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Paul Regan¹ and Elaine Ball²

Abstract

We critically review qualitative research studies conducted from 2000 to 2012 exploring Western mothers' breastfeeding experiences. We used the search criteria "breastfeeding," "qualitative," and "experiences" to retrieve 74 qualitative research studies, which were reduced to 28 when the terms "existential" and "research" were applied. We found that the impact of technology and the pervasive worldwide marketing of infant formula devalued breastfeeding mothers' narratives in a number of ways. Women's bodies were viewed as machine-like objects and the breast was seen as a disembodied object. Dominated by technological narrative, women's bodies were considered unpredictable and hormonal, needing to be managed by health care professionals. This means the disseminating breastfeeding discourse needs to be reinterpreted for practical use. We found that some of the researchers utilized narrative informed by phenomenological philosophy that appears to edge closer to understanding mothers' experiences in a more profound way than nonphenomenological research. However, we need to be mindful of the transparency of terms in replacing one form of technological narrative with another.

Keywords

breastfeeding; Heidegger; literature; mothers; mothering; phenomenology; research, qualitative

The short- and long-term health benefits of breastfeeding for mother and baby are well documented. International policy strategies make clear the need, purpose, and challenges that lie ahead if promoting breastfeeding is to be both successful and sustainable (World Health Organization [WHO], 2008). The United Nations International Children's Emergency Fund [UNICEF] (1990) publication, "Innocenti declaration: On the protection, promotion and support of breastfeeding," led to the success of the Baby Friendly Initiative in 1992, and initial improvement in breastfeeding rates in the United Kingdom, from 61% in 1991 to 81% in 2011 (National Health Service Information Centre [NHSIC], 2011). The improvements indicate that women's confidence and the public perception of breastfeeding are changing for the better (NHSIC). This has been translated into national United Kingdom policy for the first time, and a new public health strategy white paper entitled "Healthy Lives, Healthy People," promoting the health benefits of breastfeeding (Department of Health [DH], 2010). The white paper reinforces measuring breastfeeding initiation rates soon after birth, and then between 6 and 8 weeks, as identifiable, achievable, and effective public health outcomes (DH).

Confidence in scientific research methods is high, with the use of "gold standard" randomized controlled

trials (RCTs) providing a strong evidence base upon which to promote the benefits of breastfeeding (UNICEF, n.d.). However, the research methodology surrounding how breastfeeding mothers are researched and how their narrative experiences are described are complex (Spencer, 2008). Regarding the strength of evidence of research studies, UNICEF's (n.d.) "Baby Friendly Initiative: Breastfeeding Research: Overview" states, "Many studies are flawed by staff or mothers deviating from the protocol as this may seem counter-intuitive or too hard to follow in the situation in which they are being cared for or living." This approach contrasts sharply with qualitative research enabling researchers to deal with the ontological issues of multiple realities and their real-life characteristics (Cresswell, 2007).

Health care professionals must be cognizant of the recommendations from RCTs, systematic review and meta-analyses (UNICEF, n.d.), and the real-world life experiences of breastfeeding narrative (McBride-Henry,

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2010]). Qualitative researcher's axiological assumptions value rather than ignore the counterintuitive multiple realities of experience, and for this reason we chose to examine qualitative studies exploring mothers' experiences of breastfeeding (Cresswell, 2007). Creswell identified that a critical concern of qualitative research is to pay attention to the rhetorical assumptions of discourse and terms of qualitative inquiry, which forms the focus for this article.

Technological Discourse

Consider the statement, "What is dangerous is not technology but how it is applied" (Heidegger, 1977, p. 28). The term *technology* is relevant to the focus of this article because it defines "the application of scientific knowledge for practical purposes" (Technology, 2013). The term encompasses the meaning and effect of empirical discourse found in science, industry, biology, physiology, and medical discourse on breastfeeding mothers' narrative experiences (Schwab, 1996). We use the term *technology* throughout this article to refer to these dimensions (Heidegger, 1977).

