1983] 1997:35).

with milk problem. This myth informs us that lactation does not happen as a simple outcome of childbirth even for pre-modern women. Lactation is not an easily managed part of female physiological functions. The women in this period needed a religious faith in the miraculous power of fairies to facilitate lactation. The breast milk and maidenhair tree myth challenges the modern image of ideal maternal lactating bodies that often appear in bucolic scenes along with other mammals. Mothers' ability to nurse was undoubtedly naturalized as the embodied nature of pre-modern mothers and retold as a narrative about a forgotten nature for cultured modern mothers.

When for any reason a baby lacks maternal breast milk, families look for women who can feed their infant instead. This social custom is called, "*Morai Chichi*" – getting breast milk from another (Kojima 1989:185). There are two different ways to nurse another's infant: wet-nursing and cross-nursing. Wet-nursing is the complete nursing of another's infant, often for pay. "Cross-nursing is the occasional nursing of another's infant while the mother continues to nurse her own child, often in a child care situation" (Minami 1995:53, translation is mine). In Japan, wet nurses are called "*Uba*" and a woman who cross-nurses is called "*Chichi Oya*" or "*Chichi Tsuke Oya*" (Tanaka 1955). While wet-nursing was the only prerogative choice for the wealthy family (aristocrat, worrier, rich merchant, and artisan), cross-nursing has been practiced across all classes is milk kinship (Tanaka 1955:335-65; Kamata et al. 1990:219-220). Thus she comes from the same class as the baby. For well-to-do families, hiring a wet nurse was the most likely alternative choice. We can assume that families hired wet nurses for various physical, psychological, social and economic and sexual reasons. Compared to present-day women, many women at that time died immediately or shortly after childbirth, thus

facing up to such a calamitous situation, wealthy families immediately looked for wet nursing and poor family asked people around for a volunteer nursing woman. Another woman's nursing was also needed when maternal milk was unavailable due to a mother's poor health.

Different from a wet nurse, the actual nursing of cross-nurse is shorter because it carries a kind of initiation rite. Although the relationship between wet nurse and nursed baby is terminated upon weaning, the one between the baby and cross-nurse lasts for a good by establishing a pseudo mother-child relationship. Cross-nursing are chosen based on their nursing history. The woman who volunteers for cross-nursing must have much experience of nursing in past. This is believed to a good luck for the mother's future success in nursing her baby. Another requirement for the cross-nursing mother is that she must be in the middle of nursing her own baby who is the opposite sex from the cross-nursed baby. Cross-nursing of opposite sex infants is called "*Awase Chichi*", "*Chichi Awase*" or "*Ai Chichi*" (Tanaka 1955:335-36) and people tend to believe that this practice could reinforce the physical strength of the nursed infants. This ritual practice of milk kinship reinforced kinship relationships by sharing breast milk. That is because breast milk was culturally considered as blood at that time. Cross-nursing an opposite sex baby was widely practiced in Japan for a long time.

Knowledge and technique about nursing infants appeared first in a written text as a part of childrearing theory in the middle of the seventeenth century (Kojima 1989:78). Child rearing theory initially appeared in books of Samurai family creed (*Kakun*) (Yamazumi and Nakae [1976] 1987:16). *Kakun* was born during the rise of feudalism for

the purpose of educating male children to become good successor (Yamazumi and Nakae [1976] 1987:18). Childrearing theory was consciously included as a part of the Samurai family creed in the early modern period that corresponds to the late Edo era (Yamazumi and Nakae [1976] 1987:16-18). In the eighteenth century, under the influence of gradual economic development, growth of popular culture, and Bakufu's (central government's) new policy of establishing a civilian government, childrearing books were written from various points of view (Yamazumi and Nakae [1976] 1987:18). The books were written by physicians, governmental officers and scholars who also had agricultural experiences and knowledge.[15] Childrearing theories became increasingly popular as responses to the secularization of Confucianism which accompanied a quest for the establishment of moral ethics in everyday life. The books were written from a governmental point of view (for the sake of governing public peace) and from the people point of view (in order to live better and have healthier life) (Yamazumi and Nakae [1976] 1987:18).

2. Mother's Milk, Wet Nurses, and Cow's Milk (1868 - 1926)

During the Meiji era, the practice of hiring a wet nurse still continued among wealthy families. In most parts of Japan, major selection standards for hiring wet nurse included the ability to plenty of milk, good health, membership in a decent family, small upward-pointing breasts, and the approximate age of the birth mother (Tanaka 1955:476-84; Kamata et al. 1990:223). In some area, wet nurse was also preferred if she has just

[15] Childrearing skill was considered as a way to manage agricultural based household; "*No-gyo-zen-shu*" (1696) by Yasusada Miyazaki and Ekiken Kaibara was written based on this approach (Kojima 1989:80)

given birth to an opposite sex infant (Tanaka 1955: 479, 484). Again, most childrearing books advised that mother's milk was best and a wet nurse's a second choice. Instead of human milk, cow's milk and other foods emerged as alternative infant feeding choices. The benchmark of breast milk quality is no longer based on the woman's class based personality and physical and psychological characteristics. Under the influence of Chinese medical philosophy and German medicine, the quality of breast milk was seen to depend on the breastfeeding woman's physical and psychological condition at the time of nursing. Thus, the quality of breast milk was no longer judged on fixed class characteristics because even a mother's milk differed over time according to psychological and physical fitness.

At the same time, bottle feeding was introduced to Japan from Western countries. For many Japanese, it was perceived as a symbol of technological progress and achievement in Western society. Western influence was particularly strong among the wealthy because they identified with Western culture to prove they deserved their heightened status in society. The first bottled milk was sold in Tokyo, Japan in June, 1871. The advertisement for the milk bottle was "*Uba Irazu*" – "No more wet nurse" (Matsuda [1964]1984:78, translation is mine). During this era, political leaders feared Japan would be colonized by Western countries. Thus, they tried to present Japan as industrial nation in which the westernization of Japanese culture would prove a short cut to the civilization and industrialization of Japan. In 1870, a Westernized educator, Yukichi Fukuzawa, established a club to promote Japanese consumption of beef and milk. Under his influence, in 1873, the first milk shop was opened in Tokyo (Matsuda [1964]1984:77). Japanese physicians, Hirano and Kuwata mentioned cow's milk as a

breast milk substitute (Hirano 1832:205; Kuwata 1853: 89). Doubtless, many Japanese admired Western technology and as a result mothers, physicians, and childcare educators saw bottle-feeding as a stylish way to feed babies. Nonetheless, most Japanese people at that time could not afford to have cow's milk, artificial milk, or milk bottles. Regular feeding schedules were also introduced from German medicine as a new way of feeding babies. New midwives (*Josan-pu*) (*Sanba*) applied the German medicine they learned to the birthing body and established their own occupational calling based on formal academic training. Many midwives, however, promoted breastfeeding on demand understanding that the demand and supply for mother's milk had a basis in nature.

With the death of the Meiji Emperor in 1912, Japan entered the Taisho period which lasted until 1926 and was known as an era of "Great Righteousness" and for the liberal movement, Taisho Democracy. Salaried worker husbands and housewives emerged in cities in the early Taisho era. Urban housewives gradually accepted regular feeding schedules as the new way of feeding infants. Prior to this, conventional nursing was not scientifically planned with wealthy mothers and wet nurses nursing babies on demand. Meanwhile, working-class mothers at factories and self-employed mothers at agricultural sites had neither the leisure to feed babies on demand nor could they plan a strict feeding schedule in advance. Mothers working at factories brought their babies with them and conducted on-site nursing. Culturally, Japanese considered the infant body an extension of the maternal body. Although two bodies are separate units, society treats them as a pair. This affects the psychological state of mother and child. In traditional Japanese culture, the self and identity of an infant is often regarded as the extension of the maternal self. Therefore, nursing at the worksite was acceptable among

workers in the same manner as going to the toilet. In fact, by 1919, some garment factories in Osaka had on-site daycare. Initially, many daycare facilities charged fees to users, but the service became free in later years. Mothers working in such factories nursed their babies during breaks and lunch times but breast milk production ceased in their extremely fatigued bodies (Hosoi [1925] 2009: 244). Wakizo Hosoi in his *Jokō Aishi* (1925) described the mother and baby duet in his poem:

The sound of first whistle… factory woman wakes up by the sound of the whistle and her baby's crying voices plays after in concert
Mother wakes up with surprise
Black shirt and black pants
Wearing ascetic dress inside out
Without combing hair and puffing face with white powder
Let's go! Toward Ruins of liberty and beauty

Child behind her shoulder
Concert with unstopped crying voices
Mother kisses the child once and leaves him at daycare
and enter the ruins, wake for the dead tyrant
then third whistle
dance with the ghost of a tyrant

After the whistle sound,
After completely drunk with sweat from dancing with the ghost
Sweat even reaches to mother's breasts
Remembering her child and walking toward daycare

Breasts suckled by the ghost of the tyrant turned to pale and skinny
Whistle ….enter…tata,tata, tata, the dance continues
…. (Hosoi [1925] 2009: 243-244, my translation).

Hosoi's poem is testimony to the precarious lives of mother and child. This explains that infant mortality rates were high in cities because the harsh daily life of poor and working-class mothers made prioritizing nursing or nurturing children difficult. According to Shigeru Ito, infant mortality rates were almost the same as those in developed countries

during the Meiji period (Shinada 2004:91; Ito 1998). Infant mortality rates, however, started to increase after 1900 while other nations' infant mortality rate were declining (Shinada 2004:91; Ito 1998). In Japan, infant mortality rates were higher in urban areas than in the countryside until 1920. After 1920, rural infant mortality rates began surpassing those in urban areas (Shinada 2004: 91; Ito 1998). Maternal and infant malnutrition, overwork during and after pregnancy, lack of dietary, nutritional, and sanitary knowledge of infant feeding practices, lack of efficient medical infrastructure in countryside villages, and infrequent, irregular and prolonged breastfeeding among agricultural dwellers were major causes of high infant mortality rates at that time (Shinada 2004:91-94). Infant feeding style was also different in urban and rural areas. According to research conducted by Aoki that took place between July 1935 and June 1937, while 63 percent of urban infants were fed on schedule, 85.5 percent of rural infants were not fed on a schedule (Yoshinaga 2003:5). 70.9 percent of mothers from the countryside breastfed infants on demand; 67.1 percent of rural mothers slept with their babies while breastfeeding and 35.1 percent breastfed until the arrival of next baby (Yoshinaga 2003:5). The average weaning age for an urban infant was one year and ten months but two years and eight months for rural infants (Yoshinaga 2003:5). According to Aoki, urban mothers followed and applied knowledge and guidance of the infant feeding from childcare books (Yoshinaga 2003:5). Aoki criticized that the reliance on unattended childrearing practice among the mothers from the countryside is explained as their lack of scientific knowledge about infant feeding (Yoshinaga 2003:5-6). Reducing infant mortality rates was one of the major political concerns for the Japanese government because increasing the population was a national policy at that time. In 1934,

the government established the imperial gift foundation *Boshi Aiiku Kai* to promote mother and child health based on scientific research. The government also promulgated public health laws in 1937 and established public health offices in 49 places in Japan (Shinada 2004:109-110).

During the Taishō period, several social and political movements came into being; the women's suffrage and birth control movements (started in 1918) were two major movements directly connected to the sexual politics of the birthing body. Politically oriented women advocated for state permission to control their reproductive bodies. A Director of Tokiwamatsu Women's High School, Suzuko Misumi, said, "birth control saves wives from the violence of the objectified 'childbirth machinery'" (Wakita 1985: 201, translation is mine). This claim directly clashed with the Taisho government because the government promoted a natalist movement to increase births to build a wealthy nation and strong army (*Fukoku Kyohei*). On the other hand, the government was conflicted after facing the reality of its financial responsibility to meet the demands of a growing population. The contradictory side of its population policy was that in 1915, the government performed its first male sterilization so that a man with Hansen's disease could receive permission to marry, while suppressing Japanese birth control activists at the time of American birth control activist Margaret Sanger's visit in 1922.

The major reactions of Japanese feminists toward the government's policy on birth control are represented by the opposing claims made by a writer, journalist, political activist, Raichō Hiratsuka (1886 -1971)[16] and renowned poet and women's rights

[16] Raichō founded Japan's first all-women literary magazine, *Seitō* (Bluestocking) in 1911.

proponent, Akiko Yosano (1878-1942).[17] This is called motherhood protection controversy (*Bosei-hogo-ronsō*). Under the influence of Ellen Karolina Sofia Key, a Swedish feminist writer, Hiratsuka promoted birth control based on a eugenic logic of human reproductive health as a way to liberate women from unwanted pregnancies (Hiratsuka 1918). In *Fujin Koron Magazine* issued in March 1918, Yosano criticized Hiratsuka's view claiming that its heavy reliance on government protection would not really liberate women from a patriarchal system. Yosano said, "I hardly agree with the American and European idea that government should support the women during the pregnancy and childbirth. Only husband and wife are responsible to give financial support for their children" (Yosano 1918; Kaneko 1999:15, 106). She called the fundamental idea behinds the motherhood protection is '*irai shugi*' (request principle) and '*dorei dōtoku*' (ethic of slavery) and another form of subjugation to the authority of man and nation state. Under the influence of South African author, pacifist and political activist, Olive Shreiner, Yosano believed that mothers should be economically independent rather than relying on the motherhood protection law which lent support to the patriarchal ideology of "good wife-hood and wise motherhood" (*Ryō-sai Ken-bo*) (Yosano 1918). In *Fujin Koron Magazine* issued in May 1918, Hiratsuka argued back to Yosano, "Upon becoming a mother, a woman is no longer the personal being but social and national beings. Therefore, protection of mother should be not only necessary for the happiness of each individual woman but also the society at large and it is necessary for the sake of future generations in the worldwide" (Yosano 1918 in Kaneko 1999:15, 106-107, translation is mine). Later other feminists joined this controversy. Their opposing

[17] Akiko, mother of 12 children (one died after birth) and her husband Tekkan Yosano, also a poet, published the literary journal *Myôjô.*

political thoughts later became the ideological foundation of divided feminist thoughts on Japanese public policies toward working women, mothers, and children in the twenty-first century.

3. The Maternal Body as the Important Project of National Population Policy (1938 - 1945)

In the early Showa period (1938), as a result of the mobilization for World War II, the maternal body became the object of the national gaze over quantitative and qualitative concerns for the future population. With this population measure, the government succeeded in putting maternal bodies under the control of the central government. The government hoped to increase the population as well as monitor the processes and quality of the production of the future population. In 1942, the maternal body became the object of gaze by the Fascist Japanese nation under the national policy of increasing population. The content of the maternal handbook at this time demonstrates this point. In the pages of instructions and information for pregnant women - (*Ninshinpu no kokoroe*) - of the 1942 *Pregnancy Handbook* - (*Ninsanpu techō*), it stated,

> "A healthy baby is born from a healthy mother. Take good care of yourself during pregnancy and *dedicate your duty to giving birth to a good [healthy] child on a behalf of our country*" (I translated from the original Japanese language, Emphases added, Uruma Delvi and Production 2009).

With male soldiers dying every day on the battle field, the Japanese government could ill afford high infant mortality rates. At that time, maternal and infant mortality rates were almost 50 times greater than present-day rates. The *Handbook* was also a systematic way to increase medical standards for pregnant women. For example, unlike earlier eras, pregnant women received frequent general checkups to reduce the risk of miscarriages

and maternal and infant deaths. Mothers had an incentive to register pregnancies to local healthcare offices because registered pregnant woman with a maternal handbook could receive special foods, such as rice and other high quality supplies. The original handbook consisted of: (1) a cover page, (2) information and instructions for pregnant women (*Ninsanpu no kokoroe*), (3) notes on medical exams and new-born health checkups, (4) birth notes, (5) necessary remarks, and (6) a birth report. Pregnant women were obligated to serve the nation by delivering and nurturing healthy babies. Although the handbook was a systematic way to manage the population for the nation state, for individual mothers, it was also a practical way to manage her body and her children's health. Breastfeeding was the primary infant feeding style at that time. Many mothers, however, afflicted by malnutrition and psychological stress and physical fatigue could not produce enough milk. The government helped mothers supplement breast milk with artificial milk. Midwives played a significant role in assisting new mother in following the national guidelines. In other words, the government used midwives to promote their reproductive project on the maternal body.

According to Miyoko Kobayashi's narrative of an 86 year old midwife, Kakino, who actively worked from 1945 to 1948 in northeastern provincial areas, mothers in Nigata prefecture suffering from overwork and the emotional stress of financial difficulties and the absence of their husbands who had gone off to war could not produce breast milk. According to Kakino, there were none in the village who could breastfeed exclusively (Kobayashi 2008:24). Since working-class women's labor plays a major part in the family economy, feeding infants is secondary to work in fields and factories. They could little afford to nurse their babies on demand. Mothers brought their infants

to work, and nursing took place haphazardly. According to the research done in northeastern villages in 1941, hard work and poor nutrition during pregnancy resulted in the birth of feeble babies whose survival was in doubt. At the same time, mothers' ignorance of infant feeding resulted in infant deaths from diarrheal dehydration and inflammation of intestines. Irregular feeding caused by work demands detrimentally affected infant digestive systems. Although the rate breastfeeding was nearly 80 percent in these villages, many infants died from dehydration from digesting large amount of breast milk at once after the long period of empty stomach. Despite these appalling results, breastfed babies were lucky. Fifty percent of those fed artificial milk died, as did twenty percent who consumed a mixed breast and artificial milk diet (Shinada 2004:92-93). Another problem pointed out by the researchers was that it was not rear incident that the more than one year old infant lost life due to indigestion of solid food or at least malnutrition. This was explained by mother's lack of knowledge in infant feeding. Due to their habit of prolonged exclusive breastfeeding, the infants were not accustomed to digest any solid foods until more than one year old. Abrupt termination of breast milk with non gradual introduction of solid food caused indigestion of foods for many infants. Of infant born in these rural villages between 1939 and 1945 only fifteen percent had less than a year of breastfeeding (Shinada 2004:92-93). Traditionally, typical weaning age was two to three years old, usually at the time of the arrival of another baby. Therefore, the last child tended to have a longer nursing period, sometimes as late as five years old. It was socially accepted for school children to suckle their mother's breasts solely for comfort. Vogel suggests that prolonged nursing is a symbolic indication of the inter-dependent relationship between mother and child (Shinada 2004:94; Vogel [1963]1968,

1979). Prolonged nursing in Japan provides mothers with a legitimate break from work, and as a result, many mothers see it as an opportunity to relax. In addition, deciding whether to nurse depends on a mother's perception of how nursing relates to family members. For the mothers living with their in-laws, nursing was a way to calm down a crying baby, especially at night (Shinada 2004:93-94). According to Shinada, at this point, the "act of nursing has completely lost the purpose of providing nutrition for the baby" (Shinada 2004:97, translation is mine). "This skill of 'not letting a child cry' was indispensable in the Japanese residence where three generations squeezed into available space" (Shinada 2004:97, translation is mine). Traditionally Japanese have prized the mother who knows how to calm her baby. According to Shinada (2004), Japanese childrearing from the 1930s to 1970s has had two standards. One, as explained above, is based on traditional childrearing practices carried out by the self-employed and agricultural workers. The other is based on scientific childrearing practiced by housewives in urban areas.

4. The Replacement of Breastfeeding by Formula and Bottle Feeding (1955 - 1970)

Breastfeeding was widely practiced in Japan until the introduction of institutional management of childbirth and infant by the American GHQ after World War II. Prior to this time, prolonged breastfeeding was the primary infant feeding practice. After World War II, GHQ introduced an American model of healthcare (Male obstetrician centered, institutionalized medical practice). GHQ labeled the conventional Japanese practice – female midwife centered, home based childbirth – underdeveloped and obsolete. American medical experts actively discouraged homebirth and breastfeeding. For

instance, public nurses from GHQ's Public Health and Welfare office lectured Japanese childcare and medical experts about the importance of establishing separate rooms for mothers and new borns. Self-employed Japanese midwife, Tatsu Tanaka opposed this point by arguing that it is better for a mother and new born to sleep in the same room because a mother can lactate better hearing her baby's cry and it helps establish a bond between mother and child (Ōbayashi 2001:16). Despite midwife protests, hospital childbirths started to replace homebirths in Japan. For instance, homebirths accounted for 95.4 percent of total births until 1950. Midwives[18] had played a significant role in promoting and assisting newborn breastfeeding in homebirths. Hospitalizing childbirths discouraged mothers from nursing because mothers and babies were separated right after the childbirth. The ratio of hospital and clinic childbirths to homebirths dramatically increased after 1960 (See Table 1.). In 1970, the ratios of institutional childbirths and home births were reversed from those in 1950. From 1960 to 2003 hospital childbirths increased 53.8 percent and clinic childbirths by obstetricians increased even more (62 percent). The ratio of homebirths plummeted (49.9 to 0.2 percent) together with midwifery childbirths at midwifery clinics (8.5 to 1 percent). In Japan, the major

[18] Since 2002 midwives have been called *Josan-shi*. They used to be called *Josan-pu* and before 1942, *Sanba*. Prior to the *Sanba*, there were lay-midwives who went by the term *Toriage Baasan*. *Toriage Baasan* attended childbirths and helped mothers before and after the birth. They had an additional shamanistic role of protecting community life. Prior to the arrival of western style of midwifery services by *Sanba* at the end of 19th century, birth was understood as a point in the human life process at which *Ubugami* - a Japanese god of birth, sent a newborn human from the spiritual to the material world. Birth attendants stood between the spiritual and material worlds to welcome the newborn and by performing religious rituals and ceremonies insure that babies became vital members of society. These rituals included first bathing, first-three-days ceremonies, naming ceremonies, seven-night ceremonies, shrine visit rituals, and much more. Mothers, prior to and after giving birth, were required to stay in a small birthing house - *Sanya* or *Ubuya* - that was located in a corner of the village. Because women's blood was considered a cultural taboo and impure, society tried to separate the tabooed from people's daily lives (Wakita 1985). Thus, members of society showed deference to the birth attendant. In some areas, this role was extended to men (Shirai 1997, Wakita1985).

institutional childbirth facilities today are general hospitals, maternity hospitals,[19] obstetrics clinics,[20] and midwifery clinics. Childbirth in institutional facilities represents more than 90 percent of total child births in contemporary Japan. In these institutions, obstetricians play a major role. Hospital births, however, have not always been popular sites for childbirths. The history of institutionalized childbirths based on a medical approach is short in Japan. The maternal mortality rate was high in 1950. In 1950, 161.2 mothers died per 100,000 childbirths, and 27.4 newborn babies died per 1,000 births (MHLW 2005c, See Table 2-1). The ratio of maternal and new born mortality rates, however, has dropped since 1950. Therefore, by looking at this table alone, we are tempted to conclude that institutionalization of childbirths has caused the decline in maternal and new born mortality rates. These data often support the dominant idea that in the twentieth century hospital birthing is safer and more hygienic than home birthing. According to Ōbayashi (2001), we have to critically look at this idea because it was imported as propaganda to establish the institutional medicalization of childbirth in Japan from GHQ during the American occupation of Japan from 1945 to 1952.

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[19] Maternity hospitals are either general hospitals with obstetrics departments (*sōgō byōin*), or maternal and child health specialty hospitals (*san'in*)(Maruyama et al. 1998:132-133).

[20] Clinics, "*Shinryō jo*," are medical facilities with less than twenty beds. The clinics that provide childbirth care are called Maternity clinics, women's clinics, or ladies clinics. Most of the time, they are run as a family businesses owned by an obstetrician or midwife and often have a homey atmosphere. The services are provided at there by either a two-obstetrician pair or obstetrician and midwife pair (obstetric clinic). A midwifery clinic (*jo san'in*) may have up to nine beds but their numbers dramatically decreased after the 1980s. Typically, a clinic has a small delivery room which may also be used for outpatient gynecological or obstetric procedures, as well as for cesarean births. Most also have a central nursery for newborn babies. Methods of birth vary. Some clinics specialize in high-tech, anesthetized deliveries (Maruyama et al. 1998:129). A mother's postpartum stay (*Sanjoku-ki nyūin*) in Japanese hospitals is long compared to the US. This reflects clinical based facts supported by cultural conceptions of the maternal body after childbirth underlined by national cultural policies that protecti the maternal and child's body during and after pregnancy. In Japan, the mother and newborn usually stay in the hospital for 5-7 days. Cesarean births 6 -10 day stays, as opposed to 1-3 days in the U.S (Maruyama et al. 1998:124). "The long stay and recuperation at home (now 3-4 weeks) are believed to contribute to the lower incidence of uterine disease and hysterectomies among older Japanese women" (Maruyama et al. 1998:125).

Table 2-1. Trend of Childbirth Places in Japan & Perinatal, Newborn and Maternal Mortality Rate

	Obstetrician Hospital	Obstetrician Clinic	Midwifery	Home and Others	Perinatal Mortality Rate	Newborn Mortality Rate	Maternal Mortality Rate
1950	2.9%	1.1%	0.5%	95.4%	-	27.4	161.2
1960	24.1%	17.5%	8.5%	49.9%	-	17.0	117.5
1970	43.3%	42.1%	10.6%	3.9%	-	8.7	48.7
1980	51.7%	44.0%	3.8%	0.5%	21.6	4.9	19.5
1990	55.8%	43.1%	1.0%	0.1%	11.1	2.6	8.2
2000	53.7%	45.2%	1.0%	0.2%	5.8	1.8	6.3
2002	52.3%	46.5%	1.0%	0.2%	5.5	1.7	7.1
2003	52.2%	46.6%	1.0%	0.2%	5.3	1.7	6.0
					vs. 1,000 childbirth	vs. 1,000 birth	birth per 100,000

Date Source: "Place of delivery and birth rate: Trends in Perinatal and maternal mortality rate of newborn" in the report "*Sanka ni okeru kangoshi nado no gyomuni tsuite no iken*" (Opinion on the obstetrics, nurses and other services) by Japan Association of Obstetricians & Gynecologists in the Ministry of Health, Labour and welfare of Japan, available at http://www.mhlw.go.jp/shingi/2005/09/s0905-7f.html.

Much as midwives played a central role in helping the government circulate the *Maternal Child Health Handbook* in 1942, they also assisted the government's promotional efforts toward maternal health and child welfare in 1965. In the 1965 *Boshi Techō Handbook*, it commented that midwives are the alternative choice for homebirths. In the section on "sickness," it advised,

> In the case of severe morning sickness, swelling or numbing body parts, bleeding, pain in the back and stomach, or fever, please see a physician. In the case of finding abnormalities in your body or the fetus, if your previous birth was difficult, or other reasons that make you decide home birth is not an option, we recommend that you hospitalize at either a midwifery or medical institution such as a hospital. *According to the Children's Welfare Act, it is permissible for you to use a midwifery institution*" (translated by me from original Japanese language. Emphases added. Yokohama City, Tsurumi ward public health service center. no.2, 1965).

The 1967 *Handbook* (*Boshi Kenkō Techō)* makes a stronger recommendation to use medical facilities/hospitals for births. In the Preparation for Birth section, it advised,

> "Better talk with your family about what to do on the day of birth and what to prepare for in welcoming your new born baby. During the pregnancy, if you are experiencing any abnormality or your previous childbirth was difficult, it may be hard for you to have a birth at home. A better plan may be hospitalization delivery" (translated by me from original Japanese language. The book is given by Yokohama City, Tsurumi Ward Public Health Center no.2, 1967).

In the 1980 *Mother and Child Health Handbook* - (*Boshi Kenkō Techō*) the government recommended health care providers, and the choice of home birth disappeared. This indicates the prevalence of hospital childbirth in Japan.

There were also changes in government policy regarding birthing bodies that entered the *Maternal and Child Handbook* immediately after the World War II. For example, the *Ninshinpu no kokoroe* (Information and Instructions to Pregnant Women) section no longer has the line – "dedicate your duty to give a birth to a good [healthy] child on behalf of our country" that appeared in the 1942 *Handbook*. After the name changed to *Maternal and Child Health Handbook* (*Boshi Kenko Techo*), healthy mother and child was its main theme. The 1965 *Maternal and Child Health Handbook*, stated that "A healthy baby is born from a healthy mother. Increasingly pay attention to your health in order to give birth to a good child." From 1967, the phrase "good mother" started to appear as an ideal for mothers to aspire to, which was increasingly stressed in the later versions. In the *Handbook* issued in 1967, under a section titled "*Haha to narumade no kokorogamae*" (Mind Preparation before Becoming a Mother), the text read, "your health is a priority: To become a good mother, you have to be healthy first. Healthy mothers make healthy babies." In the *Handbook*'s 1980 edition, of the section "*Yoi Okaasan ni Narutameni*" (To Become a Good Mother), it advised:

> "Daily living during pregnancy: many changes happen in the maternal body during pregnancy as a baby grows inside…pay attention to reconsider your working and resting and eating habits (for example, find a time to rest your body by laying down one hour before noon and one hour in the afternoon during household or other kinds of work)" (Kawasaki City, Takatsu ward public health service center 1980).

The *Handbooks* record a continuously shifting national gaze on the birthing body changed in following order: (1) the patriotic insistence on the "maternal duty of health to give birth to healthy babies' in 1942, (2) advice that it is "better for mothers to be healthy to have a healthy babies" in 1965, (3) the moral aphorism that a "good mother is a healthy mother who gives birth to a healthy baby" in 1967 and (4) and the practical ethic of individual achievement summed up in "to become a good mother, take care of your health" in 1980. The word, "health" as it appeared in the *Handbook* of 1942 clearly upheld the ideas of the National Eugenic Law in 1940. "Good" appeared in the 1965 *Handbook* and especially in 1968 and reflected the ideology of maternal instinct that was a basis for the Maternal Child Health Law of 1965.

Complicating the narrative of steady increases in bottle feeding is the case of Morinaga Milk. In 1955, an unidentified illness appeared among the bottle-fed babies who used Morinaga powdered milk in the western region of Japan. The major symptoms were fever, sleep deprivation, bad mood, cough, watery eyes, diarrhea and vomiting, rash, depilation, abdominal distension and anemia. According to the 1956 report by the Ministry of Health and Welfare of Japan[21], 12,131 babies were stricken with arsenic milk poisoning and 130 died (Nakajima 2005). At the same time, chemically contaminated breast milk became realistic fear for many breastfeeding mothers in Japan. Atopic

[21] Presently, it is called Ministry of Health, Labour and Welfare of Japan

dermatitis among infants and hypo-thyroid diseases among middle aged women are understood as caused by chemical wastes after the rapid post World War II industrialization (Nagayama 1999).

5. Nursing and Weaning based on Child-centered Mothering (the mid-1980s to the present)

In March 1989, WHO-UNICEF announced that the establishment of baby friendly hospitals (BFH) was evidence of promoting breastfeeding in "Evidence for the ten steps to successful breastfeeding". Japan became part of the world-wide boom in breastfeeding. As of August 2009, 61 hospitals in Japan have been accredited as BFH (JBFA 2004-2009). In 1992, in commemoration of August 1st, "World Breastfeeding Day," the Japan Breast Feeding Association was founded by the late Itsuro Yamauchi. The Japanese Association of Lactation Consultants (JALC) was founded in 1999. One of JALC's three missions is "presenting the science based information for supporters of breastfeeding child care" (JALC 2009, Translation is mine). The first Japan-area conference of the La Leche League was held in 2006.

In the mid-1980s, Japan experienced an unprecedented economic expansion. Its economic growth, now regarded as a "bubble," gave an impression that the Japanese were liberated from traditional social norms and roles. A consumption-centered culture targeting pre- and school-aged children completely permeated the education industry. Children became emotional, financial, and physical investments for their parents. At the same time, delinquency and crime among younger children became a serious topic for Japanese society. Juvenile crime experts and child psychologists analyzed the types of crimes committed by younger children. They unanimously discussed the increased

cruelty of present-day juvenile crimes by child compared to those of previous generations. Not only these experts but also media speakers blamed mothers' childrearing practices for child delinquency. In 1991, a pediatrician, Shigemori Kyūtoku, published a book called, *Bo-gen-byō* – "a mother-rooted disease" based on the idea that modern mothering is the primary cause for mothers lacking breast milk and many diseases among children such as colds, asthma, chronic stomach aches, domestic violence, delays in speech, diarrhea (Kyūtoku [1991] 2003). Childrearing skills became a serious topic among Japanese parents. I recall a mother in her sixties who complained that scientific motherhood was the reason her son canceled his wedding. He discovered that his fiancée had an affair with her male colleague while he had been with her for many years. She said, "My son is insensitive to other people's feelings. He could not read his fiancée's mind. He is a cold hearted person. Although his fiancée had cheated on him for a long time, his lack of communication skills with his significant other must be the primary cause. I brought him up the wrong way. When he was a new born baby, I did not pick him up from the crib although he cried for me many times. I followed the popular childrearing books of the 1960s. The books advised parents not to pick up their children and not to feed them according to their demands." The Japanese translation of Dr. Spock's first book in 1946 was popular among the mothers during the 1960s.

According to Shinada, a "super Japanese childrearing" theory and method emerged in the mid-1980s (Shinada 2004:132). This theory and method was a reaction to the Japanese interpretation of major western childrearing methods which was popular during the high growth economy. The new childrearing approach was in reaction to parenting by previous generations. Nonetheless, the foundation of this new approach was

based on traditional Japanese childrearing ideas. One important difference from the traditional childrearing theory was that it presupposed mothers would be stay-at-home moms (Shinada 2004). This child-centered childrearing required mothers invest much more time and energy in their children. The mothers were asked to withhold their desires in order to become good educators. Intensive mothering brought stress to both mother and child. Media, childrearing experts, and physicians pointed out that recent increases in infanticides by parents, especially by mothers, in urban nuclear families were caused by intensive mothering. Municipal offices set up community support programs for mothers with small children so that they could release stress from intensive childrearing by sharing those problems.

This aspect reflects the government's approach to weaning children that is expressed in the *Boshi Kenkō Techō, - Mother and Child Health Handbook* in 2002. For instance, the word, "*Dan-nyu*" (termination of breast milk or forced weaning) disappeared and was replaced by, "*Sotsu-nyu*" (graduating from breast milk or self weaning). This change indicates that the government has tried to accommodate a new child-centered parenting style. Childrearing specialists assumed that mothers would experience less stress without pressure to wean babies on a schedule. Therefore, "*Sotsu-nyu*" implies that there is no definitive weaning age. For some breastfeeding mothers, however, prolonged nursing adds significant stress to their life. The restrictions that accompany prolonged nursing, as previous generations of mothers pointed out, are a negative aspect of breastfeeding and a primary cause of mothers' daily stress.

In 1994, the government amended the *Eugenic Protection Law* (*Yūsei Hogo Hō*') in 1948 and renamed it the *Motherhood Protection Act* (*Bosei Hogo Hō*) to legalize sterilization and abortion without state enforcement. This was the also the year of International Reproductive Health and Sexual Rights movements and the United Nation's International Conference on Population and Development held in Cairo in 1994. In 1996, the government enacted the *Motherhood Protection Act* (*Bosei Hogo Hō*). As an effort to increase childbirth in Japan, the Japanese government has urged large corporations to adopt family friendly policies that grant both male and female workers family leaves to balance family and work lives. Thus, Japanese working mothers have a choice of either returning to work after taking their mandatory eight week maternity leave, taking a one year childcare leave, or quitting work after childbirth. During the one year childcare leave workers can collect up to three percent of their salaries from the unemployment fund with the remainder of their salary paid at the discretion of their employer. According to government data, 86.5 percent of companies provide no monetary support to workers opting to take childcare leave whose children are less than a year old (Ito. 2006: 57). Therefore, there is no legal assurance of income for workers who take the one year childcare leave. The Japanese government applied the childcare leave provision to the maternal protection laws to encourage nursing mothers to return to the home with their children and protect them from public harm. Ironically, this reasserts the traditional sexist view of mother/woman as the weaker sex in public space.

The genderization of the functional role of the maternal body and the sexualization of women's breasts caused the disappearance of breastfeeding mothers from public in the early twenty-first century. For example, *Wacoal*, a Japanese major

bra company, introduced the first bra pad in the 1949. Previously, the shape of a wet nurse's breasts or maternal breasts was concern for the physicians of Chinese medicine sorely from the functional aspect of nursing. In mid-twentieth century Japan, however, the shape of female breasts raised beauty, romance, and sexuality issues. The double meaning of female breasts and the blurring of the border between maternal and female breasts emerged during this time. In Japan, due to the increased sensitivity of public toward breastfeeding in public spaces, department stores and train stations were equipped with nursing and baby care rooms. According to survey data of public breastfeeding behavior between 2007 and 2009 by "*babycome"*, a Japanese childrearing and caring information website, fewer mothers breastfed in public spaces, and fewer people were tolerant of public breastfeeding. Of 979 breastfeeding mothers, about 42 percent breastfed in public spaces such as restaurants, cafés, park benches, and places other than nursing rooms in public facilities. This behavior decreased to 30 percent in 2009. The number of people who objected to public breastfeeding, even when done discreetly, between 2007 and 2008 increased slightly from 12 to 19 percent (*Babycome* 2007, 2009).

Based on data from 47,010 Japanese babies who were born in 2001, 20.9 percent of six month old infants were exclusively breastfed, and 24.9 percent of those babies were exclusively breastfed by the mothers on childcare leave, the group most likely to breastfeed exclusively. The least likely category to breastfed their six month old babies exclusively was the 5.4 percent of mothers who worked full time (MHLW 2002). According to government data based on about 3,500 babies who were born between June 1st 2001 and May 31st 2005, about 90 percent of month old babies in Japan were breastfed, but that number went down to around 70 percent for three month old babies.

By and large, the total percentage for one and three months old babies who were breastfed has gradually increased since 1985 to 2005, though both exclusive breastfeeding and exclusive formula feeding rates steadily declined during the same periods of time. The characteristic trend for newborn babies is that an increasing percentage will receive a combination of breast milk and formula (MHLW 2005a, See Charts 2-3, 2-4 & 2-5).

Chart 2-3: Breastfeeding rate for 1 month old baby in Japan (1985, 1995, 2005)

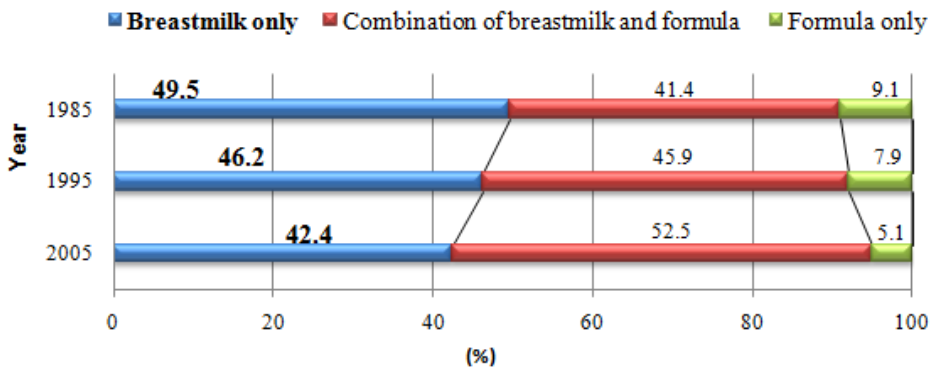
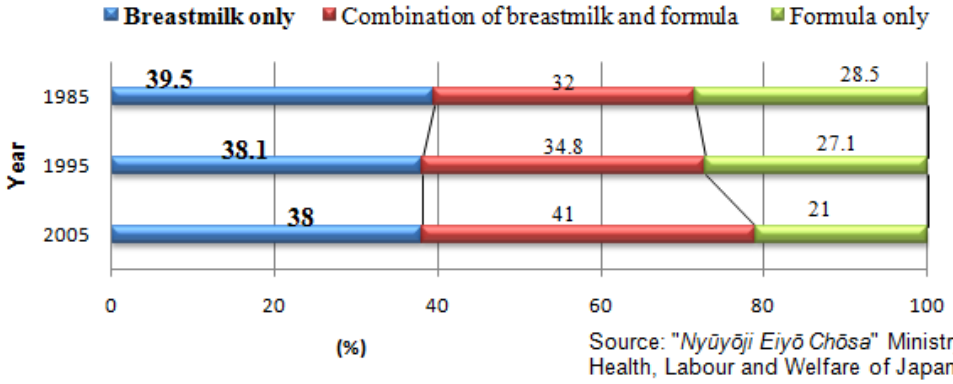
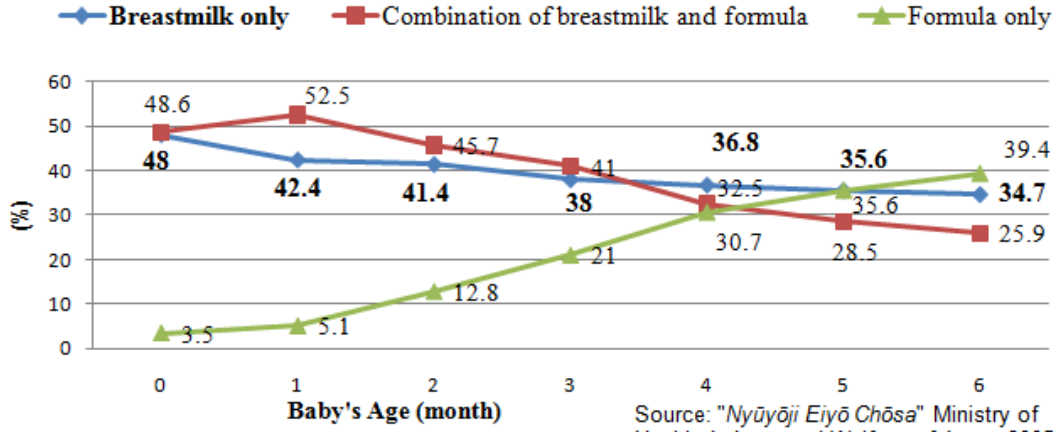


Chart 2-4: Breastfeeding rate for 3 months old baby in Japan (1985, 1995, 2005)



Source: "*Nyūyōji Eiyō Chōsa*" Ministry of Health, Labour and Welfare of Japan 2005a

Chart 2-5: Breastfeeding rate by the baby's age in Japan (2005)



Source: "*Nyūyōji Eiyō Chōsa*" Ministry of Health, Labour and Welfare of Japan 2005a

In twenty-first century Japan, atopic dermatitis among infants and hypo-thyroid diseases among middle-aged women are very common, and they are understood as caused by chemical waste from the rapid post World War II industrialization (Nagayama 1999). In 1999, Ministry of Health, Labour and Welfare of Japan presented the research result of the "Investigation concerning dioxin in mother's milk". The purpose of research was measuring the density of dioxin, (PCDD+PCDF), coplanar PCB, and an organic chlorine system compound in mother's milk in nationwide various places. The mother's milk of 30 days after it gives birth in 1998 was investigated in 21 nationwide regions. They found that Dioxin (PCDD+PCDF) and the Co-PCB 3 kind of densities decreased in the data of the same region in the comparison in 1997. Second research on breast milk was took in four targeted to prefectures (Saitama Prefecture, Tokyo, Ishikawa Prefecture, and Osaka Prefecture). The mother's milk at the 300th day of the 150th day of the 30th day was roughly gathered from 1997 to 1998. They found that the Dioxin (PCDD+PCDF) and the Co-PCB 3 kind of densities decreased the target at the time of passing. The research concluded that the densities of dioxin in mother's milk were differing by the regions, and the organic chlorine system compound in mother's milk had fallen below the acceptable daily intake. However, the person more than the acceptable daily intake was seen by part about the chlordane (MHLW 1999). Part of failure in investigating accurate density of chemical components in mother’s milk was that many participants experienced failure of producing sufficient breast milk and supplemented to formula during the research periods. This could be interpreted that their psychological fear of chemically contaminated breast milk stopped lactating and impeded them from giving breast milk to their babies. Thus chemically contaminated breast milk is not just

an imaginary thing but realistic fear for many breastfeeding mothers in Japan. Nonetheless, a great majority of Japanese mothers feel it natural to breastfeed their newborn babies. According to data from 2005 based on the responses of 2,722 mothers in Japan, about 96 percent of pregnant mothers desire to breastfeed their babies, while only one percent of mothers wish to use formula feeding. Among 2,706 mother who gave birth in childbirth centers, hospitals, and clinics, 17.3 percent could stay with their new born babies right after the birth event, 32.4 percent of them breastfed their babies within 30 minutes of the birth event, and 52.9 percent breastfed on the demand of their babies. More than 50 percent of mothers who exclusively breastfed were able to stay with their newborn baby right after the birth, breastfed them within 30 minutes of birth, or breastfed whenever the baby demanded (MHLW 2005b). This also indicates that the childbirth institution's support for breastfeeding is crucial for mothers to breastfeed successfully. The baby friendly hospitals are regarded as one of them.

C. Summary

By and large, breastfeeding and the emergence of alternative feeding choices, and the social attitudes that have accompanied those choices; have proceeded along parallel tracks in Japan and the US. Alternative feeding choice – wet nurses, animal milk, and formula – emerged in historical order. From the seventeenth and eighteenth century, moral and religious educators, mostly men, recommended that mothers in the US and Japan nurse their babies rather than hire wet nurses. For Puritan priests, nursing one's baby was a pious act, and for revolutionary political leaders, it was a democratic ideal for republican mother to raise future citizens. For physicians, maternal breast milk was the

best nutritional source to insure a baby's survival and health, and nursing could promote maternal health by spacing childbirths. During the early twentieth century, many physicians strongly discouraged wet nursing because the idea of lactation heredity – infants imbibing the character of nursing women through her milk – gradually played the logical foundation of professional recommendations in the late eighteenth to early nineteenth centuries. In contrast, white Southerners, accustomed to cross-racial nursing, saw nursing more practically and knew empirically about the limits to the logic of milk heredity. Obviously, white and black babies did no switch races regardless of whose breasts they suckled. Crossing class lines rather than those of race and species was the major concern of the people who worried about milk-borne influences on the human personality. Retaining their class prejudices, the wealthy in North America marked the lower class women's milk inferior. A similar stigmatization occurred in Japan during the same period. Until the late eighteenth century, Japanese physicians, influenced by the theory and practice of Chinese medicine, considered a mother's life habits, diet, and temperament as the determining factors in the quality and quantity of her breast milk. The idea of milk-borne heredity, however, appeared in medical writings, and physicians and families were increasingly suspicious of wet nurses' milk quality in the latter decades of the nineteenth century.

During the nineteenth to early twentieth century in the US, cow's milk appeared as the major alternative food for infants. High infant mortality rates in the US, especially for children nursed on cow's milk, led to laboratory testing of human and cow's milk which, in turn, led to the creation of artificial milk: formula. Scientists discovered that human and animal milk consist not only of different chemical components, but they also

discovered those differences exist across individuals and even within an individual over time. Scientific discoveries of irregular chemical components of human milk cultivated a distrust of maternal milk by physicians and mothers. Consequently, new upper- and middle-class mothers became increasingly doubtful about their ability to nurse. Physicians in the US during the early twentieth century were discouraging breastfeeding in actual clinical practice and this became increasingly so in the middle of the century. Physicians and moral leaders argued that urban life styles and civilization challenged mothers' confidence in their bodies' ability to produce sufficient milk. A lack of and poor quality milk were the major reasons that upper- and middle-class mothers chose cow's milk or formula. Scientific motherhood and the discovery of bacteriology, in case of the US, caused infrequent nursing and a diminished breast milk supply. Spending ample time breastfeeding babies was no longer a choice for middle-class mothers who were busy with cleaning away invisible bacteria. At the same time, physician recommendations for scheduled feedings contributed to mothers' complaints about "not producing enough milk" and hastened the switch to formula feeding.

At about the same time, Japan imported the scientific approach to examining human milk as well as childcare such as breastfeeding. German physicians introduced the discovery of the irregular chemical composition of breast milk to Japanese physicians, which in turn reinstituted mothers' prime responsibility for producing good milk. Prior to the discovery of the causal relationship between milk quality and maternal diet, family members and social kin monitored maternal and lactating bodies. Breastfeeding mothers faced restrictions on certain social and physical activities and habits and diets, as well urged to exhibit certain tempers to keep their milk healthy. Unlike in the US, early

twentieth century Japan, especially the Taisho period (1914-1926), saw the golden age of midwifery. Midwives promoted breastfeeding during this period, and midwifery continued until hospital births replaced homebirths in the middle of the twentieth century. In Japan, mothers working at factories brought their babies with them and conducted onsite nursing. Different conceptions of the body – babies' and mothers' – mothering and working, and the availability of alternative modes of feeding governed how mothers in the US and Japan related to nursing. Bottle feeding was less prevalent among poor and working-class Japanese mothers because of the cost of bottles and milk. During this time, nursing breasts in Japan were not as sexualized as in the US; thus nursing was acceptable in the public domain. After World War II, women's breasts were increasingly treated as a symbol of female sexuality in Japan. With the increased sexualization of female breasts in Japanese urban life and the disappearance of a nursing scene once childbirth was hospitalized in the 1960s and 1970s mother's confidence to nurse in public gradually diminished. The shape of female breasts became an increasing concern among people. In the US and Japan in the late twentieth and early twenty-first century, mothers' breast milk was no longer compared to wet nurses' milk or animal milk but artificial milk modeled after human milk.

In the US, from 1920 to 1970, formula became increasingly popular across all classes. Bottle feeding was a liberal promise for politically conscious women and it also merged with sexism against the female body; over sexualization of female breasts during this time simply discouraged many mothers from breastfeeding. Thus bottle feeding represented the liberation of women from biological conditions until the women discovered that the liberation of their bodies was only the lip service. In the late 1970s

when naturalist and maternalist ideologies were introduced to many urban, educated, and middle- and upper-class mothers, a new bottle feeding versus breastfeeding debate occurred. For many women, their preference of infant feeding reflected their political identities as mothers and women, for other, it is not but bottle feeding is just an obsolete choice. In 2009, a woman at a breastfeeding conference asked, "please ask yourself: do you prefer a bottle with mother's milk or artificial milk coming from a mother's breast?" This question silenced the entire audience for a moment. The woman's question challenged our taken-for-granted analogical logic of breastfeeding vs. bottle feeding, i.e., "nature/natural" thus "good" about "mother's milk" vs. "artificial/cultural" thus "bad" about "formula feeding". Indeed, for some mothers in Japan, chemically contaminated breast milk is the realistic fear. Then what makes many mothers feel comfortable or guilty about their feeding roles as a good mother? These issues raise questions about the meaning of breastfeeding: Can we still call another woman feeding a baby her mother's breast milk in a bottle breastfeeding? The fetish of mother's milk is the critical argument here. In urban America, many female professionals expressed their satisfaction with their feeding roles. They can call home and be reassured that their babies are being exclusively fed breast milk pumped the previous day in the office or home. In the capitalist societies of the US and Japan, mother's milk becomes a fetish object, too. Technological aids make it possible for working mothers and their children to be connected through their precious bodily liquids especially produced for particular children. Some call this disembodiment. Others call this the successful embodiment of technology in self which will give birth to new modes of self and new relationships with others.

Chapter 3: Scientific and Medical Interpretations of Breastfeeding Practice

In this chapter, I critically analyze the scientific and medical construction of infant feeding practices in the US and Japan. I am interested in the ways in which certain modes of infant feeding (what and how a baby is fed) are made to seem natural by making alternative modes of infant feeding seem unnatural, thus undermining the ability to carry out those alternatives. Borrowing Shinji Kajitani's concept, "*Shizen shugi*" – (Naturalism), I show how the word, "nature" is used to define mother's milk, human milk and breastfeeding, as an absolute truth, thereby undermining wet nurses' milk, cow's milk, and formula and bottle feeding (Kajitani 2009:88). This chapter consists of three parts. The first sketches trends from the eighteenth to twenty-first century in infant feeding experts' use of the concept of "nature" in the US and Japan. The second part analyzes specific aspects of naturalism in infant feeding discourses in medical texts: (1) what arguments are mustered to show the superiority of maternal breastfeeding over wet nursing in Japan and America and (2) what arguments are made for the superiority of human milk over cow's milk and formula in the two countries. For the first inquiry, I look at competing medical ideas about the transmission of disease from person to person through bodily fluids, blood and breast milk. For the second inquiry, I look at changing medical ideas about each chemical component of human milk and the physiological role of colostrum (first milk) in infant health. Last part examines competing childrearing advice about feeding styles (scheduled feeding vs. feeding on demand and breastfeeding vs. bottle feeding). I discuss how scientific knowledge came to define motherhood based on the choice of one infant feeding style over another and how the word "nature" is employed. The analyses are based on the narratives in the medical books, infant feeding

books, governmental and WHO and UNICEF, non-profit breastfeeding organizational publication materials in relation to infant feeding practice in both countries.

A. The Naturalism of Breast Milk, Human Milk, and Breastfeeding

For the past several centuries in Japan and America, conventional wisdom has held that breastfeeding, breast milk, and mother's milk are natural and therefore good for children. Japanese and American childcare experts have repeatedly stressed the superior quality of maternal milk over other forms of nutrition. Maternal milk is better than another women's milk, human milk is better than animal milk, and breastfeeding is better than bottled feeding because the former is more natural. Shinji Kajitani uses the concept "*Shizen shugi*" (Naturalism) to analyze common aspects in the discourse of Japanese infant feeding practice utilized by medical experts. Naturalism is an ideology that emphasizes "nature" as the rational basis for evaluating certain modes of human behavior for their truthfulness and adherence to standards of the good (Kajitani 2009:88). Kajitani pointed out that idea of naturalism in the narratives of breastfeeding absolutists embodies some problematic features. They convey a definitive message: mother's breast feeding is the absolute ideal form of infant feeding because it is most closely adheres to the laws of human nature, and its efficacy is proved by scientific evidence. For example, they assert the nutritional value of breast milk – a natural bodily liquid of love – indicates that it makes for a mother and child's better physical and mental health and brings peace to our world; however, formula – a cold manufactured liquid - leads to poor physical and mental health for the mother and child which in turn results in the moral deterioration of our life. Kajitani argued that employing nature as the ultimate rational for defining breastfeeding as an ideal form of infant feeding reveals the logical emptiness breastfeeding absolutists

argument because there is no historical evidence that for similar conditions to support such a "retro-futurism" (Kajitani 2009:117). What is the contradictory in the absolute breastfeeding theory is that scientific evidence proves that breastfeeding is most in accord with the law of nature. On one hand, breastfeeding absolutists appeal to scientific knowledge as the ultimate arbiter in asserting that the breastfeeding is part of the natural order. Yet, those same advocates remain silent about science's role in the creation of a human milk substitute (Kajitani 2009:111).

In America, prior to the advent of Western medicine – evidence-based medicine and modern biomedical science – the religious ideas of Christianity defined the truth and virtue of breast milk and breastfeeding practices.[22] For example, eighteenth century family physicians and religious leaders in America and England naturalized the breastfeeding norm as god-given maternal duty. Cotton Mather called upon parishioners to "entertain it with submission to the will of God" (Golden 2001:11; Mather, *Elizabeth in Her Holy Retirement* 1710:35). In his treatise, *The Well-Ordered Family; Or, relative Duties* (1719), Benjamin Wadsworth, member of the clergy and Harvard president, called breastfeeding a "…method of nourishing their children which God's wise bountiful Providence has provided as most suitable" (Golden 2001:12). William Cadogan, an English physician addressing an American audience in *the South Carolina Gazette* in 1794 in, "An Essay upon Nursing, and the management of Children," called breastfeeding a god-given responsibility (Golden 2001:15). Hugh Smith, a British physician, likewise, told his American audience that mother's milk was natural and the

[22] There were also varieties of folk medicines practiced by immigrants from Great Britain and Native American, too. Each has own perspective on maternal role in feeding and the quality of breast milk. For instance, the book, *Domestic Medicine* (1769) by William Buchan from Edinburgh was popular among the colonists. He strongly recommended maternal breastfeeding.

best food for infants (Smith 1827:61). He defined mother's nursing role as "provident nature" in his *Letters to married ladies* (Smith 1827:87).

Prior to the introduction of Western medicine in Japan, Japanese physicians' medical knowledge heavily relied on the traditional Chinese medicine[23] and folk medicine based on Shintoism, Buddhism and more indigenous religions. From around 1720, *Rangaku* - "Dutch learning" or by extension, "Western learning" - was introduced to Japan when numerous books on medical sciences were obtained from the Dutch. Japanese physicians in the early eighteenth century regarded breastfeeding as "natural" thus good for child and mother. According to Gyuzan Katsuki, a Japanese physician who studied Confucianism under Ekiken Kaibara, in his *Shōni Hitsuyō Sodate Gusa* (1703) – a first childrearing book in Japan, called the practice of "breastfeeding" as a "*Tenri no shizen*" – ("the law of nature"; Translation is mine) (Yamazumi and Nakae [1976] 1987:301).

The nineteenth century west was marked by the transformation of human medicine through advances in chemistry, laboratory techniques, and precision medical equipment.[24] Religious belief gave a way to the observations based on scientific facts which newly came to define the "truth" of human life. Throughout the nineteenth century and into the early twentieth century, "nature" lost its religious aura. "Culture" and "civilization" with their implication of superiority replaced "nature". Therefore, people perceived breastfeeding as natural but with implication that it was "uncivilized,"

[23] Traditional Chinese medicine is based on empirically based medicine - a product of the accumulated clinical observations gathered over centuries of practice.

[24] These discoveries were: anesthetics in 1846; pasteurization in 1862 and antiseptics in 1865, bolstered by the germ theory;, discovery of the tubercule bacillus in 1882and the cholera bacillus in 1883, et cetera.

"uncultivated," or even "savage". At the same time, people, especially who live in urban environment had nostalgia for nature. Therefore, praising the superior quality of breast milk with its connection to nature exposed ambivalent feelings. In such a cultural environment breastfeeding rates in the US declined from the nineteenth century to the early twentieth century. Artificial feeding such as cow's milk, cow's milk modified with water, sugar and starches, condensed milk, and later by formula which was discovered in a physician's laboratory increasingly substituted for breastfeeding.

The social fact of high mortality rates among artificially fed infants, however, prevented pediatricians from openly recommending artificial feeding. Popular American pediatrician, L. Emmett Holt, advised mothers to breastfeed their infants in his book, *The Care and Feeding of Children* (Holt [1894]1907). While he carefully described how to prepare artificial feedings, he stated breastfeeding was the norm as such. While mothers secrete very little milk in the first two days, no additional foods were necessary for the newborn baby because "we may be sure Nature would have provided it" (Holt [1894]1907:14). Although he used the word, "Nature" as if there were an invisible hand manipulating supply and demand for mother's milk and balancing nutritional requirements for the baby, "Nature" lacks the passion to persuade the reader that breastfeeding is the ultimate practice. In fact, he believed that breastfeeding was a poor practice for unhealthy mothers. Due to high infant mortality rates, the government promoted breastfeeding by educating mothers. Children's Bureau publications, *Prenatal Care* (1913) and *Infant Care* (1914), described breastfeeding as: "*perfect food*", "simple physiological function," and a moral "duty of every *thoughtful* mother" (West 1913:32; 1914:31-32). With the celebration of industrialization and urbanization "nature" lost its

ultimate value to society; its persuasive power that breastfeeding was an absolute "truth" and "good" appeared undermined.

In the middle of the twentieth century, breastfeeding was still regarded as "natural" but what is natural cannot stand unambiguously and inextricably tied to nature without the support of scientific evidence. In the revised *Prenatal Care* (1942, 1948, 1949), breast milk is regarded as "natural food" for baby. In both the 1942 and 1948 editions of *Prenatal Care*, the authors advised, "It should be the hope, as it is the first duty, of every mother to nurse her baby, Breast milk is the *natural* food for the baby. It is easily assimilate and, cheap, clean, and convenient. Breast feeding gives a baby a better chance for life and for steady, normal growth" (Bain et al. 1942: 58; 1948:15, Italic is mine). In completely revised version of *Prenatal Care* in 1949, the Children's Bureau authors let mothers know, "Breast milk is a *natural* food containing most of the necessary food elements in the easiest form for the newborn baby to use. It is clean, when the mother is healthy, and is always at the right temperature. The close relationship between a mother and her baby during breast feeding is important for them both" (Peter et al. 1949:62, Italic is mine). In these editions, breast milk is recognized as most suitable for a baby's digestive system. Its appellation as natural food implies that it is naturally designed for human babies. The Children's Bureau replaced "normal" for "natural" in *Breast Feeding* (1945). It advised, "mother's milk is the normal food of all young animals, and in species the milk is adapted to the growth needs as well as to the digestive powers of the young of that species…*There is nothing 'just as good' as mother's milk*" (US Children's Bureau 1945:2, Italic is original). At the peak of bottle feeding practice

in the US, the government publications clearly expressed a preference for breastfeeding in a moral tone.

The word, "natural" is again used by popular American pediatrician, Benjamin Spock, in the same period. Spock called breast feeding a *natural way* of infant feeding in his book *Baby and Child Care* ([1946] 1956). He wrote, "On general principle, it's safer to do things the *natural way* unless you are absolutely sure you have a better way" (Spock [1946] 1956:31; Italic is mine). In the earlier version of his book, being a pediatrician during the national bottle feeding peak, he recognized that the word "nature" does not persuade mother to turn to breastfeeding. He advised mothers instead, to forgo feeling guilty about not breastfeeding because nobody has proved bottle fed babies are less happy than breast fed babies. According to him it is okay "when you give him his bottle, you cuddle him in your arms, he will be nourished spiritually, much as if he were at the breast" (Spock [1946] 1956:32). This view is identical to the later version of *Prenatal Care* (1962) which advised that breastfeeding provides significant emotional and immunological benefit for babies. Nonetheless, bottle fed babies are as happy as breast fed babies, as long as a bottle fed baby gets "the feeling of warmth, closeness and security a baby gets from being held while he takes his food" (Brown et al. 1962:71).

In Spock's later editions, he admitted the society's increased identification with nature caused an increase in breastfeeding in the US. He noted that recent increases in breast-feeding in the US among young college-educated mothers were explained by "the general respect, among the young, for *Nature* and the desire to do things the *natural way*" (Spock [1946] 1985:106; Italic is mine). After the World War II, both America and Japan entered a peak period of mass consumption culture. At the same time, people became

increasingly alarmed about the ecological effects of chemical hazards on every aspect of life. This rise in ecological consciousness gave birth to consumer, natural child birth, and pro-breastfeeding movements. The word, "natural" indeed appealed to people's nostalgia about nature. At the same time, "nature" became a privileged commodity. Human milk was regarded as "pure – free of industrial waste" and "ecologically friendly infant food." From the middle to the end of the twentieth century, the boom ecological/nature consciousness increased the value of "nature" in defining breast milk's claim to an ideal form of nutrition. Breast milk was identified with "nature" and called "a gift of the creator" in Japanese pediatrician Takajiro Yamamoto's book, *Bonyu* (1983) ("Breast milk"). Yamamoto dedicated the book to critiquing the prevalence at the time of formula feeding (Yamamoto [1983] 1997:1-4). Another pediatrician, Noboru Kobayashi, contended in his book, *Shonika-i-ga-susumeru:Bonyu-hoiku-ho* ("Pediatrician's recommendation: Breastfeeding child caring method"), "Breast milk is a gift of *nature*" (Kobayashi 1987:13-50; Italic is mine). He wrote this book after being inspired by the concepts of "mothering mother" and "emotional support" which appeared in *The Tender Gift, Breastfeeding* by Rafael Dana (1973). Yamamoto and Kobayashi's books both argued that the ultimate value of human milk was its "naturalness," a concept which relied heavily on the scientific analysis of chemical components of breast milk, , hormonal and emotional functions of maternal body in relation to her nursing infant during lactation. The gift of nature needed to be recognized under the scientific light, however.

Claims for the superior quality of human milk rested on scientific evidence about the inferior quality of formula and cow's milk. For Yamamoto, human milk is superior to

that of other mammals; however, he had no problem placing humans in the same continuum as cows and goats, the category of mammal, in considering their bio-physical functions and the ecological norms of breastfeeding. He said, breastfeeding "…is a rule of mammal" thus human mother should not disregard this ecological norm (Yamamoto [1983]1997:213). Indeed this kind of claim is popular among late twentieth- early twenty-first century lactivists who often naturalize breastfeeding norms based on the evolutionary logic of the female body's lactation function. The lactivists' argument, "nursing breasts are not a form of sexual entertainment," certainly insures the public respectability of nursing mothers in the US. Moreover, breastfeeding saves many babies' lives. However, there are still many people who feel uncomfortable or are offended by seeing and imagining lactating and nursing breasts in public. Common negative comments toward public nursing are "it looks gross, funny, and dirty". Feeling such does not even require people to see or hear the actual baby suckling her mother's breasts. Just by imagining it disgusts some people. An advocate says, "it's not indecent, it's not sexual; breasts are for feeding babies, not for entertaining men" (McNamara 2006). This opinion is shared by many in the USA who advocate public breastfeeding. How effective in changing people's mind is this message?

As Bernice L. Hausman (2003) pointed out, lactivists' use of evolutionary narratives to argue about the scientific rationale for female lactation has not been persuasive for many, including women who do not favorably perceive their bodies in a continuum with monkeys and cows. Such narratives suggest that women "*should* breastfeed because women have always breastfed" (Hausman 2003: 130). The idea of breastfeeding as a universal and natural property of female bodies dangerously

universalizes all lactating bodies as the essential and unique property of female mammals. At the same time, feminists have criticized and warned about the simple identification of "nature" and "female body".

Lactivist's functional view of maternal breasts, especially their one dimensional view of the role of female breasts exemplified by "nursing breasts are not a form of sexual entertainment" reinforce essentialist views of the bio-physical functions of male and female bodies - males produce semen and women eggs and milk. Lactivists rely on one kind of logic: what appears to be "nature" is true human practice. There is much biological and other scientific evidence that suggests that experiences such as nursing, along with menstruation, lactation and gestation are not determinants of the social category of woman or even female (Weitz 2003:13, see also Lorber 1993, Jaggar 1983). The recent world-wide increase of male and female infertility in the world is testimony against the essentialist view of woman and man based on the production of milk, eggs, and sperm. This essentialist idea creates a sense of deviance among the woman who never experience lactation, nursing, ovulation, and gestation. For instance, mothers without nursing experience who live in northeastern American cities in the early twenty-first century, under a political climate of "the womanly art of breastfeeding," have a sense of failing to be true mothers; and women without a lactating experience feel themselves not yet fully grown women. It is even apparent for many lactivists that maternal breasts have multiple functions from sexual to nursing. Lactivists understand the argument for the distinct separation in public of the sexual/erotic from the nursing breast is a last ditch effort to make society accept public nursing as a cultural priority. However, their essentialist claims about maternal breasts are too obsolete to change people's minds. At

the same time, they inadvertently create antagonisms from the excluded population. Both logic and emotion must be met to change people's adamant attitude and behavior against breastfeeding.

The compartmental view of nursing breasts indeed cannot reflect the real experiences of a mother's life with her lactating breasts. This hegemonic view of the asexual maternal body image limits a mother's sexual expressions, her physical and emotional communications with her sex partner, especially when those expressions involve her lactating breasts. I certainly admit that there are women and their partners who use such one-dimensional views of nursing (nursing is primarily for the baby) as an excuse for avoiding sexual intercourse all together, or for others, nursing a baby means the end of the sexual life of their breasts. However, for those who think it is too early to say farewell to a sexual life, the idea of compartmentalizing nursing breasts creates highly ambivalent feeling in their sexual life. Some talk about experiencing uneasiness in accepting nursing breasts as a part of their sexual communications with their partner. Some women in my interview told me that during the breastfeeding periods, they experience the impossibility of enjoying breast stimulation, especially through sucking by their sexual partner. Jean, a university professor said,

> Typically, my breasts are quite small, and when I breastfeed my child, my breasts are bigger so my husband goes crazy over that!! He always romancing the fact that I end the breastfeeding and the same time my breasts are so much bigger but I wouldn't let him touch them. He found it attractive because because of the nursing or simply because of the big breasts!! I think the big breasts makes the body…I don't know!! I think that I like the fact that my breasts are attractive to my husband, but simultaneously, I even don't want him to touch my nursing breasts, my primary thought is, I traded off, I probably say to myself that nursing children is more important than any kind of you, know. Primary, function. He would look at that in the realm of sexual but I look at that in the realm

> of functional. So I think that I made a choice to say, 'Too bad, you cannot touch it' We deal with the functional aspect here" (Feb. 12, 2007).

Liz, a white 42-year-old mother of two daughters, works part-time at home. Jody, a 32-year-old American-born Philippine mother of two boys attends graduate school while working full-time. Both told me in interviews that they were always afraid about breast milk leaking from their breasts during sexual intercourse with their husbands (Liz 2/12/2007, Jody in 12/27/2007).

At the same time, there are husbands, who are physically turned off on discovering their wives' breast milk during sexual intercourse. A husband said, "One night, while we were in bed, my wife thought it would be cute if she squirted breast milk in my general direction. She thought it was cool, but it nauseated me. Maybe she can go on Letterman. I try to be happy for her because I know that her body is doing some amazing things, but I just don't feel like touching her. I feel pretty guilty about the whole thing" (Goldman [1997] 2000: 69). According to Goldman in *The Joy of Fatherhood* (2000), "Some men are turned off by breast milk, especially if their partner's breasts release milk during sexual activity. On occasion, in response to hearing a baby cry, your partner's breast may release milk in a public place. Other dads become annoyed with their partners for inadvertently revealing their breasts in public as they prepare to feed the baby – something that occurs occasionally even with the most cautious of mothers" (Goldman 2000:19). Goldman advises fathers, "[t]o avoid this, dads should help their partners by holding a blanket while the baby latches on the breast and your partner gets situated" (Goldman 2000: 19). He also warns

fathers against having extra-marital affairs because of a lack of sexual intercourse with their wives:

> "…these feelings, along with sexual frustration and feeling left out, may sometimes produce feelings for other women….Some dads make the terrible mistake of acting on their sexual impulses. Issues of sexuality demand discussion. Try to deal with your feelings not through neglect or action but through dialogue with your partner or, if necessary, with a counselor" (Goldman. 2000: 69).

As far back as 1896, when Thomas Morgan Rotch found "different qualities of milk for different individuals, according to the peculiar idiosyncrasies of each infant," physicians and mothers doubted the quality of mother's milk (Wolf 2001:94). The discovery that human milk was "highly and unpredictably variable" undermined mothers' confidence in their milk quality (Wolf 2001:93). Consequently, this discovery conferred power on physicians over infant feeding and prenatal care. Physician advice led mothers to believe that their milk could easily turn bad unless they followed a prescribed regimen: "any one of a number of bad habits could spoil their milk" (Wolf 2001:96). In the twentieth century, however, the same understanding of mother's milk resulted in the opposite conclusion. Now "highly and unpredictably variable" milk is understood as the intended outcome of interaction between maternal infant bodies. Thus variable and unstable chemical components of maternal milk are now interpreted as "unique" and "adjustable" to the bodily requirements of babies. This view encouraged mothers to feel confident about their milk. They were persuaded because now we have a general recognition of the importance of good maternal diet and nutrition under the supervision of physician. In *The Baby Book* ([1992]2003), William and Martha Sears, progressive American pediatricians recommend attachment parenting; they use the term, "custom-made" to persuade mothers why breast milk is the best:

> "Mother's milk is special. No two mothers make the same milk; no two babies need the same milk. Your milk is custom-made to meet the needs of your baby. Every milk has what is called *biologic specialty* – meaning every species of mammal formulates a milk that is unique for the young of that species, ensuring their growth and enhancing their survival…And human milk contains special nutrients that promote brain growth" (Sears [1992]2003:117; Italic is original).

Sears sees breastfeeding as a "good discipline" for the child. A basic component of that discipline is that mothers should "*know your child and help your child feel right*" (Sears [1992]2003:124; Italic is original). They iterate that "during breastfeeding more than milk flows into the baby. A baby who is on the receiving end of nature's best nurturing learns *trust*, and the right feeling that goes with it" (Sears [1992]2003:124; Italic is original).

Japanese midwife, Sotomi Okeya, also calls breastfeeding "a gift of nature" in her book, *Okeya Sotomi no Shin Bonyu Ikuji no Hon* (1987) ("Breastfeeding child caring book", translation is mine) because "breast milk is like a sun for a nursed baby and a gift of nature" (Okeya 1987: 14, translation is mine). She believes each child has a sun - biological mother and mother's breast milk is individually designed for nursing her each biological child. Kiyomi Hirata, another Japanese midwife and breastfeeding childrearing consultant, based on 28 years of instructing 20 thousand mothers with the Okeya lactation method, concluded that each individual mother's breasts milk is "custom- made natural food" designed as the only one in the world (Hirata 2010:38). She also calls breast milk economic and hygienic "ultimate natural food" and formula is "the ultimate instant food" (Hirata 2010:14). The words, "custom-made natural food" vs. "instant food" seem to appeal to late twentieth to the early twenty first century consumers. This message especially works for people celebrating homemade, organic, natural and

slow foods. By calling formula "the ultimate instant food", Hirata successfully characterizes formula as an obsolete choice for post-modern mothers (Hirata 2010:9-10).

In 1997, the sixth annual World Breastfeeding Week was celebrated with the theme, "Breastfeeding: *Nature's Way*" by La Leche League International (LLLI) and the World Alliance for Breastfeeding Action (WABA) (Italic is mine).[25] This campaign aimed to promote an increase in public awareness of the importance of breastfeeding. One of the campaign messages was that breast milk is the most ecologically sound food available to humans. They claimed, "breastmilk is produced and delivered to the consumer without any pollution and is a natural resource of enormous value" (LLLI 1997). Indeed, industrial waste created by the formula bottle is ecologically unfriendly from an environmentalist view. Science, however, remains silent regarding contaminated breast milk. Many pro-breastfeeding reports assert that (1) the benefits of breast feeding far outweigh the potential risks of dioxin in the milk; (2) although dioxin can be transferred to infants through breast milk, the average amount is well below the concentrations that might cause adverse health effects, and (3) the concentrations of dioxin in breast milk are down by at least 50 percent within the past 10 years in the majority of industrialized countries (The Chlorine Chemistry Division of the American Chemistry Council 2010). Therefore, scientific evidence is selectively presented rather than randomly discovered, as if the truth is waiting for a scientist to discover a valuable fact for human civilization. According to the message in the World Health Organization's "International Code of Marketing of Breast-milk Substitutes", "breast-

[25] The La Leche League is a founding member of WABA's global alliance of health care providers, non-governmental organizations, and mother support groups.

feeding is the only *natural* method of infant feeding and … it must be actively protected and promoted in all countries"(WHO 1981:17; Italic is mine).

In the twenty-first century, breastfeeding is still called the "miracle of nature" and "wisdom of nature" (Read 2008-09; Smith 2008). In the La Leche League's popular book, *The Womanly Art of Breastfeeding*, breast-feeding is regarded as "the most *natural* and effective way of understanding and satisfying the needs of the baby" (L.L.L.I. 2004:12; Italic is mine). The contents of the book have evolved from the first edition in 1958. Starting in 1997, editions presented scientific evidences to persuade parents of the superior quality of breastfeeding over formula. At the same time, the word, "natural" was gradually replaced by the word "art". According to Shana Brown, the founders of L.L.L originally chose *The Womanly Art of Breastfeeding* because "they wanted to emphasize that nursing a baby involved more than medical or technical knowledge... [b]reastfeeding was an *art*, like mothering, and there was a close connection between sensitive, responsive mothering and successful breastfeeding" (Brown 2005; Italic is mine). The word, *art* is suitable to the mothers living in the post-industrial society. The presence of scientific evidence to prove the superiority of human milk was remarkable in *The Womanly Art of Breastfeeding*, since 1997 edition. The message was that breastfeeding was no longer solely an option; depriving your infant of mother's milk put her at risk (Brown 2005). Thus, in the twenty-first century, breastfeeding or non-breastfeeding is up to the choice of individual mother. It is also believed to be a measure of mothering skills and degree of commitment toward a baby's health and future success. "Art" has been effective in persuading twenty first century mothers.

Cynthia Good Mojab cautions that the unified and limited analogy of breastfeeding to "nature" "is a blend of biology and culture" because "breastfeeding is a social behavior: we learn - or fail to learn - how to breastfeed from those around us" (Mojab 2000). Many breastfeeding problems are rooted in cultural beliefs and practices that reflect little about the biological needs of mother and child (Mojab 2000). She asks the leaders of La Leche League to understand more about the role of culture in breastfeeding rather than claiming breastfeeding is a natural property. At the same time, she recommends that the leader's cultural sensitive approach would provide more culturally sensitive support and information to mothers from diversified cultural backgrounds.

The naturalization of maternal milk, human milk, and breastfeeding is only possible by denaturalizing alternative forms of infant nourishment. Ironically, however, without the aid of scientific technologies, the miracle of nature in mother's milk, human milk, and breastfeeding cannot be acknowledged by us as ultimate rationale for infant feeding. Interestingly, breastfeeding advocates present those miracle aspects of nature as if they were waiting to be discovered for the goodness of human life. In the twenty-first century, while the word, "nature" still holds the underlying basis for defining mother's milk, human milk and breastfeeding as the essence of "truth" and "the good," the words "art" and "culture" add themselves to that matrix of underlying reasons to define breastfeeding as the essence of "truth" and "the good". For mothers, however, failing to master the "art" of mothering leaves a sense of failure and incompetence.

According to Mojab, when we talk about breastfeeding culture, we need to think about diverse cultures. We should not forget, however, the high culture that supports the

twenty-first century breastfeeding boom. High culture is for the privileged few who are living the dominant culture yet capable of appreciating the tastes from the diverse cultures around them. Presently, instant and fast food are obsolete choices for people who embrace high culture. Similarly, formula is an obsolete choice for many educated and professional urban mothers. These mothers' treat their breast milk as privileged nutrition for their precious and fortunate babies. With such a high value, a mother's breast milk can be expressed and hygienically kept in a bottle, carefully frozen and defrosted, then given by another woman to the mother's baby. Mother's breast milk is identified as a slow food. A slow food is good because "natural" materials and methods result in good nutrients. Slow food is not food contaminated by dirt and bacteria. The worth of slow food is proved by the scientific evidence gathered with the aid of advanced technology. It is prepared hygienically and contains nutrition and is easily digested.

B. The Evolution of Scientific and Medical Knowledge of Breast Milk

1. Mother's Milk is Better than Another Woman's Milk

In the nineteenth century, scientific thinking in the US and Japan began to accept the idea that diseases could be acquired through heredity or through bodily fluids, blood and breast milk; previously, illness was thought as the common misfortune of human being. Medical experts regularly warned of emotion-poisoned milk, milk-born heredity, and the transmission of diseases through breast milk. Initially, inferior quality of wet nurse's milk and another woman's milk was used to argue the superior quality of maternal milk based on these ideas. Jūsei Hirano, a Japanese physician in his

"*Byōkasuchi*" [26] (1832) referred to the practice of breastfeeding as a "*Tennen no dori*" – ("reason or law for nature"; Translation is mine) (Kosoto and Nakamura. 2006: 187). Based on the knowledge of Chinese medicine, Hirano explained why a mother had to give her own breast milk to her infant:

> "An embryo originates from the blood and meat of the maternal body. After that child is born, the breast milk is made out of the same blood. Accordingly, breast milk is designed each time for feeding each child. If one wished a child to grow healthy without having any sickness, nothing is superior for feeding a child than by mother's milk. This is a law of nature." (Kosoto and Nakamura. 2006: 187, Translation is mine).[27]

Maternal blood and milk are treated as the same bodily fluids affecting infant's physiological and psychological outfits. Masayuki Chimura in *Shōni yōsei roku* (1688) noted that a woman's blood becomes milk when it moves upward to her breasts instead of coming downward every month (Kajikawa 2009:148; Chimura 1688:77). During this period, people tend to think that maternal milk, another form of blood, as a route to establish kinship between nursing mother and nursed infant. Milk, as blood, constitutes a personality and temper distinct to each occupational class. At the same time, the people in Japan during this time empirically know that milk, as blood, could transmit certain diseases from nursing women to nursed babies. For this reason, in "*Himegami*,"[28] Tekisai Nakamura cautions parents to choose a wet nurse carefully because a child's

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[26] Family medicine book during Edo Era

[27] Hirano stated that if a mother was not sick and had plenty of milk, it was better for her to nurse her child than hiring a wet nurse because as mother's milk is made of her blood that continued from the blood that connected baby and mother during pregnancy. Thus a mother's milk produced after childbirth was specially designated to nurse that baby. However, different rule applies to the ritual of "*Awase Chichi*", "*Chichi Awase*" or "*Ai Chichi*" (Tanaka 1955:335-36). As I explained in previous chapter, people tend to believe that the practice of another woman's milk in case of cross-nursing of opposite sex infants could reinforce the physical strength of the nursed infants.

[28] Based on translation of the 12TH chapter, "*Naisoku*" – rules of household in "Raiki" and "*Shobo*" in "*Shogaku*" – Basic practical textbook of how to live good life - written by Chinese people who studied Confucianism - a Chinese ethical and philosophical system developed from the teachings of the Chinese philosopher Confucius (551–478 BC). (Nakane 2003:125).

looks and mindset tend to resembled to his/her wet nurse second only to his/her own parents (Yamazumi & Nakae [1976]1987:186). Although it was believed that a child's fundamental personal character was already fixed at the time of birth, the temper, diet and habits of a nursing woman could influence her nursed child (Kosoto & Nakamura 2006:192). Therefore, in *Shōni Hitsuyō Sodate Gusa* (1703), while Gyuzan Katsuki was talking about the importance of mother's milk over that of a wet nurse's, he dedicated much of his book on how to choose and treat a wet nurse in order for her to produce good milk (Yamazumi and Nake [1976]1987:302-7; Nakae 2003:125). Indeed, well-to-do families were afraid that the poor physical and psychological quality of wet nurses that might harm their children's physical and intellectual development. Wet nurses were chosen based on their good health which means she is able to produce plenty of milk free of diseases that could be passed onto the baby through her breast milk. At the same time, she must possess generosity of mind, gentle kindness, integrity, a respectful bearing, caution, and restrain from talkativeness.

From 1870 to 1880, the Japanese government actively introduced western childrearing books to Japanese readers as part of a project to achieve "a wealthy nation and strong army" (*Fukoku Kyohei*). *The Maternal Management of Infancy: For the Use of Parents* (1868)[29] by American physician, F. H. Getchell, the first English language child rearing book translated into Japanese, recommended maternal breastfeeding. Getchell argued that maternal breast milk was superior to that of a wet nurse because of the physiological similarity of mother and child (Kojima 1989:216). Prussian physician H. Klencke and F. Hartmann also argued in their book *Die Mutter als Erzieherin ihrer*

[29] The book was translated by Fumio Murata in 1874 and titled *Kodomo Kosodate Gusa* in Japanese.

Töchter und Söhne zur physischen und sittlichen Gesundheit vom ersten Kindesalter bis zur Rife (1870)[30] that with limited exceptions, babies should be nursed by their mothers, and if maternal milk is unavailable, the baby should be nursed by a wet nurse, with artificial feeding the last resort (Kojima 1989:241-42). They also talked about how to select a proper wet nurse. They recommended examining a wet nurse's physical and personality traits and educational background in addition to having a physician scientifically analyze a wet nurse's milk quality. In 1875, British physician, Rev. Henry Chavasse argued in his book, *Advice to Mother on Management of the Children and the Treatment on the Moment of Some of Their More Pressing Illness and Accidents*[31] that maternal nursing promises the health of child (Kojima 1989:256).

Since the end of eighteenth century in America, physicians became increasingly skeptical about the quality of wet nurse's milk. In the nineteenth century, they expressed open alarm at the possibility of contracting venereal diseases from wet nurses (Golden 2001:54).[32] New York pediatrician Louis Fischer in his text book *Infant-Feeding In its Relation to Health and Disease* (1901) argued that these problems made finding qualified wet nurses difficult. Fischer examined wet nurse milk under a microscope as did other physicians (Golden 2001:128-129). The public's horror and suspicion that wet nurses

[30] The book was translated by Yasuzo Kondo and titled, *Hahaoya no Kokoroe* in Japanese in 1875
[31] The book was translated in Japanese by Toshizo Sawada in 1876
[32] Syphilis was one of the most common venereal diseases and accounted for 50 to 80 percent of all cases of premature births (Golden 2001:146, fn.76). Physicians, however, lacked "effective diagnostic techniques as well as therapeutic interventions" until the early twentieth century (Golden 2001:144, fn. 66). To control its transmission and effects, physicians applied Colles' Law which recommended "a syphilitic child could be nursed by a syphilitic wet nurse without further danger to either party" (Golden 2001:145). Until the discovery of maternal transmission of syphilis during pregnancy in the 1930s, medical experts believed syphilis to be an acquired disease. In the early twentieth century, from 6 to 18 percent of "middle-class wives were infected with syphilis by their husbands, who had visited prostitutes, or were children born with a congenital taint. The quality of wet nurse milk was more likely to be blamed for the transmission of syphilis (Golden 2001:145).

had contaminated the supply of milk with syphilis bolstered the sense that maternal milk was superior to other sources.

At the same time, physicians prescribed a daily regimen for wet nurses to improve their milk quality. For instance, Getchell in *the Maternal Management of Infancy* (1868) "recommended that the family require their wet nurse to 'exercise in open air each day and to take an entire bath as often as twice a week'" (Golden 2001:148. Fn. 84). The physical appearance of wet nurses was a criterion for nursing, too. "[T]he color of the wet nurse's hair was used as a criterion of fitness to nurse" (Baumslag and Michels. 1995:49). A Germany research study in 1838 tried to show that brown haired women's milk was higher quality than those with blond or red hair (Baumslag and Michels. 1995:49-50). A Japanese physician, Ryūsai Kuwata, also included hair as a criterion for a good wet nurse in his book, *Ai iku chatan* (Kuwata 1853). According to Kuwata, a wet nurse with less hair is not ideal (Kuwata 1853). He recommended that families examine the wet nurse's milk by putting it in a glass and keep it still in a quiet place for a while or drop the wet nurse's milk on one's eyes because bad milk causes a painful sensation in the eyes (Kosoto & Nakamura 2006:196).

In the nineteenth century, wet nurses' "temper and disposition" were thought to influence a child's character through imbibing her milk (Golden 2001:152, Fn. 106). Challenging that view, American physician John Price Crozer Griffith argued that new scientific explanations of disease failed to support the ideas of lactation heredity and "threat of emotion-poisoned milk" (Golden 2001: 153). He continued that people felt less threatened by cow or goat milk. They simply could not imagine the "danger of the

child learning to 'moo' because it is fed on cow's milk" (Golden 2001: 153, Fn. 111). Nonetheless, the rhetoric of moral pollution from wet nurses existed among many medical professionals and members of the public in the nineteenth century (Golden 2001:154). In early twentieth century America, physicians discriminated against wet nurses based on their race and ethnicity. Once wet nurse milk became a commodity in a milk bank, the process of expressing and storing milk was taught based on hygienic standards, and once the milk was brought to the laboratory, it was "weighed, inspected, pooled, strained, pasteurized, and bottled for distribution" (Golden 2001:199, Fn. 91).

In early twentieth century Japan and US, even mother's milk was not routinely perceived as the absolute truth. In a switch, the concept of "emotion-poisoning milk" was more likely to be applied than in the previous century. Now mother's emotions were a prime concern. Medical authorities alarmed with mothers' busy and stressful urban life styles noticed a syndrome in which not enough milk was produced. Mrs. Max West argued in *Infant Care* (1914), published by the Children's Bureau, that not only the quantity but quality of breast milk changed depending on mother's emotions. She observed,

> "Fear, anger or worry may serve to check the secretion of the milk, or to change its quality so much that, for the time being, it is unfit for use, while, on the other hand, a calm mind, joy, laughter, and delight in life, coupled with the desire and intention to nurse the baby, will make it possible to do so" (West 1914:33).

Following the discoveries of diseases that travel through bodily fluids, blood and breast milk, scientific investigators targeted not only wet nurse milk but also mother's milk. In regards to breastfeeding, L. Emmett Holt argued in his *Care and Feeding of Children: A Catechism for the Use of Mothers and Children's Nurses* (1907) that the

mothers who have or had tuberculosis or other serious chronic diseases or were in very delicate health should not breastfeed (Holt 1907). In the 1960s, revelations of radioactive element strontium 90 in breast milk challenged idea of the purity of human milk. In the 1980s, dioxin contamination came to light and years later the discovery of human immunodeficiency virus put in question its safety (Golden 2001:206). As Janet Golden points out, scientific evidence encouraged ambivalent ideas about the purity of maternal milk. Once again science influenced an ideological shift in defining motherhood (Golden 2001:206).

The unquestioned identification of infant nutrition and mother's milk has met several contemporary challenges. In early twenty-first century America, along with a rise in the breastfeeding rate, cross-nursing, typically by a female partner, a close friend, or sister, increased. Many of those choosing cross-nursing have adopted infants. Yet, 45 percent of people feel "disgusted" or "weird" about it (Pleshette 2008). Pleshette (2008) recounts the story of Morgan McFarland who breast-fed her friend's son since he was 3 months old." She noted that letting a baby suckle another woman's breast was unacceptable for many people, because "they assume that anything to do with female breasts has to be sexual". Especially, in this hetero-normative society, the cross-nursing of a boy is sensational for many people. From a different angle, another woman's breast milk raises concerns. Leigh Anne O'Connor, leader of La Leche League International warned parents that "the milk their children gets from another women should be screened for diseases such as tuberculosis, syphilis, HIV and Hepatitis-associated antigens". Instead, the organization recommends screened and pasteurized breast milk from a milk bank (Pleshette 2008).

As adoptions of new-borns have increased in America, a growing number of adoptive mothers have expressed interest in breastfeeding their babies through induced lactation. The American Academy of Pediatrics (AAP) advises adoptive mothers to prepare ahead of the baby's arrival by providing information about drugs and herbal medicines that induce lactation as well as using "a nursling supplementer that provides donor breast milk and formula" (Meek & Tippins 2002: 36, 100). Some adoptive mothers use relactation and induced non-puerperal lactation for breastfeeding their adopted infants.[33]

In 1980, the World Health Organization (WHO) and UNICEF issued a joint statement suggesting that when a mother is unable to breastfeed, a donor milk bank should be the first alternative (World Health Assembly 1980). The FDA and the Human Milk Banking Association of North America (HMBANA) developed guidelines in 1996 to standardize donor-milk banking operations. These guidelines are reviewed and revised every year. Donor mothers must be healthy, lactating women with full-term infants. All prospective donors are verbally screened for health history and risky behaviors and serologically screened for a panel of viruses. In the early days of milk banking, mothers were paid by the ounce for their milk; presently, however, current guidelines forbid payment to donors. Donor milk banks in the US charge processing fees, which average $2.50 an ounce. Donor's milk is especially used as "therapeutic agent" for the nutrition and disease prevention for premature infants and adults with certain types of diseases (Riordan and Auerbach 1999:779-795).

[33] It's relactation if the woman ever lactated, and induced non-puerperal if she was never pregnant.

Goldfarb and Tibbetts, however, present scientific based arguments for using a mother's own milk instead of a donor's for premature babies.

1. Colostrum may be obtained and given to the baby, offering its added immunological protection, especially important to immunologically immature premature infants.
2. There is greater assurance that the milk is free from medications and viruses. Milk may be given fresh avoiding the need for freezing and/or heat treatment. Living cells and immunogobulins are left intact.
3. The mother who can provide her own milk successfully has a psychological advantage; she is likely to find comfort and satisfaction from her unique contribution to her infant's survival.[34] Women who have had to depend upon the generosity of donors may be subject to feelings of inadequacy and guilt.[35] Even if the baby dies, the bond that was created may help the mother work through the grieving process (Goldfarb & Tibbetts 1980:239).

Scientific and medical narratives have regarded mother's milk as a "natural" bodily fluid individually appropriate for each baby. Contemporary American mothers working in offices ask others to bottle feed their babies expressed milk. Their natural childrearing relied upon the aid of scientific technologies: pumping machines, bottles, and a video camera to track if their milk is faithfully given to their babies. For an adoptive mother, her milk is not only the nourishment for her adopted child, but breastfeeding itself is a ritual moment to establish a biological bondage through transmission of bodily fluid – milk - between her and her new baby. Indeed, the embodiment of bio-technologies - nursling supplementer, and drugs and herbal medicines to induce lactation – makes it possible to have a biological connection to her baby and to exercise natural childrearing. At the same time, scientific discoveries have made it

[34] Auerbach, K, Coordinator. "Breastfeeding the premature infant" *Keeping a breast Journal* II (2) April – June, 1977(Goldfarb & Tibbetts 1980:243).
[35] Popper, B. and Countryman, BA. *Establishing an institutional milk bank*, Franklin Park, IL: La Leche League International, 1977 (Goldfarb & Tibbetts 1980:243).

possible that human milk could be utilized for more than its nourishment and ability to prevent diseases in premature infants. Now, donor milk is used as a therapeutic agent in curing diseases. Historically, human milk was used in ancient India during eye and ear surgery and in eleventh-century Turkey for the treatment of ophthalmia (Riordan and Auerbach 1999:786). It has been reported that "a number of IgA antibodies in human milk act upon viruses or bacteria that cause respiratory and gastrointestinal tract infections" (Riordan and Auerbach 1999:139). Fresh donor milk is presently used in the treatment of IgA deficiencies, with patients deficient in this immunoglobulin prescribed four ounces per day to combat allergic reactions (Riordan and Auerbach 1999:785; Marinkovich 1988; Tully 1990).[36] Liver-transplant patients with IgA deficiencies receive 12 ounces of donor milk a day (Riordan and Auerbach 1999:786; Merhav et al. 1995). Moreover, "donor milk has also been used in patients with immunodepressed states related to bone marrow transplants or leukemia therapy" as well as for "the treatment of such diseases as intractable diarrhea, gastroenteritis, ulcerative colitis, infantile botulism, sepsis and pneumonia" (Riordan and Auerbach 1999:786; Asquith et al., 1987). Present-day natural childrearing practices of breastfeeding require scientific techniques to certify pure quality milk - disease and chemical free, clean, and with well balanced nutritional components. This is especially so for the milk provided by another woman and increasingly so for maternal milk.

2. The Superiority of Human Milk over Artificial feedings

a. The Composition of Human Milk

[36] Medical practitioners prefer fresh donor milk because banked milk is subject to heat-treatment and partial loss of IgA during heat treatment (Riordan and Auerbach 1999:785-786).

The hygienic, digestive, and nutritional superiority of human milk has been asserted since the discovery of cow milk problems that killed infants in America. During the nineteenth century in big cities like Chicago and New York, milk supply was dreadful. "Cow's milk – stored in huge uncovered vats, shipped in unrefrigerated railroad cars, and often produced by miserably sick animals – was dirty, spoiled, easily adulterated, and loaded with pathogens" (Wolf 2001:42). "Then cow's milk – the most widely used human milk substitute – needed immediate and vast improvement" (Wolf 2001:44). After discovering that "bacteria-ridden, dirty, spoiled and adulterated cow's milk" caused a majority of infant deaths, especially those who are less than one year old from diarrhea, a New York physician wrote in an 1885 issue of *Babyhood* magazine that "when *Nature* devised milk…she intended it to be the food of sucklings only" (Wolf 2001:47; Italic is mine). [37] Another physician furiously opinioned at the 1910 convention of the American Association for the Study and Prevention of Infant Mortality, "it is not a feature of *natural* selection that babies' milk should be adulterated or contaminated with germs. *Nature* gave infants as their birthright their mothers' milk" (Wolf 2001:47; Italic are mine).

With the advent of bacteriology and the development of the germ theory but before the pasteurization laws of the twentieth century, municipal boards of health instituted inspection and regulation to insure the distribution of safer cow's milk. Good cow's milk was unadulterated, bottled, sealed, and purchased from a certified dairy with a guarantee to be free of bacteria and transported in a refrigerated container (Golden 2001:132-133; Wolf 2001:42-73). In the U.S. Governmental publication, *Prenatal Care*

[37] Especially the death during the summer was the high. Thus pediatricians recommend mother not to wean during the summer.

(1913), nursing was labeled as a "duty of every mother" (West 1913:32). The guide noted, "*mother's milk is the one perfect infant food*" (West 1913:32. Italic is original). It provided a scientific gloss by describing how each of human milk's elements worked to make a perfect infant food. In the first edition of *Infant Care* (1914), published by the Children's Bureau, although the word, "nature" does not appear in the narrative, breastfeeding is represented as the law of mammals, including the human species (West 1914:31). It invoked a scientific discourse to argue that "all these investigations show that the milk of each animal is different from that of every other and each is especially adapted to the requirements of the young of that species" (West 1914:31). It adds with a morally persuasive tone, "no other argument than this simple physiological one should be needed to induce *a thoughtful mother* to nurse her baby at the beginning of his life, but if further demonstration is needed the evidence on every hand of the comparative failure of artificial feeding, at least as far as young babies are concerned, should be convincing" (West 1914:31-32; Italic is mine). According to Wolf, "despite of the ongoing warnings about artificial food, by the 1920s and 1930s most women never even attempted breastfeeding, or they abandoned the practice after a few days or weeks" (Wolf 2001:40).

Microscopic and chemical examinations of human milk were a popular service offered by physicians to the middle and upper class in the late 1890s. What they found in human milk analysis was that "human milk was highly and unpredictably variable" (Wolf 2001:93). Despite that babies thrived on a wide variety of milks, Frank Spooner Churchill in his "Infant Feeding"[38] and "The Management of Breast Feeding"[39] called

[38] The article was appeared in *Chicago Medical Recorder* in 1896.

human milk analyses an "absolute necessity" if a baby's health and growth were to become a professional concern. Not only Churchill, but many doctors, took the analysis seriously; it was, however, an inexact science (Wolf 2001:93). Early interpretations of human milk content were unreliable as scientific fact. Some analyses were based on spot samples, and others were pooled samples from multiple donors at different times and stages of lactation (Lawrence 1994:92). In 1909, a Minneapolis physician, Julius Sedgwick, reacting to the discovery that a lack of protein in maternal milk could bring about great harm to babies, criticized human milk analyses as inaccurate and recommended artificial feeding (Wolf 2001:94-95). Presently, biomedical scientists recognize mother's diet influences variations in the contents of human milk. This is a major concern according to the Committee on Nutrition during Pregnancy and Lactation of the Institute of Medicine because "mother's milk is recommended for all infants under ordinary circumstances, even if a mother's diet is not perfect" (Lawrence 1994:93).

Ironically, physicians and chemists' human milk analyses laid the foundation for developing a human milk substitute whose composition would most closely resemble human milk. They set about developing laboratory formulas by diluting cow's milk with water and then augmenting their carbohydrate levels by adding sugars and starches (Golden 2001:134). For example, in 1907, to equalize the "energy quotient" of cow's milk to that of human milk, Van Dersilice, a former president of the Chicago Pediatric Society, suggested adding citrate of soda to cow's milk so that its curds physically resembled human milk curds (Wolf 2001:84-85). In 1888, Harvard pediatrician Thomas

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[39] This publication appears in *The Corpuscle: A Monthly Journal of Medicine and Surgery. Official Organ of the Alumni Association of Rush Medical College* 7 (January 1898): 205-11, Rush-Presbyterian-St. Luke's Medical Center Archives, Chicago.

Rotch introduced the "percentage system" which was designed to duplicate the balancing substances of the cow's milk to the proportions of fats, sugar, protein and water found in human milk (Golden 2001:135; Wolf 2001:xiii). L. Emmett Holt described the composition of mother's milk in his best-selling infant-care book, *Care and Feeding of Children: A Catechism for the Use of Mothers and Children's Nurses* as "thirteen parts solids and eighty-seven parts water" (Holt [1894]1907:13). Those solids were "fat, sugar, proteids and salts" (Holt [1894]1907:13). He then explained fat "is needed for the growth of bones, the nerves, the fat of the body, and the production of heat"; sugar "is needed for the production of heat, and to make fat in the body"; proteids "are needed for the growth of cells of the body, such as those of the blood, the various organs, and the muscles"; salts "are used for the growth of bone" (Holt [1894]1907:14). He described the principal differences between cow's and mother's milk as follows: "Cow's milk has a little more than half as much sugar; it has nearly three times as much proteids and salts; its proteids are different and much more difficult to digest; its reaction is decidedly acid, that of mother's milk is faintly acid or neutral" (Holt 1894]1907: 20). Based on these differences, he developed new recipes for his artificial feeding: "caloric system." On the one hand, in his book he recommended breastfeeding mothers could increase their milk supply by "leading a simple natural life". On the other hand, as a pediatrician he fully recognized that his work in the area of artificial feeding brought him career success. Therefore, he invested much of his energy in describing different ways to modify cow's milk (Golden 2001:135; Wolf 2001:90). Indeed, after Thomas Rotch's discovery of the "percentage system," many physicians began to propose the percentage of fat, protein, sugar and ash in formula to more closely resemble those percentages in human milk

(Wolf 2001:166). Compared to the highly complicated "percentage system," Holt's new system was a hit among mothers and physicians because it was much simpler and easier to follow at home. His recipe was a combination of varied proportions of cream, skimmed milk, and milk sugar dissolved in boiling water, to which was added one part lime-water for every twenty parts milk to overcome the acidity of cow's milk (Wolf 2001:167). He prescribed the various levels of milk modification depending on the baby's age and physical conditions.

Since 1970, the public has been privy to a huge supply of scientific data about the biochemistry of human milk. Following the availability of this information, medical texts recommended mothers breastfeed to take advantage of the nutritional and immunological properties of mother's milk, as well as the psychological, economic and convenience of breastfeeding. Medical experts described breast milk's unique nutritional qualities and components. They highlighted the disadvantages of formula, its deficiency syndromes, "when essential substances were inadvertently or unknowingly left out," that could trigger of allergies, obesity, or coronary artery diseases (Goldfard and Tibbetts 1980:61-74). During the 1970s, researchers seriously investigated the mmunological properties of colostrum and mature milk and identified substances such as immunoglobulins, lymphocytes, interferon, antistaphylococcal and bifidus factor, and the cells that produce immunological substances (Goldfard and Tibbetts 1980:64-66).

According to present-day medical knowledge of breast milk, components of human milk "var[y] with the stage of lactation, the time of day, the sampling time during the given feeding, maternal nutrition, and individual variation" (Lawrence. 1994:92). To the differences in the makeup of cow and human milk must be added differences between

individuals of the same species. For instance, individual human milk differs in its percentage of fat, casein whey protein, lactose and ash (Lawrence. 1994:92). In the 2000s, breastfeeding advocates described components of mother's milk differently. What is remarkably different about contemporary descriptions is the new discovery of putative brain booster elements in the primary chemical components of breast milk. William Sears, for example, states that breast milk contains a "smart fat" and a "powerful protein". Such descriptions appeal to parents who want their children to be "gifted."

> "**Smarter fats.** Human milk contains brain-boosting fats, namely DHA (docosahexanoic acid) and ARA (arachidonic acid), Omega-3 fatty acids vital for the growth and development of nerve tissue…." (Sears [1992] 2003:118).

> "**Powerful Proteins**….Proteins are the building blocks of growth…Milk (cow's, formula, and human) contains two main proteins: whey and casein. Whey is a gentle protein, easy to digest and very friendly to human intestines. Casein, the curd protein of milk, is lumpy and less easy to digest by human intestines. Your milk contains mostly whey. Cow's milk and some formulas contain mostly casein. ..Besides whey, your milk contains other select proteins not naturally found in milks made by cows or companies. Let's meet this elite group. *Taurine*, the brain protein, is believed to enhance the development of the brain and nervous system. *Lactoferrin* is another protein unique to human milk, acting like a ferryboat transporting valuable iron from your milk into your baby's blood…*lysozymes*, special proteins that help ward off harmful bacteria. *Nucletotides* are another type of helpful protein in human milk. These valuable proteins help tissues grow stronger, similar to the way strength-enhancing elements are added to structural steel…" (Sears [1992] 2003:120).

Considering the past twenty years of American pediatricians' preference for bottle and formula feeding, the publication by the American Academy of Pediatrics of the pro-breastfeeding *New Mother's Guide to Breastfeeding* in 2002 was an eye-opening event. The AAP still looks to formula as an option for cases such as mothers with HIV or mothers newly diagnosed with infectious tuberculosis. According to AAP, "…it is

impossible to perfectly mimic a substance as complex as human breastmilk but formula does provides an alternative or to provide expressed or donated breastmilk in a bottle" (AAP 2002:11). AAP considers breastfeeding for at least twelve months as ideal, but it also admits that any amount of breastfeeding still benefits a baby (AAP 2002:13).

b. First milk - Colostrum

According to current medical science, there are three stages of human milk: colostrum, or first milk, transitional milk, and mature milk. Each is significant for the growth and development of new-born babies (Lawrence 1994:95). Medical perception of the role of colostrum has changed. Based on traditional Chinese and Dutch medicine, Japanese physicians in the eighteenth century believed that a baby's sickness was primarily caused by *Taidoku* (a poison passed down from mother and/or father to an embryo or a poison created within the baby's body), and it was significantly related to first milk, which was believed to be the largest component of Taidoku (Shimano and Shirozu 2007). The perception of *Taidoku* changed during the Edo period. In *Shōni Yousei Roku* (1688), physician, Chimura argued from his knowledge of Chinese medicine that *Taidoku* caused smallpox and measles, (Shimano and Shirozu 2007:91). In *Shōni Hitsuyō Sodate Gusa* (1703), physician, Gyuzan Katsuki, however, said that *Taidoku* is the cause of general disease among children without limiting it to smallpox and measles (Shimano and Shirozu 2007:91). In *Shōni Imashime Gusa* (1820), physician, Ryôin Oka, defined *Taidoku* as the causes of many diseases (Shimano and Shirozu 2007:91). Hirano stated in his *Byōkasuchi* (1867) that *Taidoku* originates from remnant poison from father and mother's bodies (Shimano and Shirozu 2007:91).

Some physicians identify *Taidoku* with "*Kanibaba*" or "*Kaniko*" (meconium). In *Shōni Yousei Roku* (1688), Chimura stated that giving first milk (colostrum) prior to passing "*Kanibaba*" (meconium) causes indigestion for a baby (Shimano and Shirozu 2007:95). Oka also advised that mother should breastfeed after the child passed *Kanibaba* (meconium) in *Shôni Imashime gusa* (1820) (Shimano and Shirozu 2007: 98). During that time, a new-born baby was not breastfed for three days while waiting for meconium to pass as a stool. During this period, instead of feeding the baby the biological mother's breast milk, families urged the mother to ask a *Chichi-zuke*, a woman who had recently given birth to an opposite sex child to breastfeed the baby, or physicians prescribed an herbal medicine to induce bowel movements so that *Taidoku* could be expelled. In later years, a Dutch-educated physician, Kuwata advised mothers in *Ai iku sa tan* (1853) to give their babies first milk because its laxative effect would encourage meconium to come out naturally (Shimano and Shirozu 2007:98). Hirano stated in his *Byōkasuchi* (1867) that first milk of biological mother has a natural function of removing child's initial stool by criticizing the usage of herbal medicine for the same purpose (Hirano 1867; Kosoto & Nakamura 2006:202; Shimano and Shirozu 2007:98). Differences in opinions about the effect of colostrum among the above physicians reflected the influence of Dutch Medicine in their knowledge of infant physiology.

In the European countries colostrum was believed as harmful thus tried to keep it away from newborns. Until the eighteenth century in the Greeks, Roman, and later, French and English physicians prescribed prelacteal supplementation to newborns instead of giving colostrum (Baumslag and Michels 1995:24). In 1699, a British physician, Dr. Ettmueller recognized the chemical function of colostrum on newborns and

recommended it instead of the traditional purge (Baumslag and Michels 1995:24). In 1748, Dr. William Cadogan, one of the popular pediatricians in Britain that time also recommends it. In his "Essay on the Nursling and Management of Children from birth to three years", he stated "The mother's first milk is purgative and cleanses the child of its long hoarded excrement; no child can be deprived of it without manifest injury" (Baumslag and Michels 1995:24). Hugh Smith in his *Letters to married ladies* (1827) also advised mother to breastfeed immediately after delivery (Smith 1827:71). According to Fildes (1980), during the eighteenth century infant mortality rates were high in England and Wales. And after doctors promoted colostrum for babies, the mortality rate dropped (Baumslag and Michels 1995:24).

Today in Japan and the US, the positive effects of colostrum are generally recognized. Nineteenth century physicians, however, had no knowledge of the antibodies in colostrum. Thomas Morgan Rotch called it "faulty milk" (Wolf 2001:91; Rotch 1896:181) and pediatrician Abraham Jacobi called it "not normal milk" (Wolf 2001:91; Jacobi 1882:79). Among early twentieth century physicians, some physicians recognized the positive effect of colostrum, but colostrum was not a topic that attracted much attention. For instance, L. Emmett Holt does not even mention the word in his *The Care and Feeding of Children* (1907). Asked, "how often should infants be nursed during the first two days of life?", he responded, "usually only four or five times daily, since there is very little milk secreted at this time" (Holt 1907:14). In another question, "should the infant be fed anything additional during the first two days", he answered, "usually not; if much food were necessary, we may be sure Nature would have provided it. Water, however, should be given regularly" (Holt 1907:14). In *Prenatal Care* (1913), Mrs.

West talks about the importance of putting a baby to breast after some hours of birth. She states that "colostrum serves some useful purpose to the baby, but the principal value of this early nursing is in the training it gives both mother and babe in the habit of nursing" (West 1913:32). In 1914, *Infant Care*, Mrs. West explains:

> "the first secretion of the breasts is called colostrum, and while not a true milk is adapted to the baby's needs in the first hours of his life. He should therefore be put to the breast as soon after birth as the mother is able to bear it. This early nursing is important to the mother because it helps to contract the uterus, and to the baby for various reason, one of which is that he needs to learn how to draw his food before the breast fills with milk and becomes less pliant and more painful" (West 1914:35).

In the 1910s, the value of colostrum was less based on its chemical makeup which would hardly impress pediatricians but rather for its aid to early nursing. In a revised edition of *Prenatal Care*, the authors explained, "the colostrum has a laxative effect on the baby and for that reason is valuable during the first days of his life" (De Norrnandic and Haines 1935:43). During the 1920's the value of colostrum are recognized by some doctors (Wolf 2001:92). For instance, Chicago obstetrician Effa Davis said, "Do not think it [the baby] will starve the first three days while the mother's milk is 'coming in.' Nature knows her own business best and would have provided a larger helping of food for that period if it were needed" (Wolf 2001:92).

Yet, in contrast to some pediatricians, the benefits of breastfeeding are challenged. In 1934, not only colostrum, but entire breast milk is perceived as nothing but water (Wolf 2001:101). A doctor said, "The fact that the fluid comes from the maternal mammary gland does not make it good. It may be nothing but water" (Wolf 2001:101). The word colostrum disappeared in *Prenatal Care* in 1949 (1949:62). In Benjamin Spock's book, *Baby and Child Care* in 1956, it is said, "[y]ou may have heard that the

baby get some protection against disease from the colostrum (a fluid which comes in before the real milk), but this has never been proven' (Spock [1946] 1956).