Although promoting a public health approach is a necessary driver for breastfeeding (DH, 2010), we found that issues of technological (physiological) discourse related to breastfeeding promotion and support from over a decade ago have not abated (Renfrew et al., 2009). This suggests that the experiences of breastfeeding mothers are too difficult to articulate existentially, and so are actively reevaluated by research, education, and marketing sectors (Nelson, 2007). This means the highest societal values of motherhood are devalued through technological discourse because it equates motherhood to a form of (moderate) nihilism, which denies the ill effects of an external, technical, or alien discourse (Rose, 2009). In short, the discourse of motherhood is distanced from women, and feminist writers aim to challenge its insidious and disempowering effect (Bartlett, 2002). This societal positioning is reinforced by the effects of two main influences discussed briefly here and further developed later in the article: first, research and education, and second, the pervasive marketing directives promoting infant formula worldwide (Barennes et al., 2012; Nelson, 2007; Schwab, 1996).

In research and education, we found that the increased feminist scrutiny on embodiment challenges the gender politics that represent motherhood through reductive technological discourse that serves to distance mothers from (intuitive) narrative on breastfeeding (Burns, Fenwick, Sheehan, & Schmied, 2012). The most subtle example is the "hormonal woman" when breastfeeding, which denotes the start of an objectification process that has become culturally widespread and extends into other

feminine physicalities, with an insidious negative effect (Simkin et al., 2012). The physiological discourse of breastfeeding then positions women as "problematically unpredictable requiring teaching and management," rather than viewing women as "knowledgeably embodied subjects" (Bartlett, 2002, p. 373).

Pervasive infant-formula marketing directives offer a choice of breast milk substitutes to women unable to breastfeed their babies, or women choosing to add supplementation before 6 months of age (Barennes et al., 2012). The resultant trajectory, we suggest, sustains opposition and strength in equal measure, with both sectors sharing a similar technological discourse (Nelson, 2007). This might lead mothers themselves to explain their narrative experiences through physiological (technological) discourse (Bartlett, 2002; Heidegger, 1977).

Historical and Contemporary Perspectives of Technology

We analyzed a brief historical summary of breastfeeding trends and themes, first in relation to infant formula, and second in relation to the underlying impact of technology and industrialized capitalism. Technological methods developing infant formula for mass production and consumption were discussed comprehensively in Michael Schwab's article, "Mechanical Milk: An Essay on the Social History of Infant Formula" (1996, p. 479). Schwab discussed the history of infant formula and its rise in manufacturing and consumption since Justus von Liebig made his "soup for nurslings" in the 1850s (Schwab). The Industrial Revolution enabled the success of infant formula production, and because of an increased use of refrigeration, milk pasteurization, and advertising from commercial food companies, the way Western women perceived themselves was altered. Technology had improved hygiene and medicalization of birth throughout Europe and the United States, reinforcing the popularity of infant formula in the early part of the 20th Century (Schwab).

Along with worldwide aggressive marketing and the mobilization of women to support both World War efforts, the practicalities of breastfeeding were reduced (Schwab, 1996). A semblance of choice challenged traditional gender roles, resulting in the (sometimes welcome) separation of mother and baby and the phenomenon of "the modern world creat[ing] a need for its own products" (Schwab, p. 487). Supported by the endorsements of the medical profession, formula milk became more and more accepted as the alternative to mother nature, and with scientific advances formula milk became more complex, sterile, and expensive. A new trend was created in a few short decades to promote the liberating impact of the bottle over the breast (Schwab).

The insidious effect on women's roles was obvious and constant (Schwab, 1996). Infant formula was marketed as having the best ingredients for a baby, developing the notion that good mothers would offer their baby only the very best; by changing the symbolism, this meant that breast milk was not the best (Schwab). Women, whether wealthy or working in industry, came to view formula as a welcome move in the right direction—away from prescribed gender roles and toward a world of greater inclusivity (Schwab). In contrast, Nazi Germany's fetishized regard for the reproductive role of women meant that women saw breastfeeding as their duty, whereas this philosophy and practice was in decline in the rest of Europe and the United States (Schwab; Vygotskaia Rust, 2012).

The 1950s saw infant formula being sold in small grocery stores, with aggressive advertising worldwide leading to the lowest recorded levels for breastfeeding (Schwab, 1996). The 1970s led to formula feeding becoming more prevalent on maternity wards, with 75% of babies in the United States reportedly being fed on formula (Schwab). However, the popularity of breastfeeding in the United States, the benefits of increased social awareness, and the political activation of human rights organizations reversed the steady decline in the West (Schwab). This reversal should be tempered by the realities of industrial capitalism today, and the continued exploitation of the Third World poor (do Paco, Rodrigues, Duarte, Pinheiro, & de Oliveira, 2010). The historical effects of industrialization are now a reality for women in developing industrial countries such as Thailand, with shop keepers and advertisements on television being the largest influences on women to use supplements—meaning modernity works in favor of choosing infant formula over breastfeeding (Barennes et al., 2012; Schwab).