American pediatrician's view on colostrum started change in the 1960s. In the new edition of *Prenatal Care* (1962), it advised, "colostrum…is rich in protein and nourishes the baby until the milk is formed. It also contains substances that protect the baby from certain infections" (Slatin et al. 1962:67). Colostrum is described in much detail in later years. For example, in *Breastfeeding Your Baby* (US Department of Labor 1965), "the first food your baby will get from your breast is the colostrum that is already there. This yellowish fluid takes care of his first hunger and is good for him. It stimulates his bowels and gives him valuable protection from certain infections. It contains certain factors of great value not found in later milk" (Slatin et al. 1965:5). In *Prenatal Care* (1983), it is stated, "colostrum is nourishing and contains substances to protect your baby from infection. True milk comes about 3 days after your baby is born. It is blue-white in color and does not look like cow's milk" (Slatin and Field. 1973:55:, U.S. Public Health Service. 1983:73). In Spock's revised 1985 edition, *Baby and Child Care*, said he writes, "careful studies in recent years have shown that babies receive immunity to a variety of infections through the colostrum (the fluid that comes in before the real milk) and through the milk" (Spock [1946]1985). Accordingly, from the middle of twentieth century, colostrum's value was used solely as a persuasive tool for early nursing. Well known Japanese pediatrician, Michio Matsuda, however, still advises, *Nihonshiki ikujiho* ("Japanese-style Childrearing") that first milk is not important from a quantitative and qualitative points of view. The body produces only about 40 gram a day with a bit more protein and less fat than that of real milk. "You can either discard it or

give it to your baby" (Matsuda [1964]1984:34, translation is mine). However, in his latter book, *Ikuji no Hyakka* ([1967] 1977) ‐ ("Encyclopedia of Childrearing"), he strongly advises mothers to give first milk with admitting its immunological effects on baby.

In the twenty-first century, pediatricians present a more functional and detailed description of colostrum. According to the AAP, "Colostrum provides all the nutrients and fluid that your newborn needs in the early days, plus it contains many substances to protect your baby against infections" (AAP 2002:23). Different from mature milk that appears later, colostrum, is thick and yellowish in appearance, contains higher protein, slightly lower in sugar, and significantly lower in fat (AAP 2002:23). The colostrum also helps to empty baby's digestive system of meconium and excess mucus[40] (Eisenberg, Murkoff and Hathaway [1989], 1996:64). Colostrum is especially beneficial to premature babies (AAP 2002:8). From a medical point of view, various aspects of colostrum - volume, calories, cholesterol, vitamins and chemical composition, as well as its antibacterial and antioxidant properties - are regarded as the important for baby (Lawrence 1994).

C. Evolution of Scientific and Medical Knowledge on Breastfeeding

1. Scheduling Infant Feeding as a Discipline

[40] "A baby becomes jaundice within several days after birth… when bilirubin, which is produced naturally by the body, builds up faster than a newborn's liver can break it down and get rid of it in the baby's stool" (AAP 2002: 79-80). According to AAP, drinking breast milk can help remove bilirubin through the baby's stool, but the baby who is deprived the opportunity, has a greater risk of developing jaundice (AAP 2002: 78-79).

During the popularization of science from the late nineteenth to the early twentieth century in America, the ideology of "scientific motherhood" permeated in the childrearing theories. The idea of scientific motherhood introduced mothers to rationally oriented childrearing technologies and efficient ways to balance motherhood and wife-hood. What was expected but unsaid in the ideology of scientific motherhood was that wife-hood was more valued than mother-hood, or it was invented to save conjugal romantic and sexual life rather than to save maternal relationships. Apparently it was, scientific "motherhood" not "wife-hood." In the seventeenth and eighteenth centuries, mothers used to feed babies based on demand (Wolf 2001:32). Scientific motherhood, however, introduced feeding schedules for infants. Starting in the late nineteenth century, medical professionals recommended a nursing schedule for babies. They advised mothers to feed baby less frequently. For example, according to the feeding guideline passed by Chicago Department of Health during 1910's, mothers were advised to nurse infants for less than twenty minutes with at least a four hour nursing interval. Night feeding was deemed undesirable for mothers' physical health and psychological relationship with their babies (Wolf 2001:32). Physicians argued that healthy babies did not need a night-time feeding. Their scientific rationale for feeding baby less was based on the idea that for a baby to remain healthy its stomach should have a chance to rest. Thus scheduled feedings, an invention of science, was justified as the most suitable method to aid the natural functions of the infant's digestive system and physical need for mother. In the early 1910s, the Chicago Health Department cautioned against overfeeding, a fear resting on the idea that diarrhea resulted from self-poisoning rather than contaminated cow's milk, water, or food (Wolf 2001:36). The feeding scheduled

recommended by physicians under the ideology of scientific motherhood caused an insufficient supply of breast milk for many mothers who soon turned to human milk substitutes.

During the Meiji period, Michiyoshi Mishima published a book, *Haha no Tsutome* (1889). Mishima thought that breastfeeding baby without scheduling was not a good idea because it resulted in over-feeding babies. He continued that over-feeding caused indigestion although he presented no evidence to prove his point (Matsuda 1984:67). Nonetheless, his point was passed on to the next generation of physicians and childcare experts who backed up their beliefs with later studies in Japan. According to the research conducted by Aoki from July 1935 to June 1937, 63 percent of urban infants were fed on schedules while 85.5 percent of rural infants lacked a schedule. 70.9 percent of mothers in the countryside breastfed infants on demand; 67.1 percent of mothers slept with their infants while they breastfed, and 35.1 percent breastfed until the arrival of the next baby (Yoshinaga 2003:5). According to Aoki, urban mothers followed and applied the knowledge and guidance of childcare books (Yoshinaga 2003:5). Aoki criticized rural mothers' lack of scientific knowledge of infant feeding and unattended childrearing (Yoshinaga 2003:5-6). In later research on nursing practices in north eastern villages in 1941to determine the cause of high mortality rates among breastfed babies, researchers found that irregular feeding practice detrimentally affected infant digestion. The mothers there had no fixed schedule for nursing because of heavy work demands in agricultural fields (Shinada 2004:92-93). In other words, for the working class mothers in rural villages, nursing usually occurred while taking a break from work. Because their labor was counted as an important family resource, nursing assumed a secondary role. They

could neither feed their babies on demand nor on schedule. They tried to feed them as much as possible whenever the time allowed. Scheduled nursing method, introduced as an aspect of the ideology of scientific motherhood, therefore, only fit into the lifestyle of the stay at home mother and infant who were living in a nuclear family. An American biologist, Edward Sylvester Morse, who served at Tokyo Imperial University from 1877 to 1879, admired in his book, *Japan Day by Day* (1917) that neither crying babies nor scolding mothers were a familiar scene in Japan (Matsuda 1984:62). According to Matsuda, Morse's astonishment could be understandable. Different from that of Western countries, traditional nursing in Japan was characterized by nursing on demand. In the wake of a growth of military ideology and after Prussian doctors introduced the practice, Japanese mothers who adhered to modern methods and accepted a regimen of family education tried to follow nursing schedules (nursing every three to four hours) (Matsuda 1984:62).

Why did Japanese mothers need to nurse their babies on demand? According to Shinada, for mothers living with their in-laws, nursing was a way to calm down a crying baby, especially at night (Shinada 2004:93-94). Therefore, night-time feeding was commonly practiced in traditional families. Side-lying and other positions (Madonna or cross-chest or cradle positions, football or clutch positions) made night-time feeding easier, as did co-sleeping with the baby. Riordan and Auerbach, in *Breastfeeding and Human Lactation*, present a different picture for the West, where the practice is uncommon and infrequently taught in hospitals; "mothers often fear something will happen to the baby in this position" (Riordan and Auerbach 1999:303). A Western cultural bias about babies sleeping through the night is pointed out by Goldfarb and

Tibbetts in their book, *Breastfeeding Handbook* (1980). They argue, "in Western culture, newborns are expected to have one night-feeding … the babies "who continued to wake may be perceived as atypical or even abnormal" (Goldfarb & Tibbetts 1980:144). They continued, "in a study of sleeping customs in 186 countries, no one culture followed the pattern preferred by Westerners – that the mother and father sleep together in a room that is separate from the baby[41]…In our cultures as in others, then, the pattern of at least one night feeding is common, and it often continues beyond the first few weeks or months" (Goldfarb & Tibbetts 1980:144). Pediatrician Michio Matusda calls for the rediscovery of the benefits of traditional Japanese childrearing method by arguing that Western style childrearing method are not only a mismatch with the Japanese cultural climate but also cause infant-care neuroses among young mothers (Matsuda [1964]1984).

Since the early twentieth century, pediatricians increasingly used scientific facts about child psychology and physiology as evidence to promote one feeding style over another. At the same time, American pediatricians' attitudes toward nursing changed as a part of evolving theories of child discipline: from strict to permissive (Moriyama 2010:48). In traditional America, child caring was considered as part of a rational training regimen in which it was believed best to follow a daily schedule. Under the influence of Christian ideology, people tend to believe that a child is born with original sin, which requires correction through strict and rational training (Moriyama 2010:48). This traditional parenting approach was represented by the childrearing advice of Luther Emmett Holt who promoted a nursing schedule in his *The Care and Feeding of Children:*

[41] Barry, H, III and Paxson, LM. "Infancy and Early Childhood: Cross Cultural Codes 2" in *Ethnology* 10, 1971 (Goldfarb & Tibbetts 1980:54).

A Catechism for the Use of Mothers and Children's Nurses ([1894] 1929; Moriyama 2010:48). He advised mothers to nurse four to five times for the baby's first three days and after the third day every two hours during the day and twice during the night. After three months, a baby should be nursed every 3 hours during the day and no more than once during the night (Holt 1907). The nursing schedule presented in the Children's Bureau's first publication, *Infant Care* (1914) by West, was based on Holt's *The Care and Feeding of Children*. In contrast to Holt's 1907 book, West advised mothers to nurse regularly for at least two weeks after birth at four hours intervals for seven to twelve months. She recommended no night-time feedings after the baby reached four months (West 1914:33, 36). She also provided instructions for regular bottle-feedings, which should be finished in 20 minutes. "If the baby eats greedily, withdraw the nipple for a moment several times during the feeding. If he is sleepy, keep him awake until the bottle is finished…Babies like to nurse a little, then sleep a little, then take the bottle again; but this should not be allowed, as it unduly prolongs the feeding" (West 1914:47). She warned mothers that overfeeding is worse than underfeeding: "It is better to keep the baby on rather a low diet, even without increasing his weight, than to upset the intestinal tract by overfeeding" (West 1914:55-56). Since poorly digested milk can cause diarrhea and lead to dehydration, a leading cause of infant death, physician warnings against overfeeding were common. West advised mothers, "should not go to [the baby] when he cries, if he is a perfect healthy baby" (West 1914:57). She continued, "a few nights of this training will result in entire comfort for the baby and the family, while the opposite conditions will make the baby a tyrant who ruthlessly spoils the comfort of the entire household" (West 1914:57). The child was perceived as a dangerous being with strong

innate impulses. Mothers had to struggle with their children's every instinctual urge. In her revised 1942 edition, children were depicted as almost harmless beings (Moriyama 2010:48).

From the 1920s to the 1940s, permissive childrearing based on the theories of Benizon Liber and John B. Watson was popular in America (Moriyama 2010:48-49). Liber promoted rational parenting in his *The Child and Homes: Essays on the Rational Upbringing of Children* (1922, 1923, 1927). Regarding nursing, Liber simply said, "nursing or feeding regularly,…will not only keep the child healthy, but will have a favorable effect on his tranquility and happiness as well. A normal child, living normally, is not cranky and is easy to handle" (Liber [1922]1927:20). Liber advised parents not to pick up the crying baby during the few weeks. If mothers submitted to the baby's request, they would be off to a bad start (Liber [1922]1927:20). At the same time, experts newly introduced observations about psychological aspects of childrearing and the effects of child personality formation to parenting theories. Behavioral theorist John B. Watson addressed those effects in his *Psychological Care of Infant and Child* (1928) (Moriyama 2010:48). He advised parents to encourage a child to become an independent person. He warned parents that kissing and hugging made children dependent on adults (Moriyama 2010:49).

It was in such a child educational climate that the US government recommended a regular feeding schedule for both breast and bottle feeding in its guide *Breastfeeding* (1945). It reasoned that regular feeding enabled babies to rest their stomachs and

establish a proper habit.[42] In 1946, Benjamin Spock's book, *The Common Sense Book of Baby and Child Care* (*Baby and Child Care)* became a bestseller. Spock's book was popular among the upper and middle class families in the US. The book was situated in a life-style of a bread-winner father and a stay-at-home mother with children living in a suburban house. Spock's ideal child grew up to become an organizational man: an individual with spontaneous creativity and adoptable mind (Moriyama 2010:50). His childrearing goal matched the personal goals of many white-collar parents in the 1950s (Moriyama 2010:59). Spock advised mothers, "trust yourself" and "love and enjoy your child for what he is, for what he looks like, for what he does, and forget about the qualities that he doesn't have" (Spock [1946] 1956:3, 21). While Spock presented the rationale for regular feeding schedules by earlier physicians and offers the general time-frame for infant feeding schedules, he neither advised mothers to tie themselves up with a strict four-hour interval rule nor did he ask them to feel obligated to respond to every feeding demand (Spock [1946] 1956:30). He did not think that night-time feeding should become a habit as previous generation of pediatricians unanimously argued. For Spock, 12 months was the benchmark for the weaning, but it must happen gradually and be led by baby (Spock [1946] 1956:178). While Holt suggested introducing a bottle as a middle step to weaning, Spock advised mothers to introduce a cup around 5 months for sipping (Spock [1946] 1956:175). He thought bottle-feeding delayed weaning time (Spock [1946] 1956:178).

[42] For example, for 10 to 20 minutes nursing and four-hour interval, and one night nursing for the babies from several weeks old to one year old are recommended.

The revised edition of the breastfeeding guideline published by the US government changed the discourse about feeding schedules. In *Breastfeeding Your Baby* (1965), it advised that "nursing times may be irregular", "No need to watch the clock", and "Nurse him when he's hungry" (1965:7-9). It treated the timing for weaning with much greater latitude than previous guidelines. The weaning period should depend on "mainly your baby, you and circumstances…this may be 6 to 8 months and for some babies longer…even for a year or more, that 's fine" (1965:16). It also recommended the baby lead weaning rather than being forced to wean. This tendency is also observed in advice on crying babies. In the 1985 edition of *Baby and Childcare*, Spock backed off from irregular and self-demand feeding by advising parents to work toward regular feeding scheduling: 4 hours for bottled-fed and 3 hours for breast-fed babies depending on the individual baby's nursing inclination (Spock [1945]1985). Spock cautioned parents who were eager to be progressive and tried to get away from the rigid scheduling that the more they gave up for the baby the better it would be for the child. The idea that becoming a good parent meant ignoring one's own convenience was critically viewed by Spock (Spock [1945]1985:95). He confidently stated that "these attitudes create difficulties in the long run" (Spock [1945]1985:95). Regarding weaning, he stated that sometimes parents could be blamed for delaying weaning. Parents often used bottle as a pacifier for their two-year old infants (Spock [1945]1985:201). Spock's *Baby and Child Care* was introduced to Japanese parents in 1966, although the Japanese translation of *Baby and Child Care* was of the 1957 edition. This had major revisions from his first edition in 1946. Spock's childrearing advice was more permissive in the original version, but it became much stricter in the 1957 edition. Spock faced blame for creating

generations of spoiled children, called “Spock’s babies”, children who became major players in the student movement in the US. Following those accusations his child rearing approach changed a bit (Shinada 2004:53-54). Therefore, the first Japanese edition of his book was based on a stricter edition.

In the 1960s, a Japanese pediatrician, Matsuda published the childrearing books, “*Watashi wa akachan”* (1960) – (“I Am a Baby”) and “*Ikujinohyakka”* (1967) – (“Encyclopedia of Childrearing”). Both books were best sellers and are still read by many parents in Japan. The first book written from the point of view of a baby described life surrounded by his or her family and emphasized that the child is a separate individual from the mother. Such an idea challenged traditional ideas of the mother-child relationship, in which the child is an extension of the maternal self or the child and maternal selves are identical units expressed by the term, “*Isshin Dōtai”* (One spirit and same body). Matsuda strongly recommended breastfeeding in his 1967 *Encyclopedia*, advising mothers to nurse for at least the first three months. While accepting the possibility of milk kinship (borrowing another lactating mother’s milk in case of maternal milk deficiency), he stated “human milk must be good for human beings. That is not just because mother’s milk is human milk; it is the chosen milk of three billion babies of the human race. It is a miracle for a baby to meet his/her mother’s milk. Therefore, not giving a baby his mother's milk means depriving him of his right” (Matsuda [1967]1977:11-12, Translation is mine). He also stated that it was appropriate to nurse a hungry baby who wakes at night even as much as twice a night in his first few months (Matsuda [1967]1977:16). He stated, “If a baby feels happy and daily life becomes peaceful, it is better to hold the baby many times a day. It is wrong to think that one

should never hold a baby except at feeding time" (Matsuda [1967]1977:102, translation is mine). He had a permissive attitude toward night-time feeding, co-sleeping with a baby older than three months, and a prolonged weaning period (Matsuda [1967]1977, 1981, 1999, 2009). Commenting about the habit of holding babies, he argued, "sleeping all the time in an apartment room might be convenient for mothers but not for babies" (Matsuda [1967]1977: 102-103). Regarding the maternal-child separation, he stated, "it is not a good idea to decide things based on an adult's convenience without considering the child's point of view" (Matsuda 1981:512). He asked parents to teach children to become independent and relationship oriented (Matsuda [1967] 1977, 1981, 1999, 2009).

2. Nursing on Demand for Successful Breastfeeding

Nowadays in the US and Japan, many physicians and midwives advise new mothers that the nursing on demand is the best way to succeed at exclusive breastfeeding (Matsmura and Takeuchi [1981]1986; Yamamoto [1983]1997; Okeya 1987; AAP 2002; Eisenberg et al. [1989] 1996; Barber 2005). For example, Eisenberg et al. in their popular book, *What to Expect the First Year* (1989), advises to nurse on demand and as much as baby wants. They write, "nurse for no more than 5 minutes per side at each feeding the first day, 10 the next day, and 15 or more the third. (Some experts okay nursing for as long as baby likes from the start). Once milk is in, nurse for 10 minutes on the first breast, and as long as baby wants to on the second, switching back to the first if baby still seems hungry after emptying the second… nurse often, at least eight or ten times in 24 hours" (Eisenberg et al. [1989] 1996:53). A later version of *Infant Care* (1989), concludes, "[i]t is easier and better to get to a regular schedule by working from

the baby's own timing, than by just deciding to feed at certain times whether the baby is hungry or not" (Bacchi et al. 1989:33). In the section on how to deal with a crying baby, it advises, "[d]on't worry about 'spoiling' your baby. The attention needed from parents (and other caregivers) during the first year will help build the trust which will help him or her learn more 'grownup' behavior later on" (Bacchi et al. 1989:38). Parents however, are advised to sleep in a separate room to rest more without being disturbed by baby. The author said, "even in the smallest apartment a crib or make shift crib can be moved to the living room, kitchen or bathroom when you go to bed for the night" (Bacchi et al. 1989:38).

Science still offers rationales for contemporary parenting. The new edition of *The Womanly Art of Breastfeeding* (2004), for example, reveals the secret of the successful breastfeeding by adding scientific explanations to the "'demand and supply principle – the more a baby nurses, the more milk a mother makes," which the founder of La Leche League claimed is a miraculous function of human biological nature (Brown 2005). Now this principle has been scientifically proven by the bio-technological investigations of lactation that have been aided by "ultrasound to produce computerized images of milk ducts and the milk-making alveoli" (Brown 2005). AAP has announced the early breastfeeding basics as follows: "the initial breastfeeding within an hour of birth; do not give formula, water, or sugar water or even a pacifier"; "Breastfeed on demand… Don't wait until your baby begins to cry, which is a late sign of hunger. Feed for as long as your baby desires, until she detaches spontaneously from each breast"; get the help of lactation specialists, nurses, or physicians; and in case of physical separation from your baby, make sure to express breast milk for your baby (AAP 2002:55). The

guidelines are based on the idea that as a baby's suckling time increases, milk production will also increase. This theory of supply and demand for establishing breastfeeding rhythm relies on the idea that suckling stimulates nerve endings in maternal breast that send a message to the mother's brain, which then results in the release of the hormone prolactin. As long as a mother continues breastfeeding, the mother's prolactin levels surges when feeding, but once breastfeeding decreases, prolactin levels also decrease with a resulting decrease in milk production (AAP 2002:71).

Nonetheless, it does not mean that breastfeeding experts have abandoned nursing time-tables once and for all. For example, AAP advises the mother who wants to get some quantitative ideas about nursling periods as follows: a baby "should not go longer than about two to three hours during the day or four hours at night without a feeding. Even if you have to wake him up, be sure he receives eight to twelve feedings in every twenty-four-hour period" (AAP 2002:76). Katherine Barber, the founder and executive director of the African American Breastfeeding Alliance advised, "You should not let your breastfed new-born sleep for longer than a three-hour period because he may be missing valuable nutrients during feedings he needs for growth. At first, he won't always wake up for a feeding, so get used to waking him up to breastfeed" (Barber 2005:36). Riordan and Auerbach advise in their *Breastfeeding and Human Lactation*, to "feed the baby frequently (eight or more feedings in a 24-hour period)…*Avoid watching the clock*; the best timer of the feeding is the baby… *Avoid the use of artificial teats, pacifiers (dummies), supplemental infant formula, water, or glucose feeds* for the first two to four weeks" (Riordan and Auerbach 1999:301-302; Italics are original).

Sears introduced the ideas, “routine” and “harmony” to replace the word, “schedule” in feeding practice (Sears [1992] 2003:15). He stated, “The more you listen and respond to your baby, the simpler it will be to ease him into a routine that suits both of you” (Sears [1992] 2003:15). He advised the breastfeeding mother to forget the clock. The “mother-baby pair must work out a feeding pattern that gets the most milk into the baby without tiring him out” (Sears [1992] 2003:187). For the mother of the bottle-feeding baby, however, he gives general time-frames for feeding: three hours intervals rather than four hours intervals to satisfy both baby and parents (Sears [1992] 2003:209). Sears asked mothers to(1) connect with your baby early, (2) read and respond to your baby’s cues, (3) breastfeed your baby, (4) carry your baby a lot (5) bed close to your baby, (6) create balance and boundaries, and (7) be aware of baby trainers (Sears [1992] 200:35-9).

D. The Effects of Breast Milk and Breastfeeding Natural-ness on Mothers

The natural quality of mother’s milk, human milk and breastfeeding has been commonly observed in Japan and America from the eighteenth century to present. On one hand, scientific evidence has become increasingly indispensable in defining the natural and superior qualities of mother’s milk, human milk and breastfeeding over other infant feeding alternatives. On the other hand, in the late nineteenth century, the scientific analysis of its chemical components challenged the absolute value of human milk. In the late twentieth to early twenty-first century, the direction of scientific discoveries regarding the chemical components of human milk has been increasingly geared toward supporting mothering through natural childrearing. The message here is

"Breastfeed your baby in order to make him or her healthy, smart, and a beautiful person loved by everybody."

The naturalization of breast milk and breastfeeding has had a significant effect on the ideology of motherhood. Medical advice on scheduled nursing and nursing on demand left different kinds of maternal stress. For mothers whose nursing schedules are rigid, feelings of insecurity may result when nursing does not fit into standardized time-frames. Yet, for mothers without schedules who nurse on demand stress is also a problem until she and her baby establish a nursing rhythm. According to Keiko Morikawa, new mothers in Japan, reacting to the world-wide celebration of breastfeeding, have felt psychological pressures to breastfeed. Those who fail to breastfeed blame themselves and lose confidence in becoming good mother (Morikawa 2001. October 26, 2001 & November 9, 2001; Utoro 2006:36-37). Morikawa said that the myths of breastfeeding and the worship of breastfeeding are cultivated in the cultural ground in which new mothers grow up, in nuclear families where they rarely interact with small children. Once they become mothers, they rely heavily on the voices of medical and child rearing experts in books (Morikawa 2001; Utoro 2006:36-37). Morikawa argued that rather than just following medical advice in the books new mothers need support from medical institutions to succeed in breastfeeding (Morikawa 2001; Utoro 2006:36-37).

Based on scientific evidence, the superiority of maternal breast milk and breastfeeding practice is argued in childrearing books, which are mostly written by pediatricians and midwives. In Japan, there are books arguing that breastfed babies look

happier and smarter than formula fed babies (Okeya 1987:31; Hirata 2010:33-55), and a book argues that for avoiding atopic dermatitis, the baby should be fed breast milk (Fukui [1992] 1998:71). Attachment parenting requires a huge responsibility from many American mothers. Sears notes, "A responsible mother knows her baby. The mother-infant interaction of the breastfeeding pair is repeated at least a thousand times in the first three months, leading mother to a deep perception of her baby's behavior." Breastfeeding is a choice of responsible mothers (Sears [1992] 200:124). Megumi Utoro, a Japanese midwife, argues in her book, *Ikuji ha Ikikata* (2006) – "Child caring is a way of life;" it "is a child caring method which requires the subjectivity of individual mother" (Utoro 2006:17, my translation). Indeed, a mother's choice of breastfeeding styles brings significant effects to her identity as mother. When absolute theorists of breastfeeding appeal to "nature" and the normal property of motherhood to assert the ultimate value of breastfeeding and mother's breast milk, they should reconsider their different effects on the diverse populations in charge of mothering work.

Chapter 4: Body and Sexuality of Breastfeeding

A. The Incest Fear of Nursing Mothers

1. Nursing in the Family Living Room

Does incestuous fear exist in people's mind? It seems that the main reason why women feel uncomfortable breastfeeding in front of their fathers is they fear incest. The majority of mothers in the US and some in Japan responded that a father is the person they least want to see them breastfeeding at home. Phona, a 35-year old white American mother works as a lawyer in New York City. She told me that although she feels fine with her male friends, she does not want her father seeing her breastfeed.

> "To my male friends, that is fine *but to my father*, I take more precautions to make sure he does not see me doing it. Even though, I cover up, I said to my father, 'Dad, you have to turn around'. He does not want to look at me. It is not a generation thing, just a father and daughter relationship" (Italics are mine, October 26, 2006).

Jean, a 37-year old white American mother of two children, a four-year old boy and a one-and-half-year old girl, lives in New Jersey and works as a university professor in New York City. She explains why her father and father-in-law feel uncomfortable with her breastfeeding in front of them.

> Jean: You know, I think his dad feels uncomfortable if I nurse in front of him.
> Akiko: Because you are his daughter-in-law?
> Jean: Because he is a man.
> Akiko: How about your father? Is it the same thing?
> Jean: I nursed in front of my father doing the same kind of thing, initially the same thing,
> this is going to make anyone uncomfortable (Feb. 12, 2007).

Erika, a 37 year-old Greek-American mother of a nine month-old girl lives in Queens and works in Manhattan. She also told me that "I always want to be a daughter

in front of my father and sister in front of my brother, so I don't want to show myself breastfeeding in front of them" (April 11, 2007). What Erika said makes sense. The interesting point here, however, is how her breastfeeding breaks the rules of daughter-father and sister-brother relationships? Does breast feeding reduce the relationship between daughter-father and sister-brother to woman-man? Her answer implies a sexual element in breastfeeding that occurs in a family setting and a fear of incest. As Erika remarked, her brother is also an unwelcome family member because he is a man. Interestingly, there is a difference in her sentiment toward non-familial heterosexual and homosexual men. Angela said that she feels uncomfortable talking about her body to her straight brothers but not her gay brother.

> I am a female only-child and have three brothers. I feel embarrassed. You can hear the sucking sounds, too. I am hiding my body because I am scared of being teased, or it's not cool. I can say to my gay brother that "I snapped at you because I had my period," but to my regular brother, I cannot say it (Feb. 11, 2007).

The above statement indicates that the father-daughter dyad cannot be completely desexualized. Although many daughters hesitate to breastfeed in front of their fathers, some successfully break traditional family gender barrier between daughter and father. Britney, a 39 year-old white American mother of a seven-and-half-year old girl and a four-and-half-year old boy lives in New Jersey and works as a sales representative for a sign company. She told me that she felt she had empowered herself after she breastfed in front of her father.

> "I had a dinner with my father when I was breastfeeding. He is the kind of man who is very Victorian; he is very modest, he is not the kind of person, you will breastfeed in front of. I chose to, we were in a diner, [Vivian] was crying, Of course, I breastfed her. He commented to me, with a most tender voice, 'Oh, [Britney], I am so amazed with how bonded you are with your baby, I'm so proud of you'…. He is a very polite and quiet person. I felt comfortable with his comfort.

> It had a totally opposite effect. And it made me feel pretty empowered; it made me feel like I changed my father in a way that I could" (April 4, 2007).

The above stories illustrate how in the Western patriarchal nuclear family, a particular form of the sexualization of women's bodies is psychologically unavoidable (Horney 1968; Maher 1992; Westcott 1986). Maher states, the "sexualization of girls within the family" occurs when female subordination is emphasized: "daughters and sisters are treated in ways that were both sexually charged and repressed" (Maher 1992: 12). Nursing daughters can be seductive by failing to manage the breastfeeding scene in front of their fathers. Interestingly, Britney, not her father, feels the guilt of having a potentially seductive body. Many nursing mothers feel ashamed of their selves, if male family members exhibit any signs of discomfort. At the same time, some of them also carefully monitor other female members – sisters and nieces, cousins - who might fail to perform morally correct nursing in front of male family members. Feelings of shame – failing to present a sanitized body – indicate daughters and sisters internalize patriarchal standards of bodily acceptability.

Compared to the bodies of fathers and children, the (de)sexualization of maternal bodies in family institutions takes on a much more complicated form. For example, many breastfeeding mothers face the difficulty of reconciling their sexualized bodies as wives with their asexual bodies as mothers. Both Japanese and American cultures grant baby, child and husband privileged access to her breasts. In nuclear patriarchal families, a mother's breasts are freely accessed by her baby child though they are still the sexual property of her husband. She has to live between her motherhood and wife-hood in a much more tense way than her husband does between fatherhood and husband-hood. Maternal breasts are dangerous and tricky objects in a society where female breasts are

predominantly viewed as sexual objects of heterosexual desire. Many mothers face constant demands to switch their bodies from mother to wife and wife to mother, depending on the situation in their domestic lives. Some women find that this is the most difficult thing they have to do at home. A majority of breastfeeding mothers I interviewed in Japan and in the US related that it is harder for them to switch from mother to wife than from wife to mother. Lynn, a West Indian mother of an 11-year old girl and a six-year old boy, lives and works in New Jersey as a full-time nurse. She said:

> As far as my husband was concerned, when I was nursing my children, he felt that my breasts belonged to the kids, and you know, he is a breast person, but when I was nursing the children, he was not totally turned off, but he didn't want to violate that. I think that at that point, they belong to the children. During nursing periods, I would appreciate it, if my husband did not touch my breasts. If milk drops from my breasts …. So he does not want to touch it, I feel yes, that's good. I feel that I give my body to kids and now my husband wants it, too!!! [Laugh]. I should try separating mothering and sexuality. I had a hard time separating those roles. It is very hard to do it, looking at myself as a nurturing and sexual being flipping back and forth is hard. It is harder to go from maternal to sexual (Feb. 15, 2007).

This experience confirms that maternal breasts outweigh wifely breasts in contemporary American and Japanese families. Again, the desexualization of a mother's body in front of her children is carefully carried out by many women who are aware that their overly desexualized bodies may turn off their husbands' sexual desires for their bodies.

Sidney told me that "It is really difficult to switch back and forth from maternal to sexual and sexual to maternal. Yet, from sexual to maternal is much easier than the other way around" (March 1, 2007).

> …and my husband, he's different. I mean he sees me as a mother and sexual being because I am his partner. That's definitely tough to find, because a whole part of my body is pretty much off limits for him. It's hard for him to find and see

> that I have dual roles, it's hard to turn on and off as a person. I see my breast is functional but don't see it in a sexual way at all. For sexual purposes, not…I think this is a kind of way that I keep compartmentalizing things" (March 1, 2007).

Jean wants her body back after switching back and forth between mom-mode and wife-mode. She said,

> Traditionally, my breasts are quite small, and when I breastfeed my child, my breasts are bigger so my husband goes crazy over that!! He's always remarking on the fact that I end the breastfeeding and the same time my breasts are so much bigger. But I wouldn't let him touch them. He found it attractive not because of the nursing but simply because of the big breasts!! I think the big breasts make the body…I don't know!! I think that I like that the fact my breasts are attractive to my husband, but simultaneously, I don't even want him to touch my nursing breasts, my primary feeling is, I traded off, I probably say to myself that nursing children is more important than any kind of you, know, primary function. He would look at that in the realm of the sexual but I look at that in the realm of functional. So I think that I made a choice to say, "too bad!! You cannot touch them." We deal with the functional aspect here… especially, when I am nursing, when I was nursing, I felt like any kind of sexual encounter with my husband was just one more person wants my body, it was all about what other people needed and nothing about what I need …. *Let me have my own space, this is my body. I really just felt like everyone somehow needed my body*" (Italics mine, Feb. 12, 2007).

Alisa, a 41-year old Jewish-American mother of a four-year old girl lives in New Jersey and works as an associate web editor at a financial company in New Jersey. She also said that her husband finds her breasts more attractive and sexier than before when she nurses her child, yet she is in mom-mode and not interested in sex.

> "My husband loves breasts; maybe his mother didn't nurse him. So for him, I am a sexual object when I am nursing. But he sees me with clothes on, to me, nursing makes me a kind of anti-ah, anti- or sort of motherly frame as opposed to a sexual, at least this hormone makes me motherly than horny. OR there is a sort of thing you asked,.. do you feel aroused while you nurse? I said, no [laugh]. I am not hooking up in that way. Hooked up to mom when I am nursing – not to go have more kids" (Nov. 16, 2006).

Angela, a 33-year old Philippine-American mother of a two-year old girl and an eight-month old girl lives in New Jersey and works as a concierge desk clerk at a

Manhattan five-star hotel. She talked about the harmony of motherhood and wife-hood in her body. Angela said that she feels sexy about her maternal body because her husband finds her enlarged breasts sexy. Her husband's positive comments about her body and breastfeeding encourage her to keep breastfeeding despite problems at work.

> Akiko: "Do you have any trouble with separating your feminine body image from your maternal body image at work?"
> Angela: "I am very lucky. My husband is very open-minded about it. He finds it sexy with me breastfeeding but as a sexual object…When I am breastfeeding, he says, "Oh, you have big boobies, it is great you are doing it for you and my baby." He feels sexier with my looks at the same time because I am sacrificing myself for our child, so he feels attracted to me in this sense" (Feb. 11, 2007).

Karla, a cheerful 36-yearold white American woman, a mother of a five-year old girl and a three-year old boy talked openly about breasts and sexual issues that arise in the home along with her breastfeeding experiences. Karla said, "My husband's mother's sister's, aunt, Sally, told us, 'After I nursed so and so, my husband got addicted to the breast milk' can you believe it!! Too much information!! Aunt Sally!! We were just like, 'Okay...'" (March 6, 2007). Some people feel easiness in talking about their sexually arousing milk episodes with family members. Aunt Sally seems very proud of her body's capacity to produce enough breast-milk to entertain her husband as well as nurse her baby. A popular woman's magazine in Japan, *CREA*, conducted a survey about their experiences related to childbirth and childcare in 2005. Out of 100 working mothers living in the Tokyo area, nine percent of the respondents' husbands tasted or drank their wife's breast milk, nine percent of husbands wanted to drink it, while 82 percent did not (CREA 2005). Therefore, lactating breasts, contrary to lactivists' claims, have for some people more than one functional role. It nurtures the baby-mother relationship, provides nutrition to the baby, and nurtures sexual relationships between partners.

2. Reasons for Weaning Toddlers

In the US and Japan, the process of weaning children embodies both socio-cultural and personal aspects.[43] Although, like breastfeeding, there is no standard or universal rule about weaning – its method or timing —weaning practices carry certain moral expectations about when a mother should or should not wean her child. In the contemporary US, mothers who breastfeed longer than a year often interpret their actions as follows: "breastfeeding was a special time for me and my baby, and I wasn't ready to give that up"; and/or "mothers wanted to let the baby choose the time for weaning" (Riordan & Auerbach 1999:47; Hills-Bonczyk et al. 1994).

Throughout American history, infant feeding norms have changed. According to evidence from women's diaries and children's medical records kept by physicians, a year of breastfeeding was the norm in the seventeenth century and a minimum recommendation in the eighteenth century. In the late 19th to early twentieth century, mothers tended to wean their babies at or well before three months of age. This also applied to mothers who exclusively breastfed (Wolf 2001: 9, 13; Fisher 1910: 39-40). Despite that both medical experts and the government earnestly recommended that mothers breastfeed their babies to reduce infant mortality rates – unclean or spoiled cow's milk caused diarrhea –mothers of all classes, poor, working, middle and upper, commonly abandoned breastfeeding (Wolf 2001). Wolf contends that women initiated the change from breast-feeding to bottle-feeding as they increasingly embraced urban life styles, which brought changes in their socio-cultural, economic, and intellectual lives

[43] It is personal, because sometimes mothers have to wean against their will despite cultural expectations for continued breastfeeding. Mothers may have to wean abruptly for her or her child's health. Heavy medication of mothers, severe nipple damage associated with a child's extreme biting habit, or other reasons may require cessation.

(Wolf 2001: 5, 17). Furthermore, mothers' decisions to wean early were partly explained by the increased sexualization of female breasts. The invention of birth control also made it possible for men and women to think of marital sex for purposes other than procreation. Marriage was perceived as a relationship of romance and companionship where sex was an expression of intimacy and occasionally regarded as a way to procreate. This new sex norm in marital relationships made a wife's breasts the exclusive sexual property of her husband rather than a source for nutrition and nurturance (Wolf 2001:23-25).[44] Wolf (2001:2-3) contends that by the 1910s women had embraced bottle-feeding, and physicians and commercial infant formula companies were reacting to women's initiatives regarding changing from breastfeeding to bottle-feeding (Wolf 2001:5).[45]

Traditionally, Japanese babies wean much later than in the US, comparable to early weaning practice in the West (Tsuneyoshi and Boocock 1997:37; Yokoyama 1986:50-51). Thus, Japanese practices faced criticism as symbolic of cultural backwardness. Yet, Japanese childrearing and medical experts prized Japanese late weaning as a way to establish a solid parent- child relationship and criticized early weaning in the West as a distant childrearing style (Tsuneyoshi and Boocock 1997:37; Yokoyama 1986:50-51). In general, early weaning appeared in Japan after the Taisho period (1912-1926), and American-style early weaning was imported in Japan after World War II (Tsuneyoshi and Boocock, 1997:37; Yokoyama, 1986:50-51).

[44] This social aspect is demonstrated by the fact that most mothers in urban Chicago districts in the late 19th to early 20th century decided to wean their babies without seeking medical advice (Wolf 2001: 5).
[45] This differs from Rima Apple's argument that the philosophies of "scientific motherhood" perpetuated by physicians and commercial infant food companies persuaded mothers to switch bottle-feedings with this attitude cemented in the 1930s and 1940s (Wolf 2001:2-3).

According to a cross-cultural study by Tsuneyoshi and Boocock (1997) of popular child-rearing books, in contemporary Japan and America, Japanese and American childrearing experts reversed past weaning advice traditions. In present day Japan, childrearing and medical experts promote early weaning instead of late weaning, while American experts advise the reverse, promulgating a discourse about respecting differences among individual children's needs and displaying greater acceptance of weaning after a year (Tsuneyoshi and Boocock 1997: 37). Among the 16 most popularly read Japanese parenting books, only one looks critically at American-style early weaning practices (Tsuneyoshi and Boocock 1997:37, Baba 1991:135). The remaining guides advise early weaning with some suggesting even earlier weaning than American experts used to advise (Tsuneyoshi and Boocock 1997:37). Dr. Imi's advice in his book, *Hajimeteno Akachan Ikuji Hyakka* – "First-baby Childcare Encyclopedia" – (1995) is a good example of this trend.[46] While he advises that weaning is an important turning point for a child to become independent from her mother, he recommends "mother-led weaning (*Dan Nyu*) happens when a child is around 10 months old. Though it is okay to continue until one year old in of the event you are producing a lot of milk, please stop nursing your child by 14 months" (Imi 1995:144).

Meanwhile, contemporary American childcare experts have abandoned a standard early-weaning policy. According to Tsuneyoshi and Boocock (1997) among the 17 most popularly read American parenting books, four state it is possible to start weaning from five to six months, although no clear endpoint is mentioned (U.S. Department of Health and Human Services 1989; Spock [1945]1985; Brazelton [1969]1985; Brazelton

[46] Imi's book was not one of the 16 Japanese parenting books studied by Tsuneyoshi and Boocock, although it was published during the same time period (1991 to 1997).

[1974]1989). One book states that weaning can start from four to five months old and continue until the age of one to two years (Kiester 1985:217), and another states weaning can take place from ages one to three years, or even older (Salk 1983:249). Finally, one book observes that children can naturally self-wean around two to three years old (Goldstein [1987]1990:59). There are many other opinions about the timing of weaning in the US. For instance, Brazelton points out that in other cultures five-year olds still nurse (Brazelton 1992:170); from a medical point of view, it is not necessary to wean at the age of one or two. Sears allows that weaning can commence for either mother's or child's needs (Sears 1993:188). Eisenberg and others point out that there are women who nurse only six weeks and women who nurse more than three years (Eisenberg et al. 1994:323).

Although Eisenberg and others argue that extended nursing is permissible in contemporary cultures and it positively and negatively affect toddler's health[47], they warn that there are more negative than positive factors associated with prolonged breast or bottle feeding. These negative factors provide reasons for better approaches to weaning toddlers (Eisenberg et al. [1994]1996). The authoritative voices of childrearing experts on weaning practices rely on both scientifically objective and culturally dogmatic (or for some morally principled) approaches. For instance, scientific findings emphasize that "nutritionally and emotionally the toddler who has nursed for a year has already gotten the optimum benefit from breastfeeding", "breast milk alone can no longer meet a child's

[47] "Feeding from breast or bottle lying down (as in bed) may *increase* the risk of ear infections. Continued breastfeeding past age one may *reduce* the risk of allergies"(Eisenberg et al. [1994]1996: 32).

nutritional requirements,"[48] "breastfeeding increases the "risk of decay in the toddler's teeth," [49] "prolonged breastfeeding spoils a toddler's appetite" [50] and, "prolonged breastfeeding negatively affects mother-child interaction"[51] (Eisenberg et al. [1994]1996: 31). Culturally dogmatic or morally principled advice, however, emphasizes prolonged breastfeeding may lead to the "overdependence of toddler on mother and/or of mother on toddler," "forestalled development of self-comforting skills," and negative effects on spousal relationships (Eisenberg et al. [1994]1996: 31-32).

In explaining the "possible overdependence of toddler on mother, and/or of mother on toddler," Eisenberg states:

> Although there have been no scientific studies to support this concern, it's worth thinking about: Will prolonging nursing keep you and your toddler from "letting go" of each other and moving forward? Also worthy of consideration: Does this exclusive relationship exclude Daddy, preventing the two of them from growing closer? (Eisenberg et al. [1994]1996:32).

On the issue of "forestalled development of self-comforting skills," he is explained:

> "A toddler who can always turn to Mommy's breast for comfort (when he hurts himself, when he's tired, when he can't have what he wants), may not learn how to make himself feel better when Mommy's not available. Your child will undoubtedly need such skills later in life – particularly after weaning" (Eisenberg et al. [1994]1996:32).

Last of all, prolonged breastfeeding may negatively affect your spousal relationship because of the central role it plays in the family relationship.

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[48] "Some recent studies indicate that children who are nursed beyond this point may not do as well as those who are weaned" (Eisenberg et al. [1994]1996: 32).

[49] "the risk of decay, in this case caused by breast milk pooling in the mouth, is more likely if your toddler falls asleep regularly with the breast still in his mouth" (Eisenberg et al. [1994]1996: 32).

[50] "Toddlers who feed at the breast *or* the bottle often drown their appetites for solid foods, which they need in order to thrive in the second year of life. Be sure nursing doesn't interfere with eating" (Eisenberg et al. [1994]1996: 32).

[51] "Sometime mothers find breastfeeding so rewarding that they don't realize that they aren't spending enough time in other pleasurable mother-toddler pursuits: playing games, reading stories, going to the playground" – (Eisenberg et al. [1994]1996: 32).

> "Breastfeeding that continues well into the second year, especially if it's taking place in your bed, can easily come between you and your spouse. Besides making spousal intimacy inconvenient at best, it may, on a subconscious level satisfy both emotional and physical needs for closeness, diminishing your interest in sex. Your refusal to wean can also be interpreted by your spouse as a way of saying that your toddler is more important to you. (Remember, your spouse is yours for life. Your toddler will grow up, leave home, and eventually find a partner of his own. Save some nurturing for your partner.) (Eisenberg et al. [1994]1996: 31-32).

Based on a close analysis of the above statements, a mother's decision to wean carries moral implications: be a good mother and a good wife. A good mother is one who encourages and promotes her child's independence, and a good wife nurtures both a physical and emotional relationship with her husband. Prolonged nursing constitutes bad mothering by making a child dependent. It also creates an image of a bad wife who abandons the spousal relationship to give priority to her child's nursing needs. The mother who breastfeeds longer than a year faces disapproval from relatives, peers, and health professionals (Riordan & Auerbach 1999; Morse & Harrison 1987). According to a study by Wrigley and Hutchison (1990) of 12 mothers who practiced long-term breastfeeding, "one mother reported that her obstetrician told her anyone who breastfed an infant past six months of age was 'perverted'. Another said that her father thought she was 'strange.' Many health care workers, who wholeheartedly support breastfeeding and would never advocate taking a security blanket away from a baby reel in horror when a mother breastfeeds a walking child" (Riordan & Auerbach 1999:629). Sometimes disapproval of prolonged breastfeeding causes mothers to nurse secretly. Huggings and Ziedrich (2007:89) advise mothers who face silent disapproval to keep their nursing secret. This "*closet nursing*" practiced through mutual consent usually involves code

words for breastfeeding that can be used in public (Riordan & Auerbach 1999:47; Wrigley & Hutchinson 1990).

The idea of (de)sexualizing the maternal body relates to when and why a mother weans her baby. Karla is conflicted about weaning her son after facing her husband's and his mother's disapproval. Her story illustrates the territorial disputes over the nursing breast, disputes between her husband's sexual desire and her son's longing for affection. Occasionally, her mother-in-law treats her breasts as family property when she assumes that she has a right to interfere in her daughter-in-law's breastfeeding.

> Karla: "By the way I'm still nursing him…"
> Akiko: "That's wonderful!!
> Karla: "*My husband is…I have to say, he wants me to stop it, but*"
> Akiko: "What is the reason for that?"
> Karla: "Well It's getting difficult, the baby cannot go to sleep without nursing, he's so used to it, it's so nice for the end of the day…I know he's in my lap and cannot do it again, but I cannot give it up, and he is addicted."
> Akiko: "If he is not ready let him keep doing…"
> Karla: "*I have no intention of stopping it, my husband is coming up with all these plans to wean, I told him, don't plan it because I am not going to do it*,"
> Akiko: "Wha, Why do you think some husbands are like that? Do they think that these are their territories?"
> Karla: "*They are jealous*….[sigh] …I take care of my little kids all day and the last thing I want to do is get a part of my husband at the end of the day. You feel like *I want my body to be mine for a little while*. There is no personal space when you have young children; most time I love it, but once in a while you feel like I *want to have a bubble around me and not anyone in it*. Just sit with a tea and you know. When my husband tries to get in the bubble, I say, "NO!! NO!! NO!!" "Get out!!" It is a big part of it, he had to get me to reconcile, you know, I cannot switch that fast! I hope I am able to someday."
> Akiko: "Switching from maternal to sexual is hard but the other way around is easier, right?"
> Karla: "Yeah, Yeah, I can leave in the middle of it, when I hear a crying voice. It's over! I back to mommy mode. Yes, it's very easy to switch in that direction. He says, "But we are still partners!"(Italics mine, March 6, 2007).

Maher explains why the husband tries to control his wife's breastfeeding practice in her book, *The Anthropology of Breast-feeding: Natural Law or Social Construct*

(1992). According to her, “the man’s control over breast-feeding was one way of establishing the children as ”property” of the paternal line, but it served also to weaken the woman’s role as mother within the family and to emphasize her role as wife” (Maher 1992:23) . In the contemporary family in America and Japan, the biological bond between a child and father is less important – due to an increasing number of single parents and adoptions. A husband’s intention to control breastfeeding practices should not be interpreted solely as establishing the children as his property through his biological connection. For instance, some husbands could simply be jealous or feel uncomfortable with their wife’s breastfeeding, especially those who are not his biological children.

According to Karla, her mother-in-law, worried her grandson too old for breastfeeding, urged her to start weaning as soon as possible. Karla ignored her mother-in-law’s request. This is a typical scene in the nuclear patriarchal family. In traditional patriarchal families, breastfeeding practice is considered as a women’s issue rather than an individual choice in a taken-for-granted manner. Along with her husband, many older female family members discourage wives from breastfeeding for a prolonged period. Interestingly, grandfathers do not interfere with this matter. Many older female family members give advice and even attempt to modify a mother’s behaviors based on the idea of good motherhood and good wifehood. In male-dominated families, “young women’s practice is often enforced by older women, not men, but this does not necessarily mean that the ideas behind such practices originated with women nor that they are to women’s advantage” (Maher 1992:18). In other words, in order to sustain the sexual hierarchy in the patriarchal family (males above female members), the hierarchy of women family members (the power of older women over younger women and the power of mothers

over daughters) should be maintained. Nevertheless, much as Karla rejected her mother-in-law's advice, in many societies women's actual practices contradict the cultural norms enforced by husbands and mothers (Maher 1992:18). Though there are many attempts to regulate the maternal body and behavior of family members, it is worth knowing that women use breastfeeding (or not) as a resource to manipulate social relations (Maher 1992:18).

Meghan, a 36-year old white American mother of a seven-month old girl, works as a director of public relation and contact negotiations in New York City. She told me "I think that I feel happy to be desexualized. I am very tired and I don't think about being sexy and I don't want anybody to think that I am a sexy" (April 30, 2007). Agnes, a powerful 45-year old, a mother of a four-and-half-year old son and a one-year old daughter, works in a federal office in NY. She told me that her body does not swing between a desexualized maternal body and sexualized/eroticized feminine body. Humorously, she said that her maternal body has completely divorced itself from the sexualized feminine body at home. She is only in mommy mode, not wife mode, at home. At work, her body becomes a milk machine.

> Akiko: "Do you have any trouble separating your feminine body image from your maternal body image at work?"
> Agnes: "NO!! I am completely divorced. [Laugh]"
> Akiko: "Divorced femininity from Maternal?"
> Agnes: "Yeah. Completely!! [Laugh]"
> Akiko: "No trouble?"
> Agnes: "I am a …I am a milk machine at work. [Laugh]"
> Akiko: "And you are happy with it."
> Agnes: "For me, this is what I am doing now. My husband is terrified of getting near me because he will get milk on his face. So my husband stays away from me. You know, but I understand where I am at this point in my life. I cannot turn, you know, your body image as flexible that you are at the moment of inflexible" (April 6, 2007).

According to Young, the maternal breast is the source of nurturing a baby and bolstering a husband's "male ego". It is also true that "…a moment of breastfeeding is a moment when mother's body becomes the source of infantile *jouissance* that directly connects to fleshy eroticism" (Young 1990:158). Karla's breasts are the disputed object, the source of her husband's and child's infantile *jouissance*. In Agnes' case, her breasts no longer massage her husband's ego. He runs away from her breasts, especially from her breast milk. Agnes' breasts threaten his masculinity. Allison (1994) explains this phenomenon in her book, *Nightwork: Sexuality, Pleasure, and Corporate Masculinity*. Based on ethnographic work on Japanese corporate masculinity at piano bars, she studied the kinds of pleasure that might threaten masculinity or disrupt rationality by asking what kind of women's behavior do men most dislike at work and the piano bar. What she found was that the Japanese man does not like to be reminded in public that he emotionally depends on his woman (wife, lover, mother, older sister, bar hostess or female co-workers). Men gain pleasure by receiving ego massages from their women. Without their service, they cannot access pleasure. Many women, who are in the position of massaging men's egos, also find pleasure by manipulating their men's lives from behind a hidden and protective shield. Yet many men do not want such female pleasure openly mentioned. Men fear the open expression of such manipulation (Allison 1994).

Indeed, this double meaning and function, carried by female breasts – source of fleshy eroticism and nourishment for a nursing baby –encourages us to understand the lactating and nursing experiences of mothers. Nursing bodies occupy an indecisive terrain of desire between woman-hood and mother-hood within the heterosexual matrix.

Female breasts manifest the primary source of sexual fantasy for many men and women. Young notes, “Breasts are a scandal because they shatter the border between motherhood and sexuality. Nipples are taboo because they are quite literally, physically and functionally, undecidable in the split between motherhood and sexuality. One of the most subversive things feminism can do is affirm this undecidablity of motherhood and sexuality” (Young 1990: 160). Young contends that “freedom for women involves dissolving this separation” (Young 1990: 159). Agnes seems to be successfully dissolving the separation of motherhood and sexuality. Her maternal body outweighs her sexual body. She identifies her body as a milk machine in the workplace. Though Agnes lost her opportunity to access sexual pleasure by becoming a sexually passive female, she certainly enjoys the pleasure of the domineering female who thwarts her husband’s sexual desires.

In traditional societies, “women’s tendency to wean earlier than the recommended age for a child may have been partly due to the substantial cultural restrictions placed on breastfeeding. For instance, in some societies, women are not supposed to nurse when pregnant or menstruating because their milk was thought to be ‘bad’ or nonexistent. At the same time, nursing women are asked to abstain from sex” (Huggins & Ziedrich 2007:5). The taboo against having sexual intercourse while lactating was also observed in Western countries as far back as medieval Europe. It is still now observed in some countries. A popular support for the taboo against sexual intercourse during the lactation is the idea that semen contaminates breast milk through a physiological connection between the uterus and the breast. This is thought to be especially true if the semen comes from a man other than the baby’s father (Conton 1985; Counts 1984; Riordan &

Auerbach 1999:37). This notion certainly bolsters the taboo against extra marital affairs outside monogamous relationships. Because breastfeeding is often considered a form of natural contraception, it potentially liberates women from the consequences of sex outside of marriage. Lactating women, rather than their husbands, are advised to refrain from sexual activity in many societies. As a result, men pressure their wives to shorten breastfeeding so they can resume their sexual relationships. This is one of the reasons mothers used wet nurses in England in the sixteenth and seventeenth centuries (Maher 1992: 24; Riordan & Auerbach 1999: 37). In contemporary America and Japan, a partner's jealousy contributes to the decision to wean early or switch to bottle-feeding.

Consequently, muddling sex and maternal roles is not a good idea for the breastfeeding mother. That is because a mother's experience of sexual pleasure while nursing is culturally forbidden in American and Japanese societies. It is a forbidden pleasure because it lives outside the heterosexual and male hegemonic patriarchal family system. *A fortiori*, especially in the US, mothers who nurse for prolonged periods are often suspected of exploiting their children to satisfy abnormal or unhealthy needs (Huggins and Ziedrich 2007:168). In fact, in the US, there are a couple of cases in which mothers faced accusations of sexual abuse for nursing children over three (Huggins and Ziedrich 2007:169). In only two recent cases, five-year-old boys, one in Colorado and one in Illinois, have been removed from their homes because their mothers were still nursing them. In each case the child was returned to his mother, although in Illinois the boy was first kept in foster care for over six months. "Because both mothers were cleared of charges, the extensive publicity surrounding these cases has probably lessened the risk of prosecution for other nursing mothers" (Huggins and Ziedrich

2007:169). These mothers basically said that "long breastfeeding is not abusive at all, but is normal, healthful, and loving" (Huggins and Ziedrich 2007:170).

Indeed, mothers themselves are often conflicted about the decision to wean. There are mothers who are not yet ready for their children to move on to the next stage. One mother said, "my son seems ready to stop nursing, but I'm not. I don't want to see his baby stage end" (Eisenberg et al. [1994]1996:31). Eisenberg advises:

> "Watching a child move from one stage of development to another is always a bittersweet experience – filling you at once with pride (how grown-up he is!) and with melancholy (he'll never be a baby again!). Some rites of passage evoke more mixed feelings than do others. For many women, weaning their children from the breast is one of those. Breastfeeding is an undeniably gratifying experience, but breastfeeding in definitely because you're not ready to give it up isn't fair. If your toddler wants to move on, follow his lead…." (Eisenberg et al. [1994]1996: 31).

For many mothers, weaning allows them to regain their previous bodies, to be slimmer, better rested, and well dressed, with free arms and free of back pain and sore nipples. It also means giving up a moment of "tender embrace with a warm, sweet-smelling baby" sucking her breasts (Huggins and Ziedrich 2007:125). According to Huggins and Ziedrich, the dominant American cultural view of sexually differentiated and segregated individual bodies and selves affects a mother's weaning decisions. American society's high priority on individual independence strengthens the disapproval of prolonged breastfeeding.

> Our society is intolerant of children's natural dependencies. We rush babies and young children toward independence. Perhaps we fear that by meeting a baby's needs we are spoiling her or keeping her from growing up (Huggins & Ziedrich 2007:88).

They continue:

> Americans tend to fear their children's dependence. Playpens, walkers, and teach-your-baby-to-read programs are all signs of our unwillingness to let babies be babies. Late development – in walking, talking, reading, weaning, or anything else – is inconvenient and embarrassing to us…As Elizabeth Hormann (1982) points out, "We are bent on weakening bonds in the name of growth and independence, then spend our adulthoods wondering why we have trouble getting close to other people….Related to the fear of children's dependence is another, occasionally voiced, fear – that long nursing will promote homosexual tendencies (Huggins and Ziedrich 2007:167).
>
> Curiously, this fear is most often expressed concerning boys, not girls. This is probably because men in our society are supposed to be even more alienated than women. Keeping a little boy secure, and teaching him to appreciate intimacy, is considered feminizing. A single mother, whose son may lack the influence of a tough-talking, roughhousing dad, may face particular pressure to wean for this reason. Your late-weaned son will likely turn out friendly and cooperative, but probably not homosexual or effeminate (Huggins and Ziedrich 2007:168).

Therefore, in the US, the idea of a healthy and normal selfhood is nurtured through early independence from parents. Children's departure from the maternal body is considered a crucial point for a healthy independent self. This social ideal justifies the exclusion of children and safely preserves the intimacy of marriage between husband and wife.

Traditional Japanese ideas of health and normal selfhood are likewise deeply ingrained in Japanese childrearing practices and anchored in the mother's nursing body. Of course, mothers in contemporary Japan believe a child's healthy early physical and psychological development is desirable because it seems to promise the child's future socio-economic achievement. Such healthy development does not necessarily imply early independence from parents, though. The idea of infantile dependency is positively viewed in Japanese society. According to psychoanalyst, Takeo Doi, "*amae*" – dependency – plays an important role in the construction of self and society (Doi 1973). Doi states that the Japanese term *amae* refers "to the feelings that all normal infants have

toward their mothers in the harbor of the breast – dependence, *the desire to be passively loved*, the unwillingness to be separated from the warm mother-child circle and cast into a world of objective 'reality'" (Doi 1973:7, Emphasis is mine). Doi's portrait of mother's breasts as an active subject that nurtures the baby's desire "to be passively loved" is different from Melanie Klein's "baby as an active subject and mother's breast as a passive object". Furthermore, *amae* was also the binding personal ties of identification and assimilation that also served as a key element in the imperial ideology of Japanese nation building (Doi 1973). According to Doi, under the ideology of *amae*, "it is the person who can embody infantile dependence in its purest form who is most qualified to stand at the top in Japanese society" (Doi 1973:58-59). According to Benedict, in Japan the greatest freedom and self-indulgence is accorded to infants and the elderly (Benedict 1967:292-293). In the US, any adult who exhibits infantile dependence and self-indulgence is labeled as a naïve and a social incompetent.

B. The Incest Fear of Naked Body Contact

Michel Foucault wrote, "since the eighteenth century the family has become an obligatory locus of affects, feelings, love; that sexuality has its privileged point of development in the family; that for this reason sexuality is 'incestuous' from the start" (Foucault 1990:108-109). Since Sigmund Freud's discovery of infantile sexuality, parents have been especially cautious about their daughters' sexual attraction to their fathers and sons' attraction to their mothers. Because bodies in families are already sexualized within the heterosexual hegemonic framework, the sexual desires of children, male and female, towards their mothers and fathers and other male and female family members are naturalized. In other words, same-sex identification is naturalized and

cross-sexual desire becomes the most imaginable incestuous outcome in family relations (Butler 1990, 1993, 2004; Grosz 1994; Silverman 1992).

Incest between fathers and daughters and between mothers and sons are the most popularly imagined pairs in the US and Japan. The first pair is more discussed among Americans and the latter among Japanese. In the US patriarchal family, both boys and girls are sexualized but their sexualization is understood in different ways. Inspired by Horney's *Feminine Psychology* (1967), Maher describes "the family as an 'emotional hothouse'" in which "women of the feminine type are sexualized as girls" (Maher 1992:12). She argues that "[g]irls were expected, in their subordinated position to be submissive, *seductive* and nurturant towards the men of the household" (Italics mine, Maher 1992:12). Chodorow argues that the reproduction of motherhood is influenced by a capitalist, female centered child-caring division of labor. That division of labor affects socialization and personality formations of boys and girls and can partially explain the relative silence of mother and son incest scenarios from the US news media. Father-daughter scenarios are more likely to gain attention in the US, especially compared to Japan. According to Chodorow, in the mid-twentieth century, American, middle-class nuclear family, where the father was mostly absent or remote from home life, the mother played the dominant role in childrearing. In such households, American mothers consciously distanced themselves from their sons more than their daughters. The dominant culture prescribed sexually different approaches to mothering. While "feminine identification processes are relational, whereas masculine identification processes tend to deny relationship," "boys in father-absent and normally father-remote

families develop a sense of what it is to be masculine through identification with cultural images of masculinity and men chosen as masculine models" (Chodorow 1978:176).

In mid- twentieth century Japan, mothers' "intensified mothering" became a social problem because their domination of their sons ran the risk of producing effeminate boys as well as raising the specter of incestuous relationships between mothers and sons. Influenced by the Ajase complex, Japanese culture does not openly discourage sons from identifying with their mothers. Sons' sexual desire for their mothers is never disavowed in the Ajase complex. Japanese patriarchal ideology encourages Japanese mothers to pay special attention and provide better emotional and physical care to their sons, especially eldest sons. Allison describes the distinctiveness of mother and son relationships in Japan. In the phallocentric west, culture plays a prime socialization role. In contemporary Japanese society, with its characteristics of chauvinism, patriarchy and, oppression of women, however, children are not required or even encouraged to pull away from their mothers while at the stage of developing their social identity. Allison notes Japanese mothering in post-industrial Japan is intensified mothering and has sexual implications for the lives of boys during adolescence (Allison 2000:24, 123-145). Based on an analysis of several stories of mother-son incest which the popular press reported, she argues that these stories are the indication of social desires and fantasies. Allison argues that different from the application of the Oedipus complex where a father orders his son to separate from his mother, the Ajase complex emphasizes rules for Japanese children that are not prohibitive but prescriptive. They revolve around how to accept the mother as a person with desires and behaviors.

American childrearing expert, Marcus Goldman, in *The Joy of Fatherhood: the First Twelve Months* ([1997] 2000), illustrates this concern. He warns fathers in a section on inappropriate parental behavior that "under no circumstances should you be examining or touching your child's genitals or anus unless your child has been injured, has a complaint or a rash, or needs cleaning. If you feel uncomfortable examining your child or if such examination requires anything more than just a cursory glance, it's best to have the pediatrician do it" (Goldman [1997]2000:229-230). While recognizing that a baby or a child is a sexual being thus showing their curiosity toward their and parents' private part is completely normal, Goldman advices father to learn how to deal with his child's curiosity of genitals. He advises against punishing a child who grabs his father's genitals. He stresses "purposely showing or allowing a child to touch or examine your genitalia is also completely inappropriate" (Goldman [1997]2000:231). Goldman is more cautious toward the father's development of sexual feelings toward a baby or a child than the child's curiosity toward father's genitals. For instance, while he admits that bathing together may create an experience of stimulation from the softness of a baby's skin, he advises fathers to stop bathing with their children if they feel emotional discomfort. He suggests if a father has sexual feelings toward his baby or smaller children, he should ask his primary care physician to recommend a therapist (Goldman [1997] 2000:230). What is unstated but implied in the above advice is that the author's concern is but a reflection of the public's fear over potential sexual relationship between father and daughter.

1. Taking Bath Together

The Oedipal complex in the US and Ajase complex in Japan are useful in explaining the dominant cultural differences in approval and disapproval toward sharing baths and showers between parents and children,especially when a father takes a bath with his daughter or a mother with her son. This attitude is partly illustrated by the anonymous opinions posted in 2007 in the American website, Yahoo.com, about age limits for bathing between children and parents.

A man asked in Yahoo.com,

> "Should I stop taking baths with my 12-year old daughter?" ("Perplexed Ambition" in Yahoo.com 2007a).

The best answer chosen by voters was,

> "if your a man stop cuz [*sic*] its worng [*sic*] and if your [*sic*] a woman stop too its unhealty [*sic*] for the childs [*sic*] developmant [*sic*] and [*sic*] in puberty it will be very hard for her" ("jumpman" in Yahoo.com 2007a).

A woman asked the same question in Yahoo.com,

> "How old is too old for a child to take a bath with their parents?" ("Corona" in Yahoo.com 2007b).

The best answer chosen by askers was,

> "That's really a scary subject, isn't it? So many things that we do as parents, out of love, concern or of the discipline of our children can be misconstrued as abuse by society or later, by the child him/herself. In my own experience, I stopped showering with my daughter when she told me she wanted to take a bath instead of a shower, somewhere around 2, I think. My bathtub was one of those extra-deep garden tubs, so putting her in a tub that deep was more tedious when she needed that extra hand to steady her and keep her from slipping. Showering with her was more convenient and my husband helped out at times, though not frequently because he wasn't around much at bath-time" ("Damaris" in Yahoo.com 2007b).

Another interesting answer,

> "When a man takes a bath/shower with a little girl, or even boy, it 'appears' inappropriate at any age. But when a woman does the same thing it does not. Strange, isnt it [*sic*]?" ("Sandy Dahling!" in Yahoo.com 2007c).

A woman asked the same question in a different way,

> "How old is TOO old to take a bath with a child?
> my mom (43) takes a bath once a week with my brother who is 8 (3rd grade)
> is this inappropriate????" ("Janice F" in Yahoo.com 2007c).

The best Answer chosen by voters was:

> "No, 8 is too old! I think 5 or so is the oldest to bathe together. Is she naked or is she wearing a bathing suit in the tub? That might make it a little better" ("Driver" in Yahoo.com 2007c).

The above conversations indicate that American internet users tend to think that parents should stop showering with children at a much earlier age than Japanese internet users believe. At the same time, as "Sandy Dahling!" acknowledges society is less tolerant of the father than the mother who takes a bath with a child, especially in the case of a teenage daughter.

In Japanese homes, the custom of sharing a bed, a bath and a shower between parents and children is still widely practiced until the child reaches puberty, and even sometimes after that. They do so not only because it is convenient during hectic times and in the limited space Japanese homes afford, but also because Japanese tend to perceive it as important skin to skin communication. Japanese parents' positive attitude toward sharing baths with older children is partly illustrated by fathers' attitudes expressed in an opinion survey published by a popular Japanese web magazine. The survey asked of fathers of male children: what is the age at which you will stop taking a bath with your son?; and to the fathers of female children:, what is the age at which you will stop taking a bath with your daughter?" The respondents chose from among four

answers: (a) actual age is not the prime indicator, (b) by the upper elementary school age 4th, 5th and 6th grade (ages 10 to 12 in Japan), (c) by the lower elementary school age, 1st, 2nd and 3rd grades (ages seven to nine in Japan), (d) Before the entrance into elementary school (6 years old in Japan) (AllAbout.co.jp 2008). While 32 percent of the fathers with sons and 34 percent of the father with daughter responded that "actual child's age is not the prime indicator"," 38 percent of fathers with boys and 45 percent of fathers with girls responded that the appropriate age is seven to nine years old. The smallest response was for children less than six years old (AllAbout.co.jp 2008).

This poll, which targets only fathers, suggests the degree to which the Japanese are sensitive to and perhaps uneasy about fathers bathing with children. It is too soon, however, to conclude that fathers are the primary suspects in the sexual abuse of Japanese children. In fact, contemporary Japanese society promotes the bathing of fathers with their children. In the early twenty-first century, the Japanese government encouraged husbands and wives to share housework, especially in families with small children. Consequently, bathing with children was ranked as one of the major sharing activities for fathers. On a popular Japanese childrearing website, "(*Otokono Kosodate*)" - "Man's childrearing", Mr. Endo, a stay-at-home father of two children, talks about some positive aspects of fathers bathing with children.

> "If you (the father) can take children bathing with you[52], many happy things will happen at your home. For example, your wife, who is tired from childcare and

[52] In a typical Japanese style bathroom, parents don't just wash and bathe their children; they take baths together with them. That is because the layout of the bathroom, where the place of washing is separate from but directly connected to a bathtub, makes it difficult to wash and bathe other bodies without getting wet. Another reason for parent taking baths together with children is a child safety issue. Japanese-style bathtubs are much deeper than Western-style tubs necessitating close attention to the child in the tub.

> housework, will be able to take a bath alone; both you and your wife can have more time to relax by increasing the time sharing of childcare and housework; in the case of an emergency, your wife can rely on your support if you have one childcare skill – bathing your child without her help; you can make up the missing quality time with your child through having a conversation while bathing together; talking with your child while bathing together will reduce your stress from work and that leads you to refresh your body and spirit; and because you both are naked, you can truly feel the growth of your child; and bathing together with children helps you spend good quality of time by improving the housework and childcare sharing and family communication (The above text is my translations from the original Japanese language; Endo, Nov. 5, 2007).

In the above text, a naked body relationship between parent and child is promoted for the sake of improving parent-child communication. This illustrates conventional Japanese "healthy" views on the exposure of the naked body in general and body to body interaction between parent and child. In both cultures, parents and primary caregivers have most responsibility for protecting the sexuality of children. It was not until recently that Japanese parents became conscious of sex crimes against children. Since sex crimes against children outside the home have been a growing Japanese concern, parents have become increasingly worried about strangers' encounters with their children. Yet, they tend to be silent about sexual violence against children at the hands of family members. Many Japanese parents certainly know that younger children occasionally become curious about similarities and differences between the bodies of opposite sexes and those of adults and children, but many show little concern about exposing their naked bodies in front of children. Some people even think that it is unnatural to hide parents' naked bodies from the eyes of their children, believing it may bring about an adverse effect on children's natural sexual development. Their precaution is rather directed toward outsiders, as a reaction to the recent increased violence against children by the strangers. By shifting the "gaze" toward the people outside the home, Japanese parental bodies have

succeeded in "silencing" violence within the family. An effect of this silence is that they have lost the opportunity to reflect on the historical domination and violation of one sex and sexualized body over another in the Japanese domestic sphere.

Parental precaution against bathing with toddlers and older children in the US demonstrates the dominant cultural perception of nakedness and its association with sexual pleasure through skin contact and sense of ownership with one's sexualized body. In the US, not only family members but also neighbors and entire communities make significant efforts to protect the "privacy" of children's bodies. For example, Westchester County in New York, with a reputation for some of the best schools in New York State, advises parents and family members about how to protect the privacy of children's naked bodies while bathing and showering. The Westchester County website, in a section on "protecting kids from child abuse", offers this advice: "Bathing and Showering: As adults, our use of a bathroom is clearly a private experience. Whether toileting or bathing, we are all taught that we are entitled to complete privacy. As parents, we need to teach the lessons of privacy in all life situations to our youngsters" (Westchester gov.com August 15, 2009). Below this advice, the site links to professional opinions about the practice of bathing and showering with children. For example:

> In "Bathing and Showering: Privacy Concerns" by Debra W. Haffner, M.P.H., F.S.A.M/ reviewed by Robert Needlman, M.D.,F.A.A.P., advise parents about privacy concerns with bathing and showering with children. It is stated, "…probably around the time your children turn four to six years of age, you might start to worry whether or not these innocent shared baths and showers are still appropriate…You might also add, 'Aren't bodies great? But they belong to each of us, and I don't want you to touch each other's private body parts.' …Baths with a parent often present a similar opportunity to talk about appropriate

> touching….Some parents become uncomfortable when their preschoolers starts to be interested in the differences between male and female bodies, or children's and adult bodies, or when the child tries to touch Mom or Dad's breasts or genitals. This again, is a time for parents to set limits: 'Those parts of our body are private, and I'm uncomfortable with you touching my breasts (or vulva or penis).' In addition, simply teaching your child how to wash his own body reinforces this sense of ownership: 'You wash your own penis and scrotum because that's a private part of your body'…Pay attention to clues such as being unwilling to undress in front of each other, resisting bath time, or seeming embarrassed; this is a signal that the time for shared baths has come to an end" (Haffner Sep. 4, 2001, Needlman Oct. 8, 2001).

2. Co-sleeping

Along with co-bathing between child and parents, scenes of toddlers and much older children in their parents' beds at night are much more commonly observed in Japanese homes than in North America. A leading Japanese baby-food maker, Wakodo, conducted a survey of co-sleeping habits of mothers and children in 2003. The survey, based on 1,600 Japanese mothers with children younger than three years old, found that 75.5 percent of respondents (1,208 mothers) co-slept with their child and 17.4 percent of their partners (279 fathers) did so (Wakodo 2003). These studies indicate that the majority of Japanese parents sleep with their children, while co-sleeping is still a minor practice in American families. Japanese mothers, more than their partners, sleep with their children.

Based on the findings from parent conversations on a Japanese internet community site, *Benesse,*[53] a majority of parents in the chat room practice co-sleeping with their toddlers but also with children more than 10 years old (Benesse 2007). A majority approved of co-sleeping with children, and many of them even remarked that

[53] A leading Japanese corporation providing education, language study, living and lifestyles, and nursing care services and products

their elementary school children are sleeping with them. Two mothers spoke about an inconvenient side of co-sleeping. One Japanese mother mentioned that the presence of children in the parental bedroom makes it inconvenient to engage in sexual relations with her husband. Another mother confessed that she stopped co-sleeping with her child because her husband asked her to do so (Benesse 2007).

Recently, practitioners and scholars of attachment parenting in the US have commented on the benefits of co-sleeping practice (Sears 1993, [1987]1999, 1995, 2001, 2005). Most popular arguments against bed sharing have challenged it over safety issues. They argue that bed sharing can cause accidental deaths by suffocation. At the same time, pro-co-sleeping experts argue that co-sleeping habits promote parent-child bonding, improve depth of sleep for parents and babies, facilitate breastfeeding, and protect against sudden infant death syndrome (SIDS). Advocates and pro-bed sharing medical experts said that baby deaths from suffocation "are in extreme situations – from Dad on the couch when he's half-drunk" (Association of Labor Assistants & Childbirth Educators, March 22, 2003. Vol. 26, Issue 1 Page 16). Co-sleeping opponents point out that it may interfere with parents' own relationship: both their mental and physical communication. Lurking behind the safety issue is a fear of the accidental exposure of the child to parental sexual intercourse. Other popular American books that disapprove of co-sleeping are *Infants and Mothers* ([1969] 1985), *Toddlers and Parents: A Declaration of Independence* ([1974] 1989), and *Touch points: Your Child's Emotional and Behavioral Development* (1995) by Berry T. Brazelton, *Better Homes and Gardens New Baby Book* (1985) by Edwin Kiester, *Infant Care* (1989) by U.S. Department of Health and Human Services, *The First Three Years of Life. Revised edition* ([1985] 1990) by Burton L.

White, *The Complete Dr. Salk; An A-to-Z Guide to Raising Your Child* (1983) by Lee Salk, *Everyday Parenting: The First Five Years* ([1987] 1990) by Robin Goldstein with Janet Gallant, *Your Baby & Child: From Birth to Age Five. Revised edition* (1977) by Penelope Leach, *What to Expect the First Year* (1994) by Arlene Eisenberg and Heidi E. Murkoff, and *The Joy of Fatherhood: The First Twelve Months* (1997) By Marcus Jacob Goldman. Some of them express concern that such an exposure would pique a child's curiosity about sex and at worst could lead her to become a victim of sexual abuse.

In general, co-sleeping is much more openly accepted among childrearing and medical experts in Japan than in the US. For example, according to a cross-cultural comparison of popular child-rearing books in America, China, England, France, and Japan , the 16 most popularly read Japanese parenting books from 1991 to 1997, all approved of co-sleeping (Tsuneyoshi and Boocock 1997). According to Tsuneyoshi and Boocock (1977), out of the 17 best selling childrearing/parenting books in the US from 1991 to 1997, 12 disapproved of co-sleeping, and only one approved of it (Tsuneyoshi and Boocock 1997:64). Classical American child rearing books such as *Dr. Spock's Baby and Child Care*, (*5th Edition*) by Spock and Rothenberg disapproved of children sharing a bed with their parents. Sears, on the other hand, wrote approvingly of co-sleeping in *The Baby Book* (1993) (Tsuneyoshi and Boocock 1997:61-65). The most common reasons for disapproval include interfering with parents' sleep, communication, and sexual relations (U.S. Department of Health and Human Services 1989; Spock 1992; Brazelton [1969] 1985; Kiester 1985; White [1985] 1990; Salk 1983; Eisenberg and Murkoff 1994). Other reasons are interfering with children's sleep (Kiester 1985; Eisenberg and Murkoff 1994), and holding back their independence (Salk 1983; Kiester

1985; Eisenberg and Murkoff 1994). Classic American childrearing books basically take a stance of disapproval, a reflection of mainstream cultural ideas about mother-father relationships. For example, in *What to Expect in the Toddler Years*, concern with the practice of working parents who sleep with their children to compensate for a lack of time prompts this advice: "The child who sleeps in his parents' bed may have some difficulty learning to sleep on his own. And finally, having a child around all evening and night – awake or asleep – can seriously interfere with parental opportunities for intimacy, both verbal and physical" (Eisenberg et al. 1994:772).

Nearly two decades after Boocock and Tsuneyoshi's research, more pro-co-sleeping books have emerged among parenting bestsellers. They include *Sleeping With Your Baby: A Parent's Guide to Cosleeping* by McKenna (2007), and *Good Nights: The Happy Parents' Guide to the Family Bed (and a Peaceful Night's Sleep)* by Goodavage and Gordon (2002).[54] Parents read them seeking an alternative to classical parenting books' stance toward co-sleeping. Huggins and Ziedrich are pro-breastfeeding authors, and they note co-sleeping is convenient and less disruptive for both baby and parents while mothers nurse. "If taking a baby into bed puts a damper on the parents' sexual activity, couples who have adopted this approach seldom complain about a lack of sex" (Huggins and Ziedrich 2007:100). Indeed, although the numbers are still small in the US compared to Japan, bed-sharing increasingly has become a fashion and parenting style. National Institute of Child Health and Human Development researchers found that from 1993/1994 to 1999/2000 the number of infants under eight months old who usually

[54] Based on the best seller books enlisted in Amazon.com in 2008.

shared a family bed more than doubled. Moreover, two other studies[55] indicated that "bed sharing appears to be widespread and strongly influenced by cultural factors" (NICHD 2003). For example, African American infants were four times more likely to co-sleep as their white counterparts, and Asian/other infants were almost three times more likely as white infants. Infants of low-income mothers, who are most likely living in black urban neighborhoods, frequently share a bed with a parent or other adult care giver (NICHD 2003). These studies did not ask respondents why they chose to co-sleep. Sleep habits experts, citing economic and cultural factors, have conjectured that sleeping together becomes a norm in families unable to purchase beds for all members. Additionally, Asian and Latin American parents believe that the North American practice of separating babies from parental beds can be psychologically harmful. For working parents, sleeping with a child is a way to regain the bonding they lose from being away from home. Many nursing mothers co-sleep with their babies out of convenience for both mother and child.

Alongside the emergence in the US of pro-co-sleeping books in the early twenty-first century, new books that oppose the co-sleeping habit have also been published (Shapiro 2008; Levine 2009). This shows the firm existence of an anti-co-sleeping stance in American child-rearing culture.[56] In the popular US parenting magazine, *Parenting*, Jill Spivack, a licensed family therapist and herself a "formerly sleep-deprived

[55] One conducted between 1993 and 2000 throughout the 48 contiguous United States by the National Infant Sleep Position Study (NISP), funded by NICHD, the National Institute on Deafness and Other Communication Disorders (NIDCD), and Boston University, and the second conducted in Washington D.C between 1995 and 1996. It was funded by NICHD and the National Institute of Health (NIH) Office of Research on Minority Health.

[56] These books are *A Parent's Guide to Getting Kids Out of the Family Bed: A 21-Day Program* by Shapiro (2008), and *Break the Co-sleeping Habit: How to Set Bedtime Boundaries – and Raise a Secure, Happy, Well-Adjusted Child* (2009) by Levine.

mom," advises sleepless mothers and fathers against repeated bedtime invasions by their children. She proposes creating a bed-sharing routine to conquer the back and forth parental bed shuffle. She urges three times when children can temporarily share their parents' bed – (1) before bedtime, (2) after lights-out, and (3) the next morning –after lights-out is the "boot-camp-tough-part" for both the parents and children. Spivack advised,

> There will be screams and sobs, and kids so resistant you'll have to carry them, wriggling and accusing all the way, to their beds….. After two or three nights, switch to sitting quietly in a nearby chair until your child falls asleep. But not talking! You want to bore your child to sleep. If she kicks up a fuss, temporarily leave the room. She'll settle down if she knows the reward is that you'll rejoin her. Each night, move yourself farther from your child's bed – to the door, to the hallway, and eventually back to your own bedroom. "If your child follows you, you want to calmly, unemotionally, walk her back to bed every time she gets up," says Waldburger[57] (Parenting 2009:67).

She concludes by encouraging parents to be "consistent and have faith!" (Parenting 2009:64-67).

In the popular child rearing book *Ikuji Dai Hyakka*, -"Child Rearing Encyclopedia" - (2001), a question and answer section about 14- to 15-month olds, a parent asks, "Now I want to sleep alone but my child does not. Is my child a coward?" (Benesse 2001:164). A doctor advises that "Your child is not a coward. It is appropriate that a child of this age does not want to sleep alone. From a psychological development perspective, it is still too early for a child at this age to separate from mother and peacefully sleep alone. It is important for the child at this age to sleep with someone. While admitting that there is a custom in Western countries of separating a month baby

[57] Jennifer Waldburger, L.C. S.W., cocreator with Spivack of *The Sleepeasy Solution*.

from her parents at night, it is very rare in Japan that a baby of the same age sleeps alone. It would be about one and half years before a child starts sleeping alone and can play peacefully without the presence of a mother. It is natural that a child younger than three years feels insecure without the presence of others" (Benesse 2001:164). Dr. Watanabe, author of *Hajimete no Kosodate* - "First Childrearing" - (1998), advises mothers to be patient in accommodating their children's co-sleeping needs. In the book, he advises the mother of a year-old baby, "although you might think that you want to sleep alone now because your baby is already big enough to sleep alone, you better accept your child's need to sleep with you….you better prepare your mind to stay next to your baby until your baby really falls asleep" (Watanabe 1998:162). Not all experts agree, though. Dr. Imi, a medical professor, disapproves of co-sleeping in his book, *Hajimeteno Akachan Ikuji Hyakka*, - "First Baby Childcare Encyclopedia" - (1995). In a question and answer section of the book about "worrisome children's habits and daily practices", a parent asks, "My nine-month old baby does not fall asleep without being at my side. I am worried that such a habit of co-sleeping may spoil and encourage my baby's over-dependency on me. Should I discontinue it?" Dr. Imi advised, "By sleeping next to your baby, you are able to watch your baby closely, and it is convenient for you to adjust the bed's temperature, to nurse, and to change diapers. The biggest benefit of co-sleeping is providing your baby secure attachment. However, after six months old, it is better to stop co-sleeping in order to promote the baby's growth toward independence." (Imi 1991:180).

A mother living in the US posted the following question about co-sleeping to a parenting forum on a Japanese website, "*Suku Para club*" in 2008.

> "I have a daughter who is almost five years old. She has been nagging us to sleep in our bed after her brother was born last year. She said that she feels lonely if she sleeps alone in her room because her brother sleeps with us. I feel sorry for her and let her in our bed. My husband gets upset with her request. But I will observe this for a while because I know she became very insecure when her brother was born. In Japan, what age is considered inappropriate for children to sleep with parents? We live in America and in here many people consider co-sleeping with children after they are 5 years old problematic. We cannot speak of our story carelessly to others (Suku Para Club 2008).

In response to this question, there were four responses that basically approved of co-sleeping with their children. Among them, two mothers said that it is reasonable for a child who is almost five to sleep alone. One mother embarrassingly talked about her 13-year old child who still wants to sleep next to her. She basically approves of co-sleeping, especially if the child is less than ten years old. Another mother said that she will stop sleeping with her children when they turn nine years old. Two respondents warn the questioner that a child whose parents reject co-sleeping might develop trauma because of the forced separation. One respondent recommended a Japanese translated version of Dr. Sears' *The Baby Book* (1993) as well as an educational website on trauma, and a father posted his concerns about co-sleeping in another parent forum. Another mother warned the questioner that a distanced parental approach evidenced by the rejection of co-sleeping might weaken the parent- child bond and lead to parricide. She posted the news about a son who killed his father in America (Suku Para Club 2008).

C. The "Healthy" and "Normal Self"

1. US

Eisenberg and others (1996:243) advise parents to warn their children against touching private parts in public: "touching in more public settings, however, should be discouraged. Not because there's anything wrong with the behavior but because it's

considered inappropriate in public and because it could trigger dangerous impulses in a pedophile viewing it. So begin early to explain to your toddler the difference between 'private' and 'public', and the some things that are fine to do in private are not okay in public" (Eisenberg, Murkoff & Hathaway 1996). They went on:

> "Keep private private. For the toddler, the time right around toilet learning is often one of heightened interest in genitals – their own and others'. Take this opportunity *to introduce your toddler to the concept of body ownership: that the private parts of the body are one's own to control*. Parents and baby-sitters may need to wash a toddler's genitals in the bath, and the doctors and nurses will sometimes need to touch them during an examination, but no one else should be allowed to touch them without the child's permission. Since most toddlers know touching their genitals feels 'good,' it could confuse your toddler to try to *differentiate between a 'good touch' and 'bad touch*…'" (Italics mine, Eisenberg, Murkoff & Hathaway 1996: 827).

The above educational approach illustrates typical ideological concepts stressed in American society: property rights and individualism based on the Protestant ethic of asexual norms in both private and public lives. In the sex/sexual body politics of post-industrial US, capitalist ideologies of "private ownership" play the role of the front stage of gender/sex equality in educating children and adults in the family. This does not mean, however, that the patriarchal system has disappeared from the family in post-industrial capitalist countries. The legal governance of asexual norms in organizations represents itself as the best way to achieve sex equality. It encourages each individual to exercise ownership over his or her body. This idea of an asexual ideal for all, however, successfully conceals the male hegemonic and hetero-normative patriarchal system that still exists deep in the experiences of bodies in family institutions. The (de)sexualization of family bodies is the on-going process of private ownership of sexualized child and

parental bodies under the name of bodily privacy. Children's private ownership of their own bodies echoes feminists' claims for ownership and control of one's body especially as related to American forms of reproduction. Such claims of ownership and control by women are increasingly observed in present-day Japan. This social aspect is critically viewed as an idea that had its origins in capitalist ideology and the patriarchal system.

> Women are not just passive victims of capitalist ideology: we use it in our interests as well. Women, like men, lay claim to their own bodies and to their own children, and call on the basic values of capitalism to support those claims,…feminists have been able, in some sense, to capitalize on the value of ownership to gain certain rights for women, particularly what are called "reproductive rights." But there have been attendant costs, with regard both to the owned body and to the owned child (Rothman 1989:41).

Rothman argues we should reconsider motherhood based not on the idea of private ownership but as an extension of social/human relationships (Rothman 1989). By shifting the phrase private ownership to social relationships, we can envisage the unequal power that lies beneath the claim of private ownership for all bodies.

Child caring books are often regarded as a good resource for parents to learn how to nurture healthy and normal family relationships. The advice of Debra W. Haffner, M.P.H., F.S.A.M and Robert Needlman, M.D., F.A.A.P. to parents for creating a sexually healthy family through modeling sexually healthy attitudes in one's marital relationship clearly demonstrates this point.

> "Sexually *healthy* parents also remember that actions speak louder than words. They model sexually *healthy* attitudes in their own relationships, and they are *appropriately affectionate in front of their children*. Their children learn that men and women can treat each other with respect because they see the important adults in their lives treating each other with respect. They learn that people can disagree and still love each other. One of the best things parents can do for their children's future sexual health is to nurture their own relationship as a couple. That means

> trying to *keep the romance alive*, as well as building a solid friendship. This not only provides children with a sense of security in their family, but also gives them a model for their own adult relationships" (Italics mine, Haffner September 4, 2001, reviewed by Needlman, October 10, 2001).

The above statement clearly indicates that the healthy and normal family is a site of both heterosexual desire and romantic relationships which are exclusively navigated by a monogamous adult couple. This narrative of "sex education" for children presupposes, as Cahill and Jones argue, that "the promotion of abstinence-only-until-marriage 'sex education,' is the only acceptable and safe form of sexual activity. It privileges heterosexual married couple but also serves to stigmatize homosexuality" (Battle and Ashley 2008:18, Cahill and Jones 2001:3, 41). The concepts healthy and normal are tricky terms when it comes to determining not only human attitudes and behaviors but also one's identities. As Butler states, one's failure to perform or inability to recognize particular sex positions in gender performance can result in a person being mis-labeled as sexually unhealthy or abnormal. Turner, viewing the human body from the aspects of medical power and social knowledge, argues that "human feeling and emotion are subordinated to normalization through medicine which establishes acceptable criteria of 'normal emotion'" (Turner 1987: 13). Because there is a guideline for the expression of normal feelings and emotions, people try to express their feelings in order to normalize their self-identity. Accordingly, the above parental guidelines normalize a certain parental approach to (de)sexualization of bodies in family institution. By accepting it as the rule and acting accordingly, parents voluntarily subjugate their bodies to live under the system of surveillance and discipline which is framed by patriarchal family values within the Protestant asexual bodily norm ethic. Why do they

voluntarily subjugate their bodies to patriarchal regulations? Parents gain a sense of security to be seen as a normal self in exchange for accepting some patriarchal restrictions on their bodies. The cost of this exchange is approval of the power disparity between family members that originates in the hetero-sexualizaiton of family bodies and affirms normalizing heterosexual practices and male dominance in family institutions. The desexualization of family bodies, supported by the Protestant ethic of the asexual norm of civilized private life at home, unintentionally reconfirms the dominance of one sex over another and oppressive relationships between the two sexes under the name of romantic love.

Though the (de)sexualization of the parent-child dyad is repeatedly attempted in family institutions, bodies never become completely asexual. Butler confirms this point in her argument about sexed positions, "Since [symbolic] law has to be repeated to remain an authoritative law, the law perpetually reinstitutes the possibility of its own failure" (Butler 1993:108). In fact, family institutions continue to need an incest law to prohibit sexual relationships outside the matrimonial couple. The citational possibility of the law of (de)sexulization of child-parent bodies embodies the very possibility of its own failure. Because every repetition is different regardless of the subject's intention, a chance of misrecognition creates different performances. The subject's desire to rebel against the performance of certain sexed positions creates uncertainty in instituting the incest law over family bodies. This feature is demonstrated by the ways in which incest law websites incite people's desire to know more about incest. The incest website provides a social space of confessions, discussion, and education about incest. In the incest hotline and the incest consultation room, both incest victims and offenders confess

and discuss their incest relationships with psychological experts. The incest research center in the incest website educates audience about the nature of incest by providing incest themed nobles, erotic comic books, and video. I argue that incest websites are maintained by a psychic economy of desire to know about it through a process of confessions, discussion, and education. As Foucault states, sexual politics in institutional life is based on the construction of the political economy "of a will of knowledge – that is situated in the 'positive mechanism' to produce knowledge, multiply discourse, induce pleasure and generate power" which explains the failure of incest law (Foucault 1978:73).

It is apparent that gender neutral and asexual ideas of privatized and self-regulated bodies in the capitalist backyard of US liberal democracy have greater impact at home on the mother and daughter than father and son. Then, why do mother and daughter comply with the male dominant bodily norms at home despite the limits they impose on their bodies? Nikolas Rose de-naturalizes the concept of the self as naturally given, that is to say, as an outcome of a gradual process of enlightenment achieved by the endeavors of science. He argues rather that the "psy" discipline plays a key role in inventing ourselves. Thus realization of self-mastery is merely illusion (Rose [1996]1998:23).

> "Human ontology is thus established in part through constitutive connections with the psy technologies that imagine it and act upon it…the mimetic dimension of psy can be seen in such devices as manuals of advice on self-improvement, self-esteem, and self-advancement….the models and simulacra of desirable selves that serve as mirrors to reactivate and reflect back fabrications of subjectivity to which one might aspire; the pictures of normal selfhood – the normal child, the normal mother, the normal girl, the normal adolescent, the normal patient, worker, or manager…" (Rose [1996]1998:191).

2. Japan

In traditional Japanese culture, in the absence of the Protestant ethic, a naked body relationship between parent and child is promoted for the sake of improving parent-child communications. This illustrates the conventional cultural view of the healthiness of exposed naked bodies in general and the body to body interaction between parent and child in particular. Naked skin to skin communication is not easily reduced to fleshly eroticism, as it is often regarded in American culture where the Protestant ethic of asexual norms is deeply embedded. Recent Japanese public awareness of the necessity of the asexual norm in public spaces is explained as the result of cautious attitudes – based on the idea that we cannot trust strangers – toward outsiders. This *Uchi/Soto* (our home/outside home) dichotomy has remained within the matrix of evaluating sex and sexual violence on Japanese body ever since the Japanese social receptive self was born in discovering the foreigners' gaze on the excessively exposed body culture of Japan. Consequently, in contemporary Japan, a sense of healthy and normal self, family, and society is constituted by eroticizing outsiders' bodies. This exclusionary logic underlies the constitution of the healthy and normal self that has not yet been given the opportunity to discover the internalized erotic other within itself. In this way, incest fear at home is much less discussed at the site of skin to skin contact between parents and child(ren) in Japan. I conclude that the role of emotions and feelings plays a significant role in creating illusions of self-mastery and the domination of others. These affects are difficult to dislodge from the idea of the self because they are intertwined with the construction of a normal and healthy selfhood. Indeed, self is constructed through interacting with ideal self images perpetuated in society and the subject practices reacting against those images.

Chapter 5: Public Policies and Workplace Laws in Relation to Breastfeeding

In this chapter, I present how public policies and workplace laws promote or limit breastfeeding practices in the USA and Japan. I look at three different but inter-related aspects of breastfeeding practices: (A) public policies on infant feeding as an extension of maternal and child health; (B) public policies and workplace laws on maternal bodies in the workplace; and (C) legal conceptions of nursing and nursed bodies as they relate to sexuality. For the first aspect, I present differences in the USA and Japan in the promotion of breastfeeding as an extension of maternal and child health and supported by public policies and laws. For the second aspect, I compare the labor laws that regulate the maternal and nursing body at work in the USA and Japan. For the third aspect, I present the legal constructions of the nursing body in public as reflected in obscenity and sexual offence laws in the USA and how the absence of similar laws in Japan influences attitudes toward public nursing.

A. Breastfeeding Mothers and Children: National Laws and Public Policies

1. US

a. Promoting Breastfeeding Public Health Policies

In early twentieth century America, urbanization and industrialization adversely affected the social welfare of children and raised serious public concerns. "Questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children in the several state and territories" caught the attention of public reformers (The Children's Bureau 1912). Progressive Era reformers Florence Kelly and Lillian Wald introduced the idea of a federal children's bureau to resolve social issues pertaining to

children's welfare and initiated the children's rights movement in America. The Children's Bureau was established and enacted in 1912 under the Department of Commerce and Labor. Julia C. Lathrop was bureau's first chief in the Children's Bureau and first woman to head a federal agency in the United States. The agency conducted the nation's first infant mortality study and found that poor sanitation, lack of good medical care, and poverty were major factors contributing to the death of infants. According to the Bureau's 1913 annual report, slightly more than 42 percent of the infants who died before reaching the age of one in 1911 died within their first month of life. The Bureau found that breastfeeding babies had a better chance to live (Reed 1981:17-18). The Bureau concluded that educating mothers about childcare, improving public sanitation, and requiring birth registration, would save lives. Since its first publications - *Prenatal Care* (1913) and *Infant Care* (1914) – maternal breastfeeding has been promoted by the Children's Bureau (West 1913, 1914). Establishment of the Bureau put force to its breastfeeding campaigns during the 1910s and the1920s. In 1918, Jeannette Rankin, the first woman elected to Congress, introduced the Maternal and Child Health bill. Morris Sheppard and Horace Mann Towner introduced two similar Senate bills. President Warren G. Harding supported the *Sheppard-Towner Act*, and in 1921, Congress passed the *Sheppard-Towner Maternity and Infancy Act* which would be administered by the Children's Bureau. The Act made federal matching funds available to 43 participating states to encourage breastfeeding through visiting nurses education campaigns, pamphlet distribution, and conferences. [58] Theses missions of education stressed the importance of breastfeeding and human milk for infant health. Successful

[58] Other fund targets are (1) the health clinics for pregnant women, mother and children; (2) visiting nurses to educate and care for pregnant and new mothers and midwife training

outcomes were found in states such as New Hampshire and South Carolina (Wolf 2001:187; fn. 2). The Act, however, faced strong opposition from the American Medical Association (AMA) and its section on pediatrics, groups of extreme conservatives, who labeled the program "socialistic" and interpreted it as a Communist plot against the family (Lewis 2010). They opposed its passage and funding in subsequent years, and the legislation lapsed in 1928, only to be revived with the New Deal.

Another attempt to promote breastfeeding was launched on July 4, 1977 with a boycott of Nestlé by activists in the US who accused the multinational of putting its formula marketing campaign over the health of third world infants. The US Senate held a public hearing into the promotion of breast-milk substitutes in developing countries and joined calls for a Marketing Code. The WHO and UNICEF hosted an international meeting which called for the development of an international code of marketing in 1979. In 1981, the International Code of Marketing of Breast-milk Substitutes was presented in the 34th World Health Assembly (WHA). In 1984, Surgeon General C. Everett Koop hosted the first Workshop on Breastfeeding and Human Lactation in the US (Kedrowski and Lipscomb 2008:65).[59] This was the first time the US considered promoting breastfeeding as a federal agenda. Two publications resulted from the workshop: *The Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation* (1984) and the *Follow up Report: Surgeon General's Workshop on Breastfeeding and Human Lactation* (1985). The breastfeeding strategies developed at the workshop are still used today in moving toward the breastfeeding objectives of *Healthy People 2000*:

[59] Subsequent workshops were held on 1985 and 1991 (Kedrowski and Lipscomb 2008:65).

National Health Promotion and Disease Prevention Objectives.[60] They set a breastfeeding goal: 75 percent of mothers should breastfeed in the early postpartum period, 50 percent at six months, and 25 percent at one year. For the following year, it set a goal for increasing the rates of exclusive breastfeeding: 60 percent at three months and 25 percent at six months. In 2000, the Office on Women's Health (hereinafter OWH) issued the *HHS Blueprint for Action on Breastfeeding*, a public agenda to promote breastfeeding in the US. To achieve their goal, OWH embarked on a National Breastfeeding Awareness Campaign in 2002 and reported that the campaign a success because "the percentage of respondents who believed infant formula was as good as breast milk declined" (Kedrowski and Lipscomb 2008:65).

The federal government has also supported breastfeeding through the Women, Infants, and Children program (WIC). Set up as a pilot program in 1972 by the Department of Agriculture, WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age five. In its 1989 reauthorization , Congress committed WIC to promoting breastfeeding through measures such as requiring states to hire breastfeeding coordinators and spending federal subsidies on breastfeeding promotion (Kedrowski and Lipscomb 2008:66). In 1992, WIC program started distributing education materials promoting breastfeeding and allowed women to use WIC food funds to purchase or rent breast pumps in 1998. In 2004, WIC especially targeted its measure to promote breastfeeding (Kedrowski and Lipscomb 2008:66). During the final quarter of Fiscal Year 2009, the number of women, infants, and children

[60] This is "the statement of public health goals generated by the Public Health Service, the Centers for Disease Control and Prevention (CDC)., and the National Center of Health Statistics, issued in 1991" (Kedrowski and Lipscomb 2008:65).

receiving WIC benefits reached approximately 9.3 million (USDA 2009:2). Mothers participating in WIC are encouraged to breastfeed their infants, if possible, but a contradictory incentive is that mothers who choose to use infant formula receive a government subsidy for their formula use *and* manufacturer rebates, thus further encouraging formula use (USDA 2009:4).

b. Promoting Breastfeeding through Legislation

The promotion of breastfeeding through legislation became more pronounced in 1999 when representative Carolyn Maloney (D-NY) and the Congressional Caucus for Women's Issues committed to enacting breastfeeding legislation and passed the *Right to Breastfeed Act* (H.R. 1848) in the 106th Congress. The bill ensures a woman's right to breastfeed her child on any part of federal property (federal parks, federal buildings, and national museums) where she and her child have a right to be. After this event, the US made a dramatic step toward reforming the social and legal implications surrounding a woman's choice to breast-feed in public places. Over the next ten years several cases of employment litigation unsuccessfully attempted to address the rights of mothers to breastfeed in private sectors workplaces. Law makers finally reintroduce a breastfeeding law to cover the private corporations. Representative Carolyn Maloney (D-NY) and Senator Jeff Merkley (D-OR) introduced the *Breastfeeding Promotion Act* (H.R. 2819/S. 1244) on June 11, 2009. The Act is designed to protect the rights of breastfeeding mothers who return to the workplace after childbirth by requiring "large employers to provide the time and private space moms need to express milk, and provides for tax incentives for employers that establish private lactation areas in the workplace" (Maloney.

June 11, 2009). According to Rep. Maloney, "the *Breastfeeding Promotion Act* recognizes both scientific fact and the way Americans live now: human milk is the best nutrient for new babies-- and most mothers have to go back to work during a child's first year, when breastfeeding is most important" (Maloney June 11, 2009). Workers in small companies, however, are not yet protected under the Act.

c. State Breastfeeding Laws

Other than the above federal law, however, Congress typically leaves specific breast-feeding legislation to the discretion of states. During the late twentieth century, nearly one-third of states have been enacted breastfeeding legislation with pending bills in other states (Baldwin April 4, 1999). A wide range of states have been enacted laws to deal with issues involving various aspects of breastfeeding: (1) breastfeeding in public; (2) breastfeeding and employment; (3) promoting breastfeeding through WIC programs; (3) baby-friendly birthing facilities in such places as hospitals[61] and private business; (4) encouragement of breastfeeding in schools; (5) breastfeeding in the area of family law; and (6) breastfeeding and jury duty. As of the year 2010, forty-four states and the District of Columbia and the Virgin Islands have laws with language specifically allowing women to breastfeed in any public or private location; twenty-eight states, the District of Columbia and the Virgin Islands exempt breastfeeding from public indecency laws; twenty-four states, the District of Columbia and Puerto Rico have laws related to breastfeeding in the workplace; twelve states and Puerto Rico exempt breastfeeding

[61] "The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation based on the WHO/UNICEF Ten Steps to Successful Breastfeeding for Hospitals" (CDC April 21, 2010).

mothers from jury duty; and five states and Puerto Rico have implemented or encouraged the development of breastfeeding awareness education campaigns (NCSL 2010). Besides presenting scientific research on the benefits of breastfeeding and the costs of not breastfeeding, American state legislatures have cited the statement of the *Innocenti* Declaration of Protection by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) [62] to appeal for the promotion and support of breastfeeding.

2. Japan

a. Promoting Breastfeeding Public Health Policies

In Japan, there are no national laws solely to promote or limit maternal breastfeeding. Within the area of public heath, infant feeding practices have been one element of a system of maternal and child health. As in early twentieth century America, high infant and maternal mortality rates made the Japanese government aware of the necessity for public policies and laws to protect maternal and child health. Promotion of infant feeding education was a part of the public policies to protect maternal and child health. Nonetheless, breastfeeding was promoted differently than in the US because it was the primary infant feeding method in Japan at that time and remained unchallenged until the post-World War II era. Presently, Japanese public officials consciously are including for the first time the promotion of breastfeeding in the public through statute. They saw a decreasing rate of exclusive breastfeeding among the Japanese despite an

[62] The WHO and UNICEF set forth in the *Innocenti* Declaration of the Protection, Promotion and Support of Breastfeeding and this was adopted by 32 governments and ten United Nations agencies in 1990 (Baldwin April 4, 1999).

increasing acknowledgement of the nutritional benefits of breastfeeding and a rise in rates in much of the rest of the world. In fact, mixed feeding is increasing in present-day Japan. In May 2003, the *Health Promotion Law* was enacted to establish the legal foundation to improve Japanese health. Under the law, food education (*Shokuiku*) encouraged breastfeeding as – "a way to acquire good basic dietary habits and establishing healthy parent-child relationships" (MHLW 2009b:8).

The evolution of how people thought of bodies is fundamental to understanding Japan's historical path to the promotion of breastfeeding as a public health policy in Japan. During the Edo period, under the strong influence of Confucianism, individuals viewed their bodies as the unification of *ki* (life energy) and *shintai* (body). Within this paradigm, an infant's body was considered as identical to a mother's body, or a child's body was believed to belong to its maternal body. For instance, Japanese physicians in the middle of the Edo period spoke of the importance of prenatal care by emphasizing the influence on the of child of the mother's character and her tempers through *Ki* (life energy) (Kajitani 2007:99). Thus the idiomatic expression of *isshin dotai* (one mind and the same body) often characterized the symbiotic bonding of mother and child. Accordingly, the wellness of one's body was understood as the harmonization of *ki* and *shintai*. "*Yō-jyō*,"[63] "care," and "*hoyō*," "recuperation," described one's responsibility for his or her body through a diet and life habits (Nakayama 2001:27).

The Meiji government actively imported Western medical systems and medical science to improve public health and this partly challenged this traditional approach to

[63] The word, *Yō-jyō* is precisely discussed in Kaibara Ekiken's *Yō-jyō-kun* (1712). It means a person's way of life: how it is lived and died, and why it lived.

body maintenance by making the body an object of public health. In 1875, the physician Sensai Nagayo, after returning from a European and American medical tour, coined the term "*eisei.*" *Eisei* means "hygiene" or "health" and covers those areas outside the purview of traditional doctoring, as defined in the Medical law of 1874. The word is a sort of syllogism of the English words, "health" and "sanitary" and the German word, "*Gesundheitspflege*" (Nakayama 2001:27). For the Meiji government, maternal and child bodies were the objects of modernization and the site of legal restrictions under the new constitution. Therefore, under the new concept of *eisei*, the government regarded individuals' bodies as an object of national policy for managing the quality and size of the population (Nakayama 2001:27).[64] The maternal body, in particular, became the direct target of public policies and the law in the management of citizens' health. Together with the traditional idea of the unified maternal and child body, a new concept of the body under the management of public health policy made maternal bodies the fundamental nutritional source for infants as well as a guarantee that future citizens would possess physical strength and the nation industrial wealth.

The foundation of present Japanese maternal and child health policies and laws was built on several legal regulations and national licenses passed during the Meiji period.[65] In 1918, following the outbreak of a flu epidemic, the infant mortality rate hit

[64] In 1886, *Imu Ka* (Section of Medical Affairs) and *Eisei Ka* (Section of Health Affairs) were placed under the management of *Eisei Kyoku* (Bureau of Public Health) within *Naimu Shō* (the Ministry of Home Affairs, Ministry of Interior). In 1893, *Eisei Ka* (Section of Health Affairs) became *Hoken Ka* (Section of Public Health). In 1919, the title of "child and women's general health" appeared as a part of *Hoken Ka* together with the subsections *Bō Eki Ka* (Infectious Disease Prevention section) and *Chōsa Ka* (Research section) in 1919 (Nakayama 2001:26).

[65] For instance, the Meiji government prohibited any person, except physician, buying and assisting to buy medicine as well as performing abortions in 1868; the *Medical Law of 1874* outlined the division of labor between obstetricians and midwives; abortion was regarded as a criminal act and men prohibited from

188.5 per 1,000 births, higher than at any time since 1899 (Nakayama 2001:450; MHLW June 17, 2006b; *Ontama Zaidan Boshi Aiiku Kai* 2003).[66] After the high infant and mother mortality rate became a public concern, the government introduced several laws. In 1919, the Ministry of Home Affairs promoted maternal and child health by introducing "*Boshi Fujo Hō An*" – (Maternal and Child Support Bill) but due to adverse national finances, it never became law. In the same year, the Child and Women's General Hygiene section became a sub-section of the Public Health section in the Ministry of Home Affairs (Nakayama 2001:26).[67] In 1922, a "*Kenkō Hoken Hō*" - (*Health Insurance Law*) was promulgated in 1927. The law made pregnant women eligible for health insurance. In 1929, along with those older than 65 and the disabled who lacked family financial support, children under 13 years and pregnant women received financial and medical help under the "*Kyugo hō*" – (Relief law), introduced in 1929 and activated in 1932. Nonetheless, the two laws were limited to underclass families and not targeted at the entire citizenry (Nakayama 2001:33). In 1929, 25 child public health centers were established in Japan. According to Yukio Tanami, two factors attracted the attention of public reformers to infant mortality rates (Nakayama 2001:36). First, vital statistics became accurate and clarified the problem of infant mortality rates, and their significance increased when policy makers and the public compared them with other nations. Second, explanations based on eugenic theory gradually fell out of favor. Eugenics claimed that

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practicing midwifery in 1880; in 1892, midwives with national licenses were called *Josanpu* and lay-midwives *Sanba*; and the promulgation of the Regulations and Rules of Midwife (*Sanba Kisoku Koufu*) occurred in 1899.

[66] In 2008, the infant mortality rate was 2.6 per 1,000 births, but it was 124.1 in 1930 and 155.0 in 1900. The maternal mortality rate was 3.5 per 1,000 childbirth in 2008 but 257.9 in 1930 and 397.8 in 1900 (MHLW June 17, 2006b).

[67] In 1893, "*Eisei Ka*" (the Section of Public Hygiene) changed to "*Hoken ka*" (the Section of Public Health) in the Ministry of Home Affairs.

infant deaths resulted from natural selection, and providing artificial help to feeble children promoted the survival of the weak (inferior). In the long run, the nation would have to pay the costs. Yet, with the eclipse of eugenic ideas, educating women about their bodies during pregnancy and providing nursing advice became the primary concerns of maternal and child welfare (Nakayama 2001:36-37).