Method

We chose the time period 2000 to 2012 as the parameters for a critical review of qualitative research studies in relation to the issues previously discussed. This period was chosen to contribute to the issues of embodiment developed by feminists in the 1990s and qualitative research themes of breastfeeding, medicalization, and mother–health professional relationships (McInnes & Chambers, 2008). Databases searched included CINAHL, AMed, Intuit (health and life sciences), Blackwell reference online, Nursing Index, JSTOR, Elsevier, and PsycINFO. Retrieved studies ($N = 74$) were found with the search criteria “breastfeeding,” “qualitative,” and “experiences.” We included studies if they were published in English, had a linguistic theme, reflected Western values about breastfeeding women,

and discussed health care professionals' support for breastfeeding women and their babies. The search terms “existential” and “research” were also included as a consideration because of the prevalence of technological (biological) discourse and diversity of qualitative research methodology (Cresswell, 2007).

Results

Retrieved studies were reduced to 28 after we analyzed the abstracts for criteria suitability (Andrew & Harvey, 2011; Bailey & Pain, 2001; Brown, Raynor, & Lee, 2011; Demirtas, Ergocmen, & Taskin, 2011; Graffy, 2005; Grassley & Eschiti, 2007; Grassley & Nelms, 2008; Hall & Hauck, 2007; Hegney, Fallon, & O'Brien, 2008; Hurley, Black, Papas, & Quigg, 2008; Manhire, Hagan, & Floyd, 2007; McBride-Henry, 2010; McBride-Henry, White, & Benn, 2009; McFadden & Toole, 2006; McInnes & Chambers, 2008; Meyerink & Marquis, 2002; Nelson, 2007; Nyström & Axelsson, 2002; O'Brien, Buikstra, Fallon, & Hegney, 2009; Palmér, Carlsson, Mollberg, & Nyström, 2012; Payne & Nicholls, 2010; Rudman, & Waldenström, 2007; Ryan, Todres, & Alexander, 2011; Schmied, Beake, Sheehan, McCourt, & Dykes, 2011; Schmied & Lupton, 2001; Scott & Mostyn, 2003; Sheehan, Schmied, & Barclay, 2009; Wallace et al., 2008; Wambach & Koehn, 2004). The retrieved studies revealed, through qualitative research methods, an increased interest in women's views of breastfeeding since the early 1990s (McInnes & Chambers; Schmied & Lupton). Identified themes can be found in Table 1, which shows the four clusters that emerged: viewing the breast as a narrative object (Bartlett, 2002), technological discourse devaluing women's experiences, the dominance of infant formula and profit (Schwab, 1996), and the Cartesian separation of the mind and body (McBride-Henry et al., 2009).

The Breast as a Problematic Object

Since the 1950s, Western women have undergone a degree of existential uncertainty, from owning their bodies to their bodies' linguistic objectification by themselves and others (Schwab, 1996). This suggests that breastfeeding mothers and health care practitioners need to be mindful of the many pressures exerted on both of them by cultural expectations within maternal services, which impact on the giving and receiving of care (McBride-Henry, 2010).

We found that qualitative research studies are not always useful in disseminating women's experiences of breastfeeding in multiple realities, and are often constrained by the methods adopted. The technological discourse reinforces decades of uncertainty for breastfeeding

Table 1. Themes Identified From the Retrieved Qualitative Research Studies, 2000 to 2012.