In Japan, there were a number of suicides prompted by a bad harvest where mothers killed themselves and their children (Nakayama 2001:34). These incidents led to the founding of "*Sanji Chousei Renmei*"- (Child Birth Adjustment League) and the enactment of "*Jidō Gyakutai Bōshi Ho*" – (*Child Abuse Prevention Law*) and "*Shōnen Kyōgo Hō*" (*Juvenile Delinquency and Child Protection Law*) in 1933.[68] In 1933, Emperor Hirohito had his first son, and at the birthday ceremony he made a large donation to a fund for improving the conditions of mothers and children in Japan. The following year, the royal fund founded *Ontama zaidan boshi aiikukai* (Imperial Gift Foundation *Boshi Aiiku Kai*) and its research team investigated five villages that recorded Japan's highest infant mortality rates. In 1937, *"Boshi Hoken Hō"* - (*Maternal Child Insurance Law*) was enacted, and this law especially targeted families headed by single-mothers that experienced economic hardships. This law was a response to the rapid increase in mother-child and parent-child suicide-infanticides that followed the Showa financial crisis (Nakayama 2001:33-34).

In the mobilization for World War II, maternal bodies became an object of the national gaze regarding quantitative and qualitative concerns for the new-born and future

[68] In 1934, there was another spike in mother-child suicide-infanticides.

generations. In 1940, a national eugenic law was promulgated. During this time, the birthing body was suspected of carrying diseases and bad/inferior genes. The suspected body with bad/inferior genes was under the direct control of the nation through the means of state enforced sterilization and abortion. In 1942, maternal handbook regulations were promulgated as a part of a population increase policy set up the previous year.[69] As a national strategy to govern the health of future Japanese generations, pregnant women had to register at district public healthcare offices where they received the "*Ninsanpu Techō"* – (*Pregnancy Handbook*). With this measure, the government succeeded in putting maternal bodies under the control of the central government. The government hoped to increase the population as well as monitor the processes and quality of its production. With male soldiers dying every day on the battlefield, the Japanese government could ill afford high mortality rates at birth. The *Handbook* was also a systematic way to increase medical standards for pregnant women. For example, unlike in previous times, they started to receive frequent general checkups to reduce the risk of maternal and infant deaths and miscarriages. Women had an incentive to register pregnancies at local healthcare offices because with a maternal handbook they were eligible for rice and other high quality supplies.

The American occupation of Japan (1945 - 1952) changed the social organization of childbirth from home births to hospital births and obstetricians replaced midwives. Breastfeeding rates declined as the hospitalization of childbirth increased.[70] In September

[69] In the same year, under the Registration of *National Medical Care Act*, the name for midwives changed from *Sanba* to *Josan-pu*.

[70] According to Ōbayashi, a popular idea at this time – one imported to Japan – was that the "institutional medicalization" of pregnant women would reduce the maternal mortality rate. Ōbayashi showed that

1945, General Head Quarters (GHQ), the supreme commander for the Allied Power, issued a proclamation regarding the 'Nursing Regulation Study Meeting.' Focusing on improving Japanese public health and preventing epidemics were considered the best ways to minimize US military costs as well as to proceed with occupational policies (Ōbayashi 2001: 27).[71] In 1947, the "*Jidō Fukushi Hō*" - (*Child Welfare Act*) was enacted. As seen below, the welfare of expectant and nursing mothers is included in the object person of that law.

> ***Section 3 Implementing Body***
> *Article 10 With regard to the enforcement of this Act, a municipal government shall perform the following services:*
> *(i) Endeavor to make necessary understanding of actual conditions concerning welfare of children and* ***expectant and nursing mothers****;*
> *(ii) Provide necessary information concerning welfare of children and* ***expectant and nursing mothers****; and*

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purportedly safer hospital childbirths undermined mother/child health. Ōbayashi arrived at her conclusion (1) by studying the regional characteristics between the declining the maternal mortality rate and the institutionalization of childbirth in 1955 notes that Tokyo had the highest institutionalization of childbirth (47.1 percent) and Kagoshima prefecture the lowest (3.3 percent), the maternal mortality rate at the birth in Tokyo, however, was 15 times higher than Kagoshima's; (2) although the maternal mortality rate declined along with institutionalization of childbirth, the decline in the mortality rate began much earlier, before the institutionalization of childbirth took place in Japan. In fact, maternal mortality rates started to decline in 1890; (3) Japanese maternal mortality rates prior to World War II, were only a half to one third of those in America during the same periods (Ōbayashi 2001: 17-22). Ōbayashi continued that Major Grace Elizabeth Alt freed nurses from the influence of medical doctors, but she assigned the midwife occupation to a subset of the nursing occupation based on viewing midwifery as a sign of backwardness that would eventually disappear from Japanese society. Since then, midwives' professional authority has been undermined by the nursing profession. In 1951, the Japan Midwife, Nurse, and Public Health Nurse Association changed its name to 'Japan Nursing Association.

[71] Major Grace Elizabeth Alt, the chief of the Nursing Affairs Division, tried to implement a unified nursing policy in Japan. The fundamental points were to: (1) integrate midwives, nurses, and public health nurses into one occupational category "public health nurse" (*Hoken-shi*), (2) upgrade the quality of nursing based on education, exams, and a licensure system, (3) give professional independence to nurses separate from the supervision of medical doctors, (4) promote an institutional medical care system based on the American model, and (5) legitimize the nursing occupation by law (Ōbayashi 2001:27). Although the integration of midwives, nurses, and public health nurses into public health nurses was not achieved – it was too ambitious a reform for the time – the Law for Public Health Nurses, Midwives, and Nurses (*Hoken-fu, Josan-pu, Kango-fu Hō*) was established in 1948 instead. Under the Law, the government set up higher education requirements for midwife candidates to become state certified midwives, which included the completion of both formal nursing and midwifery education.

> *(iii) Provide consultation to families and others and carry out necessary investigations and guidance with regard to welfare of children and* ***expectant and nursing mothers****, and provide services incidental thereto* (Child Welfare Act. Law number: Act No. 164 of 1947 Amendment: Act No. 73 of 2007, Dictionary Ver : 2.0 Translation date : April 1, 2009, emphasis is mine).

In the following year the name of the *Handbook* changed from the "*Ninsanpu Techō"* - (*Pregnancy Handbook*) to the "*Boshi Techō*" - (*Maternal Child Handbook*). This change indicates that the national gaze that was once directed solely toward the pregnant body would now focus on the bodies of pregnant women and children. At the same time, the maternal reproductive body has been the eugenic target of population policy. In 1948, "*Botai Hogo Hō*" - (*Maternal Body Protection Act*), in another name "*Yusei Hogo Hō"* - (*Eugenic Protection Act*), legalized the sterilization and abortion in order to protect a healthy life of motherhood and future population. In 1996, it was revised by eliminating eugenic character and changed to "*Bosei Hogo Hō*" - (*Motherhood Protection Act*).[72]

In 1949, Japan experience its first baby boom and the Yoshida cabinet announced a population control policy and advised medical practitioners to promote family planning through contraception in 1951. Midwives became community contraceptive advisors, serving the government once again. The industrial production method of Total Quality Control (TQC) was conceptually applied in 1965 to the maternal body in the medical field. In 1965, the name of the *Handbook* changed again to the "*Boshi Kenkō Techō*" - (*Maternal and Child Health Handbook*). This is the name still used today. Under the influence of the *Maternal and Child Health and Welfare Law of 1965*, the birthing body is a source of maternal instinct and defines the moment of becoming a mother.

[72] The Act is revised from woman's reproductive right point of view by expanding woman's right and limiting her partner's authority over decision in sterilization and abortion.

Midwives helped the government policy in promoting the *Maternal and Child Health and Welfare Law*.

Makiko Nakayama (2001) argues that historical changes in the public perception of the maternal and child body relationship are reflected in the organizational goals of maternal and child health center businesses, laws, public policies, as well as individual opinions toward the mother and child health. She postulated six ideal types of mother-child relationships.[73] The idea of thinking of mother and child as *one entity* can be traced from the statements of the organizational outline of the Maternal and Child Health Center published from 1958 to 1967, the statements of *Maternal and Child Health and Welfare Law of 1965*, and two statements of Tadashi Takizawa, Section Chief of the Maternal and Child Hygiene Section in the Child Division of the Ministry of Health and Welfare of Japan in1964 (Nakayama 2001:193). The idea of mother and child having *equally priority* can be found in the statements in the organizational outline of the Maternal and Child Health Center published from 1958 to 1967. The shift to the idea of *child as the first priority* and mother as the second priority came after 1967 and can be found in the narratives in the revised statement of the organizational outlines of Maternal and Child Health Center published in 1967, *Child Welfare Law of 1947*, *Maternal and Child Public Health and Welfare Law of 1965*, and the statement of Yutaka Moriyama, Director of Nationwide Maternal and Child Health Center Federation. The idea of thinking of the

[73] The first ideal type is thinking mother as the first priority and child as the second priority (mother > child). Second ideal type is thinking mother as the second priority and child as the first priority (mother < child). Third ideal type is thinking mother and child as one entity (mother/child). Fourth ideal type is thinking mother and child in equal priority (mother = child). Fifth ideal type is thinking mother and child as a separate entity (mother, child). Sixth ideal type is other modes of thinking mother and child. She found no examples of the first idea type (mother > child) or the fifth ideal type (mother, child); instead, she found the second (mother < child) and the third ideal type (mother/child).

mother and child as a *separate entity* is supported by the Fundamental Law of Motherhood Protection promulgated by Hidehisa Kubo and Yutaka Moriyama, Director of Nationwide Maternal and Child Health Center Federation. Nonetheless, this idea was not built into the statement of the national policy toward mother and child health and welfare in Japan at least until 1979 (Nakayama 2001:192).

During the middle-1980s, intensive motherhood, which prioritized the needs of the child over the interests of mother, was common in Japan. Subsequently, the government announced a population increase policy. Government concern with declining birth rates, an aging population, and financial strains from social welfare spending on the elderly prompted it to make the birthing body an object for reproducing a future labor force. Moreover, the government focused on countering adult disease such as diabetes and cardiovascular diseases, and cancer through early recognition, preventive care, and treatment. Presently, breastfeeding is promoted from the viewpoint of *Shokuiku* - (Food Education). The promotion of breastfeeding was supported by the Ministry of Health, Labor and Welfare of Japan under the promotion of the "National Health Promotion Movement in the 21st Century (Health Japan 21)" as the third health promotion measure for citizens since 2000. In May 2003, the *Health Promotion Law* was enforced to establish legal foundations for facilitating greater health promotion efforts by citizens made in accordance with "Health Japan 21". The "Report of the Study Group on Healthy Development of Children through Food (from the viewpoint of "Food Education)" was compiled in February 2004 and the fundamental aim of the publication was promoting "Food Education" through Maternal and Child Health Care Activities via "Health Japan 21." Breastfeeding is encouraged there with the

understanding that acquiring basic dietary habits and establishing healthy parent-child relationships during infancy and childhood are especially important (MHLW 2009b:8). The "Guidelines on Dietary Habits for Pregnant and Lactating Women" issued in February 2006 provide health support for pregnant and lactating women through food (MHLW 2009b). According to findings from the "FY 2005 Evaluation of Nutrition in Infancy and Childhood", parents feel mostly anxious about feeding and nutrition for infants during the lactation period just after delivery and when weaning. Responding to parental anxieties, a "Support Guide on Lactation and Weaning" was compiled and published in March 2007. The guidelines advised mothers to breastfeed through basic information on lactation and weaning.

B. Labor Laws and Occupational Guidelines for Breastfeeding Workers

1. US

a. Federal Employment Legislations

The most relevant federal law in promoting breastfeeding among working mothers is the *Family and Medical Leave Act* (hereinafter *FMLA*). The *FMLA* was enacted in 1993, to address the need for employees to take certain types of leave without fear of losing their jobs. Under the entitlement of *FMLA*, eligible employees can take up to 12 weeks of unpaid leave upon the birth or adoption of a child; or the placement of a foster child. It also covers individuals with illnesses or medical conditions and those who care for sick family members (Kedrowski and Lipscomb 2008:66). Accordingly, breastfeeding at home is a good choice for an employee who is willing to take a leave for up to 12 weeks without pay but it is an unimaginable option for workers whose

paychecks play a significant part in family income.[74] At the same time, workers in firms with less than 50 employees are not covered by the *FMLA*. Other laws that protect breastfeeding mothers at work are the Pregnancy Discrimination Act (hereinafter *PDA*) passed in 1978, *Title VII of the Civil Rights Act of 1964*, and the *Americans with Disabilities Act of 1990* (hereinafter *ADA*).[75]

On March 3, 2010, President Obama signed the *Patient Protection and Affordable Care Act*, H.R. 3590, and the *Reconciliation Act of 2010*, H.R. 4872. Among many provisions, Section 4207 of the law amends the *Fair Labor Standards Act of 1938* (29 U.S.Code 207) to encourage breastfeeding-friendly workplaces as follows.

"(r)(1) 1) An employer shall provide—

(A) "…a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk";

(B) "a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk."

(2) "An employer shall not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose";

(3) "An employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business";

(4) "Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection. Furthermore, these requirements shall not preempt a state law that provides greater

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[74] "Both the former and revised regulations address this gap in compensation by permitting employees to elect, or employers to require, that employees substitute paid leave for unpaid FMLA leave. The revised regulations also finally clarify that the paid leave time runs concurrently, and not in addition to, unpaid FMLA time" (Fliegel et al. 2008:10).

[75] The original version of the *Americans with Disabilities Act of 1990* has a long title, "*An Act to establish a clear and comprehensive prohibition of discrimination on the basis of disability*." The *ADA* was signed into law on July 26, 1990, by President George H. W. Bush, and later amended with changes effective January 1, 2009 that clarified and broadened the definition of the term, "disability" (Department of Justice. June 15, 2009).

protections to employees" (Ppaca&Hcera; Public Laws 111-148&111-152: Consolidated Print, April 23, 2010; U.S. Department of Health and Human Services March 2010).

Substantial numbers of working mothers who particularly favor breastfeeding over alternative infant feedings dream about a fully paid one-year maternity and childcare leave so that they can breastfeed at home without worrying about economic or career risks. Lactating women have concerns with balancing nursing and work schedules after returning to the workplace. In addition, many women fear the absence of working mothers from the labor force will maintain sex inequality at work and in society at large.

b. States Employment Legislations

Currently, Twenty-four states,[76] the District of Columbia, and Puerto Rico have laws related to breastfeeding in the workplace (NCSL. 2010). While the above laws increase public sentiments for the necessity of legal protection for lactating women at work, the uncertainty and inconsistency of legislation leaves both employees and employers unclear about their legal obligations and rights (Von Rohr 2000). Lactating employees have sued their employers under a variety of theories, including the PDA, the ADA, the Constitution, and the state laws (Von Rohr. 2000:344-5). The great majority of courts have rejected the claim that breastfeeding is entitled to a protected status in the workplace under those theories (Petersen and Boller 2003).

c. Federal Employment Litigations

The case of *Dike v. Orange County School Board* (650 F. 2d 783, [5th Cir.,] 1981) sets forth that mothers have a constitutional right to breastfeed (Baldwin. April 4,

[76] (Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Maine, Minnesota, Mississippi, Montana, New Mexico, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington and Wyoming)

1999). Janice Dike, a kindergarten teacher wanted to nurse her baby during her duty free lunch break. The school denied her the opportunity by claiming that "insurance provisions prohibited teachers from leaving the school grounds during the day" (650 F.2d at 787, [5th cir. (Fla)] 1981). The district court dismissed her suit stating that the mother had no right to breastfeed. The appeals court, however, reversed the lower court and remanded the case for a new trial, stating that breastfeeding is a protected constitutional right. "Nourishment is necessary to maintain the child's life, and the parent may choose to believe that breastfeeding will enhance the child's psychological as well as physical health. In light of the spectrum of interests that the Supreme Court has held specially protected we conclude that the Constitution protects from excessive state interference a woman's decision respecting breastfeeding her child" (650 F.2d at 787, [5th cir. (Fla)] 1981). At the same time, the "Court also ruled that the school board's interests in preventing disruptions of the educational process and limiting liability were equally valid" (Kedrowski and Lipscomb 2008:71). Pro-breastfeeding advocates have concluded that the nation has a role in protecting the mother's parental right in choosing breastfeeding as a basic act of nurture between mother and child. That basic act of nurturing rather than the claim of a mother's constitutional right in breastfeeding in and of itself was key concept to the court's ruling (Baldwin April 4, 1999:5).

d. State Employment Litigations

Under the *FMLA*, employees are entitled to return to work in the same or similar position after being on a leave for the birth of child (covering prenatal care and childbirth) or serious health condition. For the employees' part, they are responsible to restore lost job qualifications such as licenses, etc. within the period of leave (Petersen

and Boller 2003). In *Bond v. Sterling Inc. and Kay Jewelers* (997 F Spp. 306 [N.D.N.Y.1998]), Christine Bond used most of her family and medical leave during the pregnancy due to the complications during pregnancy and returned to work shortly after the birth of her child. She requested an extended leave to breastfeed her child, but the request was denied. After she failed to attend a manager's meeting, she was fired. Bond argued that her termination was a form of retaliation by her employer for taking leave under the *FMLA* (Kedrowski and Lipscomb 2008:75).

Sex discrimination theory under *Title VII of the Civil Rights Act of 1964* is judged based on whether a case has "[d]isparate impact, involves a 'factually neutral employment criterion that has an unequal effect on members of the protected class'" (Kedrowski and Lipscomb 2008:72). Therefore, an employer's failure to accommodate a woman by providing her additional leave not available to male workers is not considered disparate treatment. For instance, "[I]n *Board of School Directors of Fox Chapel Area School Dist. v. Rossetti* (488 Pa. 125, 411A.2d 486 [Pa, 1979]), the Pennsylvania Supreme Court rejected a public school teacher's clam that the school board's refusal to grant her a discretionary extended leave of absence to breast-feed her baby constituted sex discrimination under Pennsylvania's civil rights law" (Von Rohr 2000: 346). The court also denied sex discrimination in the case of *Jacobson v. Regent Assisted Living Inc.* (WL 373790 [D.Or.1999]). Kimberlie Bloise Jacobson's lawsuit against her former employer Regent Assisted Living Inc argued that her direct supervisor was insensitive to her need to pump breast milk and breastfeed her child, she experienced humiliation and pain, and as a result her treatment was evidence of disparate treatment under *Title VII*. The District Court of Oregon ruled against her point by stating that "disparate treatment

claims are contingent upon an employee performing their job satisfactory" (Kedrowski and Lipscomb 2008:72). In *Martinez v. MSNBC* (49 F. Supp. 2d 305 [S.D.N.Y. 1998]), Alicia Martinez's claimed MSNBC discriminated against her on the basis *Title VII of the Civil Rights Act of 1964* and the *ADA*. The Southern District of New York dismissed both of Martinez's claims. The court rejected Martinez's *Title VII* claim by arguing that her desire to pump breast milk at work was not 'sex plus'[77] discrimination because there is no similarly situated group of men to compared with upon which to base this claim (Kedrowski and Lipscomb 2008:72).

A majority of court decisions also hold that breastfeeding is not a pregnancy-related medical condition under the *PDA* (Von Rohr 2000:344).[78] Taking extra leave from work after maternity leave for breastfeeding is not protected under pregnancy discrimination. In *Wallace v. Pyro Mining Company* (789 F. Supp. 867 [US District Court W.D. KY. 1990]), the Sixth circuit Court ruled that breastfeeding was not covered by the PDA because it is not a "medical condition" related to pregnancy or childbirth (Kedrowski and Lipscomb 2008:75). In *McNill v. New York City Department of Correction* (950 F. Supp. 564, 569 ... 132, 137 [S.D.N.Y.1996]), the judge for the District Court for Southern New York decided that the PDA does not cover the case because "condition related to pregnancy or childbirth would directly involve the condition of the mother…An infant's malformed palate and lip does not directly affect the condition of the mother" (Kedrowski and Lipscomb 2008:76).

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[77] "Under Title VII, "sex plus" discrimination occurs when a person is subjected to disparate treatment based not only on her sex, but on her sex considered in conjunction with a second characteristic" (Von Rohr. 2000:347).

[78] The Court denied the employer's violation of PDA in two cases: Wallace *v. Pyro Mining Co. (W.D. Ky. 1990)* and *Fejes v. Gilpin Ventures, Inc*. (D. Colo. 1997).

Plaintiffs' request for the special protection of the breastfeeding women at work under the *ADA* has also been denied in many courts. For instance, in *Bond v. Sterling, Inc and Kay Jewelers* case, Bond claimed that her employer showed hostility to her pregnancy and decision to breastfeed. The personnel officer at the firm told Bond that the firm she works for is not a family oriented company but a business. When her newborn was still five weeks old, she was asked to attend a training seminar and since she was breastfeeding her child she requested for the permission to bring her son to the seminar. The request was denied and she did not attend the seminar and she was terminated. "Bond claimed that as a breastfeeding mother she was disabled, because being prohibited from performing various 'normal bodily functions' including walking, bending over moving things, or operating a motor vehicle" (Kedrowski and Lipscomb 2008:73). The federal court of Northern District of New York ruled against Bond by arguing that "common sense suggests no impairment associated with the status of being a breastfeeding mother,…it is simply preposterous to contend that a woman's body is functioning abnormally because she is lactating" (Kedrowski and Lipscomb 2008:73).

In *Martinez v. MSNBC,* "the court ruled that lactation is not a disability because pregnancy and related conditions are not disabilities" (Kedrowski and Lipscomb 2008:73). In Martinez' case, Hilary Von Rohr (2000) questioned the court's finding. She saw a failure in the court's logic by not making any distinction between pregnancy and lactation as separate physical conditions because the physical impairments associated with each condition are significantly different (Von Rohr 2000:351). Von Rohr proposed that rather than the *PDA* providing lactation protection, the *ADA* could afford the appropriate protection for the lactating employees (Von Rohr 2000:354). Judith G.

Greenberg argues in her *The Pregnancy Discrimination Act: Legitimating Discrimination Against Pregnant Women in the Workplace* (1998) that labeling female reproduction a disability "invokes a common stereotyped image of pregnant women – women who because of their condition are too tired, too large, or too emotional to carry on their normal activities" (Greenberg 1998:245). Von Rohr, however, argued that "labeling lactation a disability will not reinforce gender prejudices or foster discrimination" (Von Rohr 2000:357). Von Rohr continued that the word, "abnormal" or "abnormality" tacitly goes along with the labeling "disability", despite the fact that such words are absent from the language of the *ADA* (Von Rohr 2000: 356). Even though her observation is right, legal inclusion of lactating employees in the *ADA* does not promise the definitive challenge to this aspect. Rather, it further complicates the legal rights of lactating employees. For many breastfeeding workers, rather than being included in the category of "impairment of physical condition", it is much easier for them and even for the employers to perceive the category of lactating and nursing employees under other kinds of law. Section 4207, signed by President Obama, amends the *Fair Labor Standards Act of 1938* (29 U.S. Code 207) to make breastfeeding-friendly workplaces the norm. It may hold better hope for addressing discrimination against breastfeeding in the workplace.

2. Japan

a. Employment Laws

In 2009, 42.3 percent of employees in Japan (23.1 of 54.6 million) were women, with female workers corresponding to 41.9 percent of the entire labor force population. Women aged 25 to 29 had the highest rate (77.2 percent) of labor force participation followed by 45 to 49 year- olds (75.3 percent). Women aged 30 to 34 years and 35 to 39

years represented lowest percentage of labor force participation due to their high rate of childrearing. Both these groups, however, increased their rate of labor force participation from 1999 to 2009: (56.7 to 67.2 percent) for the age group 30 to 34 and (61.5 to 65.5 percent) for the age group 35 to 39 (MHLW 2009a). This may be partly explained by improvements in sex equality at work after the introduction and revisions of *EEOL* and *Child Care and Family Care Leave*.

In present-day Japan, female workers can legally breastfeed for at least 30 minutes twice a day during work hours under the updated "*Rōdō Kijun Hō*" - (*Labor Standard Law*). Although it does not mention "breastfeeding" or "nursing child," the gendered pronoun for a "woman" indicates that women, not men, are the primary care-givers for infants. The law was written assuming women would breastfeed, a practice that cannot be shared by a male partner.

> ***Time for Childcare***
> *Article 67. **A woman** raising an infant under the age of one full year may request time to care for the infant of at least 30 minutes twice a day, in addition to the rest periods stipulated in Article 34.*
> *2. The employer shall not have [the] said woman work during the childcare time stipulated in the preceding paragraph* (*Labor Standard Law* 1947:49, Emphasis is mine).

Japanese *Labor Standard Law* (Act No. 49 of April 7, 1947) - *Rōdō Kijun Hō* was originally designed by American labor experts during the post-War occupation period and amended in 1972, 1985, and 2004. The law was written from the point of view of working women's welfare and sought to abolish sex discrimination in pay, offered maternal protection measures such as menstruation holidays, maternity leave, and the prohibition of hard labor during pregnancy (Wakita 1985: 229). A unique feature of the

Labor Standard Law is its menstrual holidays in Article 68 - measures for women whose work during menstrual periods would be especially difficult. Although Golda Stander, a female American labor relations expert warned at the time of *Labor Standard Law*'s planning conference that menstruation holidays might bring adverse effect on female working condition for a long run, Tsuneko Akamatsu, a female representative of Japanese female workers at factories eagerly requested such a measure (Toyoda 2007:112). In 1972, the "*Kinrō Fujin Fukushi Hō*"- (*Working Women's Welfare Law*) was designed to protect working women's (maternal) bodies against harsh and dangerous physical work environments.[79] The law had its origins in the idea that women are the weaker sex; therefore they should be protected in the public sphere. In 1985, the law was revised and became the "*Koyō Kikai Kinto Hō*" – (*Equal Employment Opportunity Law*, hereinafter *EEOL*). It reduced previous work limitations on female workers and introduced measures promoting motherhood health care. The law was enacted in 1986. In 1997, *EEOL* was amended again and enacted in 1999. It abolished occupational discrimination against females but not against males. In 2006, the *EEOL* was amended again and eliminated the stipulation that only females would be recognized as objects of sexual discrimination and expanded the law to cover men (MHLW 2006a). In 2007, the new *EEOL* was enacted to prohibit sex discrimination at work.

"[T]he system of retirement upon marriage was once prevalent among Japanese corporations" (Nakakubo 2007:19). Under the revised EEOL, female workers are protected from an employer's dismissal because of marriage, pregnancy or childbirth.

[79] This law became independent after separation from the "*Rōdo Anzen Eisei Hō*" - (*Labor safety hygiene Law*) which applies to workers in general.

Article 9 (Prohibition, etc. of Disadvantageous Treatment by Reason of Marriage,
Pregnancy, Childbirth, etc.)
(1) Employers shall not stipulate marriage, pregnancy or childbirth as a reason for
retirement of women workers.
(2) Employers shall not dismiss women workers for marriage.
(3) Employers shall not dismiss or give disadvantageous treatment to women workers by reason of pregnancy, childbirth, or for requesting absence from work as
prescribed in Article 65, paragraph 1, of the Labor Standards Act (Act No. 49 of
1947) or having taken absence from work as prescribed in the same Article, paragraph 1 or 2, of the same act, or by other reasons relating to pregnancy, childbirth as provided by Ordinance of the Ministry of Health, Labor and Welfare.
(4) Dismissal of women workers who are pregnant or in the first year after childbirth
shall be void. However, this shall not apply in the event that the employers prove
that dismissals are not by reasons prescribed in the preceding paragraph (*Act on Securing, Etc. of Equal Opportunity and Treatment between Men and Women in Employment*, Act No. 113 of July 1, 1972, and amended in 2006, Act No. 82). Translated in April 1, 2009. Provided by Japanese Law Translation).

In an effort to increase childbirth, the Japanese government introduced the "*Ikuji/Kaigo Kyūgyō Hō*" - (*Law Concerning the Welfare of Workers Who Take Care of Children or Other Family Members Including Child Care and Family Care Leave*, Law No. 76 of 1991). The law prohibited discrimination against women taking child care leave.

Application for Child Care Leave
Article 5.A worker may take child care leave upon application to his or her employer provided the child to be cared for is less than one year of age. However, persons employed for a fixed period of time shall only be able to make such application when all the following criteria are fulfilled:
(1) Persons employed by the employer for a continuous period of at least one year.

(2) Persons likely to continue to be employed after the date on which their dependent child reaches one year of age (hereinafter referred to as "date on which one year of age reached,"; excludes persons whose labor contract will expire during the next year after the date on which the child reaches one year of age when it is clear that the labor contract will not be renewed).
2. Notwithstanding the provisions of the preceding paragraph, except when there are special circumstances as provided by ordinance of the Ministry of Health, Labor and Welfare, a worker who has taken child care leave may not make application as set forth in the preceding paragraph with regard to a child whom he or she was already taking care of on the day said child care leave commenced.
3. ***A worker may take child care leave to care for a child between one year and one year and six months of age upon application to his or her employer only all the following circumstances apply****. However, workers employed for a fixed period of time and whose spouse is taking child care leave on the date on which the child reaches one year of age may only make said application when all the following criteria are listed under numbered items of paragraph 1 applies. (1) The worker or the worker's spouse is taking child care leave with regard to the child for whom application is made until the date on which said child reaches one year of age.*
(2) ***Leave during the period after said child reaches one year of age is deemed particularly necessary for continued employment as set forth by ordinance of the Ministry of Health, Labor and Welfare****.*
4. Pursuant to ordinance of the Ministry of Health, Labor and Welfare, the application provided for in paragraph 1 and the preceding paragraph (hereinafter referred to as "application for child care leave") shall, with regard to its entire term being regarded as the taking of child care leave, make clear the first day and last day thereof (hereinafter referred to respectively as "scheduled starting day of child care leave" and "scheduled ending day of child care leave").
In the circumstances described above, applications under the provisions of said paragraphs shall deem the day after the date on which said child reaches one year of age to be the scheduled starting day of child care leave.
5. The proviso to paragraph 1, paragraph 2, the proviso to paragraph 3 and the latter portion of the preceding paragraph shall not apply when persons employed for a fixed period of time who have designated the final day of the term of their labor contract as the scheduled ending day of child care leave (when the scheduled ending day of child care leave is changed under the provisions of paragraph 3 of Article 7, the new scheduled ending day of child care leave) apply, in conjunction with the renewal of said labor contract, for child care leave with a scheduled starting day of child care leave that is the first day of the term of the renewed labor contract.

Prohibition of Disadvantageous Treatment

> *Article 10.An employer may not dismiss or otherwise treat a worker disadvantageously by reason of said worker applying for or taking child care leave*
> (MHLW 1991).

Although the law was not mandatory, it was advised corporations to implement its provisions. The Japanese government encouraged corporations to grant one-year childcare leaves to both male and female workers. The idea behinds this law is that both the government and corporations have an obligation to protect the health of mother and child especially during recovery from childbirth and while nursing and nurturing a child less than a year old. In 2008, the percentage of companies that have established rules for the child care leave system increased to 66.4 percent, and that of women taking child care leave to 90.6 percent (MHLW 2009a). At the same time, the proportion of women taking the childcare leave was much greater than men; among those taking child care leave, 56.4 percent were women and 42 percent were men in 1999. That number, however, changed to 90.6 percent women and 1.23 percent men in 2007[80] (MHLW 2009a). In general, Japanese working mothers have a choice of either returning to work after taking eight weeks maternity leave (six mandatory and two non-mandatory weeks) and one year childcare leave or quitting work before childbirth. Many mothers quit work before they take the one-year child care leave. In 2002, about 70 percent of women working before childbirth left their jobs due to the impending birth because there is no legal assurance of income during childcare leave (MHLW 2009a). During the one year childcare leave,

[80] Child care leave-taking rate is calculated by Number of workers who gave birth to a child and started child care leave before the survey (including those having applied for leave) divided by the Number of workers who gave birth to a child (or workers whose spouse gave birth to a child, in the case of men) in the year preceding the survey (MHLW 2009a)

these workers are entitled to receive only three percent of salary from the employment insurance; other contributions depend on the discrepancy of employers.

The percentage of women who have returned to work after taking childcare leave has increased at a steady yet slow pace over the past 20 years. Between 1985-1989 and 2000- 2004, the percentage of mothers rose from 5.1 to 13.8 percent. The proportion of women who turned down childcare leave decreased between 1985-1989 and 2000-2004 from 19.9 to 11.5 percent (MHLW 2009a). The government found that among women who left their jobs after pregnancy or before/after childbirth, 39 percent voluntarily resigned to focus on housework and child care, 26.1 percent cited difficulty balancing work and childcare despite wishes to continue to work, and 9 percent had employers dismiss them or suggest that they leave work (MHLW 2009a). The 9 percent of women who are dubbed '*Ninshin Risutora*' (termination upon pregnancy) have been illegally dismissed, though "it is not rare at all that a female worker is forced to retire from her company or to accept a change in employment status on part time when the employer knows of her pregnancy" (Nakakubo 2007:19). "In fact, according to 2006 statistical data, among the cases in which the Equal Employment Opportunity Offices of the Prefectural Labor Bureau assisted in the resolution of disputes under the EEOA, 90.8 percent of cases pertaining to retirement and dismissal were allegedly 'by reason of pregnancy, childbirth , etc'" (Nakakubo 2007:18). According to "First comprehensive survey for children born in the 21st century" on the topic of change in women's employment status after the first childbirth, 73.5 percents of women were working one year before childbirth, but 32.2 percent continued work 6 months after childbirth (MHLW 2009a). Consequence of this failure, the law was revised in 2008. In 2009, the

Japanese government announced the target number for workers taking family leave: 10 percent for men and 80 percent for women by the year 2014 (Ito 2006:57).

Child care leave benefits were established on April 1st, 1995. Benefit rates increased from 25 to 40 percent (basic child care leave benefits went up from 20 to 30 percent [81] and work resumption benefits after child care leave went up from 5 to 10 percent)[82] on January 1st, 2001. The benefits payment period was also extended from a year to 18 months on April 1st, 2005. Basic child care leave benefits and the work resumption benefits that take effect in April 1st, 2010 after child care leave will be considered "child care leave benefits," and the full amount will be paid during the leave. The government contribution will be 55 percent of the specified amount of contribution.

According to a recent study focused on how company size (large and small/medium firms) affects women's propensity to use childcare leaves, (1) women working at companies without a childcare leave system are more likely to quit their jobs before having their first child, (2) few women in small/medium companies with less than 100 employees take childcare leave -- such women, especially those who live in urban areas and experience difficulty in accessing childcare centers are more likely to quit their jobs before childbirth, and (3) women working in the large companies with 300 or more employees are most likely to take childcare leave. The job continuity rate of younger cohorts, however, especially among those in clerical work, is decreasing due to the expansion of irregular employment (Ikeda 2010:137).

[81] An amount equal to 30% of the wage before the start of the leave is paid during the child care leave.
[82] An amount equal to 10% of that wage is paid after the worker completes six months following the resumption of work.

Another finding shows that childcare leave is desirable among workers who are mothers. The most desirable work arrangement for mothers with children up to one year old was taking child care leave. For mothers with preschool-aged children, working short hours and avoiding over-time were the two most desirable work arrangements (MHLW 2009a). As the above facts illustrate, an increasing number of mothers stay at home with children until they are weaned. Given the unique socio-cultural circumstances of Japanese urban life, different from life in the US, hiring nannies or strangers to babysit is an unusual practice among middle-class urban dwellers. Granting a year or year and a half childcare leave may be the best solution for maintaining high labor participation among mothers after childbirth. Consequently, nursing mothers are disappearing from many corporations as a consequence of the "*Bosei-Kenkō-Kanri-no-Sochi"* – (Maternity Healthcare Measures) within the *Equal Employment Opportunity Law*, stipulations of *Bosei Hogo Kitei"*- ("the Maternity Protection Provisions) within the *Labor Standard Law*, and the work and family-life balance measures of the *2008 Revised Childcare and Family Care Leave Law*.

b. Employment Litigation

According to "13th basic Survey on Childbirth (married couples)" by National Institute of Population and Social Security Research, during the period from 2000 to 2004, 11.5 percents of married mothers continued work without taking child care leave (Ministry of Health, Labor and Welfare of Japan. 2009).[83] This could mean that these

[83] 13.8 percent of married mothers continued work by taking child care leave, 25.2 percent of married mothers left work before childbirth, 41.3 percent of married mothers had no job before and after pregnancy, 8.2 percents are other or unknown (MHLW 2009a).

mothers returned to work before completing weaning[84] and switched from breastfeeding to bottle feeding. In fact, mixed feeding (mother's milk and artificial milk) is a popular feeding strategy in present-day Japan. Employers choose whether to provide nursing facilities in the workplace. Nonetheless, litigation directly related to breastfeeding practice in the workplace has yet to occur in Japan. The explanation may be that these career-oriented mothers hesitate to take a childcare leave knowing its disadvantageous effects on their careers and income. At the same time, they don't openly demand nursing rooms at work. Prior to the one-year childcare leaves, many large corporations had nursing facilities or provided appropriate meeting room or office for nursing mothers for expressing breast milk. Now, employers have the option of suggesting a one-year childcare leave.

Under such circumstances, employment litigation frequently involves mothers suing employers for missed semi-annual bonuses because of maternity leave, childcare leave, or menstruation holidays. While denying semi-annual bonuses defeats the purpose of the *Labor Standard Law*, which guarantees the right to maternity leave, Japanese court have inconsistently applied the law on this matter. Hiroya Nakakubo argues in "'Phase III' of the Japanese Equal; Employment Opportunity Act" (2007) that decisions by the Supreme Court in the *Toho Gakuen* case (December 4, 2003, *Rodo Hanrei* 862-14) indicate "the difficulty in drawing a line between proper measures taken according to the actual length of absence and illegal disadvantageous treatments because of pregnancy, childbirth and or maternity leave" (Nakakubo 2007: fn.20). On one hand, the court

[84] Weaning by which means that introduction of solid foods not the termination of either breast milk or formula milk

admits that counting maternity leave and childcare leave as an absence directly tests the prohibition of disadvantageous treatment under the *Equal employment Opportunity Law of 2006* (MHLW 2006a). On the other hand, the court permits reducing a bonus in proportion to the length of absence from work under the *Labor Standard Law*. This ambiguity in the law explains why some workers return to work right after maternity leave without taking childcare leave.

C. The Nursing Breast, Obscenity Law, and Sexual Offences Law

1. US

In the US, many people still feel uncomfortable around women who breastfeed in public. Within the heterosexual framework, the female breast is viewed predominantly as an object of sexual attraction (Blum 1999; Carter 1995; Stearns 1999; Wall 2001). In fact, public breastfeeding in the US was until recently labeled as obscene. Within that legal narrative, exposure of the female breast, but not the male breast, is categorized as public nudity. In the US, some educated and politically conscious urban breastfeeding mothers argue that public breastfeeding should be legally protected. The Lactivist – a group that promotes public breastfeeding – encourages mothers not to feel embarrassed breastfeeding in public.

Social changes in the public reception of breastfeeding in Japan and the US influence the experience of the nursing body at work. In response to the US social trend, breastfeeding rates have steadily risen since 1990. "Breastfeeding rates in the United States increased significantly between 1993 and 2006. The percentage of infants who were ever breastfed increased from 60 percent among infants born in 1993-1994 to 77 percent among infants born in 2005-2006" (McDowell et al. 2008).

Laws that pertain to breastfeeding generally fall into two categories: (1) "those which exclude breastfeeding mother from indecent exposure or other criminal law"; or (2) those which affirmatively state a mother's right to breastfeed in public (Vance 2005). Currently twenty-eight states[85] and the District of Columbia and the Virgin Islands exempt breastfeeding from public indecency laws (NCSL 2010). Forty-four states,[86] and the District of Columbia and the Virgin Islands have laws with language specifically allowing women to breastfeed in any public or private location (NCSL 2010). For example, the California legal code states, "Notwithstanding any other provision of law, a mother may breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present" (Vance 2005)[87]. In states without public breastfeeding laws the practice is not illegal, but breastfeeding mothers may be asked to leave a privately owned public place by an owner or her representative (Vance 2005). Likewise, states that exempt breastfeeding mothers from criminal prosecution do not give the mothers the right to do so in privately owned public spaces.

A major action recently taken by many states has been the exclusion of breastfeeding from indecent exposure or other criminal laws. In 2006, four states[88] –

[85] (Alaska, Arizona, Arkansas, Florida, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, Wisconsin and Wyoming)

[86] (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin and Wyoming)

[87] California Civil Codes Section 43.3

[88] (Arizona, Kentucky, Mississippi, and Tennessee)

twenty-one within the next three years – passed laws exempting breastfeeding from public indecency statutes (Vance 2005; NCSL. 2010).[89] In Kentucky, a civil act relating to breastfeeding was approved in March, 2006, stating that "Breastfeeding a child or expressing breast milk as part of breastfeeding shall not be considered an act of *public indecency* and shall not be considered *indecent exposure*, *sexual conduct*, *lewd touching*, or *obscenity*" (Vance 2005).[90] The Kentucky breastfeeding law clearly indicates that expressing breast milk should not be seen as a sexual act. Instead, the breast becomes the exclusive property of the nursing baby.

Several states have amended their laws by deleting the word, *"discreetly"* from the directive that women "cover breasts especially nipples and areolas". For example, in February of 2002, the Georgia House Committee on Health and Ecology amended the 1999 law on public breast-feeding by eliminating the line that mandates mothers "act in a discreet and modest way".[91] In Illinois and Minnesota, laws state that breastfeeding is legal "… *irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding* (Vance 2005).[92] Previously, in including the adverb "discreetly," laws identified the maternal body as a sexualized object. Having mothers exercise "discretion" placed the onus on mothers for what could be interpreted as sexual behavior. At the same time, though, it revealed deeply ambivalent feelings toward

[89] These states are Alaska (1998), Arizona (2006), Florida (1993), Illinois (1995), Kentucky (2006), Michigan (1994), Mississippi (2006), Montana (1999), Nevada (1995), New Hampshire (1999), North Carolina (1993), Oklahoma (2004), Rhode Island (1998), South Carolina (2005), South Dakota (2002), Tennessee (2006), Utah (1995), Virginia (1994), Washington (2001) and Wisconsin (1995). Source: "50 State Summary of Breastfeeding Laws" National Conference of State Legislatures updated November 2006

[90] Source: Chapter 80. SB 106; Italic is mine

[91] Source: Ga. Code §1-1-9 (1999) is amended in 2002 (SB221).

[92] Source: Public Act 093-0942. Illinois; Section 10: 145.905 Location for breast-feeding; Minnesota; Italic is mine

maternity and sexuality; a mother should not show her nipples and areolas because nipples and areolas give a full picture of sexualized breasts which is equivalent to indecent exposure. But without showing her nipples and areolas in public, can a mother really prove to the public that she is actually nursing a child under the blanket, or is she doing something else? Accordingly, today, the word, "*discreetly,"* has been "disappeared" from breastfeeding laws. Law makers with the application of an eraser deny the connection between nursing and sexuality. Thus, in today's legal language the breastfeeding mother whether she displays "nipples" and "areolas" or is nursing "discreetly" is excluded from the categorical statute of public indecency, is safely relegated to the asexual. In other words, this new legal language constructs the maternal body in public as a desexualized body.

Under the laws of public breastfeeding, the public maternal self is represented by body fragments – breasts, areolas, nipples. In legal language used prior to the amendment, the maternal breasts were often separated into two parts: morally acceptable skin and other, indecent skin parts – nipples and areolas. In the statute's amended form, the maternal body is represented by the fragmented role of the breast as a nursing tool. The law discursively represents the nursing woman's lack of control over her body in a fetishistic fragmentation of that body, "through legal prose, into [functional] body parts" (Hyde 1997:133). The discursive construction of the public body is of course highly gendered. Whereas female breasts are problematically constructed as both sexual and lactating organs, male breasts are constructed in legal discourse as straight forwardly nonsexual. Male breasts are part of the "torso", irrelevant to reproduction (Hyde 1997: 144). In US law, exhibition of male breasts in public is excluded from the category of

indecent exposure. For example, male breasts are not recognized in the category of public nudity or state of nudity. In Tennessee's civil code, nudity or state of nudity is defined as follows. Nudity or state of nudity means the showing of bare human male or female genitals or pubic area with less than a fully opaque covering, the showing of the female breast with less than a fully opaque covering of the areola, or the showing of the covered male genitals in a discernibly turgid state. Nudity or state of nudity does not include a mother in the act of nursing the mother's baby (Vance 2005).[93]

The logic above suggests that nursing, because it is believed to be a natural property of the female body, is considered non-sexual and is given the right to be exposed in public. What if the male breasts turn out to be a reproductive organ for nursing babies? Consider the case of a man who appears in public carrying a supplemental nursing system (SNS)[94] next to his nipple and starts nursing a baby? Is his body suspicious, engaged in public indecent activity? If so, on what grounds? Presumably, he may be accused of hyper-sexualizing his body by artificially presenting his breasts as a reproductive organ. If nursing breasts are artificially attached to the male body [95], male nursing may be categorized as indecent sexual conduct. Indeed, people may make a fuss much more about the male body with SNS than the female body with SNS. What really matters in the eyes of the public is not that the body of a man with SNS is sexualized but

[93] Source: Tennessee civil code §39-17-901. Acts 2006, ch. 617 §1

[94] "A supplemental nursing system (SNS) is used for infants who have poor weight gain or maternal milk supply is not yet fully achieved. "This consists of a holder for milk and a small tube leading to the breast and nipple. The baby can suckle at the breast, stimulate the mother's breast milk production and additional formula can be given. The baby is rewarded for suckling by getting breast milk and formula. This may encourage them to suck more effectively which will increase prolactin and the breast milk supply. This can prevent hypoglycemia in an infant. It may also work well with mothers' whose infants are jaundiced but whose milk supply is not "in yet." This increases oral intake." (O'Connor 1998).

[95] By assumingly that body culturally represents for a typical male bio-physical body

that the public appearance of a man with SNS is suspicious and challenges people's conception of male and female bodies and their functional roles within the hetero-normative framework. Stories of breastfeeding fathers' in Fiona Giles' collection of breastfeeding narratives challenge the idea that nursing is a monopoly of the female bio-physical function (Giles 2003: 190-197). For example, readers sympathize with a father who latches his frantically crying daughter onto his breast in a parking lot filled with open-mouthed and disbelieving passers-by while waits for his wife to come back from shopping (Giles 2003: 190-197). Regardless of his ability to lactate, this father's action puts into question the naturalized cultural conception of bio-physical/reproductive assumptions of male and female bodies. Glenda Wall attributes these assumptions to "the notion [that] the natural woman, in the context of the nature/culture dichotomy, has been at the heart of infant feeding discourse for centuries" (Wall 2001:593; Carter 1995:67-9).

Legally, the public nursing body that was once sexualized has had that attribute literally deleted. In the new legal language, the nursing body is admitted into public space and time only because it has attained the new status of desexualized body. Actually, there is a large gap between breastfeeding mothers' experiences of their bodies as sexual objects and the legal categorization of their bodies as non-sexual. Despite that breastfeeding laws desexualize nursing bodies, when mothers breastfeed in public, they hardly exorcise the sexual aspects of their bodies from their and the on-lookers' minds. "[B]reasts in contemporary Western culture are required to be sexual within a heterosexual framework and women are expected to manage the scrutiny of their breasts by maintaining an appropriate balance between attractiveness and respectability" (Wall 2001: 594; Blum 1999:38-9; Carter 1995:152-3). Female breasts are dominantly

perceived as a sexual organs, and breastfeeding babies are "transgressing the boundaries of both the good maternal body and woman-as-(hetero)sexual object" (Stearns 1999: 309).

According to Norbert Elias, one of the psychological achievements of the civilizing process in Western society is "the development of shame on the exposure of certain bodily parts" (Elias [1939] 2000:417). Elias argued, "…not to expose oneself or be seen performing natural functions …takes on the form of a more or less total and automatic self-restraint" (Elias [1939] 2000:118). Feelings and expressions of shame and embarrassment that accompany such incidents are the pre-requisite social emotions to be a "civilized person." Without doubt, Elias acknowledges that men and women feel differently the shame of exposing their bodies. This reflects differences in the cultural values of men's and women's bodies and body parts. As the result of this, not only do men and women feel differently about exposing their bodies in public but they also feel differently about specific body parts. For example, there is much wider social acceptance in the US for exposing men's breasts in public than there is for women.

Elias' term, "civilization" certainly captures the ethic of asexuality in public spaces. Yet, these terms remind us of Emile Durkheim's *The Elementary Forms of the Religious Life* in their dichotomization of sacred and profane as a characterization of religious cults (Durkheim 1915:504). Durkheim noted the "Sacred is not characterized by its exalted position but by its distinction from the profane" (Durkheim 1915:504). He argued that its position and meaning are determined by the opposing dichotomy of dirty and clean. The same logic can apply to sanitization and civilization. Jacques Derrida further argued that these pairs are not just opposing pairs but an asymmetrical dichotomy.

The privileged term, in this case the word "sacred," depends for its identity on excluding the other unprivileged/subordinate term, in this case, "profane" (Sarup 1993:50-51). Without any doubt, Schultz uses sanitization to criticize America's puritanical view of sex, that is, sex = dirty. Elias is amused by the mechanism by which the process of civilization or creation of civilized bodies presupposes the simultaneous creation of "uncivilized others."

The unique characteristic of lactation litigation in the US is the existence of cases involving accusations of child abuse or neglect. Kedrowski and Lipscomb report on twenty-three cases involving charge of child abuse or neglect. Seven cases alleged abuse or neglect against breastfeeding mothers because they were taking illegal drug while breastfeeding; two cases involved severely undernourished breastfeeding babies; three cases were about the mothers who refused to take medication to treat their mental illness; and at least three cases charged sexual abuse in breastfeeding (Kedrowski and Lipscomb 2008:106). Karen Carter (later revealed to be Denise Perrigo) was a mother who experienced sexual arousal when breastfeeding her two-year-old. Not knowing what to think she called a crisis line to speak with a counselor about her feelings. The Department of Social Service took her child away for more than a year. This case shows that law and culture eagerly construct the good maternal body by exorcising sexual elements from breasts and breastfeeding at any cost (Stearns 1999:309, Umansky 1998). This case underscores how the politics of the maternal body reflect antagonisms between sexuality and maternity. Breastfeeding a six year old was once considered child abuse in Illinois. Authorities at the Department of Children and Family Services took a six year old boy from a 32-year-old single mother after a baby-sitter called an abuse hot-line and reported

that the child was breastfed against his will (Christian and Deardorff. Dec. 12, 2000:1). Another mother was charged with possession of child pornography for taking photos of herself breastfeeding. A 33-year-old Peruvian immigrant mother, Jacqueline Mercado, living in a suburb of Dallas took a breastfeeding photo of her child to memorialize that stage of their baby's development. The police and the Dallas Country District Attorney's Office presented the photos to a grand jury in January 2007 with indictments against the couples, Mercado and the baby's father, Johnny Fernandez for "sexual performance of a child," a second-degree felony punishable by up to 20 years in prison (Korosec Nov. 18, 2008:3). The case of child neglect or abuse demonstrates the competing rights of mother and child in breastfeeding practice. In the majority of cases of child neglect or abuse, breastfeeding was only one factor in considering a parent unfit. Other factors included discovering potentially harmful elements in the mother's milk or her breastfeeding practices (Kedrowski and Lipcomb 2008: 109). These cases usually involved public officers who had already decided that a mother or parents were unfit for childrearing. Their decisions partly originated in social prejudice against a mother who does "not fit the middle-class family ideal of a bread-winning father and stay-at-home mother" (Umansky 1998: 3). Consequently, those mothers "fall outside the narrow good-mother ideal" modeled after Victorian motherhood. "Wage-earning mother, single mother, slave mother" and lesbian mother and divorced mother, or even sexually active mothers with many male partners are labeled "Bad" mothers (Umansky 1998:3).

2. Japan

Chapter XXII of Japan's present penal code – crimes of obscenity, rape and bigamy – prohibits public indecency and distribution of obscene objects. Nonetheless, it does not specify naked woman's breasts as obscene objects (Penal Code Law. Act no. 45 of 1907 and amendment Act No. 54 of 2007). In conventional Japan, it is morally right to think that once a woman becomes a mother the sole purpose of her breast is to nurse her child which means that it no longer holds a sexual connotation. Thus the desexualization of maternal breasts was the civil ethic in traditional Japanese society. It does not mean, however, that the sexual appeal of a breastfeeding breast was completely eradicated. Japanese people used to be much more tolerant of public breastfeeding in the past. Japanese bodies walked through a different historical passage to become civilized or sanitized. In Japan, the presence of the gaze by the civilized subject was a precondition for them to perform civilized acts. The modern era in Japan started during the Meiji Restoration (1868 - 1912), when Emperor Meiji transferred the imperial capital from Kyoto to Edo and began the transformation from a feudal to a constitutional government with a cabinet and bicameral legislature. Until then, it was common for Japanese downtown dwellers – men, women and children – to take baths in an alley or backyard. Yet, after Japanese government officials observed the scandalized reactions of foreign ambassadors looking over naked Japanese men and women, they were worried that it would be taken as a sign of backwardness. They soon prohibited naked bodies in public. Nonetheless, the law was not seriously observed. The Japanese mind of the "colonized Other" initially started when Edo Bakufu had prohibited the Japanese people's practices of mixed and public bathing and public nursing. Since then, the

government has actively encouraged Japanese people to perform "civilized acts" without critically looking at the substance of their performance. The shallow acceptance of asexual norms in public places and organizational practices demonstrated that it was merely one way to present the Japanese societal self to other nations. For Japanese, implementing laws in the Edo period to prohibit naked bodies in public and importing sexual harassment laws in the mid-1980s was only a "*tatemae* – a public ideal that ignored operational reality (Doi 1985, 1986: 8). Because it was only *tatemae* in the Japanese mind, neither Edo period obscenity law nor Showa period sexual harassment law dramatically desexualized Japanese social life.

Nonetheless, the maternal breast was increasingly perceived as sexual in post war Japan. Sexualization of female breasts in post war popular culture blurred the boundaries between a mother's nursing breasts and female breasts for sexual entertainment. A decreasing in breastfeeding rates also explained the disappearance of breastfeeding in the public sphere. New generations of Japanese displayed intolerance to breastfeeding in public because they had never seen it before. With a decrease in the number of children in families, a narrowing of time between each child, a shortening of period in which women have children, the opportunities for more recent generations to familiarize themselves with breastfeeding even at home have diminished. Due to people's increased sensitivity toward breastfeeding in public space, department stores and train stations have "nursing and baby care rooms." Thus, breastfeeding mothers in Japanese cities are disappearing from public. According to a survey data about the public breastfeeding behaviors by *babycome*, a Japanese childrearing and caring information website, conducted from July 27 to August 2, 2007 and June 12 to June 15, 2009, fewer mothers

breastfeed in open space and fewer people are tolerant of public breastfeeding. Out of 979 breastfeeding mothers, about 42 percent breastfed in public in places other than public nursing room facilities, such as restaurants, cafés, or park benches. This behavior changed to 30 percent among 918 breastfeeding mothers in 2009. The number of people who objected to public breastfeeding even when done discreetly increased slightly between 2007 to 2008 from 12 to 19 percent (Babycome 2007, 2009).

D. Summary

Japan and the United States have historically had different legal approaches to the breastfeeding mother. This is illustrated by the following differences: public policies regarding infant feeding and maternal and child health based on the cultural conceptions of maternal and child bodies; judicial structures and characteristic laws that come to determine the identity of motherhood and lactating employees; and dominant social ideas about the relationship between the pregnancy, childbirth, lactation, nursing and child-care work, and promotion of sex equality at work. From the history of public infant feeding policies in the US and Japan, we have learned that increasing alternative feeding rates led to the public promotion of breastfeeding. That happened in early in the twentieth-century in the US and a century later in Japan. Particularly in the US, pro-breastfeeding legislation passed in many states in response to a spate of litigation in the late twentieth century. Dominant social ideals about aspects of female reproductive functions in relation to the promotion of sex equality at work between two counties were apparently different. In the US, the PDA is the only the labor protection specially designed to address female reproductive processes. Currently there is no national policy that covers paid and universal maternity leave. The scope of FMLA is very limited because it

requires employers to grant certain eligible employees up to 12 weeks of unpaid leave during any 12-month period. Most mothers, who work for private corporations in the US, return to work after an average of four months of leave which can be a combination of sick leave, vacation time, or other programs, including short term disability. This reflects the dominant cultural idea about motherhood and federal responsibility toward mothers and children in the US. For many people, neither the government nor employers have a responsibility to accommodate women who choose to become mothers. Family-friendly corporate policies in the US mean creating a family friendly work environment by providing breastfeeding facilities at worksites, onsite childcare, flexible work-time schedules, and a network of breastfeeding workers to balance family and work lives. Section 4207 of the law amends the *Fair Labor Standards Act of 1938* (29 U.S. Code 207) as a part of *Patient Protection and Affordable Care Act*, H.R. 3590, and the *Reconciliation Act of 2010*, H.R. 4872, recently signed by President Obama may positively affect nursing employees.

In Japan, breastfeeding mothers are disappearing from many corporations as a consequence of "*Bosei Kenkō Kanri no Sochi*" - (the Maternity Healthcare Measures) within the *Equal Employment Opportunity Law*, stipulations of "*Bosei Hogo Kitei*" - (Maternity Protection Provisions) within the *Labor Standard Law*, the *Revised Childcare and Family Care Leave Law*, which is a part of work and family-life balance measures promulgated in 2008. The national ideology behinds these maternal protection policy will be discussed in subsequent chapters. A unique characteristic of the legal construction of breastfeeding mother is its relation to obscenity laws and the sexual offense laws based on child abuse and neglected. The absence of such a relationship in

Japan can be partly explained by the differences in the cultural concept of a mother's body and child's body and historical perspectives on (de)sexualized breastfeeding bodies in public.

Chapter 6: Mother's Embodied Experiences of Breastfeeding at Work

In this chapter, I present an analysis of the (de)sexualized experience of breastfeeding in the workplace. I analyze how mothers' breastfeeding experiences at work reflect dominant cultural ideas of maternal bodies and working bodies and are reinforced by them. I investigate how mothers comply with or resist the ideal of gender neutral body images at work, despite the limits the ideal imposes on their bodies. According to the logic of classical organization theories, as reflected in Max Weber's writings on bureaucratic organization and F.W. Taylor's work on "scientific management," social institutions operate most efficiently when based on the rationalization of human relationships (Gerth & Mills 1946; Taylor 1911). In keeping with their ideas, the United States Equal Employment Opportunity Commission has found that the organizational regulation of sexual harassment through legal governance in the workplace is the best way to promote work efficiency and productivity. In twentieth century US and Japan,[96] the influence of classical organizational theory and practices continues to loom large (Dore 1973; Tsutsui 1998). The asexual norm in organizational life appears as the best way to promote equality among organizational members. By idealizing the gender neutral body within asexual organizational practices discrimination by sex, gender, and sexual orientation should be eliminated in the workplace. Despite that idealization, however, sexism and sexual discrimination remain in organizational life.

[96] Ronald Dore argues that the US and Japan embrace two separate forms of industrial organization: "Fordism" is dominant in the US from the 1940s to 1960s. At a later period, the Japanese develop a style of management he terms Toyotaism. He characterizes the first as" market individualism" and the latter as "welfare corporatism" in which workers are emotionally attached to the corporation. For Dore (1973), the origins of the Japanese system are cultural. William M. Tsutsui's *Manufacturing Ideology: Scientific Management in Twentieth-century Japan* (1998), finds traces of Taylor's scientific management in Japanese style business operations based on the total quality control (TQC).

Traditional organizational practices, and theoretical understandings of them, however, exhibit contradictions and problems that have drawn criticism from scholars in different fields (Hearn et al. 1989; Hearn and Parkin 1995; Schultz. 2003; Woods. 1993). Hearn and Parkin (1995:21) note that "Classical theory, and its associated practice, ignores sexuality, conflates masculinity and asexuality, and creates the possibility of the conflation of femininity and sexuality". Amplifying Hearn and Parkin's argument, I describe the process of (de)sexualization of maternal bodies in twenty-first century workplace institutions in the US and Japan.

A. Background and Purpose

Illusion, contradiction, and the problematic features of the asexual workplace have been discussed by scholars in different fields (Hearn et al. 1989; Hearn & Parkin 1995; Schultz 2003; Woods 1993). Hearn and others show that organizational desexualization is an illusion by demonstrating how organizational life is implicitly and explicitly sexualized in practice (Hearn et al. 1989). Woods uses this argument to illustrate the (de)sexualized corporate life of gay professionals. He argues that the asexual norm in work organizations is ingrained by the heterosexual imperative; therefore, for the gay professional, "efforts to desexualized are in fact efforts to heterosexualize" (Woods 1993:68-69). According to Schultz, the asexual imperative at work requires a sanitization of the workplace by legal forces that, in turn, threaten the nurturing of friendships and solidarity among workers from diverse cultural and occupational backgrounds and thwarts the realization of common goals (Schultz 2003:2069).

What is the relationship between bodies and body images? I conceptualize body images as a mirror that reflects the ideas and feelings of human subjects, institutional organizations, and society at large. As Davis-Floyd (1994: 204) states, "social relationships are mirrored in body images". One's ideal body image derives from self-evaluations of one's own body against the ideal body images others reference. Our own body images embody the crystals of self evaluating feelings, which have been established by medicine as acceptable criteria for "normal emotions" (Turner 1987: 13). In this sense, the ideal body image is indispensable in the process of constructing the self as a normal and healthy person.

Following this theoretical tradition, I assume that the ideal body in public institutions is our collective fantasy of the universalized and standardized body. Behind this ideal image, what I term the "hegemonic body image," unequal social relations based on a sexual hierarchy lie hidden. I borrow Gramsci's political term hegemony to convey the idea that there is a dominant body image governing institutional members in our society (Phillips & Jørgensen 2002). This hegemonic body image is inspired by other bodies as the picture of normal selfhood. It is a model and simulacra of desirable selves and reflects the other body against which alternate images of undesirable subjects – despised, rejected, or abject bodies – are judged. I ask how people in organizations come to believe that the hegemonic body image is natural despite the limits it imposes on their body images and practices. In other words, what makes the institutional (de)sexualization of maternal bodies possible in the US and Japan? I assume that people come to believe in the hegemonic body image by investing their socially mediated feelings in it.

A growing body of literature examines and illustrates the sexual aspects of lactating and nursing (Baumslag & Michels 1995; Behrmann 2005; Carter 1995; Giles 2003; Stearns 1999; Umansky 1998; Wall 2001). Especially in the late 20th century, when public breastfeeding drew significant public attention in the US, studies on the (de)sexualization of breastfeeding have emerged in sociology. This literature contends that "the current construction of the good maternal body requires women to carefully manage the performance of breastfeeding" (Stearns 1999:308). They argue "it is not helpful to simply assert that breasts are not really sexual because they have indeed been coded as sexual and such coding is deeply ingrained and widespread throughout Western culture" (Wall 2001:598; see also Umansky 1998:299).

In this study, I investigate the ways in which mother professionals in the US and Japan, by expressing breast milk in the workplace, comply with or resist the ideal asexual body image. We can safely assume that their nursing bodies, understood as bodily manifestations of feminine sexuality in naturalized, universalized, and standardized ways also deviate from the naturalized, universalized, and standardized ideal asexual body image of the professional worker. In order to answer these questions, I examined mothers' experiences of their (de)sexualized bodies at work.

B. Data and Methods

In the US, I interviewed 33 women who live and work in the metropolitan areas of New Jersey and/or New York. All of them had either breastfed at the time of the interview or had breastfed in the 11 years prior to the interviews. Of 33 women, 27 expressed breast milk in the workplace. Six of the women worked from home while

nursing. Twenty-four mothers worked full-time and three part-time. The mean age of the 27 mothers for whom I had data was 35-years-old; the majority (20) were white, 22 identified themselves as middle class, and a majority completed more than four years of postsecondary education (15 mothers finished graduate school and 12 mothers finished four years of college). In Japan, I interviewed ten working mothers (three in 2005, six in 2006 and one in 2007). All were born and raised in Japan. They all breastfed in the workplace at the time of the interviews or had breastfed in the 10 prior years. Out of 10 mothers, one mother was a Ph.D. student who was lecturing at a university, six worked in a mid- to large-size corporations, two worked in the office of a university, and one worked as a freelance English and Japanese interpreter. Their average age at the time of the interview was 33-years-old; the majority of them identified themselves as middle class. Five mothers graduated from a four-year college, three went to graduate school, and two held a two-year college degree.

From 2005 to 2007, I recruited the study subjects by posting flyers in 10 nursery schools in Japan, and three schools in the US. The sample population in Japan was small because a majority of mother workers take a year of family leave. By the time they return to work, their children are weaned. I used a snowball method to approach them, based on personal contacts with personnel departments of major corporations in the Tokyo and New York metropolitan areas and with mother groups such as La Leche League in the US and a Japanese pro-breastfeeding group, - "*Midori Bonyū no Kai*"- in Yokohama City. I interviewed each subject in her office, at my home, a café, or a restaurant. They volunteered to participate, and thus were free of explicit or perceived coercion. After each interview, I would ask the respondent to introduce me to others who

were breastfeeding in their workplace. I paid $20 to each participant in the US and 2,000 yen to each participant in Japan as compensation and appreciation for sharing her time and personal information.

I collected survey data from each respondent to the questions which I distributed prior to the interview. Forty-four survey questions were divided into five areas: (1) nursing in public, (2) private territory of maternal body and breast milk, (3) maternal breasts as a sex object, (4) gender issues in the workplace, and (5) respondents' background. Sample questions are as follows: (1) What did you feel when you were expressing breast milk in the workplace? (2) How did you do it? (3) What makes your nursing body different from your working body? (4) Can you tell me some funny and/or unpleasant episodes related to expressing breast milk in the workplace; and (5) What is the ideal worker's body in the workplace? I conducted either a face-to-face or a telephone interview which lasted 45 minutes to one hour. I transcribed the tape recorded interviews and analyzed them.

C. Results and Discussion

I found similarities and differences between the nursing mothers in American and Japanese workplaces. As expected, type of occupation, employment status and rank, nature of job, sex ratio at work, company size, company's employment policies toward nursing mothers, and other aspects of the working environment affected mothers' experience expressing breast milk at work and their own perception of the maternal/lactating body image at work. For example, while lawyer mothers were able to express and store their breast milk in their offices about three times a day with minimal

interruption, a mother who worked at a hotel information desk had to run down to a locker room to express her breast milk during her 30-minute lunch break. She would stand against her locker door, holding a sandwich in one hand and a breast pump in the other. If she was lucky, and nobody else was in the locker room, she could sit and express. These findings in this study support Kantor's argument about class differences in managing space and time to express breast milk in the workplace (Kantor 2006). According to Kantor, a woman with low employment status and who works in a small company lacks the legal, cultural, and socio-economic support to express breast milk at work. These women are different from their more affluent sisters who attain higher occupational ranks in white-collar occupations in large companies.

Both Japanese and American mothers reported (de)sexualization of their bodies in the workplace. These mother workers adopted some common strategies to live with their (de)sexualized maternal bodies at work. I categorize their attitudes and behaviors as follows: mother workers who (1) comply with, (2) evade or disassociate from, or (3) resist or rebel against the hegemonic body image. Most working mothers hide their lactating bodies because they believe that their hyper-feminine appearance - large breasts and hips - does not fit the ideal professional body image. This illustrates that mothers comply with or resist the hegemonic body in the workplace in order to keep their professional integrity.

1. Nursing Bodies Violate the Sanitized Workplace

A sexy, blond, career-oriented breastfeeding woman appeared in an episode of the television series, *Desperate Housewives*. At her job interview in an advertising firm, she

asked if it was OK if she breast-fed her son at work. Her boss, Lynette, a mother of four children, told her that the company had a mom-friendly environment and to go right ahead. After she started work in the office, Lynette, the president of the company, Ed, and other workers shockingly discovered that her son was not an infant but a five- year-old. That issue became a topic of conversation among Ed, Lynette, Jim, and other male workers.

Ed: Is it just me? Or is that bizarre?
Jim: It's bizarre, totally bizarre.
Ed: We got to make her stop this!!
Lynette: Hey, hey, don't get me wrong, I am as bizarre as much as you guys are but we need her far more than she needs us. I'm telling you, mom raising kids is an active war. We could lose her.
Ed: But the child is FIVE-years-old. It's DISGUSTING!!
Lynette: Ask her to always keep a blind drawn when she nurses.
Ed: We still know what's going on there. It's a DISTRACTION! God forbid, if a client sees her!!
Lynette: Ok so, who's gonna tell her…
Ed: You are the woman, it is easier for you to tell her milk and boobs and stuff..
Lynette: No!! Please don't make …. Look Jim you can tell her.
Jim: I made a pass at her yesterday, it looks weird.
(*Desperate Housewives* Episode 217"Could I leave you?" - ABC on March 26, 2006).

This conversation reveals much about the sexual nature of breastfeeding practices in public, particularly in office settings. The president, Ed, was completely freaked out that his female executive worker breastfeeds her five-year-old boy in her office. The boy child's age bothers them the most. This perfectly represents Americans' attitude toward the appropriate age and timing for weaning. Once a child is more than two-years-old, people start suspecting something sexual is going on between the child and mother. Ed uses the words, bizarre and disgusting to describe how her actions deviate from office ethics. Ed remarks that although her nursing figure is blocked from sight, it is a source of

distraction. His remark echoes attitudes toward public breastfeeding in the US. Although many women breastfeed their child discreetly by completely covering their and their babies' bodies, there are people who still feel uncomfortable and offended just imaging what is going on behind a blanket.

Kathy, a 43-year-old white American, breastfed her two children while she worked full-time at a major American pharmaceutical company. She articulately explained this social phenomenon.

Akiko: Although you feel breastfeeding is natural, many people here in the US feel uncomfortable seeing it. Why do you think that is?
Kathy: The display of bodily functions is not comfortable for them. I think an element of sexuality is very much a part of this. Breastfeeding is complex. There are still substantial numbers of people who feel uncomfortable with it. It reminds people about sexual activity (May 10, 2007).

In the *Desperate Housewife* episode, the president, Ed, tried to defend his point by stating that he was afraid that the office image would change, if clients see her nursing a five-year-old boy in her office. Interestingly, Jim confessed that he is not in a position to tell her to stop breastfeeding because he had sexually approached her, indicating that breastfeeding women at work are perceived as both sexual and maternal beings. For Jim, having once "hit on" her, it was now "weird" to ask her to quit breastfeeding. Lynette becomes the messenger because she is also a woman who has the same bio-physical functions.

a. My hyper-sexualized body works against my professional body image

Pregnancy and lactation make many maternal bodies hyper-feminine. Some mothers feel uncomfortable with it. Stella, 32, a white American mother of twins, is a project manager in the computer technology department at a large financial corporation in New York. She became very conscious of her post-natal appearance. She admitted that her body became hyper-sexualized and believed that her maternal body stands out against the gender neutral image of the professional woman.

> *It is hard for me, to go to work, my breasts are way bigger than they normally were. My clothes don't fit properly because I am so big*. Because I am always pumping, I am always wearing a thick bra now, but I often wear a nursing bra because it is easier to pump, and *my nipples are always hard, and they always are sticking out, always when I am walking around, I know people notice*.
> … so I try to wear something to cover up but I am always walking around with nipples showing through the shirts, even though I wear three shirts!! You know you see it …I was never big, you know, I had a review yesterday, I wanted to be very professional, I wore a sweater that does not show, but I was very huge. I felt that I am not really myself. I think that people must notice that. After I pump my milk, the milk get over my clothes, my nice outfit, milk goes everywhere, it went to magazines, I have to tell the people in front the other days, "sorry I have to throw your magazine, your People magazine away because it was completely covered with milk, I threw it in the garbage, I will buy you a new one". You try to be professional, but at the same time, it's like I might have a spill stain on me, morning with kids, I have milk on my pants, so hard to stay professional…(laugh). Because milk everywhere, nobody really points it out to me but… it may just be in my mind, but I am sure the men noticed that nipples thing, they don't mention anything. Probably, they like it! (laugh) I don't know. I am a little embarrassed. I think…It would be more ideal at work not to have my nipples. People can see... I want to wear a little make up and wear professional clothes…ok but not anything outstanding about that. I prefer not show up as such a sexual type at work. … The woman who looks professional, I don't see that, wearing a nice suit, you don't notice these things (October 26, 2006, Emphasis added).

Erika, 37, the mother of a nine-month-old daughter, is a research analyst for a non-profit healthcare organization in New York; she told me that her maternal body does not fit into the professional look she idealizes.

Erika: *I felt my body is different from others. I felt disadvantaged.* There is a conflict between professional and mothering in my body. I felt strange that my body is not like before, before I looked professional but now my breasts are bigger and that does not fit into the professional look. Something didn't match. *Lactating breasts looks unprofessional and out of place. The male colleagues call me "dairy queen" but not in an offensive way. Other male colleagues look at my breasts in a sexual way. I feel a little uncomfortable.*
Akiko: What is the ideal worker's body?
Erika: The person is very in control, dresses professionally, acts professionally. Wearing a suit, not many skirts. If women workers wear feminine clothes, they are not taken seriously. I saw it happen!!... I cover my maternal body by dress. I put extra effort to make other people think that I am the same professional person. (April 11, 2007, Emphasis added).

Phona, 35, a white American mother of a seven-and-a-half-year-old daughter, is a lawyer at a large law firm in New York. She told me that she feels uncomfortable thinking that her colleagues imagine her body hooked up to a breast pump in her office.

Phona: *I feel weird washing all the equipment in the sink in my department, so I use a wipe to clean the parts. I feel awkward carrying it back to the sink, too, so I wipe it in my office.*
Akiko: Washing a pumping machine in the sink is about privacy?
Phona: Well….that aspect is *I don't want other people to feel uncomfortable imaging a pumping machine hooked up to me.* Oh, like see me carrying container of milk, people can see me. It has to be done. My colleagues experienced that people are bothered with the breast milk in the refrigerator. No one says anything to me so I don't know (October 26, 2006, Emphasis added).

Kate, a 43-year-old white American mother of a 21-month-old son, and part-time web developer told me that a "curvy, feminine and mommy-type body" is not the ideal worker's body (April 13, 2007).

Akiko: What is the ideal worker's body?

Kate: I think, you have to be thin and I am not. Women in particular business suits. No big buts and enormous breasts. *Not very feminine, especially not maternal. Maternal, I mean heavy breasted, rounded, curvy, mommy-type body,* and what they want in work is a mannequin, I mean nobody says this, nobody is writing it down anywhere. If you want to get ahead, if you are too feminine, you still cannot get that far, unless the department wants you to get ahead where there are mostly women…(April 13, 2007, Emphasis added).

Eve, a Russian-born mom of a seven-month-old boy, works in a male dominated construction company told me that she feels uncomfortable with her maternal body at work. Eve told me that her male colleagues who are especially macho have absolutely no idea about the maternal body at work.

Eve: Once I was pumping in my office. Behind the door, I heard a foreman and another project manager were talking about something and heard a mail man try to come into the office. And I interrupted them and asked them not to come. They asked me, "What are you doing behind the closed door?" It was kind of embarrassing.
Akiko: What make your nursing body different from other working bodies?
Eve: I definitely feel myself different from other workers. First of all, I am a woman in a male dominated business. I do whatever I do, not to make myself more apparent, but obviously my pumping makes me more apparent than everybody else. There are women but not pumping in the office or the woman who thinks that a woman does not have to go to such an extreme in nursing. *You know I know that I am different from men and also different from women where I work because they do not have the same values. They don't think that is really worth that much effort*.
Akiko: Why isn't a mom good at the workplace?
Eve: I think, quite honestly because the nature of the construction business is a male dominated business and people act macho and curse and just act rude at times. They think it is normal and a way to do business. I don't think that way. That is not my nature obviously. I am a different kind of person and a woman. But they think that I don't curse and am not macho because I am a woman. *So being a mother, I guess, brings out more femininity in me*. And that sets me apart from other people even more. I am as different as I am to begin with and being a mother sets me apart even more (May 12, 2007, Emphasis added).

Jean, 38, a white American mother of two, teaches at a university. She told me that she feels conflicted about her feminine, lactating maternal body in the workplace. Jean concluded that the ideal gender neutral professional body has far greater impact on women than it does on men in the workplace. She related an interesting story about a colleague who breastfed while lecturing.

Jean: I don't know why she said this [that a professor breastfed while lecturing] if it wasn't true. One of my colleagues formerly taught at Cornell, upstate NY, she said that one of her colleagues used to, I just, why would she lie!! I don't know. So .. one of her colleague used to nurse while she was lecturing. While she was lecturing she would be nursing…Which I found a little hard to believe. Why would this person lie to me that, in fact, that one of her colleagues would do it…?

Akiko: At that time, you were pregnant or nursing?

Jean: That time I was nursing.

Akiko: Did she advise you to do that?

Jean: No, No, No, She was just saying, Oh, Yeah you know, that's probably her confiding in me. She is not married, and she doesn't have kids. She confides in me just her sense of juggling kids. *She said that she wore the sling, latched on her baby and kept lecturing. I have absolutely no idea.*

Akiko: What do you think if that happens?

Jean: *I am conflicted about it, because I think that I am still have the… I participate in that neutral body being a professional body. The professional body is the neutral body that doesn't….you know.* So part of me says, well that is a little unprofessional. Of course you're distracting while you're lecturing, if you have a baby latched on to you. Of course! How pleasant are you to your students. But another part of me says, well you know in traditional societies, where women go about their daily lives, baby latched on, and that's helpful, their ideal sense that having a baby should be more integrated into our lives, would be in fact healthier for mothers, fathers and babies, you know healthier for whole families. It raise for me a sense that lactating is one piece of larger structural issues of family that we're really not been integrating into….you know, work is work and family is not really integrating into it. What would it look like if the family was integrated to it. That would be, you know, a utopian transformation of everything that is. So I don't know, so I guess my response to her telling me that story was, you know, more power to that woman but I am not so sure that I don't see that. At the same time, I felt terrible

> about pumping and leaving my six-month baby at home. I feel terrible about that, you know, because I wasn't there, because here I am a new mother and I am at work, you know, 40 hours a week or whatever it is, and somebody else is at home with my baby. That piece of it, the times that I tried to bring kids into our campus and it didn't work. Ah…. (laugh) . *There is a sense that the ideal body is a neutral body. I don't think that I disagree …but I don't know where I am with it, but on one hand I don't necessarily disagree that professional body is a gender neutral body as being said, but construction of the professional body as a neutral body has a far greater impact on women than it does on men.* I think, both in relation to this biologically but also socially, for the most part, women are, even when they are working, they are the primary care giver, aren't they? Both of us are working, it's the mother who takes so much more of child care and child responsibility. So breastfeeding is one piece of this. Women's roles have been established longer you know. There is a longer trajectory of women being more responsible, I think. Women are still disadvantaged because there is a social assumption about who takes care of the kids and etcetera and etcetera…(Feb. 12, 2007, Emphasis added).

Meghan said that the people in the workplace already have a prejudice against the maternal and feminine body. She therefore tries to present her body as gender neutral.

> Meghan: *About giving feminine specific excuses at work, menstruation and nursing, I think a lot of men cannot relate that to themselves. So many guys think that that is an excuse to go home early. Unfortunately, we live in a society where men have the majority of power and whenever we say we need special treatment of femininess of any type*…when I say, "Its' 6:30, I have to go home and pick up my kids," people kind of look at me and say, "Oh, she is being a mom again" but if my husband says, "Its' 6:30, I have to go home and pick up my kids," here he goes. I don't understand...If I say, "I don't feel well, I have to go home because I have a cramp," people look at me and say "oh, she is being a girl again" but if my male colleague says, "I have a stomach ache," then people just say, "hope you feel well" (April 30, 2007, Emphasis added).

Midori, a financial analyst at a large securities research corporation in Japan, told me that she avoided making any excuses that related to mothering.

> Midori: *I used to avoid making any excuses related to mothering at work.* For example, whenever my son gets sick, I have to take a day off from work, instead of saying that my son is sick, I said that I am sick. Supposedly, I come late to the corporate meeting because of expressing my breast milk, instead of telling the truth, …not because I am shy about talking about breastfeeding, but *I would say that I have a stomach ache and say something else as an excuse* (July 24, 2005, Emphasis added).

Meghan and Midori think that having a head ache or a stomach ache are preferable excuses to breastfeeding or having heavy menstruation. These are the outcomes of the conflicts experienced by some people with gender-neutral professional bodies.

Senna, a 34-year-old white American mom of three children (five- and three-year-old girls, and a 10-month-old boy), works as a TV producer for a major financial broadcasting company. She told me that she does not have a conflict between her feminine body and working body because there are many women in her department. She has an issue, however, between mommy mode and feminine mode.

> Akiko: Do you have any trouble separating your feminine body image and your maternal body image at work?
> Senna: My husband cannot touch my breasts. Almost 11 months, I always feel around this time that I want my body back. I feel like everything goes back to normal. A little bit, I dress differently. *If I want to be in a more feminine mode, I want to reveal more and something that complements you more, if you are maternal mode, you just want to cover up. I try to be feminine because I want to look good in the workplace,* but then you know it doesn't work in that way. A lot of my shirts don't fit me because my breasts got bigger. Once in the meeting, the breast milk leaked, I was embarrassed but nobody said

> anything, it is like a person with broccoli in her teeth…nobody says anything until you find out and are embarrassed…(April 7, 2007, Emphasis added).

A unique feature of traditional Japanese corporate culture is that female workers are expected to have greater tolerance of their male colleagues' sexual banter and comments about their bodies than American female workers are. Sayaka told me that after coming back from maternity leave, some of her male colleagues became curious about her body. Sayaka smilingly explained to me.

> Sayaka: My breasts got bigger after breastfeeding, and my male colleagues paid special attention to that. My male colleagues told me, "I did not know that you have such big breasts". I am used to such sexual banter and comments about my body at work, and I am no longer offended by them". So I replied, "Yes, yes, I can earn extra money with my new appearance!! (July 22, 2006).

Many attractive assistant level female workers, "*Office ladies*", are quite proud of their ability to handle skillfully such sexual banter. This recalls a remark a Japanese male executive working for a Japanese financial corporation in New York made at an unofficial corporate dinner party: "Many pretty women surely know how to handle flirtation at work because they have been dealing with it since they were very young; only the ugly ones who have never experienced it panic. They call it 'sexual harassment!!'" The men at the table unanimously agreed. I have heard this kind of remark more frequently among male workers in Japanese corporations after companies implemented sexual harassment guidelines in the 1990's. This verbal defense functions to protect men from being accused of sexual harassment. Many women feel that they cannot easily accuse or criticize men over unwanted sexual comments or demands. The

ethic of a sanitized workplace that underlies American-originated sexual harassment guidelines does not penetrate deeply into the traditional Japanese corporate culture.[97]

b. I locked my lactating breasts in a locker room

For some women, the desexualized body is not the body they want to bring to work. Hiromi, 35, who works in the personnel department of a Japanese tobacco company in Tokyo, used to be a campaign model. She hides her maternal body - lactating breasts - as much as possible from her colleagues. She strongly believes that women should breastfeed discreetly when in public. "I don't want anyone imaging me breastfeeding my baby and pumping my breasts in the workplace. I used to be a campaign model for my company so, you know, my colleagues still hold such an image of me" (July 11, 2005). Hiromi is happy with her hyper-feminine appearance at work, as long as it is not maternal.

Dr. Laura Berman in *The Skinny on Office Dress Codes* advised that it is appropriate for a working woman to feel attractive at work because that could boost her confidence and positively affects her performance. Aware that it is difficult to find a balance between "appropriate" and "fashionable", she suggests women wear shoes and dresses that make her happy. Her most innovative advice was "invest in form-fitting, sexy undergarments". She says, "Nothing feels sexier than a racy leopard thong under your business suit" (Berman 2007). "Modern Mom-To-Be: Sexy Maternity Dress" read the *Modern Mom.com* advertisement for an affordable sexy maternity dress suitable for

[97] Corporate cultures are distinct to each corporation in Japan, as well as in the US. They differ by industry and historical influence. For example, the Japanese trading company "*Sōgō Shōsha*" has more of this traditional corporate culture than more recent legal and financial institutions.

office work or an evening date. The picture was of a purple dress with a deep front cutline fit on the body of slim young blond pregnant woman who posed sensually with the message, "Don't miss the chic and affordable dress that *Desperate Housewives'* Marcia Cross wore on the red carpet when she was pregnant!" (Modern Mom.com 2007). Both Dr. Berman's advice and the advertised dress in Modern Mom.com try to reconcile the sexually attractive feminine body and the asexual ideal in public life. Dr. Berman's idea of sexy undergarments anticipates a gendered spectator-spectacle relationship. Her idea of "racy leopard thong under your business suit" implicates some degree of unconscious scopophilic and voyeuristic pleasure in the office. It is not surprising that many pregnant and breastfeeding mothers want to be as sexy and glamorous as they were before having children. Some mothers hide their maternal body from the eyes of colleagues because they believe that the maternal body is neither sexy nor glamorous.

c. I embarrassed my male colleague with breastfeeding (laugh…)

Occasions of expressing and storing breast milk at work certainly remind many working mothers about the possibility of eroticizing their bodies. Their breasts, breast milk in containers, breast milk leaking on their shirts, breast pumping machines and their sounds remind them of erotic possibilities. Lactating and large breasts are viewed as hyper-sexual. Some professional mothers were bothered by their hyper-sexual bodily appearances because that conflicts with their original and/or ideal professional appearance.

Almost all mothers admitted that there is always a sexual aspect to breastfeeding practices. Mothers did not openly talk about the sexual aspect of breastfeeding, yet I

observed some traces of sexualization in their narratives, usually - a funny episode about expressing breast milk at work. They laughed and openly talked about the incidents of accidental exposure that embarrassed their "innocent" male colleagues. Their narratives were accompanied by some sort of sexual excitement on the mother's part. Kathy, a 43-year-old, white American mother of seven and half-year and 22-month-old girls, an associate director of a new business department at a major pharmaceutical company in the US, pumped her breast milk in her office. She talked about the incident when one of her male colleagues dropped by her office while she was breastfeeding.

> Kathy: One time my daughter visited me in my office, she was hungry and I breastfed her there. One male colleague came to me and engaged in conversation with me. *He never broke eye contact with me. He wasn't looking at my breastfeeding. He was just like this. Whole conversation... Everything I said, he never broke his eye contact because he didn't want to look anywhere else! (Laugh)*
> Akiko: By accident, he was there.
> Kathy: By accident, yes, that is correct. And he was trying not to make me feel uncomfortable. He is a young guy (May 10, 2007, Emphasis added).

Karla joked about a breastfeeding incident at work that embarrassed a young man. These incidents make them laugh because they accidentally breached the asexual norm of workers and the rule of the sexually sanitized workplace.

> Karla: I only remember one sort of odd incident, there was a young single guy in my office, when I was cleaning my pumping machine parts in the sink, he approached me and asked, "what are those?" *So I just looked at him and said, "You don't wanna know" He turned red in the kitchen. It was really funny!! (Laugh)*
> Akiko: So he figured it out?
> Karla: He got it. I think he figured it out. Because everyone knew that I just had a baby and locked my office, I didn't really advertise what I was doing but … I also bring a little cooler to a work, you know, put the milk there, so I wasn't really walking around with a bottle of breast

> milk in my hand, I tried to be discreet about it, putting it in a cooler and bringing in the fridge.
> Akiko: Whoa. So he was embarrassed
> Karla: *He was, and I wasn't, it's a funny thing. Once you have a kid, you don't get embarrassed much* (March 6, 2007, Emphasis added).

They laughed about a gender role reversal – a woman sexually but inadvertently intimidates a man. I sensed a kind of power in their words. Their attitudes were "I was not embarrassed but he was" (Kathy and Karla). Their power originates from their selves as "(m)other - mother is reduced to the role of silent Other of the symbolic order" as a negative consequence of patriarchal monotheism for women (Butler 1993:3; Moi 1986:138). Thus (m)other's body has already been marked by negativity; she is no longer embarrassed but her stigmatized body has the power to embarrass others. She finds pleasure in the socially relevant sexual meanings attached to her body as a stigmatized other.

> Sidney: No, (laugh…) although I watch that door like a hog. (Laugh) you know every time I look down and triple and quadruple check that door has been locked. My boss - my partner - hears the pump and still knocks on the door, a big military guy with a crew cut, it's funny to see a man so in red in the face. He hears it and I say, "I am busy". And he says, "oh, you know it's OK. I'll come in a minute; it is funny to see a man gets red in his face about it"
> Akiko: Even you do not see the face.
> Sidney: He comes back and says, "So sorry, and I am so sorry and I apologize" There is nothing because I locked the door, Fortunately, no one walks in here while I am pumping, Fortunately, my milk is here so no one takes my milk and puts in their coffee (March 1, 2007).

Jean also experienced an episode when she embarrassed her graduate assistant who had been previously trained as a priest.

Jean: I had a graduate assistant, who is a male, and who was formerly a priest. And who was not yet married, so he was a single, former priest and male. And he had a key to my office, when I wasn't there, he comes and goes, and one point, I heard kind of a knock and fumble with the key in the door, and I have to kind of you know shout out, and "Don't!! Oh, I'm busy and I'm here!! And whatever I shouted out, and kind of shouted out to him and "oh you know I'll be with you in a just minute" and I had to kind of dismantle the whole thing and then said to him, by the way…you know … that…"

Akiko: So he opened it?

Jean: He started to open it. Then I had to explain, "well, by the way, I just had a kid, whatever, the first one, now I am pumping, then I had to explain the whole thing to him!!"

Akiko: At that time?

Jean: You know, I probably did shortly after that.. I laughed about in this way,

Akiko: How about his reaction? He never expected it from the beginning,

Jean: He was a little bit embarrassed, he didn't even say, kind of letting go, he just didn't say anything, he was a kind of, "Oh, you know, ok".

Akiko: Is he old?

Jean: No,…he is a young 30 but he has, he spent, so he was in the seminary, you know that Catholic tradition, if you are a priest you cannot have been married. He had been in seminary training, and he had been all with men and he was trained to be a priest and he was a priest for a year and recently left the priest hood. He wasn't yet engaged, and he wasn't yet married. He didn't have a sense of motherhood and the female body and all of that, so he was, kind of let it go, you know (Feb. 12, 2007).

2. The Over-working Mommy Machine at Work

In the American and Japanese workplace, because man is metaphorically a "normal machine" or "better machine," the nursing body due to the visibility of its biological functions is a "deviant machine". By the normal machine, I mean that the working body is expected to invest its entire time and energy for the purpose of producing work-related services or products. By the better machine, I mean that the working body is always under the control of a rational mind and has the ability to maximize its corporal utility under the minimum influence of bio-physical interruptions such as menstruation and

lactation. Thus, the deviant machine is always suspected of stealing time and energy from productive activity to invest in other activities such as reproduction. The cultural representation of the deviant machine is supported by ethnographic findings that show the frustrated attitudes of pregnant professional women toward their biological bodies as though they were out-of-control and deviating from the normal corporate body (Davis-Floyd 1994:227).

Accordingly, many mothers feel guilty with or in fear of being told about spending too much time on personal matters. Phona told me that she feels guilty when she pumps milk at work.

> Akiko: You talked about feeling guilty. Feel guilty as a worker or mother?
> Phona: Guilty as a worker more than mother. Guilty as a mother when I don't produce enough milk. more just, I don't know….but guilt as a worker, I have to get work done, compared to other colleagues, I am in the middle of this, it feels most of time, I don't have any problem, but every once in a while, I just like I have to do this…that's hard, that's hard…I sometimes feel that do they know? They knock on my door, don't they have any clue? I am sitting in my office and in a very awkward position, (laugh) so I don't think they know, I think some people must know, but other people don't… I can pump and type at the same time. Signing my name is a little difficult. Some days it is easier, but the other days make me feel, why I am doing this? (Oct. 26, 2006).

The guilty feeling of stealing work time originates from the idea that expressing breast milk is a personal matter which is irrelevant to work. This idea is reflected in US breastfeeding laws that cover the workplace. Today, 11 states have laws related to breastfeeding at work (Department of Health and Human Services

2006).[98] Promoting breastfeeding, however, varies from employer to employer. Though the laws vary across states, some states such as California, Georgia, Minnesota, and Tennessee define the border between unpaid nursing and paid working time. The laws that regulate the breastfeeding body at work range from the California Labor Code's simple directive that "Employers need to allow a break and provide a room for a mother who desires to milk in private" (Cal. Lab. Code § 1030, 1031, 1032, 1033 <2001>) to Minnesota's more elaborate mix of requirements and recommendations:

> An employer must provide reasonable *unpaid break time* each day to an employee who needs to express breast milk for her infant child. The break time must, if possible, *run concurrently with any break time already provided* to the employee. An employer is not required to provide break time under this section if to do so would unduly disrupt the operations of the employer. The employer must take reasonable effort to provide a room or other location, in *close proximity to the work area*, *other than a toilet stall*, where the employee can express her milk in privacy (Minnesota. 181.939, Emphasis added).

In mandating no more than "unpaid break time" Minnesota's statute indicates that the nursing body is temporally situated outside of paid working hours. This idea is reinforced by the suggestion that expressing milk "run concurrently with any break time already provided"; the implication being that lunch time is most appropriate. The norm of expressing breast milk during lunch time is clearly stated in Hawaii's statute, which "Prohibits employers to forbid an employee from expressing breast milk during *any meal period* or other break period" (emphasis added. Hawaii Rev. Stat. § 367-3. 1999).

[98] These states are California (1998, 2001), Connecticut (2001), Georgia (1999), Hawaii (1999), Illinois (2001), Minnesota (1998), Oklahoma (2006), Rhode Island (2003), Tennessee (1999), Texas (1995) and Washington (2001) (U.S. Department of Health and Human Services 2006)

As the breastfeeding statutes imply, employers are not required to pay for meal breaks, but in the modern work setting and for many employees, the boundaries between paid and unpaid time often blur. Does work-time always occur within paid hours and non-work-time outside of paid hours? How does the informal lunch – where important ideas may be hashed out and crucial social networks created – with colleagues and boss fit in? Other issues arise. Should the nursing mother explain her absences from the workplace? Some employees habitually leave their work areas, for coffee or cigarettes, for example, yet, no one really makes a fuss about it. If a mother expresses breast milk during a paid break, she will be under the critical gaze of her colleagues. This surveillance forces many breast milk-expressing mothers to the toilet stall because no one makes a fuss about her going to the toilet. Minnesota employment law comports with the idea that the toilet stall is the most commonly used space for expressing breast milk. Accordingly, the temporality and spatiality underlying current employment law language constructs a common image of the breastfeeding body shunted off to the toilet during lunch time.

What is left unsaid in some of the aforementioned legislation but strongly implied is that breast milk ought to be expressed outside the work area. One issue is that in expressing breast milk, unlike latching a nipple to a baby's mouth, the breast is openly exposed. As a result, many mothers request a private room to express. Private spaces, however, are not always available for nursing mothers in equal measure (Kantor 2006).[99]

[99] Jodi Kantor's article, "On the Job, Nursing Mothers Find a 2-Class System" in the *New York Times* in September 7, 2006, points out that women with low employment status and working in small companies lack legal, cultural and socio-economic support to express breast milk while at work. Different from their more affluent sisters higher in occupational rank in white-collar occupations in large companies, they find

Some mother workers because of their occupation and status have private offices and time to express breast milk while others do not. Those without easily accessible private spaces create their own private spaces out of necessity. For example, two American mother workers I interviewed in 2006 told me that they create a private space by draping a sheet above their cubicles and placing a screen behind their chairs.

Basically, nursing time is assigned in the workplace to unpaid break or meal time. It is often viewed as equivalent to going to the toilet. The time "wasted" for such a purpose is understood as different from the time necessary to maintain the working body, such as lunch. Like the time necessary to refuel a machine, bodies need lunch time. In fact, many mothers use their lunch time or toilet time to express breast milk. Though, lunch time and toilet time are naturally viewed as the time necessary for anybody to function well at work, breastfeeding time lacks such a status in many companies. That is because it does not apply to all working bodies at the workplace. Conceptions of body images in the workplace started with body commonalities rather than the differences. If one talks about time for expressing breast milk as an option and unique requirement for a particular body, it is certainly equivalent to taking smoking time or coffee break during office hours; though the latter attracted less attention by colleagues.

Nonetheless, the mothers had to work hard to compensate for time missed from nursing. Some mothers sign their name, type and check e-mail and read work-related

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themselves hardly able to comply with the "maternal norm to feed the best to babies" as emphasized by nutritional experts. The article also implies that the unequal treatment of breastfeeding mothers in the workplace leads to further economic disadvantage for poor mothers who have to spend money on formula. A disproportionate burden falls on them to ensure that their "lactating" and "reproductive" bodies do not interfere with "sanitized" and "productive" performances in the workplace (Kantor 2006).

books and magazines while pumping. Many mothers feeling guilty for taking time from work to express breast milk over-compensate.

Melanie, a 27-year-old white American mother of 5-month-old girl, working as a junior consultant at a large accounting firm told me that she overworked when she was pregnant.

> Melanie: When I was pregnant, *I felt that I have to overcompensate* with the work I contributed, I worked extra hard to make people see that. *I did not want people think that I am weaker because I am pregnant*. People thought that I wanted to take it easy all the time and be pampered. I did above and beyond my work. During my leave, I did more (October 9, 2006, Emphasis added).

Eve, the Russian-born American mother who works as a project manager in a construction company, noted:

> Eve: I don't adjust my work time because I am pumping but I do feel I have to work longer because I am pumping. *I have a feeling of obligation to work longer because I pump.* I try to stay longer because I pump but I cannot always do that (May 27, 2007, Emphasis added).

Mai, 29-years-old and the Japanese-American mother of two children, worked as a sales assistant at a commercial electronic utility company in New York. She had a flexible work schedule while she was breastfeeding at work and home. Mai said, "I felt guilty about being treated in a special way. I felt… I took advantage of my situation" (March 1, 2007; Emphasis added).

Sayaka, the Japanese mother of a 15-month-old boy, is as an office clerk for a food-beverage corporation in Tokyo. She said when she was pregnant her colleagues

were very supportive because she was the first to test the mother-friendly work environment. Sayaka said, because many colleagues encouraged her to continue work during her pregnancy, she wanted to be a good model of a working mother.

> Akiko: Do you feel different from your other body after you became pregnant?
> Sayaka: My body became a touchstone. My colleague watched me as the first pregnant worker at work because that was my company's first attempt to implement the mother friendly workplace. Colleagues learned the difference of a pregnant body in the workplace through watching my body grow as a mother.
> Akiko: Did you have any pressure of becoming a touchstone?
> Sayaka: Though people encouraged me, I felt pressure; I thought that I cannot fail this. I almost miscarried but I felt I cannot fail to give birth to a child because the company invests in me, and my colleagues and supervisors expect much from me - first mother-worker in the office - … (July 22, 2006).

After she came back from childcare leave, she shortened her work hours to adjust to her child's daycare schedule. Because she could not postpone her work to the next day or to another person, she worked through her lunch time. These over-compensating efforts are characteristic of "complying" with the hegemonic body image.

The ethic of "high productivity" not only dominates the concerns of many mothers about their office performance but also about their production of milk. In the corporate lactation room, a couple of professional mothers posed the major question of the day, "how much milk have you just produced?" Their work ethic of efficiency and productivity also applied to the production of breast milk. Other mothers prefer reading magazines related to childcare and parenthood, looking at the pictures of baby and listening to music and relaxing to facilitate milk production. Ida, mother of two-and

four-year-old boys, worked as a senior financial analyst at an international non-profit organization with highly demanding but flexible work schedules.

> Akiko: Do you compare yourself to other lactating mothers?
> Ida: *Not the body but we always compare the amount we express ourselves.* That's was the key topic of conversation, always, always, at the table,
> Akiko: In the lactating room?
> Ida: In the lactating room,
> Akiko: That's interesting!
> Ida: Yeah, We always talk about that, *someone arrives, and in five minutes, they have two 8 ounce bottles are filled. In 5 minutes. And rest of us need 15 minutes for 4 ounces., We always talk about "yes, I produce less, how do you increase supply?"* and talk about the child and how you manage work, and a topic always was how much we produce, that's funny' But not in negative way, more …
> Akiko: more you produce,… you become a good mother?
> Ida: I don't think that, I personally, I don't think that, we all do the best we can.
> Akiko: Right,
> Ida: You know, every mother does the best. Some mothers are in a rush and express in 5 minutes, and leave, but that's all they have, and *it is better expressing in 5 minutes than 15 minutes,* So that's all.
> Akiko: So, why do you think that the amount matters?
> Ida: Because the amount is always the issue for the new-born baby; you cannot really know how much milk they are drinking. We are never completely sure that the baby is satisfied. When you give formula, you know, when you are nursing, quantity is always the issue; you don't know if your child is hungry, or nursed well. I think that is always in back of our minds, that's probably because… the amount of milk that day is the milk that child will have the following day at home. So the less you produce, you have to supplement it. You want to supplement least. So I think that quantity is a function of how much the baby needs. So we ask, "How much does your child drink?" I say, "well, my baby consumes this much, and I am producing this many ounce short" (March 1, 2007, Emphasis added).

3. Punishing Maternal Bodies at the Workplace

I also found that some maternal bodies are penalized by deviating from the professional standard. In extreme cases, nursing mothers, are openly harassed by colleagues. Bree, a charming 32-year-old white American mother of a one- and-a-half-

year-old girl, used to work as an account executive for an internet advertisement company in New York. She left her workplace at the end of her pregnancy after finding out that her maternal body could hardly accommodate her work environment. While she was pregnant, she felt sick and missed meetings which made her boss very upset. She said, "They gave me more accounts when I was pregnant (Oct. 12, 2006)".

> Bree: The message I received was, "what? you cannot keep up? What's the matter with you?" So another It wasn't worth the money I make to do this, it wasn't worth the time missing her, it wasn't worth keeping up breastfeeding, and it wasn't worth all that to me. At that point, I was so burned out and felt unhappy about that (Oct. 12, 2006).

A former female colleague ended up leaving the company because her boss did not like her breastfeeding in the office. He thought it distracting for workers when she closed the door and drapes and breastfed her baby. The manager was the only person who knew about it, though. According to Bree, the company learned that New York State mandates a breastfeeding station in the workplace.

> Bree: …What they did was, they took a chair like this and stuck it in the upstairs' bathroom. There is one lady's room, it serves the entire floor of people, probably 15 people or more, all women in that bathroom. They took one of these chairs and put a thing that states "do not remove this chair" in the bath room that is a nursing station. People are banging and banging to getting the door while you express milk, and that is impossible, because there is only bathroom there. So you go up there and try to relaxing and express milk, not!! Impossible!!.....
> Akiko: What kind of body is the ideal as a worker there?
> Bree: The one that does not sleep and does not eat, it's someone who is young, committed to work all day, work like a crazy…If you do not work good, your colleague let your co-workers down. I could not keep up, my partner has to cover my place and she is resenting me. My boss who complained about my friend that her baby is disrupting, but he has a double standard. He often brings his 8-year-old daughter and that was distracting and we all said, "What?" My female boss in

> her late 40's spend her weekends in the office, who was married before but not now and you know really a career woman (October 12, 2006).

Midori, a 38-year-old mother of a 10-year-old boy, is a financial analyst at a large securities research corporation in Japan. She said that after taking maternity and childcare leave, her job performance was evaluated as the lowest level by her supervisor. In Japan, maternity and childcare leaves are counted as absenteeism; this affects the evaluation of annual work performance, the amount of bonus employees receive, and their chances of promotion. Consequently, career-oriented mothers are discouraged from taking it. Long maternity leaves sound like a mother friendly policy. Evaluation of job performance is, however, still based on the gender-neutral but male body. Ironically, in 2006, Midori's company received an award for its promotion of gender equality by virtue of promoting gender equality and producing a large number of female executives (MHLW 2007).

> Akiko: Does it apply to all who takes one-year maternity leave? Or? Is there any reason for it?
> Midori: Basically, most of the leave is treated as absence. First, we use special holidays and annual vacations for it. Yet, we cannot cover an entire year's maternity leave with them so the rest of the days will be treated as absent days from work. Then, as the days of absence increase…. there is a person who dislikes increasing her absent days so she came back as soon as she used up all vacation days. Now she is taking a maternity leave for her second baby's birth. You can interview her. She is in the US, now. Her name is Yamada Yukino. Her husband has been studying abroad since last summer until this summer. She is with him now. In her case, she heard from me about of the decline in my performance evaluation rating. Then she came back to work after she took an absence for a month. It was for her first child's birth. However, her rating was falling, too. That decision is made by her boss at that time. That boss did not have any children. Her boss is a man, and he basically is against taking any vacation

days. So she tried to shorten her maternity leave with much effort and came back. But when she came back, her rating was lowered after all. Now she has a second child and took a one-year leave to join her husband in the US. That was a good opportunity for her.

Akiko: It will be lowered anyway.

Midori: Well. What shall we do? Another story is that there is the person who just started work in our company and got pregnant right away. She came back to work but her rating was lowered. Because originally she was not yet a great labor power for the company, although her rating did not go down, her bonus is not much anyway. Therefore, it is case by case. The rating is negotiated and flexibly decided by communication with the boss. But in principle, ratings fall according to the number of absences. The company says, "If you bear a child, and there is a paid system, please take it". I say, "Oh, that's good" and take it. Then after I come back to work, my rating is lowered. That was my story. That was the first time for me and I did not know much about it beforehand. If I knew it beforehand, I may return to workplace early.

Akiko: As for men, do any take a family leave?

Midori: NO. There are none…. (Laugh) (July 27, 2005).

Midori's story is similar to Britney's. Britney, a 39-year-old white American mother of a seven-and-half-year-old girl and a four-and-half-year-old boy is as a sales representative for a sign company. She lost part of her salary and commission after she took a flexible time schedule after childbirth. She said that the ideal worker's body is like a machine. She imagines that the ideal working body is the body that can work nonstop.

Akiko: Ideal worker's body?

Britney: Like a machine, if we are standing at the fax machine as a fax goes through, we are wasting time, you know. They want us to be working every moment, Ah, you know I think, because I was working four days a week, they (owners) tried to be fair to other workers, so they penalized my salary and commission. I figured I still do as much as I used to do. But they didn't think in that way (April 4, 2007).

Sometimes mother workers have to face a double-edged sword. Their motherhood and worker-hood are simultaneously judged by their male and female colleagues though the vector of being a good mother and a good worker, but the vectors do not necessarily point in the same direction. They may go in the opposite direction.

> Akiko: What make your nursing body different from other working bodies?
>
> Karla: My boss made fun of me and gave me a hard time because I drink a cup of tea in the morning, even though I am expressing [breast milk]. Still I could not work without a cup of tea, and he says, "oh, my wife did not drink any caffeine when she was nursing," and I said, "look it's for your best interest that I have this caffeine". You know what I did after that? I started labeling the bottle, de-caf, and caffeine breast milk (March 6, 2007).

Karla was confused with her boss' judgmental attitude toward her maternal body. Later, she said that the maternal body is much more productive than the ordinary working body because she produces work in the office as well as milk for her daughter.

> Akiko: Some women feel their body is not competent enough as a worker because they are lactating….
>
> Karla: I kind have an opposite feeling. I thought I am kind of better than them. Look at me. I am not only working, but literally feeding my child while I work; I am producing breast milk and back home, somebody is feeding from a bottle what I produced yesterday. Who could do that multi-tasking? I am very susceptible to media and all that breast milk is the best and bottle is evil, so that's why I try very hard to give breast milk because I believe that formula is evil and I am polluting her body, which I was kind of having a problem with it, too, ….(March 6, 2007).

Phona, , 35-year-old white American mother of a seven-and-half-month-old girl, works as a lawyer in New York City. She told me that she has a conflicted feeling about gender neutral bodies in the workplace, despite feeling that her failure on the bar exam was due to her new body condition, becoming a new mother. On one hand, she is offended with the idea that mothers cannot work harder than non-mothers. On the other hand, she confesses that she shares such views toward other mother workers.

> Phona: *I have a mixed feeling about it. My working head conflicts with my mother head, having to get a job done. The people who don't have to nurse can work longer hours than me, I work shorter hours to produce milk….I don't know.*: I have an employee who is on maternity leave, she asks to work from home. Now we are in the position of here I am a manager being allowed to work one day a week, and I don't know what she is allowed, nothing to do with me, cause this comes from my boss, *I cannot approve it, but I am conflicted because I may be put in the position of denying something to my employee I myself was granted.*
> Akiko: In your mind, do you want to grant it to her?
> Phona: *In my mind, I want to grant it to her because I know the advantages and I appreciated it, but I don't think it is granted for work like that…the task I did at home, she cannot do. It will be very awkward because she works with me… I am very fortunate, in my working circumstance. I don't know that all employees in my company would have that same benefit* (October 26, 2006 , Emphasis added).

Jean, a university professor, was afraid of getting criticized by her supervisor for asking for permission to take maternity leave again.

> Jean: When I was pregnant a second time, I felt, Oh, my god, people are going think that I am just taking advantage of this university, So you know. Oh, my god, people think that I am crazy and just having had maternity leave and you know.. My fear was telling my senior colleague who is a woman, but she is a nun so she isn't married, and she doesn't have any kids. So confess to that time, and I remember that telling her that I am going to take other maternity leave. So I was really frightened to do it. I was afraid that she gonna say, "Oh this is

so terrible for your career, Oh, didn't you have a leave? You just had maternity leave? Didn't you just have a baby?" I was so afraid of all of those things. So it's clear that my perception is that people would think that this is unfair.

Akiko: Did she say that to you?

Jean: No, She said, "Oh, I was just thinking this is about the time you would have another one. It is right about the time you had it, oh wonderful and I am so excited and oh my god! She was remarkable about it. My perception was, she and others were going to think, "oh my god, you just took one." So my second child was due in July and the statue I read said that when you give birth during that semester, you are automatically granted leave for the semester. She was due the middle of the July, so in six weeks, I am physically fine. So my plan was not taking that leave, I had two senior male colleagues, both of them have kids, who said, "Of course you're gonna petition for that leave, aren't you?" I said, "I don't know" and they said, "you're crazy, of course you're gonna take that leave". So even though I had such negative perceptions, two senior male colleagues said that I had a right to take such a leave (Feb. 12, 2007).

4. Female Colleagues' Critical Views on Breastfeeding at Workplace

Some mothers said that their female colleagues are most critical of breastfeeding at work. Kate said, "Most of the annoying things that I experienced from breastfeeding and pumping were from women not from men!!" (April 13, 2007). Kate said she received criticism from her female colleagues, especially if they had made different life choices.

Kate: I used to fight with co-workers who made different choices. I don't even remember what I proposed to my boss. I had been in the company for six years. When I was pregnant, they wanted me to do two people' jobs, and I did. They could not give me more money so I said, alright; give me flexibility when the baby is born. I had a conflict with the woman who wanted to work from home. We used to have a very flexible policy, and we still do. She showed to her boss that she could work better from home, too. She complains because it is not traditional. She made very different choices for her child, and she is very polite to me in my face, but then behind my back, she goes to my boss every week, there is a problem! There is a problem! I

> don't like how she is working! She manages the client. At a certain point, I decided to bring a paycheck to home with ignoring what other people said. (April 13th, 2007)

Agnes' feminist colleagues in their 60s asked Agnes "Why not bottle-feed baby?"