Themes	Research Studies
Supportive, facilitative, understanding staff, good health-promotion information, “breast is best”	Schmied et al., 2011; Schmied & Lupton, 2001; Sheehan, Schmied, & Barclay, 2009; Taylor & Hutchings, 2010
Choosing to bottle feed so that others can help	Brown et al., 2011
Discourse indicating mothers’ felt distanced from breastfeeding	Mahon-Daly & Andrews, 2002; McBride-Henry et al., 2009; Nyström & Axelsson, 2002; Palmér et al., 2012; Schmied & Lupton, 2001
Family, social learning, and social influences (older relative, fathers, religion)	Andrew & Harvey, 2011; Demirtas et al., 2011; Earle, 2002; Grassley & Eschiti, 2007; McBride-Henry, 2010
Organizational policy	Dyson et al., 2012
Accessibility	Bailey & Pain, 2001
Employment rights	Wallace et al., 2008
Ethnicity, income, and locale	Meyerink & Marquis, 2002
“Baby time” instead of Greenwich Mean Time	Mahon-Daly & Andrews, 2002
The effectiveness of trained peer support, breastfeeding in public	Andrew & Harvey, 2011; McBride-Henry, 2010; Scott & Mostyn, 2003
Negative experiences of hospital care and support	Rudman & Waldenström, 2007
Attitudes of health professionals, lack of support or pressure	Andrew & Harvey, 2011; Hall & Hauck, 2007; McInnes & Chambers, 2008; Rudman & Waldenström, 2007; Sheehan, Schmied, & Barclay, 2009; Taylor & Hutchings, 2010
Staff expectations about culture, low socioeconomic status	Andrew & Harvey, 2011; McBride-Henry, 2010
Breastfeeding identity and being a good mother	Bartlett, 2002; Earle, 2002; Schmied & Lupton, 2001
Mother’s ability to breastfeed	Brown et al., 2011; Demirtas et al., 2011
Existential ontology; “becoming,” “calling”	Palmér et al., 2012; Ryan et al., 2011; Spencer, 2008; Thomas, 2001
Embarrassment, negative body image	Brown et al., 2011
The breast as a sexual object	Earle, 2002; Mahon-Daly & Andrews, 2002
Importance of continuity of care	Schmied et al., 2011

women in how they articulate their own experiences beyond the metaphor of the body being seen as a machine (Schwab, 1996). Examples of uncertainty are many (see Table 1): despite breast milk being a natural and nutritional body secretion, some women felt shame and were embarrassed when their breast milk leaked, leading to a sense of not being able to control their own body or feed their baby adequately (Mahon-Daly & Andrews, 2002). This lack of control heightened the sense of women feeling distanced from their own bodies. They referred to their breasts using terminology such as being “empty,” not providing enough milk (Mahon-Daly & Andrews), being “deflated,” and their milk curdling (Schmied & Lupton, 2001). Despite being motivated to breastfeed, the effect of pain and fatigue might reinforce women’s perceptions of their bodies as being dysfunctional (Mahon-Daly & Andrews). The problematic perception of breastfeeding profundity was evident in one article, in which a mother was quoted as stating, “It’s hard to explain it. I can’t describe it.” She said that when she was with her baby, they “become one, [yet I’m] . . . not my own person: I am his” (Schmied & Lupton, p. 239).

Breastfeeding Seen as “Headwork”

Cultural attitudes toward women breastfeeding are key to its initiation, success, and maintenance (Demirtas et al., 2011), but the perception of women being “unpredictable” and “having unruly bodies” rather than “knowing bodies” is unhelpful (Bartlett, 2002, p. 377). For example, the modern misconception that hormones override a woman’s capacity to think rationally ensures that breastfeeding issues are seen as “all in the head” (Bartlett, p. 377). Hence, producing milk of insufficient quantity and quality might result in a sense of anxiety, poor bonding, self-doubt, a degree of societal ambivalence (McBride-Henry, 2010), maternal feelings of failure and guilt (Hegney et al., 2008), and a sense of inadequacy (Mahon-Daly & Andrews, 2002).

The physiological discourse of education, support, and explanation continues along specific plot lines to maintain a sense of maternal passivity and inadequacy (Fredrickson, Meyerhoff-Hendler, Nilsen, Fox-O’Barr, & Roberts, 2011). Feminist critics question the breastfeeding pedagogy, promoting a docile view of women being managed and taught as “headwork” by health care

professionals (Bartlett, 2002). This view developed because of the number of maternal instructional manuals increasing in the 1980s, effectively reducing the likelihood of a woman taking advice from her family and friends (Bartlett, 2002).

If advice from a health care professional was not taken by a mother, her actions might be met with tacit disapproval by the professional (Mahon-Daly & Andrews, 2002). Therefore, encouraging advice from breastfeeding manuals helped to avoid conflict with information received from health care professionals trained to give evidence-based advice (Mahon-Daly & Andrews). The result has been the promotion of biomedical discourse informing institutional policies, masculinized and medicalized midwifery, and postnatal care (Frederickson et al., 2011). A technological (biomedical) discourse is reinforced by society, health care professionals, and breastfeeding women; for example, the use of medical terminology (i.e., colostrum and mastitis) to describe women's physical experiences in problematic terms (Bartlett, 2002; Mahon-Daly & Andrews, 2002; McBride-Henry et al., 2009).