> Agnes: I always have one co-worker who has never had any children. Whenever she saw me with a pump on my shoulder go downstairs, where we have a pumping room, she would say, "Ah!! Here she comes, Milk Mom!! Mama milk!! Mama Leche, She is coming!! "and you know I did not really appreciate that she makes a public announcement.
> Akiko: Is she older than you?
> Agnes: She is older than me and she doesn't have any children. She is a very liberal person, if you listen to her political views, she is very liberal, and she is in the National Organization for Women, things like that, but I always thought, "you wouldn't have a issue about breastfeeding, would you?" She always makes a comment about that (April 6, 2007).

Melanie was irritated by critical comments made by her female boss about her breastfeeding.

> Melanie: Even though, my company gives a lot of support to breastfeeding women, I feel like that supports is for a certain level of women, not the executive level. They work long hours and are expected to travel, and meetings are flexible and you cannot take a break. When I explained to my female boss that I cannot travel because I was still nursing, she said, "Oh, are you still nursing? Most people don't nurse after 4 months" I felt that sort of attitude after I came back (Oct. 9, 2006).

Patsy, a member of La Leche League, worked extra hard to compensate after sensing her female boss objected to her pumping breast milk in the workplace.

> Patsy: I work for a consulting firm, Head Start – a federally funded program, to help people in low income families. I went to my office four days a week and pump there every 2 to 3 hours. My female boss was quasi-supportive, and my male boss does not want to know about it. In my workplace, there are mostly females, 20 women and 4 men (3 men are

> in their twenties). Among men, 2 are married and 2 are single. These young men asked many questions, and were very interested in nursing because of the nature of the occupation. I came late to the meeting because of pumping and I openly said that I was pumping and sorry to be late. My female boss sees it as inconvenient. She's put off by it a little bit. ….One male boss, he is the same age as me, does not want to hear anything about my maternity leave and pumping story, although he has two children and a wife who breastfed their children. I think for those who feel uncomfortable about seeing and hearing about breastfeeding may have had sexual abuse experiences in their childhood (Feb. 9, 2007).

There is a possibility that female colleagues especially those who made different life choices (staying single, childless, bottle-feeding) become more critical toward the breastfeeding mothers at work. We can easily fall into the trap of gender-blind body images by not imaging the possibility of greater difference within sexes than across different sexes. Because they are the same sex, female workers compare and judge each other's embodied experiences at work. For example, Hisako said, when she was still single, she was jealous of her girl friend, who squeezed her breast milk into a glass in front of her and offered it to her jokingly (Hisako. July 10, 2006). Male workers simply fear that their insensitive comments about female workers' bodies may lead to sexual harassment lawsuits.

According to mother workers, in general, male colleagues don't want to know about breastfeeding or other body conditions specific to female colleagues.

> Akiko: At your workplace, how do men react to you….?
> Agnes: They don't wanna know. They don't wanna know…. Most of them don't wanna know, now I get reaction like, "you still DOING THAT?" They think it is bad, really bad, I got something like, "you still DOING THAT? Didn't you give up already? Don't feed until five or six or something".

Akiko: Why do people bother with it? It's someone else's business.
Agnes: I think a lot of people think that breastfeeding is a primitive kind of thing. You know, the idea is that we have modern conveniences and we don't need to do such things. You know what I mean. If you have bottle and formula which is much more clean and sanitary in their mind…. and certainly much more modern and civilized… They do in Papua New Guinea (April 6, 2007).

Kate: I am very open about my pumping at work. I am not really very reserved person, so I am open to male colleague about it. During the meeting, I tell, "I got a go, I have to pump!" *With men, I am pretty straight forward. They are not going to argue with you because they don't want to be a lawsuit*. Most of the annoying things that I experienced from breastfeeding and pumping are from women not from men!! (April 13, 2007, Emphasis added).

Sayaka, a Japanese mother of a 15-month-old boy, works as an office clerk at a food-beverage corporation in Japan. She said that she can talk about her feminine issues to her present male supervisor because he is her father's age and supportive and understanding about her maternal conditions at work, but she cannot talk about her problems to younger male supervisors.

Akiko: As you said, you cannot talk about your feminine body issues to young male supervisor, why is that?
Sayaka: I am a woman and my supervisor is a man. So I feel shy to talk about my female issues with him.
Akiko: You don't want to present your body as maternal to your male colleague?
Sayaka: Not really, though, I hesitated to talk about it…Once I took a '*seiri kyuka*' – monthly sickness leave for heavy menstruation, and told that straight to my young male supervisor. I told him that "I have a heavy period" and he said to me, "from now on, you can just tell me 'you are sick' instead". I am kind of open about this to my colleagues, but since then I became cautious in dealing with young and single male supervisors over this kind of issue (July 22, 2006).

In Japan, by law, female workers can take a "monthly sickness leave for heavy menstruation."[100] The US does not have such a custom. The mother workers I interviewed responded as follows. In the survey question, a majority of Japanese mothers I interviewed agreed that "it is a woman's right to take such a leave," and one mother agreed that "it is not desirable but it happens." One Japanese mother said, "It is a matter of self-management, if she really needs it, she better take it" (Makiko July 26, 2006). In comparison, the popular responses among the mothers in US were: "it wastes a company's money", "it is annoying to other colleagues," and "it is not desirable but it happens". Meghan, a white American mother states, "I don't think it's necessary unless the woman is physically unable to do her job because of her heavy menstruation. Any time a woman uses 'feminine issues' to get preferential treatment adds to the idea of women as the weaker sex" (Meghan April 30, 2007). Kate, a Hispanic-American mother states that "Every person is different, and some women suffer each month" (Kate April 13, 2007). Ida said,

> Menstruation is something you have every month, if there is any problem that problem must be solved for a long term resolution for that. There is medicine, you know the sick leave is for when you are unexpectedly sick, but not for something that occurs every month of the year. So it is a company's waste of money. It is that woman's responsibility to solve that problem. Get a doctor, get a strong pain killer (Ida March 1, 2007).

5. The Desexualization of the Nursing Self to Protect Professional Integrity

Patsy, a 36-year-old, white American mother of two, is a technical assistance specialist at a federal agency that supports low income families in New York. She joked

[100] In Japan, "Menstruation leave" is protected under the *labor standards law* (Article 68). Whether it is considered unpaid or paid leave depends on the corporation's policy.

about her body as a milk-making cow when she was pumping her breast milk in her colleague's cubicle (February 9, 2007). Patsy said that pumping desexualized her body.

> Patsy: "While I was pumping my breast milk, I felt like a *milk-making cow*. The pumping experience makes my body desexualized. Even though a man sees me as sexual, I do not think of myself as sexy like I were dancing naked on the floor…(February 9, 2007, Emphasis added).

Kathy feels very comfortable being desexualized in the workplace. She said, "sometimes you see someone sexually attractive at work… I feel comfortable when they see me that way once in a while. If that preoccupies their mind, it bothers me" (May 10, 2007).

Her attitude toward breast pumping and the functional view of her own body as a lactating instrument are common among many mothers. In fact, many advocates of public breastfeeding encourage this perception. Marilyn Hewett, who protested in front of Victoria's Secret at the Jacksonville Mall for a woman's right to breastfeed in public, said "It's not indecent, it's not sexual; breasts are for feeding babies, not for entertaining men…If you're offended by the sight of a breast, you're probably not going to be in Victoria's Secret" (McNamara 2006). Despite their totalizing claim, which fails to reflect different experiences of breastfeeding bodies, this desexualizing view of the maternal body certainly helps a good portion of mothers nursing in the public not to feel "embarrassed," "awkward," or "ashamed." The findings here prove that some mothers are willing to desexualize their body for the sake of protecting their personal integrity.

It has been argued that the desexualization of maternal bodies is an effect rather than cause of the mechanical representations of the maternal bodies (Davis-Floyd 1992;

Ehrenreich and English 1973; Oakley 1980). Here, rather than referring to the experience of alienation from the maternal body, I want to look at mechanical representations as strategies for maternal bodies to maintain their personal and professional integrity. People assume that anything that goes against nature is undesirable. The above examples, however, testify to the reality that some mothers are willing to desexualize their bodies for the sake of controlling them. They consciously or subconsciously do so because such a body image sometimes helps them reserve a secure sense of self. Metaphoric descriptions of their bodies – my body are a milk machine and cow – help mothers alleviate physical and psychological pains. Machine metaphors allow them to disassociate their feelings from a painful body uncontrollably affected by human nature or trapped in a specific feminine condition that is inconvenient in the workplace. Furthermore, the strategy of self-depersonalization and self-desexualization helps mothers avoid unwelcome investigations into their bodies.

Yet we cannot ignore the negative sides of the maternal body as machine. Colleagues can use machine metaphors to stigmatize the maternal body. Critical metaphors such as milk producing machine, milk making cow, dairy farms, dairy truck, milk tank and dairy queen often eroticize or dehumanize the mother's body and injure her self-esteem. These applications of machine and animal metaphors to the lactating body punish a mother's bodily integrity and her moral sense as both mother and worker and the social role of nursing in the workplace. Some breastfeeding mothers I interviewed had been harassed by their colleagues. Roslyn, 33 and the mother of an 11-month-old girl, quit her job two weeks before our interview. She had been a vice-president of the company that produced job fairs. Her desk was located by the fax machine so that she

bought a Japanese screen and pumped her breast milk behind it. Not only was her workplace structurally unsupportive of nursing, but her male co-workers used to call her "dairy farm," and they and the boss mimicked the sounds of a breast pump machine "wha wha wha" whenever they passed her desk while she was pumping. She typed, checked e-mail and even took calls while expressing.

> Roslyn:"…people came into my office many times to use the fax machine or talk to somebody else. And they, you know, make a sound of, even the boss himself, coming to and making the sounds like, wha-wha-wha-wha-wha-wha, …he made that sounds while I was doing it."
> Akiko: Did women and men do that?
> Roslyn: "Just one man. He is the boss. My co-workers, they are men who do the same thing: they say, 'oh, the dairies are open!' things like that. There are men whose wife breastfed, too. But some of them did it anyway"
> Akiko: They said that?! They tried to make fun of you?
> Roslyn: They think that they are being funny and getting other people to laugh. It was very uncomfortable.
> Akiko: What did you feel?
> Roslyn: I was embarrassed. Behind the curtain, I felt, "there is a place I worked so hard and at least they have to respect me" There must have been sometime that, we had a spontaneous meeting, and I was in middle of pumping, and I said, I need ten more minutes, … "alright, hurry up, Roslyn!
> Akiko: Ask you to join the meeting?
> Roslyn: On, I know, I am pumping and I cannot. There are a lot of, yeah, there are a lot of time, whenever there was a phone call coming … Ah— Sometimes, I have to take a phone call, So I turned off my machine, And I kind leaned into my desk holding my cups in place, take a phone call and hang up, turn on the machine again. You know that was awkward, I thought "if my client knew what was going on beside the telephone, they would never believe it" (October 25, 2006).

6. What is wrong with my nursing body, huh?

Some mothers 'resist' the 'hegemonic body image' at work. They praise their nursing body as more productive than other bodies. Two mothers (one Japanese and another American) said that they were not only producing profits for the company as

other workers do, but they are also producing milk for their babies. This can be interpreted as a characteristic feature of their resistance to stigmatization. Other mothers went a step further by intentionally displaying their maternal and sexualized bodies to educate colleagues who do not respect the conditions of their bodies. Patsy not only "evades" or "disassociates" but also "rebels" against the hegemonic body image at work. She decided to educate her male colleagues who ridiculed her pumping.

> Patsy: "While I was pumping; other workers said "what's that? What's that sound?" First of all, I felt shy, but later *I decided to educate my colleagues* about it. Young single male colleagues are very curious about it and I openly explained it to them" (February 9, 2007, Emphasis added).

Terry, a middle-school teacher in New York, pumped breast milk in the class-room during recess. One day, Terry's breast pump machine was discovered by a group of male students. Terry immediately put them in line.

> Terry: My students are 13-, 14-year-old boys. They have been kicked out from other schools because they are so bad. They were all curious about the machine, and I showed them how it works, but I didn't put it on me (laugh). They are mostly disturbed, tell you "fuck" all the time. They said, "What's squaaz, squaaz?" They want to see the milk, and ask "where this goes?" I showed them 'here!'
> Akiko: Did they want to try it?
> Terry: None asked to taste it. I would have let them have it whole, calcium is dense!! (Laugh) (October 26, 2006).

What is common among these women is that they experienced a sense of empowerment with their eroticized maternal bodies in relation to men. These women enjoyed their empowerment under the ideological shield of a sanitized and sacred

maternal body image. These men were never openly upset by the mothers' empowerment because both parties enjoyed the low-level of heterosexual sexual pleasure.

There is a very thin line between what is appropriate and what is not. Over-emphasizing a maternal body may invite adverse sentiments. Midori was almost labeled a sexual harasser at work by disclosing her story of failing the first analyst exam because she leaked breast milk in the exam room. Midori said, "I tried to alleviate my junior analyst's fear of failing his first analyst exam. I told him my breast milk story in order to encourage him. I reminded him that at least he doesn't have such a feminine body issue so that he is already in an advantageous position. But later, my senior male colleague told me that telling my breast milk story to a younger male colleague was inappropriate and could be interpreted as sexual harassment" (July 24, 2005).

Kumari, an American-born Indian woman talked about how her maternal body offsets gender norms in the workplace. She was eager to tell me how she teased her male colleagues. When she put a bottle of breast milk in a fridge in the office canteen, she caught curious looks from her male colleagues. So she told them, "please do not use my milk for your coffee!!'" The men were embarrassed. In the morning, she greeted the male colleagues with, "Good morning, who wants to help pump my breast today?" (March 1, 2005). She giggled while telling her story. She is the president of a garment company, most of whose workers are Jewish men. The content of her jokes presupposes that her female body is a resource of sexual transgression in the heterosexual framework. Yet, her experience of "pleasure" originates from her body as a "(m)other - an excluded silent *Other* in symbolic formation of identity." Her actions seem temporarily

transgressive to the taken-for-granted ideas about what "decent" or "normal" women, mothers and female workers do in the office. Her reversal of gender power temporarily freezes the power hierarchy based on sex. Her erotic jokes forced her male workers to admit that she is their boss as well as a woman with feminine-specific conditions. Though she risked becoming an object of sexual desire, she avoided it by de-fantasizing men's view of her body. She put her sexualized maternal body in front of these men's face before they could see her body as an object of their erotic desire.

7. Machine and Disembodiment

Some mother workers evade or disassociate from the gaps between the maternal body and the hegemonic body image. These mothers imagine their body as a milk-making machine or a milk-making cow. These metaphorical representations of the body are a way to evade or disassociate from their negative embodied experiences. The mothers imagine their bodies are milk-making machines and/or cows when they are forced to breastfeed.

Meghan is a 36-year-old white American and mother of a seven-month-old girl. She is also a director of a public relations office in a Manhattan. After pumping milk in the office for three months, Meghan confessed that she felt like a cow. At home, she felt like a milk-machine especially when she had to breastfeed at inconvenient times.

> Akiko: When you put a pumping machine on you, what do you feel?
> Meghan: I feel like I am a cow
> Akiko: Does it bother you?
> Meghan: It does. Then, I think about what my options are…it's just a little amount of time and it's worth it. I feel more like *a milk machine* at 2:30 in the morning when the baby cries and cries and I have to feed her.
> Akiko: Even though she latches on to you, you feel the same…

> Meghan: I feel it even more.
> Akiko: That's means whatever you have to do against your will, you feel in that way
> Meghan: yeah (Meghan April 30, 2007, Emphasis added).

Mai recalled that she perceived her body as a milk tank for 18 months. In addition, she had to monitor her own diet while breastfeeding because her baby had allergies.

> Mai: "Using the pump machine, I feel like a *dairy truck*. Even when I breastfeed my child, I feel like a *milk tank*. I really want my body back to myself after breastfeeding my child for 18 months. I was originally thinking to do it for 6 months, but I found out that my daughter has an allergy to regular formula. My doctor advised me to restrict my diet as well as breastfeed her for another 6 months" (March 1, 2007, Emphasis added).

Mothers imagine their bodies as a machine when they have to breastfeed against their will. Japan has the image of a robot society where the utilization of high technology deeply permeates people's life styles. Mothers imagine their body as a breastfeeding machine, but what do they think about asking a real machine to do their work? According to research by *Wakodo* – a leading Japanese baby food maker company, a majority of Japanese mothers is reluctant to ask a robot to do household and child caring chores, especially when it comes to day-time breastfeeding. During the night, however, 27.9 percent of mothers would ask an imaginary robot to help them, especially when it comes to soothing a crying baby or night-time breastfeeding. (Wakodo 2008). The data were from written responses by mothers who had more than three children by the year of 2001. The sample population was 228 mothers who had a child younger than 5-months-old. The questionnaire asked, "Suppose, there were a child-rearing robot; for what kind of child care tasks do you want to or not want to rely on it?" The top three answers for the

"Don't want to ask robot" were (1) breastfeeding (46.1 percent), (2) bathing baby (18 percent), (3) changing diaper (13.2 percent). The top five answers for the "Want to ask robot" were (1) Food and milk preparation (18 percent), (2) play with older children (15.4 percent), (3) washing clothes (14.9 percent), (4) night-time breastfeeding (14.5 percent), and (5) soothing and taking care of night-time baby crying (13.2 percent).

It is said that the breast pump erases pleasure, needs, satisfactions, and pain (Blum 1999:55). She makes it sound like it has a narcotic effect on the maternal body. What Blum speaks to are solely direct mother-child based feelings. What I found was that using a breast pump does not necessarily erase of the pleasure, needs, satisfactions, and pain related to mothering. Breast-pumps help mothers experience pleasure outside the direct mother-child interactions. Using a breast pump at work is a very different experience than bio-medical technological interventions - such as injecting anesthesia - in the delivery room. Acts of expressing or pumping breast milk at work creates various kinds of feeling for mothers. The words they used to characterize their feelings are "amazed, proud, restless, annoyed, joy, pain, guilty, pleasure, glad," etc. Many mothers talked about their ambivalent feelings toward their experiences of machine embodiment: amazement/disappointment; annoyance/happiness; guilt/pride. Negative feelings such as *annoyance* are accentuated by stressful work circumstances such as receiving constant disapproval of breastfeeding at work by colleagues; busy, highly demanding and irregular work schedules; constantly changing worksites; many required business trip, and no breastfeeding facilities at the worksite. Following are the negative and ambivalent voices of mother workers.

Lynn: *I was more disappointed* that I have no place where I actually could do [express milk]. My workplace did not encourage it, and there is no kind of concession for that (February 15, 2007, Emphasis added).

Angela: I felt because… I have a sister-in-law, who has a nice position and works for a mother-friendly company. They have a private room. They have provided music and chairs. Thinking that, doing my breastfeeding, I feel like a-ha…you know it's kind of *sad* but can you imagine that working at certain companies they have to use a bathroom, I feel like *I should feel blessed with that because at least I have a locker room* (February 11, 2007, Emphasis added).

Agnes: *A little guilty* of spending 40 minutes, nobody dares to tell me anything because you threaten them with a civil action of some sort, you know, you deprive my child's feeding. I have a supervisor telling me, "I don't understand why you have to do it so long! Formula is just as good. Why you choose to do this!!" I always tell him, "It's up to my daughter!!" You know, like, I am too old for people to intimidate me (April 6, 2007, Emphasis added).

Erika: *I was worried* that people may open the door, *I could not relax.* I was thinking about work (Emphasis added. April 11, 2007).

Maki: I was *stressed out* for 15 months balancing mothering and working. The boss made my working hours flexible from 9AM to 5PM to 7AM to 3PM. Another sales assistant covered me after 3PM because other workers worked until 5PM.Although we work the same hours, from others' eyes, I looked like working less hours than others. *I felt guilty for being treated in a special way*. I felt I was taking advantage of my situation. I am the only one in the office who has a small child. There are many single workers, never married or divorced. At the same time, *I felt guilty missing the hours with my child.* I felt "ah, I *am hungry* and I hope this will finish quickly". I try not thinking about work. I think about my child because I heard that produces more milk (March 1, 2007, Emphasis added).

Meghan: *It's very stressful* to me. Because I worry about not producing enough milk, and there are hundreds of other things to do at the same time. *I was worried* about that 20 minutes I used for pumping so I try to find 20 extra minutes to work (April 30, 2007, Emphasis added).

At the same time, a mother talks about how amazed she was to discover her body's capacity to produce milk. Karla and other mothers expressed feelings of astonishment, joy, empowerment at their productive machine-like bodies. At the same time, they feel annoyed with over-productiveness.

> Karla: I felt fortunate to have an office with a door that locked when I compared myself with other mothers who have to do it in a restroom. I was pretty proud about it, how much milk I could get. I was always kind of *amazed.* That's *annoying*, I actually worked while I pumped, I was able to type with one hand while I pumped (March 6, 2007, Emphasis added).

Other than that, she feels disappointed about being away from her baby and cannot directly latch her baby on her breasts. The breast pump certainly reminds mother workers that they are substituting a machine for their babies' mouths. Such feelings are expressed in the following interviews.

> Kathy: *The office space gives me the feeling that what I am doing is very artificial*. I mean pumping in general, breastfeeding feels like the most natural thing at work, when the baby latched on me and I breastfeed her it is the most natural thing in the work, but using pumping seems to me the most unnatural thing in the world. Almost no matter where you are, when if you combining that with being in the office environment, which frankly not natural setting for doing that either. Cold and metal and….I felt, I guess it depends on my mood, I felt, ..ah, annoyed at the inconvenience of having to do this, and largely as a result of that I felt I dedicated, I'm really showing that I am dedicated to my child by doing this because it would otherwise be a totally absurd thing to do, you know, stay here and doing this. (Laugh)
> Akiko: You mean, how other people find you doing this….
> Kathy: Yes, yes, It seems silly, but you know overall, I felt like it is an inconvenient part of the day, but ultimately whatever, whether breastfeeding my daughter or pumping, physical comfort has a lot to do with how I felt about the whole process. *Obviously the pumping itself is hurting, I feel sore, then my feeling about it is much more negative, but I was able to do it in my office, shade closed, with a*

> *little bit of music going on, something to do, then my overall feeling was, oh, this is worth it for my daughter, it is not really much time.* Luckily, my work place provides me a private spot to sit comfortably, and do this, so, you know, a sort of range of feelings while doing this (May 10, 2007, Emphasis added).

Sidney: *I really hate it.* I hate it because its huge ah… you know time-suck. Takes twenty minutes for each side, you cannot do anything, it interrupts your day, it's a very mechanical process. *I mean a joy with breastfeeding for me is the connection with, relationship with my, daughter and replacing that with a machine so it is just mechanics and expressing milk, which isn't the most pleasant experience. I have nothing to gain from it. The only positive from it is that I'm doing something to maintain the supply for my daughter.* But other than that it's a huge waste of my time, I can't type, I can't write, I can't think, I can't read (March 1, 2007, Emphasis added)

Almost all breastfeeding mothers in Japan and US said that their baby's mouth is the best device to express breast milk.

Eve: I felt embarrassed because pumping a breast is not as natural as nursing a baby directly. In my mind, the right way of doing it is not pumping and putting milk in the bottle. I didn't like it. First, I resisted it because I felt guilty about being at work and away from the baby. But after a while, I got used to it. I felt pumping kept me breastfeeding at home. It doesn't feel strange now. It feels more right now. I feel better, relaxed with pumping (May 12, 2007).

Ida: What I could recall about expressing milk is actually diminishing my milk supply because it is only the child that produces the milk supply. The machine does not do the same work. I remember that I was thinking about "diminishing my milk supply" over and over again (March 1, 2007).

Sometimes it helps mothers to experience the satisfaction of reserving breast milk for their babies by believing that they are doing the best thing for them. A mother said pumping breast milk is painful but it really depends on the circumstance. If a mother can relax on a couch and listen to music, painful feelings can be replaced by positive feelings.

When she has to pump her breast milk in a car facing a parking lot wall in a corporate garage, she said that her physical pain increases.

> Britney: *I was very glad to be doing it for my daughter*. It was very difficult to be relaxed. *I felt I was an animal, I thought I was a cow…that was my own idea, and I don't think anyone made me feel that way, It was just the sound of motors,* I even feel the same way when I am at home doing it. If I have to pump at home for any reason, you know (April 4, 2007, Emphasis added).

Senna, mother of 5- and 3-year-old girls, works as a TV producer for a major financial broadcasting company. She said "I want to do it for my baby, a good *investment* in my child..." (Senna April 7, 2007, Emphasis added). Parents use the word *investment* not only when talking about finance or capital but also about education, nutrition and even unconditional love - as an *investment* for their children's great future. In market-oriented societies, mother's milk is a parental *investment* for the physical and mental wellbeing of a child now and in later life. These highly educated professional mothers are motivated to invest in their children's future. This is a capitalist vision of nursing and nurturing good citizenship in a society which is deeply steeped in a commodity oriented consumer culture. At the same time, although mother's breast milk is said to be an ideal investment for future citizens in 21st century American society, it cannot be achieved by every class of mothers. Socio-economically and disadvantaged working mothers, for example, are not able to afford it. Therefore, in the 21st century in the US, breastfeeding is a privilege of women in certain classes, races, ethnicities, and religions.

Some mothers try to think of the nursing moment at work as an opportunity to relax and meditate. By doing that, they can produce more milk and refresh their minds to

return to work refreshed and more productive, a demonstration that the ethic of hard work is never lost when mothers use break time to express milk.

> Senna: *I just read magazines….nothing really. I try not thinking about work. I try to think about my child. I need a break sometimes.* You know, I equate it with a smoking break. I don't smoke, but take my break and come back. Work is always in the forefront of my mind. My business conversation over the phone lasted an hour and that delays my pumping time (April 7, 2007, Emphasis added).

> Stella: Somedays, I feel, I am doing everything wrong, I even feel like I'm messing up other areas, *I feel that nursing makes me sure that I am doing something right*. At least I have nursing, they are happy and they have comfort, at least I am doing the right thing (October 24, 2006, Emphasis added).

As Davis-Floyd argued, experience of disembodiment is not always unappreciated by all maternal bodies. Some professional women appreciate breast pumps as tools to control their uncontrollable biological nature (Davis-Floyd 1994: 229). Ida, economist at an international non-profit organization, is a good example of this.

> Akiko: Have you ever thought of your body as a machine that produces milk?
> Ida: No, no no no
> Akiko: Have you ever thought that your body is used to nurse a child?
> Ida: I never had those feelings
> Akiko: So you think that you are in totally control of your body
> Ida: Absolutely
> Akiko: Because, some people think that your body has to adjust to lactating your child, so,..
> Ida: Yes, everybody has to adjust to new schedules once you have a child. Those issues never come up for me.
> Akiko: How did you do it? Did you do so manually or using a pumping machine?
> Ida: I never tried manually. I bought a machine before I gave birth to my child. First of all, I did two at the same time to save time. Second of all, I bought a machine, that kind of looks like a briefcase because I cannot go to my office, my workplace, with a bag that looks funny. *The criteria were two: at the same time to save time,* absolutely, because you use up the time, you may only have 20 minutes, so you

> can't, nobody has 40 minutes at work, you barely have 20 minutes. *Two at the same time, and a brief case, it looks like a professional briefcase* (March 1, 2007, Emphasis added).

Ida, efficiently organizes her work schedule so it does not interfere with her breastfeeding time, though she never thinks of her body as a machine that produces milk. That is, she feels totally in control of her breastfeeding body by calculating and planning everything ahead of time. At the same time, she never feels her body is like a machine or used for other needs by expressing breast milk at work.

Among my American interviewees, almost all mothers used breast pump machines[101], especially electric ones[102]. Electric pumps were much more popular than manual pumps because my respondents believed them to be more efficient. For example, Sidney and Erika think electric pumps are much better than manual ones. The idea of Taylor's scientific management can be applied to the effective utility of the breast pumping machine.

> Sidney: …The machine is much, much, better!! It's more efficient, you know. If you are working, it is just more practical. If you do it manually, …I even do not know how you get it,…(March 1, 2007).

> Roslyn: The electric pumping machine is faster. If I sit in a certain way, I can type and keep working. Checking e-mail, rarely can I take a telephone call (October 25, 2006).

[101] In general, there are two types of breast pumping machines: electric and manually powered machines.
[102] Initially, almost all of them thought that I wanted to know about the differences in feeling between electronic and manual pumps. That is because pumping devices were so popular among the mother workers that using their hands to squeeze milk was out of the question for many of them.

> Erika: I use an electronic machine. Electronic is faster than manual. The manual one gives me a little bit more control. I massage my breast, too (April 11, 2007).
>
> Phona: Whenever I am pumping, I am like a milking cow. That is the image that always comes to me, I am milking…,
> Akiko: Is that because of using a machine? If you do it manually….
> Phona: It's because of machine, it makes funny noises, and …I don't think anybody hears, when my husband calls, he can hear, waoo, waoo, waoo, I have caller ID, if I don't recognize the number, I don't pick up the call (October 26, 2006).

In fact, some mothers need to use a double breast pump machine in order to express enough milk within the limited time available at work. For example, Terry, a school teacher expressed her breast milk three times a day, morning, lunch, and afternoon in the classroom. She told me, "I was double pumping. I would prepare for my lessons, read something. Because of the rigid schedule, regardless of me finishing pumping or not, students come in the class on time. While I eat I pump. In the morning, I plan for the day" (October 26, 2006).

On average, working mothers express breast milk, two to three times a day including lunch time with about 15 to 30 minutes for each break period. Some fortunate mothers, Melanie, Stella, Ida, Agnes, Kate, and Senna, had nursing/lactation rooms in their companies; and Phona, Karla, Sidney, Jean, Becky, Meghan, and Kathy pumped in their offices. Other mothers did so in classrooms during recesses, or in toilets, in any vacant room in a hospital, locker room or cubicle. Almost all said that they discreetly did public nursing, and one mother said that she did it openly.

Some of them prefer a manual pumping machine because it is gentler and quiet. Agnes said that the manual machine is better than an electric one because the electric one is much more painful.

> Agnes: The manual one is gentler and control a little bit better. The manual one, I thought, that was developed by a man, it is like a torture machine…(laugh)
> Akiko: Say it again? Manual is …
> Agnes: Manual is a little bit gentler…The electric one, I always felt like it is what a cow must feel like in those huge dairy farms. It's not, I mean, It was never. It was always unpleasant, a necessary task that I had to do. There is nothing as nice as being latched by my daughter and son, you know (April 6, 2007).

Britney said that the manual pump is much better than an electronic one.

> Britney: I used both electric pumping machines and manual pumping devices. The hand pump is much better. The one with the motors makes me feel a cow. The hand pump is different, you can take it to anywhere, not a huge thing, and I am able to relax and get milk to come out of it faster…. The reason I did not pump for my second child is that I hate the idea of pumping. I prefer my daughter to be there and I feed her. It is not very comfortable thing, until I discovered the hand pump, which I take with me everywhere, it not loud, and you know, oh, you know I broke my pump, I threw it because I was mad…(laugh) I broke it. That makes me feel that I am doing it by myself, not just an electronic, whooo whooo. It's different. (April 4, 2007).

Alisa said that the manual machine is quieter than the electronic one and that it does not bother others' concentration at work.

> Alisa: At work, I was too scared of the noise because I have a cubicle, I thought I cannot use the machine because it goes shooo-shooo-, I don't have a nursing room. I got an *Avent* hand pump, stick a sheet up in the cubicle. Nobody asked me anything. They thought I was

> meditating. I don't even remember that I said what I did, so I have pumped in a cubicle for eight months
>
> Akiko: I imagine that if you use the pumping machine with sounds, what kind of image people must have of what's behind the cubicle?
>
> Alisa: It somehow makes me think that any additional noise kind of means people are trying to concentrate. So it is most about the concentration issue so I don't really care much about whether people know I am nursing or pumping, but it's kind of weird the way that people even think of me as a mom. That is more of an issue; nobody in my office has a small child. Some people have grown children in college, but none of them have a baby or small children. So it was not really a concern about nursing per se. I kind of don't want to remind people that I had a child. Then it turns out that nobody cares. (November 16, 2006).

Among the American mothers I interviewed, only three mothers had an experience of hand squeezing their breast milk: Erika - an immigrant from Greece -, Agnes – a Latin American woman -, and Latoya – an African American woman. Latoya and Agnes experienced physical pain using electric and manual breast pumps. For example, Latoya, a 33-year-old, African American, a mother of three children, a former school teacher in Albany, New York, tried pumping her breast milk in the teacher's restroom and gave up after a week.

> Latoya: The pumping machine didn't work. I don't know how they (other mothers) use that machine. I don't like the machine. It pulls, hurts, and terrible. Maybe I was not using in a right way. I found squeezing by my hands is much better (October 27, 2006).

A majority of mothers I interviewed in Japan used their hands to express breast milk. Because many breastfeeding mothers are treated and advised by a midwife, "*Josanpu*" or "*Josanshi*", they become very familiar with the massage services of a

female midwife to facilitate their lactation[103]. In addition, many new mothers are advised against using a pumping machine which is believed to cause mastitis. Hisako, a Japanese mother of a five-year-old boy and one-year-old girl, works in a public service corporation in Tokyo. She returned to work after her children reached eight months. She expresses breast milk at the office toilet. Her husband is extremely supportive of her breastfeeding. She said, "After I gave a birth to my first child, my husband brought a pro-breastfeeding book to the hospital. He is "*Shizen ha*" – a naturalist. Actually, I found it after I married him, I did not know until then" (July 10, 2006). When she traveled at work, she hired a *Josanpu* to massage her engorged breasts to avoid "*Nyuseien*" - mastitis.

> Hisako: A funny story related to expressing breast milk at work is that my milk was everywhere in the hotel room when I was on a business trip. I went on a business trip with my male boss and while I was in my hotel room, my breasts became engorged and I ended up calling a *Josanpu* to the room. After she left, I found out that my milk was everywhere in the room (laugh)….You know, whenever the *Josanpu* massaged my breasts, milk sprinkled all over the place. Of course, my boss never imagined this (July 10, 2006).

She felt funny that her hotel room was wet from her breast milk. She also indicated that she found it humorous imagining her male boss discovering her milky hotel room.

Tomomi, mother of two children living in Japan, is a Ph.D. candidate, and she expresses breast milk at the university. She told me that hand expressing is much better than using a machine. She carries a towel, milk container, and breast pat whenever she

[103] The word *Josanpu* applies to a female midwife and the word *Josanshi* applies to both male and female midwives. In the next chapter I will discuss some gender issues that arose in introducing male *Josanshi* in Japan.

goes outside. She stands and expresses in female restrooms in the university. In Japanese style restrooms for at least 15 minutes, then she discards it. She wants to maintain a steady production and avoid engorgement and pain. Because she thought that breast milk need not come directly from the maternal body, she used a bottle to feed her first baby breast milk after hand squeezing it. She repeatedly told me that hand squeezing is much better than machine pumping.

> Tomomi: Squeezing by hand is better…a breast milk pumping machine is heavy, not efficient in terms of time. Once I mastered the skill to squeeze breast milk by hand, it is much faster than the machine. I can squeeze all mammary glands… The hand squeeze is equipped to subtly adjust pressure that cannot be done by the machine. It is unnatural to pump breast milk by pressuring the areola because milk is produced in the areas under the arms (August 26, 2005).

She recalled an interesting experience when she attended a circle group that promoted breast feeding in Japan. As she did before with her first child, she fed her baby breast milk with a bottle, other mothers curiously cast questioning eyes on her. Tomomi said, "They looked at me and questioned, "Why? She feeds breast milk by the bottle?" (August 26, 2005).

Tomomi's inclination to use a bottle can be understood as a way to liberate her maternal body from feeding norms. According to Pam Carter, in *Feminism, Breasts and Breast-Feeding* (1995), breast feeding is a complex negotiation of control and bodily autonomy. Carter reacts to the popular feminist question whether bottle-feeing or breast feeding liberates or further confines women's bodies to biological definitions of woman and domesticates women's bodies. "On the one hand, the bottle-feeding might appear to potentially free women from the constraints of reproduction, thus minimizing sexual

difference; On the other hand, bottle feeding might deny an important part of womanliness, exposing mothers to exploitation by baby milk manufacturers and to male definitions of sexuality" (Carter 1995: 214). Carter tries to overcome "the limitations of the 'difference versus equality' discourse" (Carter 1995: 240). She notes that "Hence, bottle feeding was used by some women in this study to gain more control and to resist oppressive social relations….Bottle feeding is not a route to gender neutrality. Rather, it is useful to analyze the complexity of power relations both at micro and macro levels at the same time as identifying resistances" (Carter 1995: 233). She continued, "Although 'choice' of breast or bottle offers women a way of managing women's lives, it does not tackle the mechanisms of control and the lack of resources which limit, rather than expand, women's choices in relation to how they care for their children, and how they use their bodies" (Carter 1995: 234). Carter proposes that "we need a language which helps to take sensuality and *pleasure* out of a completely (hetero)sexualized area" (Emphasis added. Carter 1995: 232). It is very hard to find a language to speak about the maternal body image outside the heterosexualized area because the body image of (m)other has been constructed and maintained within the heterosexual normative and male hegemonic framework. Counter discourse is always born out of the grand discourse. Therefore, without a heterosexualized area, we cannot find a language outside the heterosexualized area. The more we create a language against heterosexuality, the more we remind ourselves that heterosexuality is the core condition of our existence. Mother workers voluntarily support this system despite the restrictions on their bodies because it is the very condition of their ontological security and most imaginable place to establish a healthy social identity.

I also asked which is more embarrassing for them, using machine or hands, if their expressing breast milk is accidentally seen by others at workplace. Majority of Japanese and American mothers said that machine is less embarrassing than a hand squeezing in the case of accidental exposure. Sayaka and Fumiko said the machine covers their entire breast and its purpose is unambiguous – no mistaking food production for sexual pleasure (Sayaka and Fumiko). For these women, breast pumps desexualize their body. The machine preserves a secure sense of self by avoiding any chance of stigmatization.

A mother's perception of her own body as a milk machine is often interpreted as a sign of disembodiment, of losing control over her own body or experiencing alienation. Kathy said that by direct interaction with a machine instead of baby, she feels like she is becoming an object for someone else's (the baby as other) benefit. She also said that she appreciated her own body capacity after experiencing pregnancy and breastfeeding by getting in touch with [her] animal nature (May 10, 2007).

> Akiko: When you attach the pumping machine, what kind of perception do you have of your body?
> Kathy: I mean, you know, I think one of the interesting things about motherhood is both the good way and bad way you're in touch with your animal nature. I don't know if it's in every culture but in the US we think about ourselves as learning about some of our capabilities. Pregnancy is the same, learning the capability your body has, getting involved is very interesting so that is the positive. I think that the negative is the machine. This is part of what I meant before when I said, *breastfeeding is very natural and the machine is very unnatural. The machine makes me feel like an object for someone else's benefit whereas breastfeeding never made me feel an object even though I just as directly benefit someone else*. I mean I was benefiting, too, by bonding, by direct contact, and you know by closeness. Direct interaction with a machine instead of person, that is when objectifying nature comes, I have been in *barns of cow's milk machines*, when the times that imaginary came off …

> Akiko: How about the words: "disembodiment" and "desexualization" do they come to you?
> Kathy: I think disembodiment more when it comes to pumping. I never really thought about pumping in a sexual way, positive or negative. But I found the experience of pregnancy, and breastfeeding made [me] more accepting [of myself] as a physical being than I had felt before. It was not so much about it…[my body]. It was clearly secondary, you know, I felt clearly less important about my body. The mind was always first, but parenthood, being pregnant and breastfeeding and also daily hugs and lifting, physical uses, the *physical nature of directly helping other people has made me more appreciative of my body's capability*. And that even extends to the sexual realm, you know I am just more comfortable. You know at this moment, you know I gained more weight, so I am not comfortable with that, but in terms of my body in general, I think the whole experiences made me more comfortable, pregnancy and breastfeeding (May 10, 2007, Emphasis added).

The ideal worker's body reflects the body image of the machine from the time of the industrial revolution to the period of mass production. A good machine is totally controllable and free of any bio-physical conditions that hinders the organizational goal of production. In the late 20th century, machine body images of workers became obsolete and were replaced by the fancy body image of the professional worker. Quite similar to its forerunner, the professional worker is expected to work rationally and efficiently to meet the organizational goal of production. At the same time, due to an increased sensitivity toward sexual politics at work, the professional body is labeled as an asexual body. The professional worker is regarded as a champion gatekeeper in a sanitized workplace: keep sex out of the workplace. Consequently, menstruating, gestating, lactating and nursing are commonly viewed as irrelevant or even negative characteristics that impinge on organizational work goals. Barbara Rothman characterize these aspects, "the ideology of technology [that] informs us that all bodies are machines;

the ideology of patriarchy says that men's bodies are better machines" (Rothman [1989]2000:33).

In the technologically advanced societies of Japan and the US, the body-machine metaphor still serves as a common conceptual ground to describe workers' body images. This is partly because the body is a reflection of the institutionalized process of rationalization in corporations. As Barbara Katz Rothman states,

> In technological society machinery serves as the prototype for organizing life…In technological society we apply ideas about machines to people, asking them, too, to be more efficient, productive, rational, and controlled. We treat our bodies as machines, hooking them up to other machines, monitoring and managing bodily functions (Rothman 1989:53).

Alisa talked about the machine body image based on her own breastfeeding experience at work. She was pumping breast milk in her cubicle, and she covered herself with a sheet. She used a manual pump so as not to bring attention to herself.

> Alisa: I think that *basically all human functions don't fit well in work settings,* … it is awkward to sneeze at work, it is awkward to have a bloody nose at work, it is awkward to fart, god … (laugh) of course its awkward you know, menstruation is awkward, just about anything is awkward at work.
> Akiko: So you are expected to have a non-human body?
> Alisa: *Yes, because in work, you are not supposed to have a human body; you are supposed to be a machine who works.* I mean people are not like that in my office, but you know the people in the office...are sort of you know, they are kind of… another form of equipment basically. *They are not supposed to have human functions* (November 16, 2006, Emphasis added).

For Alisa, the ideal working body is a machine that is free of noises. This certainly contradicts our perceptions of machines in the office, factory, and home. We know

that most machines make some noises. Yet, her vision of a noiseless machine is an updated consumer-friendly vision of the machine.

Kathy also states that the ideal working body image is like a machine that is free of human bodily functions.

> Akiko: What makes your nursing body different from other working bodies?
> Kathy: I think in general, *the message in the workplace is that bodily functions should interfere with work as little as possible.* If it looks like they are going to interfere with you, you should probably go home. When you are in pain or bleeding, anything that draws negative attention to your body.
> Akiko: Some female workers talk about feminine specific function as an excuse
> Kathy: I think it is an interesting topic because I have certainly met women who coddle themselves. People who have a little bit of menstruation pain, they have an excuse for everything, can't do this, can't do that, and feel that everybody needs to know about it. And my feeling is that there is a social setting people don't have to know about everything. That person would not be taken seriously as a worker. I think it's partly just that we are not comfortable with the fact that bodies are different, and we need to accommodate them as a society. But I think there is also an element that something that is predictable, you should have more medical benefits for it. My inclination is less information about that is better in the workplace because we have irrational reaction to things. Some medical conditions I might have a great deal of sympathy for, but someone in the next department is different, you know personal association…. I am excluding people who are also your friends from this (May 10, 2007, Emphasis added).

We all know, however, that the body is different from a machine. We know that the body feels pain and pleasure while a machine does not. Despite this fact, we still use machine metaphors to describe our bodies. We praise each other by saying, "you are as accurate and punctual as a machine!!" We often protest our work condition by saying "Don't treat us as machines!! We are not machines!!" or criticize each other by saying "you are as stupid and cold as an automaton!!" On one hand, we use machine metaphors

to idealize our body image. On the other hand, we use machine metaphor to praise human bodies that feel pain and pleasure.

D. Summary of Findings

Both mothers in Japan and in the US found that the complete desexualization of breastfeeding bodies is impossible in institutional life. The findings demonstrate that maternal bodies are marked as sexual by the evidence of lactating, engorgement of breasts, and nursing. Many mothers in Japan and the US claim that the ethic of asexuality in organizational life – by idealizing the worker's body as a sex neutral body – directly contradicts their experiences of lactating and nursing. Despite the limits it imposes on their bodies, many of them believe that the sex/gender neutral professional body is the ideal in the workplace. When mothers laughed about the incidents of accidental exposure of their breastfeeding practice to their naïve male colleagues, I found a trace of "heterosexual pleasure" in their voices. Accordingly, experiences of sexual pleasure in the heterosexual context are key to understanding why many mother workers protest the idea of a "hegemonic body image" at work. Indeed, many mothers feel ambivalent about the gaps between the lactating or/and nursing body and hetero-sexualized body images and the sex neutral professional body image at work.

Mothers adopted strategies – comply with, evade, disassociate, resist, or rebel against the hegemonic body image at work. Metaphorical descriptions of their body images – milk-making machine and milk cow - are understood as a way to evade and disassociate from harsh conditions of the nursing body and stigmatized maternal body image at work. Some mothers use these metaphors to desexualize their bodies in order to

nullify their hyper-feminine body image in the eyes of colleagues. Yet, the same metaphors are used by their colleagues to stigmatize the maternal body at work. A mother who initially evades her stigmatized maternal body image decided to rebel against the hegemonic body image after colleagues harassed her. The asexual norm at work – by idealizing the worker's body as a sex neutral body – taxes a female worker's body. They compare themselves with the ideal worker's body, modeled after a body which does not carry any female reproductive conditions. This is especially so for breastfeeding mother workers. Obviously the subject's occupational environment frames a mother's opportunity to balance nursing and nurturing baby and working outside.

Chapter 7: Breastfeeding Bodies, Reappearing and Disappearing in Public

Starting in the late twentieth century, breastfeeding bodies reappeared in American public places, while breastfeeding mothers increasingly disappeared from public view in Japan. In this chapter, I investigate the causes and possible effects of the reappearance and disappearance of breastfeeding bodies in public in the two countries.

A. The Reappearance of Nursing Bodies in the United States

1. The Emergence of Breastfeeding Mothers in Public

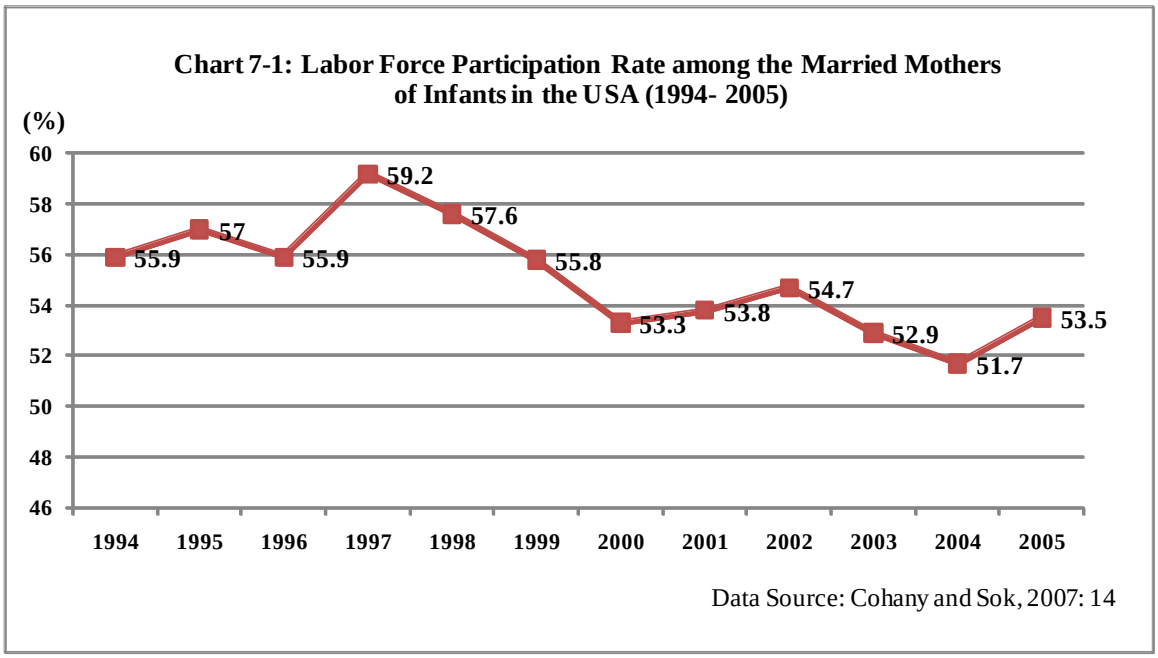
In the US, many people still feel uncomfortable around women who breastfeed in public. Within the heterosexual framework, the female breast is predominantly viewed as an object of sexual attraction (Blum 1999; Carter 1995; Stearns 1999; Wall 2001). In fact, public breastfeeding in the US was until recently labeled obscene. (De)sexualized nursing breasts coexist in two contradictory cultural ideals in America: a highly gendered pro-sex public sentiment and a strong faith in the legal governance of sexualized bodies. Consequently, American mothers face obstacles to breastfeeding in public. In fact, the sexualization of female breasts is a factor in explaining periodic declines in breastfeeding in the US (Foss and Southwell 2006:3). In American history, the status of breasts in public space, not only mothers' but female breasts, in general, have been problematic. Early in the twentieth century, the importance of female breast size and its appearance was culturally emphasized via messages that advertised bras, cosmetic creams, and cosmetic surgery. Women in the last century learned that the appearance of breasts rather than their nursing utility was a prime source of feminine attractiveness (Yalom 1997).

In 1969, a group of American feminists made the symbolic gesture of burning bras to protest male-dominated views of women's breasts – firm and standing up as an object of male desire. "Unbound breasts show their fluid and changing shape; they do not remain the firm and stable objects that phallocentric fetishism desires. The bra normalizes the breasts, lifting and curving the breasts to approximate the one and only breast ideal…but most scandalous of all, without a bra, the nipples show. Nipples are indecent. Cleavage is good – the more, the better – and we can wear bikinis that barely covers the breasts, but the nipple must be carefully obscured…nipples are independent zones of sensitivity and eroticism" (Young 2003:156). Therefore, the public display of female breasts has been a controversial subject in America. In the US, some educated and politically conscious urban breastfeeding mothers argue that public breastfeeding should be legally protected. The Lactivist – a group that promotes public breastfeeding – encourages mothers not to feel embarrassed to breastfeed in public. In response to this social trend, breastfeeding rates in the US have steadily risen. "Breastfeeding rates in the United States increased significantly between 1993 and 2006. The percentage of infants who were ever breastfed increased from 60 percent among infants born in 1993-1994 to 77 percent among infants born in 2005-2006" (McDowell et al. 2008).

2. The Emergence of Breastfeeding Mothers at Work

In 2008, 59.5 percent of women were in the labor force in the USA (U.S. Department of Labor. 2009). As seen in chart 7-1, the labor force participation rate for married mothers of infants (child less than one year old), after reaching a peak of 59.2 percent in 1997, fell by about 6 percentage points to 53.3 percent in 2000 and has since then remained below 55 percent (Cohany and Sok. 2007:9, 14). This means that about

half of married mothers with children less than a year old and are in the labor force need to accommodate nursing schedules with work schedules every day until the completion of weaning.



Management of nursing schedules is especially challenging for the mothers who have decided to give only breast milk while working away from home. A recent survey conducted by the not-for-profit National Women's Health Resource Center (NWHRC) and *Medela Inc*, a leading breast pump producer, reveals that in America "32 percent of new mothers give up breastfeeding less than seven weeks after returning to work because of significant barriers. This is particularly true of women in retail settings, younger moms and those with lower paying jobs" (McCracken 2007). This finding supports Jodi Kantor's argument about class differences in managing space and time to express breast milk in the workplace (Kantor 2006). For example, while lawyer mothers were able to express and store their breast milk in their offices about three times a day with minimal

interruption, a mother who worked at a hotel information desk had to run down to a locker room to express her breast milk during her 30-minute lunch break. Given the American breastfeeding mother's experiences at work illustrated in Chapter 6, achieving a balance between good "worker-hood" and motherhood in a work environment unfriendly to breastfeeding taxes her body to. In addition to the social and structural constraints put in place by employers, the role incompatibility between breastfeeding and employment makes it more likely that mother workers will stop breastfeeding upon their return to employment (Lindberg 1996). Linda Blum states, "although mothers' attempts to breastfeed at work – with the baby brought in – have been problematic, with harassment, job dismissals, and lawsuits (Lowman 1984, also see Bonavolia 1983), employers sometimes also refuse to allow breast-pumping (see Foreman 1998)" (Blum 1999:81).

According to a sociological study about women's postpartum employment and breastfeeding behavior in the US from 1980 to 1986, mothers working full-time experienced greater conflicts breastfeeding and working than the mothers employed part-time (Lindberg 1996). Although mothers working outside the home initiate breastfeeding at the same rate as stay-at-home mothers, the breastfeeding continuance rate declines sharply once mothers return to work (Biagioli 2003). Mothers who work outside the home still face structural and attitudinal obstacles to continued breastfeeding after returning to work. As of 2009, 24 states have laws related to breastfeeding in the workplace (NCSL & State Net 2009). Yet, promoting breastfeeding varied from employer to employer. In reality, many work environments still fall short of supporting mother workers who continue to breastfeed while at working. The biggest barriers are

lack of space (private rooms or lactation rooms) and facilities for expressed breast milk (refrigerators to store breast milk), inflexible work schedules, and the absence of company policies allowing mothers adequate number of breaks to express their breast milk. Based on my interviews with breastfeeding mothers at work, I found to achieve successful breastfeeding, they needed on average a minimum of three breaks a day, each about 30 to 45 minutes.

In the US, no national policy covers maternity leave. There is only the *Family and Medical Leave Act*, which allows up to 12 workweeks of unpaid leave during any 12-month period. Most mothers who worked for private corporations in the USA return to work after an average of four months of leave which could be a combination of sick leave, vacation time, or other programs, including short term disability. In our interview, Jean, who shares the dominant cultural idea that it is not the employer's responsibility to accommodate women who choose to become mothers, told me her uneasiness taking maternity leave originated with the following idea.

> Jean: "Why should my company pay me to raise a kid, somehow structure into the society? I could see, somehow. Working mothers are valued asset …Why should they pay me to have a kid? It's not their responsibility… Unfair but I understand it. I am conflicted about it, I really am. Why is it the company's responsibility to pay for maternity? I don't know…what do you think? (Feb. 12, 2007).

Working mothers themselves, the expected recipients of maternity leave, are not 100 percent in agreement with a public policy that allows all working mothers to nurse at home until their child weans and shields them from financial and career risks.

B. The Disappearance of Nursing Bodies in the Japan

1. The Vanishing of Breastfeeding Mothers in Public

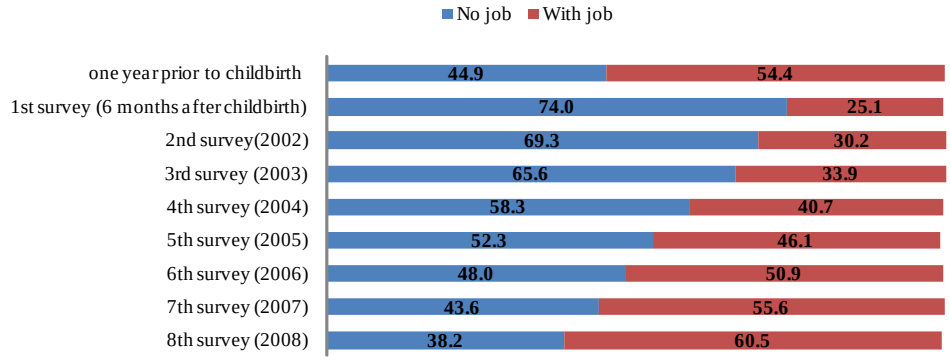
In Japan, the sexualization of female as well as maternal breasts came much later than in the US. Japanese people until the middle of the twentieth century had much more tolerance toward public breastfeeding than they do now. Even though a stranger or passerby occasionally casts an eye on a breastfeeding mother in public, the moral premise behind this interaction is that it is wrong to view breastfeeding mothers sexually. While the desexualization of maternal breasts was the civil ethic in traditional Japanese society, the sexual appeal of breastfeeding breasts was never completely eradicated. From the late twentieth century in Japan, an increase in childbirth hospitalization accompanied a declining breastfeeding rate. At the same time, women's breasts became increasingly sexualized under the influence of popular culture. Due to increased sensitivity toward breastfeeding in public spaces, department stores and train stations have 'nursing and baby care rooms.' People became less familiar with a sight of women breastfeeding in open places in public. Even at home, due to a shorter span of child birth and decline in the birth rate, older children saw their mothers breastfeed less.