Technological discourse has the effect of engaging the breast as a disembodied object (Mahon-Daly & Andrews, 2002), and a sexualized view of breasts removed from their biological function and purpose is important in the creation of derogatory common parlance and terminology (Earle, 2002; Mahon-Daly & Andrews). This everyday disembodied discourse was made manifest in one study, with women experiencing difficulty when sharing their bodies (with baby and sexual partner), and often choosing infant formula to reduce the symbolic tension (Mahon-Daly & Andrews).

The Attitudes and Discourse of Health Care Professionals

The supportive and empowering attitudes of health care professionals remains significant to a mother's breastfeeding today (McInnes & Chambers, 2008). Antenatal and postnatal health care practitioners contribute unwittingly at times to the pacification of women by the technological (reductive) application of expert knowledge (Mahon-Daly & Andrews, 2002). Women choosing to breastfeed engage all of the expectations of the mothering role, with health care professionals placing considerable responsibility for success or failure of breastfeeding on a woman's lifestyle (Mahon-Daly & Andrews). McInnes and Chambers (2008) identified that health care professionals could be inaccessible and uncaring at times, often judging a mother's ability to breastfeed based on culture and class; they could be disapproving, bossy, and prescriptive (discouraging mixed feeds).

Discussion

Cartesian Dualism

What we drew from the qualitative research findings discussed above and Schwab's (1996) article relates technological and empirical discourse that can be traced back to Rene Descartes (1596–1650). Descartes, in studying the body, aimed to advance knowledge through the relegation of the human body to the status of a machine, as an object controlled and viewed by the mind, and as a separate entity (McBride-Henry et al., 2009). Descartes attempted to counteract the unsystematic practices of the day and challenge societal taboos that had elevated the body to a sacrosanct position. By writing a thesis and antithesis about thinking and knowing, his philosophy separated the mind and body to construct an objective schism (McBride-Henry et al.). This Cartesian dualism has been accepted by the medical profession ever since, as an interpretation of how the mind and body work.

An Uncanny Silence

Women have not escaped the restrictions of dualistic discourse when attempting to articulate the breastfeeding phenomena (McBride-Henry et al., 2009). Thomas (2001) suggested that there is "an uncanny silence" in Western society surrounding the experience of motherhood (p. 91). Thomas quoted Dana Raphael (1973), who coined the term *matrescence* in her book, "*The Tender Gift*," with "matrescence emphasize[ing] the mother and focus[ing] on her new lifestyle. . . . A woman in a matrescent state should be highlighted and this particular period singled out as unique and important" (1973, p. 19). The matrescent state, as an intuitive kind of tacit knowing, refers to the ontological nature of breastfeeding, perhaps as an embodiment of a mother's precognitive ability to care, nest, and nurture. This primordial instinct later becomes realized not only in thought and emotion, but by the body itself (Ryan et al., 2011).

The erosion of gender roles in Western society since the First and Second World War means that women no longer assume predefined roles (Schwab, 1996). This is to be welcomed, as it provides women with an opportunity for "each and every one of us to reinvent the [mothering] role for ourselves" (Thomas, 2001, p. 91), to draw closer to the essence of being a mother through a kind of tacit instinctive knowing. The scope for an ontological narrative—an existential understanding of a breastfeeding mother's experience—competes with dominant Western discourse that relegates the maternal voice to the margins (Bartlett, 2002).

Child and maternal services should extend the experiences of breastfeeding mothers' narratives; instead, their

voices risk being drowned out by an empirical-based culture “towards pathology rather than well-being” (Downe & McCourt, 2004, as cited in Walsh, 2006, p. 229). In contrast, a proponent of inclusive narrative stated, “Whether we are exploring a concept or problem, the point is to look for the larger field of relations” (Malpas, 2008, p. 8). Researchers in the reviewed studies identified the work of phenomenological philosophers such as Heidegger, Gadamer, Merleau-Ponty, and Ricoeur to widen the scope of breastfeeding inquiry (Grassley & Nelms, 2008; McBride-Henry, 2010; McBride-Henry et al., 2009; Nelson, 2007; Nyström & Axelsson, 2002; Palmér et al., 2012; Ryan et al., 2011; Spencer, 2008). By employing an ontological (being) phenomenological perspective, the researcher attempts to illuminate the mixed realities of all phenomena (Cresswell, 2007; Palmér et al.); we found that it demonstrates the philosophical rhetorical assumptions of discourse and terminology (Cresswell).