2. The Vanishing of Breastfeeding Mother at Work

According to the year 2001national survey in Japan, only 25.1 percent of mothers were employed at six months after childbirth. This rate gradually increased in 8 years to 60.5 percent (MHLW 2010). This datum indicates that the majority of mothers with

children less than a year old are now working while nursing babies.

Chart 7-2: Changes in proportion of employed and unemployed mothers after childbirth



Data Source: MHLW of Japan. 2010. Figure 2 Changes in the proportion of employed and unemployed mothers in the Outline of the Eighth Longitudinal Survey of Babies in 21st Century.
Note: 1st survey was took in 2001, and following surveys are took in every year after since then.

As an effort to raise the birth rate in Japan, the Japanese government introduced "*Ikuji Kyūgyō Hō*" – (*Childcare Leave Law*) in 1991, enacted April 1992. *Act on the Welfare of Workers who Take Care of Children or Other Family Members Including Child Care Leave* was introduced again in October, 1995. In April, 1999, *Child Care and Family Care Leave Law* became a national obligation to establish a family care leave system. In April, 2005, the law expanded to cover the part-time workers and establishment of sick/injure child care leave system. The law was revised again in 2009 to encourage more male workers to take leave and improve work-family life balance. The idea behind this law is that the government and corporations are obliged to protect the health of mothers and children, especially after childbirth and while nursing infants. The promotion of this system erased nursing mothers from the workplace and relieved employers of the responsibility for providing nursing facilities at work. In general, Japanese working mothers have the choice of (1) returning to work after taking eight weeks of maternity leave and one year of childcare leave, (2) returning to work after

taking eight weeks of maternity leave without taking childcare leave, or (3) quitting work after childbirth or during pregnancy. In the original Child Care Leave system, although there was a year's childcare leave, many mothers quit work before they took it because there was no legal assurance of income during the period of childcare leave. In addition, because absence from work may affect careers and semi-annual bonuses, many mothers did not take leaves.

C. Effects of Appearance and Disappearance of Breastfeeding Bodies in Public

Differences in cultural ideas about nursing bodies and public policies toward nursing mothers explain the reappearance and disappearance of the breastfeeding in public in contemporary America and Japan. In the US and Japan, family friendly corporate policies mean creating family friendly work environments by providing onsite childcare, flexible work-time schedules, and a network of breastfeeding workers to balance family and work lives. For American breastfeeding workers, a family friendly workplace means the employer provides breastfeeding facilities at worksites and a breastfeeding friendly environment. For the Japanese, promotion of yearlong child care leaves has led to the idea that breastfeeding is better done at home than at work. What are the possible effects of differential perceptions on breastfeeding practice?

There is a cultural significance in the visibility and physical presence of the nursing body in the workplace. Everyday battles of breastfeeding mothers in the workplace to normalize the presence of lactating and nursing bodies at work slowly extend the limits of the worker's ideal body. This is indispensable praxis for the future achievement of sex equality at work and in the public sphere in general. The tears, sweat,

and even spilled milk at work presents an opportunity to challenge the ideal asexual body within the heterosexually normative and male hegemonic system, as well as the opportunity to question the sexualization of nursing breasts in public.

The physical disappearance of the nursing body in Japanese corporations and public settings in the light of "maternal protection policy" – long maternity and child care leaves - may not have the same effect. It risks promoting the domesticity of nursing mothers. The ideology behind the classical maternal protection policy is that mother and minor are weak in emotional, physical, and/or mental abilities and unable to protect them from public harm; thus, government and male guardians need to protect women instead. Although family and child leave law does not advocate for such ideas and is targeted at both sexes at work, huge gaps between the proportion of women and men who take leave reflects long held traditional ideas - child care as a woman's primary role and the physiological and emotional for children of staying at home with mother until three years old. Therefore, the maternal protection policy implied by the childcare leave reasserts the traditional sexist view of mother/woman as a weaker sex in public space.

Chapter 8: Gendered and Gender-blind and Sex-blind Public Policy and Law

In this chapter, I discuss adverse effects in achieving sex equality at work by promoting gendered and gender-blind public policy and the legal governance of (de)sexualized bodies at work. I discuss the cultural ideologies behind the 2009 revision of the *Child Care and Family Care Leave Law* in Japan and the 2010 revision of the US *Fair Labor Standards Act* of 1938 (FLSA), which provides labor protection regardless of sex differences and now includes the promotion of breastfeeding-friendly workplaces. In summarizing the historical paths toward gendered public policies in Japan and gender/ sex- blind public policies in the US, I discuss inherent ideologies behind these laws, and the inherent shortcomings of the original laws, and how recent amendments to the laws try to balance gender equality at work. Then I explore what I have found to be pitfalls in promoting both gendered and gender- or sex-blind public policies.

A. Gendered and Gender-blind and Sex-blind Public Policy and Law

By gendered public policy I mean the public policy that aims to improve the disadvantaged gender group in accessing better health, wealth, education, and other public and private goods that are fundamental to achieving human happiness. These policies recognize that one gender group suffers an inherent disadvantage in improving their life chances. I am particularly interested in the promotion of gendered public policy and law as they pertain to the world of work, recognizing that women as a group continue to experience disparate treatment and opportunities. Historically, reformers have endeavored to promote female labor protection law in America and Japan, but they have faced the problem that their policies have in fact undermined their ultimate goals. The idea behind laws intended to protect female labor is that women are mentally and

physically frail and require legal protection in the public sphere. Consequently, women's opportunities to enter occupations that have been traditionally dominated by men, and the opportunities to earn the higher incomes that men have historically earned, have been limited. Laws that justify the emotional and physical incompetence of female labor have positively harmed the advancement of women. Japan has a longer history of implementing female labor protection law than that of America. In promoting maternalist public policies, the gendered division of labor in both public and domestic spheres is justified based on gender and sex power differences between men and women at work.

By gender-blind or sex-blind public labor policies, I mean the public policies that aim to improve various employment conditions for workers regardless of gender or sex. Such policies are intended to provide measures of equality for all workers in achieving fair labor circumstances. I call them gender-blind or sex-blind rather than gender-neutral or sex-neutral because such policies disregard the fundamental reality of gender and sex inequality at work. By idealizing professional workers as asexual or non-gendered laborers, they pretend to dismiss gender- and sex-based differences in workers' employment experiences. In the United States, the sexual harassment guidelines issued by the Equal Employment Opportunity Commission (EEOC) in 1980, guidelines that extended prohibitions against sex discrimination under Title VII of the *Civil Rights Act of 1964*. As a consequence they posited an asexual norm at work – wiping sex out of work - and have been increasingly perceived as the best way to fight against sex inequality and sexual violence in the workplace. American's perception of a sex- and gender-neutral professional body can be explained by a strong democratic faith the Constitution's ability

to achieve equality in the public sphere. Confidence in achieving sex equality by the legal governance of asexual norms in the public sphere is understood as an historical achievement of the civilization of the public sphere based on America's puritanical view of sex; that is, sex = dirty.

B. Toward Gender-blind and Sex-blind Public Policy and Law in the US

On March 31, 1776, Abigail Adams wrote to her husband John,

> I long to hear that you have declared an independency. And, by the way, in the new code of laws which I suppose it will be necessary for you to make, I desire you would **remember the ladies and be more generous and favorable to them than your ancestors**… Men of sense in all ages abhor those customs which treat us only as the (servants) of your sex; regard us then as being placed by Providence under your protection, and in imitation of the Supreme Being make use of that power only for our happiness (Adams March 31, 1776, Emphasis added).

In April 14, 1776, John replied,

> **I cannot but laugh**…. Depend upon it, we know better than to repeal our masculine systems. Although they are in full force, you know they are little more than theory. We dare not exert our power in its full latitude. We are obliged to go fair and softly, and, in practice, you know we are the subjects (Adams April 14, 1776, Emphasis added).

May 7, 1776, Abigail responded,

> I cannot say that I think you are very generous to the ladies; for, whilst you are proclaiming peace and good-will to men, emancipating all nations, **you insist upon retaining an absolute power over wives**….But you must remember that arbitrary power is like most other things which are very hard, very liable to be broken; and, notwithstanding all your wise laws and maxims, **we have it in our power, not only to free ourselves, but to subdue our masters, and without violence, throw both your natural and legal authority at our feet** (Adams May 7, 1776, Emphasis added).

On August 26, 1920, 144 years after Abigail Adams' famous "Remember the Ladies" letter, Secretary of State Bainbridge Colby certified the adoption of the *19th Amendment to the Constitution*, granting women the right to vote. After the victory for

women's suffrage, the National Woman's Party (hereinafter NWP) declared that the US Constitution needed to affirm that women and men have equal rights under the law. In 1923, Alice Paul, suffragist leader and founder of the NWP, wrote the text for the Equal Rights Amendment (ERA), affirming the equal application of the U.S. Constitution to both females and males. Reformers who had worked for protective labor laws were afraid, however, that the ERA would wipe out the progress they had made. *Muller v. Oregon* (208 U.S. 412; 1908), a landmark US Supreme Court decision that justified both sex discrimination and the constitutionality of labor laws, made protective labor law the prevailing policy choice among national political leaders . In *Muller v. Oregon*, a 1903 Oregon statute, which limited hours of employment for women, was upheld. Curtis Muller was convicted of making female employees work more than ten hours in his laundry and fined $10. He challenged the law before the Oregon Supreme Court and eventually the US Supreme Court. Justice Brewer delivered the opinion of the court explaining, "…woman's physical structure and the performance of maternal functions place her at a disadvantage which justifies a difference in legislation in regard to some of the burdens which rest upon her. As healthy mothers are essential to vigorous offspring, the physical wellbeing of woman is an object of public interest. The regulation of her hour of labor falls within the police power of the State, and a statute directed exclusively to such regulation does not conflict with the due process or equal protection clauses of *the Fourteenth Amendment*" (Muller v. Oregon 1908). Louis Brandeis, counsel for the State of Oregon argued for granting female workers limited hours of employment based on their sexuality. He submitted a document (later dubbed the "Brandeis Brief") based on the experiences of female factory workers that described the unique female physical

experience of long hours of standing that caused back pain, pain in legs and arms, and headaches, especially occurring during menstruation (Toyoda 2007: 17; Brandeis 1907).

This event was followed by introduction and promotion of female protective labor laws by middle class social reformers such as Jane Addams, Florence Kelly, and Mary McDowell during the 1910s (Toyoda 2007:16; Brandeis 1935:462; Skocpol 1995:373-375; Sasanuma 1995:83). Forty-one states passed female protective labor laws that limited the hours of labor for women. Many states limited women from working at night and at dangerous sites. These laws presupposed female workers to be "weak laborers" in the same category as children, who lacked the ability to defend themselves and appeal to their self interests. Male union members did not interfere with the promotion female protective labor laws. For them it was the most effective way to undermine female workers' bargaining power in labor market by keeping them less competitive. While female labor protection saved female workers from adverse labor conditions, it limited equal employment opportunities for women and excluded women from labor unions. In 1903, the Women's Trade Union League (hereinafter WTUL) was formed to support the efforts of women to organize labor unions and strongly supported protective labor laws in order to eliminate sweatshop conditions. In 1920, the Women's Bureau was established in the U.S. Department of Labor and headed by Mary Anderson. The Bureau supported the protectionist laws. The ideology behind the laws was that women belonged to the domestic sphere and their primary role was home management. By unconditionally believing that women were happier becoming wives and stay-at-home mothers with children and no financial burdens, family-centered motherhood came under the protection of the government (Toyoda 2007:19-21, 24).

Initially, Alice Paul, the NWP leader, hesitated to oppose the protectionist legislation but slowly inclined toward supporting protectionist labor law for female workers. Gail Laughlin, a legislator from Maine, strongly argued that protectionist laws, positively harmed women's economic and social advancement. Paul argued that both men and women should be covered by labor protection law, reflecting the position of the International Labor Organization and International Congress of Working Women (Toyoda 2007:27). In 1938, Congress enacted the *Fair Labor Standards Act* that mandates a wage premium of 1.5 for hours over 40 per week, and regulation of child labor, all applied regardless of sex. During the World War II, female workers increased from 13 million to 19 million. The War Management Commission (hereinafter WMC) was founded in the spring of 1942, and under the WMC, the Women's advisory Committee (hereinafter WAC) was formed that summer. WAC accepted that increasing the number of female workers during the war was a temporary phenomenon after which they would return to the home and raise healthy families (Toyoda 2007:33; Sato 1997:90-92, 2003:29-31, 249-250). Under the guidance of National War Labor Board (NWLB) women's increased participation in traditional male occupations during the war, however, became a step toward the elimination of wage differences among the workers in the same or similar work. In fact, the idea of pay equality between men and women led to the founding in 1944 of the National Committee to Eliminate Wage Differentials Based on Sex (Toyoda 2007:334; Sato 2003:191-194; 1997:98-99).

By and large, there were two ideological currents in the US regarding female labor policies. One current, associated with protectionist legislation and promoted by WTUL, held that female workers should be protected by the government. The other

current stressed that women should be treated equally at work and found backers among supporters of the ERA such as the National Women's Party. In subsequent years, the idea of sex equality based on the ERA increasingly prevailed in the US. In 1972, the ERA passed both houses of Congress but failed to gain ratification by the states before its June 30, 1982 deadline. In 1980, the Equal Employment Opportunity Commission (EEOC) issued regulations defining sexual harassment as a form of sex discrimination prohibited by *Title VII* of the *Civil Rights Act of 1964.* On July 21, 2009, Representative Carolyn B. Maloney, Democrat from New York, re-introduced the ERA in the House of Representatives. The fundamental spirit of female labor protection law, however, still lives in the *Pregnancy Discrimination Act* and the 2010 amendment to the *Fair Labor Standards Act* of 1938 (29 U.S. Code 207), which encourage breastfeeding-friendly workplaces.

C. Toward Gendered Public Policy and Law in Japan

During the late Meiji period prior to the Taisho period (1912-1926), John Stuart Mill's *The Subjection of Women* (1869) influenced male philosophers to question traditional male and female relationships in the Japanese household. These Japanese men opposed Japan's polygamous system and licensed prostitution system. Around 1887 (Meiji 20), Yukichi Fukuzawa discussed the importance of universal human rights and Emori Ueki asserted the necessity of women's suffrage and occupational advancement (Kaneko 1999: 14). They primarily argued, though, against the subjection of women within the domestic sphere rather than in public life largely ignoring issues of political and occupational equality between men and women. Japanese feminists took up

arguments against the polygamous system and licensed prostitution as a way to claim equality with men. In 1918, there were disputes over "*Bosei Hogo Hō*"- ("*Motherhood Protection Act*") between Raichō Hiratsuka, a feminist promoting maternalist public policy and Akiko Yosano, a feminist who believed that women's economic independence from men and government was necessary upon becoming a mother. The "*Bosei Hogo Ronsō*" - (motherhood protection controversy), which involved attitudes toward a mother's employment during childrearing was taken up by Kikue Yamakawa, a socialist feminist, who analyzed the fundamental differences between Yosano and Hiratsuka. Yosano approved of mothers' continued employment and insisted that public assistance for mothers and children was unnecessary and even harmful to women's independence. Yosano disapproved Hiratsuka's idea that mother and small child need public assistance. Yamakawa however, thought that abolishing economic relationships between men and women within the patriarchal system would lead to the liberation of women and men (Kaneko 1999: 108). Hiratsuka's maternalist public policy proved more popular because the economic independence of women claimed by Yosano was still unrealistic for most women in Japan at the time (Kaneko 1999:14-15). This dispute indicates that gendered public policies did not represent the opinion of the entire Japanese population. Nonetheless, the idea of providing public assistance to mother with small children was regarded as the most realistic public solution for overcoming the harsh economic conditions mothers with small children faced in the early twentieth century.

In Japan, factory law was introduced in 1911 and enacted in 1916. The law restricted work hours to 12 hours a day for women and the workers less than 15 years old,

mandated two vacation days per month, and five weeks of mandatory maternity leave.[104] Labor protection movements in Japan supported by maternalist public policies took off during the 1910s and 1920s after the ILO adopted labor regulations: hours of work in industry, unemployment, maternity protection, night work for women, minimum age and night work for young persons in industry in 1919. While Waka Yamakawa, a Christian maternalist advocated for maternal protection laws that would abolish late-night work for female factory workers. For Yamada, such a policy was enacted more for the sake of mothers than female workers. She thought that it was best for children to be taken care by their mothers at home. Maternalist policies liberated mother from laboring outside the home so they could stay close to their children (Toyoda 2007:42-43).

From 1928 to 1932, menstruation holidays became a labor union slogan in Japan (Toyoda. 2007: 46-47). In 1872, geishas in Tokyo[105] called the first labor strike demanding a menstruation holiday and for the improvement of their work environment. During the 1920's, menstruation holidays were a demand in a labor dispute over the wrongful dismissal of a worker at a *Kagetsu* restaurant in 1927. The government also recognized that women shouldered double duties: they increased the production of goods in industry, and they reproduced the Japanese race (Toyoda 2007:52). After the outbreak of war in 1937 and 1939, the government completely suppressed the labor movement. After the "*Kokka Sōdōin Hō*" - (*National Mobilization Law*) of 1938, employment opportunities for women became wide open. At the same time, women's lower wages were codified under the law, and the abolishment protective legislation forwomen and

[104] In 1929, women's late-night work was completely prohibited under the law. The factory law was abolished upon the introduction of the *Labor Standard Law* in 1947.
[105] Precisely in *Ebara gun* (Toyoda 2007:46).

children made it possible for women to work unrestrictedly. Nonetheless, the government still held to the idea that childbirth and childrearing were women's primary tasks. As a result, single women and women without children were first to be employed in war factories (Toyoda 2007:51-53).

In 1945, the war ended with Japan's unconditional surrender. As Supreme Commander of the Allied Powers (SCAP) in Japan, General Douglas MacArthur and his General Headquarters (GHQ) staff imposed political reform in Japan instituting a constitutional democracy based on the American model. The US firmly in control of Japan oversaw its political reconstruction, and in 1946, MacArthur's staff drafted a new constitution that renounced war and stripped the Emperor of his military authority. At this time, MacArthur also brought maternalist policies to Japan under the title of "liberation of woman", a part of the "Five Major Reform Directives" (Toyoda 2007:1). Maternalism is defiend as "exalted women's capacities to mother and applied to society as a whole the values they attached to that role: care, nurturance and morality" and that intended to improve the quality of women and children (Koven and Michel 1993:4). Given the gendered ideology behind American maternal policies, as exemplified by protectionist legislation from the1920s to 1930s, women were categorized as the weak sex (mentally and physically weaker than men) and as such their inferior status justified their receiving legal protection. In the same vein, for the staff of GHQ/SCAP, the legal protection of female and child labor was a priority for Japan's new labor law because the staff understood that Japan's rapid industrial growth prior and during World War II was based on the intensive exploitation of female and child labor. Although the alternative sexual ideology represented by the ERA already existed in the US, the GHQ/SCAP staff

believed that a maternalist public policy was a better approach for Japanese society at the time. In 1947, menstruation holidays were included in the *Labor Standard Law* after negotiations between GHQ/SCAP[106] and Japanese labor relations representatives.[107] In 1972, "*Kinrō Fujin Fukushi Hō*" - (*Working Women's Welfare Law*) was designed to protect working women's (maternal) bodies against harsh and dangerous physical work environments. In 1985 (enacted in 1986), the law was revised and became the *Equal Employment Opportunity Law* (hereinafter EEOL). It reduced previous work limitations on female workers and introduced measures promoting motherhood health care. The idea of "sanitization of the workplace" (Schultz 2003) was initially introduced to Japanese workplace at this time. Since then, Japanese workers began to believe that legal governance and worker's strict observation of asexual norms at work would eventually reduce sexual discrimination and sexual violence in the workplace. EEOL was amended again in 1997and enacted in 1999. It abolished occupational discrimination against females but not against males. In 2006, the EEOL was amended again and eliminated the stipulation that only females would be recognized as objects of sexual discrimination and expanded the law to cover men. In 2007, the new EEOL was enacted to prohibit sex discrimination at work.

C. Potential Pitfalls in Promoting Gendered Public Policies and the Gender-Blind Professional Body at Work

Learning from the experiences of breastfeeding mothers at work, I have come to conclude that gendered public policies and gender-blind policies, although seemingly at

[106] Members of the Labor Division at the Economic and Scientific Section (ESS) included Leonard Appel, John Murphey, Helen Mears, Dudley Davis, Dred Collet, Paul Stanchfield, Theodore Cohen, Golda Stander, Mead Smith, Sophia Balicka, and others (Toyoda 2007:68, 76-77)

[107] Fusae Ichikawa, Setsuko Hani, Mume Oku, Yayoi Yoshioka, Mutsu Kawasaki, Setsu Yano, Eichi Yoshitake, and others (Toyoda 2007:104-105).

opposite ends of the spectrum in their treatment of women and men in labor relations, are opposite sides of the same coin. In gendered public policy and law represented by *Female Labor Protection Law*, laboring bodies are explicitly categorized as either female or male and the female body is implicitly viewed as inferior. In gender-blind or sex-blind policies and law represented by the *Fair Labor Standards Act*, all bodies are explicitly desexualized but the bodies of female and sexual minorities are implicitly sexualized. In other words, laboring bodies are either explicitly or implicitly sexualized in both public policy and law. Accordingly, present public policies and laws in the US and Japan have different approaches toward working mothers with small children that have been inherited from previous times. This is testified to by the policies toward mothers who want to balance breastfeeding and work in the USA and Japan. The laws represented by such a public policy are the revised *Child Care and Family Leave Law* in 2009 in Japan and 2010's revision of the *Fair Labor Standards Act* (29 U.S. Code 207) to encourage breastfeeding-friendly workplaces in the USA.

In Japan, the *Child Care and Family Leave Law* of 1992 and its revision in 2009 originated from the traditional maternalist policies inherited from the *Female Labor Protection Law*. Although the law applies to both man and woman, the policy-makers certainly acknowledge that the majority of women are still expected to be the primary child care-givers of in Japanese society. Such an attitude is clearly observed in the *Introduction to the Revised Child Care and Family Leave Law*. After learning the huge sex ratio imbalance of those taking child care leave (1.23 percent for men and 90.6 percent for women in 2008), under the Children and Childcare Support Plan, the Japanese government aimed for a participation rate of 10 percent for men and 80 percent for

women in 2010 (MHLW 2009c). Although this goal is somewhat more realistic than a 50-50 ratio, the government recognized that social change will not happen that easily. While the revision of that law clearly targeted men to take child and family care leave, its fundamental aim is to encourage woman, especially mother workers with small children. The disappearance of breastfeeding mothers in Japanese corporations (mothers expressing breast milk in the office) is explained by the effects of one-year childcare leaves enshrined in the law.[108] For the people who promote breastfeeding and attachment parenting, it could be the ideal public measure for working mothers to balance work and mothering. Such a policy has a family friendly appeal to many people. For example, the family-friendly workplace by implementing one-year child care and family care leaves helps nurture family love and happiness by increasing parents' time with children and helps educate future generations about the importance of caring for family members – aged parents. These aspects are important elements to sustain the dynamic of an aging society - the large number of non-working old bodies is on the shoulder of a few young working bodies. However, we need to be reminded that such a gendered public policy is a part of the welfare state's population increase policy. In other words, the government has a legitimate interest in the working conditions of women as they have the unique ability to bear children. Reproductive and productive accounts of female bodies are the primary objects of a national agenda for increasing the population. Among the families of married couples with children, a mother's financial contribution is increasingly becoming the norm in Japan's present socio-economic system, as witnessed by the *Introduction to the Revised Childcare and Family Care Leave Law*:

[108] One year childcare leave in original law and one and half year for revised law in 2009

As the foundation for sustainable economic development in the fact of the declining population, Japan needs to simultaneously seek to

- Facilitate participation of youth, women and the elderly in the labor market; and
- Allow people to fulfill their desires about marriage and child bearing and rearing (MHLW 2009c).

The Japanese government realizes that decreasing childbirth rates result from the difficulties women encounter in balancing family and career lives. For instance, major barriers to balancing family and work are (1) sex discrimination at work, and (2) unequal shares of work between husbands and wives at home (child caring, caring for aged parents, and home management). Even though the *Child Care and Family Care Leave Law* encourages both men and women to take childcare leave, there still a huge gap among those taking childcare leave. In 1999, 56.4 percent of women took child care leave while only 0.42 percent of men did. In 2008, 90.6 percent of women took child care leave while 1.23 percent of men did (MHLW 2009c). Women today are still experiencing difficulty working after childbirth. Indeed, the percentage of women continuing to work after childbirth has changed very little over past 20 years. Thirteen point eight percent of working women who gave birth during the period between 2000 and 2004 took child care leave, an increase of 8.7 percent over the period of 1985 to 1989 (MHLW 2009c).[109] At this rate, it will take more than century for working mothers to overcome sex/sexual barriers to balance family and work life.

Sex ratio imbalance in taking childcare leave is explained by the society's adamant belief in the sex division of labor in childrearing roles child-centered parenting ideology. According to the dominant child-centered parenting ideology in Japan,

[109] The women continued work without taking child care leave decreased 19.9 percent during the period between 1985- 1989 to 11.5 percent during the period between 2000-2004 (MHLW 2009c)

children up until the age of three should stay close to their mothers; a child under such circumstance can grow physically and emotionally healthier and most of all happier. The fruits of such child caring will be embraced by society at large with a resulting decrease in juvenile delinquency and serious crimes. The logic of such child-centered parenting is that the mother is most the desirable person to stay with the child for her first three years because she conceived and delivered the child, and bio-physical evidence of lactation indicates that she ought to nurse that child and provide continued emotional support. Breastfeeding absolutists support this logic by arguing that mother's milk is uniquely suited to each individual baby. Giving up breast milk and switching to formula would mean the mother rejects her child's right to receive appropriate nutrition. Women's abilities to conceive, deliver children, lactate and nurse are naturally perceived as a continued female reproductive activities. According to this logic, women's lactation predetermines her primary nurturing role. If this idea of the mother as primary care giver is accepted for the first six months of an infant's life, then it is difficult for her to switch roles with the father for the next six months. Therefore, unless these sets of activity are perceived as separate entities, a mother's lactation ability is naturalized to her nurturing role for the child for a year.

While, the *Child Care and Family Care Leave Law* in Japan intended to create a society that would embrace a variety of life styles, a variety of ways of working and living, working mothers' choices for breastfeeding at work have been excluded from the initial point because policy-makers perceived that giving one-year childcare leaves would accommodate the childcare needs for all working mothers with small children. On the contrary, it excluded options for mothers to breastfeed at work (express breast milk). This

blind spot results from policy-makers' taken-for-granted view of the space appropriate for specific body functions, i.e., bodies meant for the production of goods and services should stay in the workplace and bodies meant for reproduction should stay at home. Therefore, this policy further domesticates women's bodies, especially those who were active members of public life. Public policy-makers inherently perceive that a female body performing both breastfeeding and working is impossible. There are many bodies, however, that perform both missions at home. In 2002, about three percent of mothers were self-employed, a majority of them working from home (MHLW 2009c). There are also part-time working mother who also work from home while their children are small. *Naishoku* – ([in]side job) – the work of assembling small pieces of manufactured goods – is still done at home by many mothers with small children. For them, home is a place for both reproductive and productive activities. There are also women who continue to work without taking child care leave because of the lack of childcare leave in some corporations and the unequal treatment of workers who take child care leave. According to government data, 19.9 percent of eligible mothers continued to work without taking child care leave during the period between 1985- 1989 and 11.5 percent during the period between 2000-2004 (MHLW 2009c). Given the history of miserable experiences of breastfeeding mothers in garment factories in Japan present policy maker's intentions to protect mother and breastfeeding baby from harmful work environments makes sense, but policy-makers should reflect the reality of working women in twenty-first century Japan. Women today are advancing in a variety of occupations, and the differentiation of women's occupational environments allows many female workers to pursue breastfeeding. Indeed there are some mothers who need to breastfeed at work rather than

taking a one-year leave. Promotion of year-long child care leaves should be accompanied by the establishment of breastfeeding-friendly employment environments. The pitfalls of promoting one-year child care leave without promoting breastfeeding-friendly workplace is the disappearance of breastfeeding bodies at work and in the public sphere. The appearance of breastfeeding bodies in the public sphere is important and even necessary because it holds an opportunity to present embodied differences at work and challenges the gender- and sex-blind professional body image at work. After the implementation of the revised EEOL in 2007 – the law finally eliminates the essence of female labor protection law by applying the term sex discrimination for both sexes – the Japanese professional body is increasingly perceived as gender-/sex-neutral. Society is inching toward the acceptance of gender-/sex-blind public policies much as American society already has.

The absence of year-long child care leaves in America can be explained by the dominant vision of the gender-blind or sex-blind professional body at work and people's strong belief in the legal governance of asexual norms in the workplace as a way to achieve sex equality at work. People have a strong faith in the positive effects of sexual harassment guidelines in sanitizing work by driving sex out of work (Schultz 2003). Despite that idealization, however, sexism and sexual discrimination remain in organizational life. Gibson Burrell and Jeff Hearn explain in *The Sexuality of Organizations* (1989) that although bodies in social institutions are categorically sexualized into a sex/sexual hierarchical order, they are normatively viewed as asexual regardless of embodied sex/sexual differences. The problem is that such an asexual norm obscures the fundamental inequalities resulting from sex/sexuality and gender-

based harassment and discrimination in the US workplace. For example, the asexual norm at work has already been situated within the hetero-normative framework by locating the homosexual possibility outside the heterosexual matrix (Woods 1993). On March 3, 2010, President Obama signed Section 4207 that amends the *Fair Labor Standards Act of 1938* (29 U.S. Code 207) to encourage breastfeeding-friendly workplaces. Workers' breastfeeding experiences have been finally included as an appendage to the gender- or sex-blind public policy. Based on interviews with American breastfeeding mothers at work, I have found that many of them tried to comply with the ideal asexual professional body image at work despite emotional and physical restrictions imposed on their bodies. Therefore, open recognition of embodied differences across hierarchically categorized sexualized bodies at work is necessary for both workers and policy-makers in the US. At the same time, people should become critical of the present legal practice of governing organizational sanitization through workers' renunciation of sex and sexuality because desexualization of bodies simultaneously masculinizes and hetero-normalizes the entire organizational culture.

Conclusion

This dissertation has explored public policies and laws that affect working mothers and breastfeeding children in Japan and the United States. The impetus for this project originated from my observation that present-day America and Japan display opposite trends of public breastfeeding practice. While breastfeeding mothers in America increasingly appear in workplaces and public venues, Japanese breastfeeding mothers are gradually disappearing from the same spaces. We cannot quickly conclude that the phenomena simply reflect historical changes in people's degree of tolerance toward public breastfeeding. The different phenomena in the two countries is explained by the differences in American and Japanese public policies and laws toward breastfeeding mothers and their children which, in turn, reflect different ideologies toward mothers and workers and the designated areas in which each subject practices: home vs. workplace and breastfeeding and laboring. In other words, the dominant cultural ideas about the sexuality of mother and worker shape the public policies and laws toward working mothers and their breastfeeding children. I have employed a discourse analysis of the cultural, medical, scientific, and legal knowledge of sexual aspects of breastfeeding bodies in America and Japan to challenge each country's dominant discourse on the (de)sexualized breastfeeding bodies by revealing the silences and contradictory aspects of the practices hidden within them.

The Japanese and American sexual politics of the breastfeeding mother and child had their cultural origins in the contradictory breastfeeding body images represented by iconic Western and Eastern religious figures of breastfeeding mothers. Differences in the respective sexual politics depend in part on Western and Eastern mythological

applications of psycho-sexual development of children's relationships with their mothers. The maternal image in Catholic iconographic art, with its radical idealization of the nursing breast as a sacred object became highly vulnerable in the West to the domination of an alternative image, the highly eroticized female breast in general. *Yamanba*'s nursing breast in Japan is hardly challenged by an alternative image because it already embodies the double and conflicting meanings of the breast: super- and sub-human/human, merciful/merciless, passive/aggressive, images which hardly conceive an alternative. The mythological application of the psychological development of the child in Freud's Oedipus complex and Kosawa's Ajase complex inform us that the sexually desired object, which was not disavowed in the mythology, haunts over present-day incest fears in both countries. Non-disavowed sexual object relationships, the daughter and father relationship in the Oedipus complex and the mother and son relationship in the Ajase complex are born from the strictly heterosexual framework of limits on desired objects and identified objects.

In tracing the historical evolution of breastfeeding practices in America and Japan, we learn that breastfeeding and the emergence of alternative feeding choices – wet nurses, animal milk, and formula –, and the social attitudes that have accompanied those choices, have proceeded along parallel tracks in America and Japan. From the seventeenth and eighteenth century, moral and religious educators, mostly men, recommended that mothers in the US and Japan nurse their babies rather than hire wet nurses. From the nineteenth to early twentieth century, cow's milk emerged as the dominant human milk substitute after physicians and families in America and Japan became increasingly suspicious of wet nurses' milk. High infant mortality rates in both countries prompted

scientific investigations of human and cow's milk; laboratories studied the components of human and cow's milk to make cow's milk closer to human milk. In America, the discovery of irregular chemical components of human milk cultivated a distrust of maternal milk by physicians and mothers, which, in turn, led to the creation of artificial milk in laboratories. In Japan, cow's milk was not yet a major human milk substitute; in contrast to the US, the discovery of irregular chemical components of human milk reinstituted mothers' prime responsibility for producing good milk. Breastfeeding mothers faced restrictions on certain social and physical activities and habits and diets. They were urged, as well, to exhibit specific tempers to keep their milk healthy. Unlike in the US, in early twentieth century Japan, breastfeeding was the dominant infant feeding method, which was promoted by Japanese midwives. During this period, in both America and Japan infants in cities suffered from high mortality rates. Urban, American women factory workers left their babies of at home and had older children or family friends bottle feed them human milk substitutes. Many babies died from the unsafe and unsanitary preparations of bottle feeding as well as indigestion from human milk substitutes. Urban Japanese women factory workers brought babies with them to work and fed them during breaks, made possible by the availability of on-site day care. Yet, mothers could not produce enough milk, and milk quality was not good, seriously reducing the survival chance of those babies. Different conceptions of the body – babies' and mothers' – mothering and working, and the availability of alternative modes of feeding governed how mothers in the US and Japan related to nursing. Bottle feeding was less prevalent among poor and working-class Japanese mothers because of the cost

of bottles and milk. During this time, nursing breasts in Japan were not as sexualized as in the US; thus nursing was acceptable in the public domain.

After World War II, with the increased sexualization of female breasts in Japanese urban life and the disappearance of a nursing scene once childbirth was hospitalized in the 1960s and 1970s, mother's confidence in public nursing gradually diminished. In the US and Japan in the late twentieth and early twenty-first century, mothers' breast milk was no longer compared to wet nurses' or animal milk but artificial milk modeled after human milk. In the US, from 1920 to 1970, formula became increasingly popular across all classes. Bottle feeding represented the liberation of women from biological conditions until the women discovered that the liberation of their bodies was paid only lip service. In the late 1970s when naturalist and maternalist ideologies were introduced to urban, educated, and middle- and upper-class mothers, a new bottle feeding versus breastfeeding debate occurred. Under the strong influence of ecology movements in the US, breast milk became associated with natural foods and the slow food movement that began in the mid-1980s. Consequently, for many women, their preference for infant feeding reflected their political identities as mothers and women. For others, bottle feeding was just an obsolete choice. In the capitalist societies of the US and Japan, mother's milk becomes a fetish object, too. The nutritional benefits of breast milk became the prime reason that many mothers breastfed their children. Technological aids make it possible for working mothers to be connected through their precious bodily liquids especially produced for their children.

America and Japan share an aspect of breastfeeding; since the eighteenth century, absolute breastfeeding theorists from both countries have relied on the idea of naturalism

in promoting breastfeeding and breast milk. There is a striking inconsistency in their arguments for breastfeeding. On one hand, they assert the natural quality of mother's milk, human milk and breastfeeding; on the other hand, scientific evidence has become increasingly indispensable in defining the natural and superior qualities of mother's milk, human milk, and breastfeeding over other infant feeding alternatives. I argue that the naturalization of breast milk and breastfeeding manifests the dominant ideology of motherhood – good mothers should breastfeed. New mothers in Japan and the US, reacting to the world-wide celebration of breastfeeding, have felt psychological pressures to breastfeed. Those who fail to breastfeed blame themselves and lose confidence in becoming good mothers.

Differences in public sentiments in the two countries toward the daily practice of naked skin contact between parent and child can be explained by cultural ideas about body and sexuality. Incest fears surrounding parents' naked body contact with their children predominate in American society. According to Benedict, in Japan the greatest freedom and self-indulgence is accorded to infants and the elderly (Benedict 1967: 292-293). Japanese society's approval of prolonged breastfeeding, sharing showers, baths and parental beds does not cultivate the same incest fears as it does in America. Traditional Japanese ideas of health and normal selfhood are likewise deeply ingrained in Japanese childrearing practices and anchored in the mother's nursing body. In America, heterosexual incestuous fears motivated forms of legal governance to protect minors' bodies against the adult family members. Although Japan imported the similar ideas and practices, it never really used the devices of self- or social-monitoring as successfully because in Japan the monitoring gaze shifted from parental bodies at home to anonymous

bodies outside the family. Japanese interpreted this monitoring gaze as an increased public alert toward the "stranger" in response to increased incidents of sexual violence against children (especially girls) by the unrelated other – the stranger (Japanese men). Shifting their gaze to the outsider without openly admitting incest at home was possible because the concept of "infantile dependency" plays the important role in cultivating the strong bond between individuals especially among family members. According to psychoanalyst, Takeo Doi, "*amae*" – dependency –plays an important role in the construction of self and society (Doi 1973). Doi states that the Japanese term *amae* refers "to the feelings that all normal infants have toward their mothers in the harbor of the breast – dependence, the desire to be passively loved, the unwillingness to be separated from the warm mother-child, circle and cast into a world of objective 'reality'" (Doi 1973: 7). Doi's portrait of a mother's breasts as an active subject that nurtures the baby's desire "to be passively loved" is different from Melanie Klein's "baby as an active subject and mother's breast as a passive object". Furthermore, *amae* also the binds personal ties of identification and assimilation that serve as a key element in the imperial ideology of Japanese nation building (Doi 1973). The Japanese conception of a healthy and normal individual body and sexuality based on the social approval of individuals' infantile dependence originates from mother and child interaction at breastfeeding. It spurns the historical dominance and violence of one sex and sexual body over another, particularly in the domestic sphere. The American sense of normal and healthy selfhood modeled on the heterosexual romantic relationship at home is deeply anchored in the incest fear between mother and child surrounding breastfeeding practice. For them,

without legal governance of sexualized bodies, it can hardly challenge the sexual domination of one body over another.

The initial public promotion of breastfeeding, in early twentieth-century America and a century later in Japan, took place at a time of public apprehension with the prevalence of formula feeding over breastfeeding. A century later, pro-breastfeeding legislation passed in many US states as a response to a spate of litigation over women's ability to breastfeed in various situations. Currently there is no national policy that covers paid and universal maternity leave in America. The scope of the *Family Medical Leave Act* is very limited because it requires employers to grant certain eligible employees up to 12 weeks of unpaid leave during any 12-month period. This reflects the dominant cultural idea about motherhood and federal responsibility toward mothers and children in American society. For many American people, neither the government nor employers have a responsibility to accommodate women who choose to become mothers. Family-friendly corporate policies in America tend to provide breastfeeding facilities at worksites, on-site childcare, flexible work-time schedules, and a network of breastfeeding workers to balance family and work lives. This was manifested in 2010 by the inclusion of amendments to the *Fair Labor Standards Act* of 1938 (29 U.S. Code 207) to promote a breastfeeding-friendly workplace. In Japan, mothers in larger corporations are able to nurse at home by taking one- to one-and-a-half-year childcare leaves under the *Childcare Leave Law* of 1991, and *Childcare and Family Care Leave Law* of 1999 (revised in 2009). A unique characteristic of the legal construction of the breastfeeding mother in America is her relation to obscenity laws and the sexual offense laws based on child abuse and neglected. The absence of such an aspect in Japan results from differences in the cultural

concept of a mother's and child's body and historical perspectives on (de)sexualized breastfeeding bodies in public.

Mothers' embodied breastfeeding experiences at work demonstrate that complete desexualization of breastfeeding bodies is impossible in institutional life. Maternal bodies are marked as sexual by evidence of lactating, engorged breasts, and nursing. Many mothers in Japan and the US claim that the ethic of asexuality in organizational life, by idealizing the worker's body as a sex-neutral body, directly contradicts their experiences of lactating and nursing. Despite the limits it imposes on their bodies, many of them believe that the sex/gender neutral professional body is the ideal in the workplace. When mothers laughed about incidents of accidental exposure of their breastfeeding practice to their naïve male colleagues, I found a trace of "heterosexual pleasure" in their voices. Accordingly, experiences of sexual pleasure in the heterosexual context are a key to understanding why many mother workers protest the idea of a "hegemonic body image" at work. Indeed, many mothers feel ambivalent about the gaps between the lactating or/and nursing body and hetero-sexualized body images and the sex-neutral professional body image at work. Mothers adopted some strategies – complying with, evading, disassociating from, resisting, or rebelling against the hegemonic body image at work. Metaphorical descriptions of their body images – milk-making machines and milk cows - are understood as a way to evade and disassociate from harsh conditions of the nursing body and stigmatized maternal body image. Some mothers use these metaphors to desexualize their bodies in order to nullify their hyper-feminine body image in the eyes of colleagues. Yet, the same metaphors are used by their colleagues to stigmatize the maternal body at work. A mother who initially evades her stigmatized maternal body

image decided to rebel against the hegemonic body image after colleagues harassed her. Obviously, the subject's occupational environment frames a mother's opportunity to balance nursing and nurturing and working outside the home.

I explored different phenomena of breastfeeding bodies in public places and their implications for future sex politics in the public sphere in Japan and the US. Starting in the late twentieth century, breastfeeding bodies reappeared in public in the US, while breastfeeding mothers increasingly disappeared from public view in Japan. Differences in cultural ideas about nursing bodies and public policies toward nursing mothers explain the reappearance and disappearance of the breastfeeding in public in contemporary America and Japan. In the US and Japan, family-friendly corporate policies mean creating family-friendly work environments by providing on-site childcare, flexible work-time schedules, and a network of breastfeeding workers to balance family and work lives. For American policy makers, a family-friendly workplace means employers provide breastfeeding facilities at worksites and a breastfeeding-friendly environment. For the Japanese, promotion of yearlong child care leaves has led to the idea that breastfeeding is better done at home than at work. The visibility and physical presence of the nursing body in the workplace in the US may present an opportunity to challenge the ideal asexual body within the heterosexual normative and male hegemonic system, as well as the opportunity to question the sexualization of nursing breasts in public. The physical disappearance of the nursing body in Japanese corporations and public settings in the light of the 'maternal protection policy' – long maternity and child care leave - may not have the same effect, however. The Japanese government applied it to maternal protection laws to promote domesticity of nursing mothers and children and protect them

from public harm. At the same time, due to increased sensitivity toward breastfeeding in public spaces, department stores and train stations have 'nursing and baby care rooms.' Thus, breastfeeding mothers in Japanese cities are disappearing from open public places. Ironically, this reasserts the traditional sexist view of mother/woman as a weaker sex in public space. Everyday battles of breastfeeding mothers to normalize the presence of lactating and nursing bodies at work slowly extend the limits of the worker's ideal body. This is indispensable praxis for the future achievement of sex equality at work and in the public sphere in general. The tears, sweat, and even spilled milk at work present an opportunity to challenge the ideal asexual body within the heterosexually normative and male hegemonic system, as well as an opportunity to question the sexualization of nursing breasts in public.

What then are the pitfalls of promoting gendered and gender-blind or sex-blind policies and laws for working mothers and breastfeeding children? Differences in American and Japanese policies and laws inform us about the dominant ideological differences in conceptualizing laboring and gendered bodies as well as different expectations about government's role in endorsing healthy and happy lives. The historical paths toward gendered public policies and laws in Japan and gender-blind or sex-blind public policies and laws in America have made me conclude that recent amendments to the *Child Care and Family Care Leave Law* in Japan and the *Fair Labor Standards Act* in America - are attempts to overcome inherent shortcoming in the original laws. The implications are that legal policies in the US to institute asexual norms at work should be reconstituted because they negatively affect work equality for differently and hierarchically categorized bodies. Experiences of breastfeeding mothers at work

demonstrate that stigmatized workers or bodies outside the ideal of the professional body easily fall into the role of gate keepers of asexual norms at work. By desexualizing bodies at work they affirm the domination of the hetero-normative and white male system in occupational institutions. Despite opportunities in Japan for both mother and father to take yearlong child care leaves, child-centered mothering ideology compels more women than men to become their new-born baby's primary care givers. Under the influence of a world-wide cerebration of breastfeeding and breastfeeding absolutists' unyielding advice to breastfeed exclusively, there has been an increase in the domestication of the breastfeeding body and its disappearance from work and public places. This domestication and disappearance has been the unintended outcome of the social endorsement of Japan's one-year child care leave policy. Public policy-makers in Japan should embrace working women's choice to breastfeed without taking the yearlong child care leave by also endorsing breastfeeding-friendly workplaces through the provision of such features as on-site daycare and nursing facilities in the office.

Appendix A

Are You Working and Breastfeeding?

A call for the participants in a cross-cultural study of breastfeeding mothers in the US and Japan

- **Have you expressed breast milk in your workplace?**
- **Have colleagues and supervisors been supportive or critical?**
- **Have expressing and storing breast milk at the office changed your workplace experience? Or made you feel different about yourself?**

Purpose of this study:

- This study is a cross-cultural comparison of Japanese and American maternal body images in the workplace.
- It will serve as part of my Ph.D. dissertation work at the City University of New York, Graduate Center.

Who's eligible:

- Mothers employed in the New York metropolitan area (including New Jersey and Connecticut) who has a experience of expressing and/or storing breast milk while at work in last one year.

What's involved:

- A one-hour in-person interview and answering survey questions
- The interview will give you an opportunity to talk about your experiences balancing breastfeeding and working. I will also be asking you a series of specific questions.

Benefits of Joining:

- Although it is not equivalent amount for compensating you with using your important time and energy, and disclosing private stories, I would like to thank each participant with $20.
- Your experiences will contribute to increasing our understanding of the experience of nursing women in the workplace that can be use to support women who want to combine infant nursing and working.

My name is Akiko Okada-Shimizu. I am a mother and Ph.D. student who left full-time work 3 years ago because expressing and storing breast milk at work was difficult for me at that time. Based on this experience, I am writing a dissertation about maternal body images in workplaces in Japan and the United States. If you could share with me your stories about breastfeeding at workplace, please contact me at (201) 434-2037 or nomado@comcast.net

Appendix B

A. Questions about nursing in public

Q1: Have you breastfeed in public place?

(1) Yes (2) No (3) I don't know (4) It does not apply to me

Q2: Where was it? (Check all that apply)

(1) In a car

(2) In an office room

(3) In a nursing room at a train station or department store

(4) In a public toilet

(5) At a bench in the park

(6) On a public bus or train car

(7) In a restaurant or dinner

(8) On a train platform in the station

(9) On the side walk

(10) Other_____

Q3: When was it? (If you have more than one child, please check all that apply)

(1) Less than 2 years ago

(2) 3 to 5 years ago

(3) 6 to10years ago

(4) More than 10 years ago

Q4: What did you feel at the time? (Check all that apply)

(1) embarrassed

(2) shamed

(3) secured

(4) irritated

(5) happy

(6) relieved

(7) sexually excited

(8) felt nothing

(9) Other_____

Q5: Have you ever seen a woman (including your family members) breastfeeds in public place?

(1) Yes (2) No (3) I don't know (4) No answer

Q6: Where was it? (Check all that apply)

(1) In a car

(2) In an office room

(3) In a nursing room at a train station or department store

(4) In a public toilet

(5) At a bench in the park

(6) On a public bus or train car

(7) In a restaurant or dinner

(8) On a train platform in the station

(9) On the side walk

(10) Other_____

Q7: When was it? (If you saw more than once, please check all that applies)

(1) Less than 2 years ago

(2) 3 to 5 years ago

(3) 6 to10years ago

(4) More than 10 years ago

Q8: What did you feel at the time? (Check all that apply)

(1) embarrassed

(2) surprised

(3) angry

(4) jealous

(5) pleased

(6) heart warmed

(7) sexually excited

(8) felt nothing

(9) Other_____

Q9: Do you feel comfortable with women breastfeeding in public?

(1) Yes (2) No (3) I don't know (4) No answer

Q10: Why do you feel so?

(1) Because nursing is necessary for children to survive

(2) Because it is a part of communication between mother and child

(3) Because exposing breasts in public runs counter to public morality

(4) Because it looks physically uncomfortable

(5) Other reasons_____

(6) I don't know

(7) No answer

Q11: Do you believe in breastfeeding in public is obscene?

(1)Yes (2) No (3) I don't know (4) No answer

Q12: Do we need "the discreet nursing guideline" in the US?

(1)Yes (2) No (3) I don't know (4) No answer

Q13: Why do we need it? (Check all that apply)

(1) Protecting a woman from becoming a victim of sexual violence

(2) Punishing a woman who seduces strangers in public

(3) Civilization of public life

(4) Other _____

(5) I don't know

(6) No answer

B. Questions about private territory of maternal body and breast milk

Q14 to Q18 are only for the female respondents

Do you mind breastfeeding in front of …

Q14:	**Your sister**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q15:	**Your sister-in-law**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q16:	**Your relatives**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q17:	**your friends**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q18:	**Strangers**	(1）Yes (2) No (3) I don't know (4) It does not apply to me

Q19: Who you least want view you when you breastfeed at home?

(1) Husband/ partner/ boy friend (2) Father (3) Mother (4) Friend (5) Brother (6) Sister

(7) I don't know (8) It does not apply to me

(9) Other persons: please specify

_____

Q20: Why?

(1) The reasons are

_____

(2) It does not apply to me

Q21: Have you ever felt that your nursing body in the workplace affected other people's feelings?

(1）Yes (2) No (3) I don't know (4) It does not apply to me

Q22: Have you ever felt that your nursing body became the subject of others' erotic, sexual or other fantasies?

(1）Yes (2) No (3) I don't know (4) It does not apply to me

Q23 to Q27 are only for the male respondents (If you are single or childless, imagine if you have a wife and a child)

In some countries, children are breastfed by a woman other than their mothers, imagine this also happens in the US, do you mind your wife, partner, or girl friend breastfeeds …

Q23:	**Your sister's child**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q24:	**Your sister-in-law's child**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q25:	**Your relatives' child**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q26:	**Your friends' child**	(1）Yes (2) No (3) I don't know (4) It does not

		apply to me
Q27:	**Stranger's child**	(1）Yes (2) No (3) I don't know (4) It does not apply to me

Q28 to Q 32 are for all respondents

In some countries, children are breastfed by a woman other than their mothers, imagine this also happens in the US,

Do you mind that your child is breastfed by …

Q28:	**Your sister**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q29:	**Your sister-in-law**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q30:	**Your relatives**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q31:	**Your friends**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q32:	**Strangers**	(1）Yes (2) No (3) I don't know (4) It does not apply to me

Q33 to Q 36 are only for the male respondents (If you are single or do not have a child, imagine if you have a wife and a child)

Do you mind if your wife breastfeeds a child in front of…

Q33:	**Your father**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q34:	**Your brother**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q35:	**Your friends**	(1）Yes (2) No (3) I don't know (4) It does not apply to me
Q36:	**Strangers**	(1）Yes (2) No (3) I don't know (4) It does not apply to me

C. Questions about the maternal breasts as a sex object

Q37 to Q54 are for all respondents

Q37: Some people said "whether I feel comfortable or not about a woman breastfeeding in public depends on how attractive she is". Do you agree with this?

(1）Agree (2) Disagree (3) I don't know (4) No answer

Q38: Do you think that the body image of breastfeeding mothers or pregnant women is sexually appealing to some people?

(1)Yes (2) No (3) I don't know (4) No answer

D. Questions about gender issues in the workplace

Q39: In Japan, by law, female workers can take a "monthly sickness leave for heavy menstruation".

In America, we do not have such a custom; what do you think about your colleagues taking such a leave?

(1) It is their natural right to take such a leave

(2) It is not desirable but it happens

(3) It wastes a company's money

(4) It is annoying to other colleagues

(5) Other_____

(6) I don't know

(7) No answer

Q40: What do you think about female colleagues taking paid maternity leave?

(1) It is their natural right to take such a leave

(2) It is not desirable but it happens

(3) It wastes a company's money

(4) It is annoying to other colleagues

(5) Other_____

(6) I don't know

(7) No answer

Q41: What do you think about female colleagues working shorter hours in order to nurse a child?

(1) It is their natural right to take such a leave

(2) It is not desirable but it happens

(3) It wastes a company's money

(4) It is annoying to other colleagues

(5) Other_____

(6) I don't know

(7) No answer

Q42: What do you think about female colleagues taking a break time during working hours for expressing and storing breast milk?

(1) It is their natural right to take such a leave

(2) It is not desirable but it happens

(3) It wastes a company's money

(4) It is annoying for other colleagues

(5) Other_____

(6) I don't know

(7) No answer

Q43: Does your work place have any nursing facility?

(1) Yes (2) No (3) I don't know (4) It does not apply to me

E. Background questions

Q44: What is your sex? (1) female (2) male

Q45: How old are you？_____

Q46: What is your ethnicity?

(1) White American (2) Black American (3) Asian American (4) Hispanic American (5) American Indian

(6) Others: Specify_____

Q47: What is the last year of education completed?

(1) Middle school

(2) High school

(3) Vocational training school

(4) 2-year college

(5) 4-year university

(6) Graduate school

(7) Other _____

Q48: With whom do you live?

(1) Parent(s)

(2) Child

(3) Husband or wife

(4) Partner

(5) Friend

(6) None (Single)

(7) Other_____

Q49: What is your class?

(1) Lower Class

(2) Working Class

(3) Middle Class

(4) Upper Class

(5) Other _____

Q50: Where do you work?

(1) I work in my home (2) I work in my office (3) I am not working (4) Other (Specify)

_____

Q51: What is your company's size?

(1) more than 5,000 employees

(2) 1,000 to 5,000 employees

(3) 300 to 999 employees

(4) 100 to 299 employees

(5) 26 to 99 employees

(6) 6 to 25 employees

(7) 1 to 5 employees

(8) I don’t know

(9) It does not apply to me

Q52: Do you want to add anything else?

(1）Yes (2) No

_____

_____

_____

Q53: Could I interview you about mothers nursing at the workplace sometime in near future?

(1)Yes (2) No

Q54: If yes, please give me contact information.

Name:

Telephone number:

E-mail address:

Thank you very much for your corporation.

I greatly appreciate your time and energy in answering these questions.

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