Phenomenology

Phenomenology’s underlying epistemology is called ontology and being (existence; Heidegger, 1977)—terms largely undeveloped in nonphenomenological breastfeeding narratives (Spencer, 2008). To be brief, phenomenology refers to the interpretive understanding of the world (including bias and forethinking) and analyzing the phenomena of existential being as a thing in itself (Heidegger, 2003; Ricoeur, 1998). This approach is relevant because of the ontological tensions of birth and its polar opposite, death, which women and infants throughout the world still risk in childbirth because of inadequate midwifery services (WHO, 2008). In the West this hazard has receded, but the ontological narrative is evocative—and rightly so—because it serves as an appropriate route for researchers to study a mother’s breastfeeding experience through philosophical perspectives (Palmér et al., 2012).

Ontology provides a rigorous and substantive theoretical framework (Heidegger, 1977). A major contributor to that framework, Heidegger, from the 1920s onward, generated a new perspective on humans’ primordial, prethinking state of unpreparedness when finding ourselves “thrown” into the world (Heidegger, 2003). Heidegger’s analysis referred to thinking evolved through the senses, and “being there” as the universal realization of life (breathing, willing, becoming; Heidegger, 2003). Heidegger encouraged a reformulation of this ontological analysis by studying life as a phenomenon to reveal the preconceptual assumptions (Heidegger, 2008; Palmer, 1969). It is at the point of realization, when a person takes notice of something that had previously remained unseen (and concealed), that new understandings are allowed to take shape (Heidegger,

2003). Heidegger (2008) therefore suggested that self-understanding promotes the foundation of ontological inquiry by showing the unconcealed nature of being (life) through discourse.

The “They” and Heidegger

McBride-Henry (2010) and Ryan et al. (2011) used the work of Heidegger as a philosophical resource to study breastfeeding mothers’ experiences. Heidegger’s form of inquiry accepts that human beings endeavor to understand the meaning of life, realizing over time that the taken-for-granted notions of a practical moral life is enhanced when associated more closely with the lives of others (Heidegger, 2003). This concept, called “being with others,” is often termed “the other” and the “they self” (Heidegger, 2003). McBride-Henry (2010) suggested that the “they self” (or other people) refers to the cultural knowledge and expectations of a breastfeeding mother, pressuring her to conform and breastfeed or not. The pressure to be silent and “act out” the perfect breastfeeding mothering role was a key finding in the reviewed research studies, and some mothers were concerned that their babies should mirror the perfect infant (McBride-Henry, 2010).

A coercive meaning, therefore, is given to breastfeeding (such as prolonging breastfeeding), which surrenders a mother’s own authenticity and choice (of infant formula/mixed feeds; McBride-Henry, 2010; Ryan et al., 2011). This was evident in one mother feeling shocked with herself at the fleeting thought of swapping her baby for a less problematic one (McBride-Henry, 2010). It is this reflective awareness of the “they self” on a mother’s idea of her own self that leads toward understanding her (newly adapted) self (McBride-Henry, 2010).

The Experience of Difficulty

The sense of otherness is what Gadamer (2004) referred to as self-understanding of the phenomenon, and being aware of what preunderstanding informs the phenomenon. For example, Palmér et al. (2012) focused on initial breastfeeding in difficult circumstances. A mother might feel a sense of competition between herself and her baby and, as a result, breastfeeding difficulties might move from being physiological to existential. Mothers reported a sense of alienation (e.g., calling the baby “the infant”), failure, loss of closeness, worthlessness, rejection, and feeling disconnected (Palmér et al.). This related to the phenomena of women feeling lost as a mother, women battling to succeed in feeding, but also in finding the right way to be close to their baby, or feeling as though they were failing to synchronize with their baby (Palmér et al.).

Mothers' experiences when separated from their babies when breastfeeding in neonatal care also evoked strong reaction (Nyström & Axelsson, 2002). One mother described her experience: "When I had breastfed him and they were going away with him, then I felt, 'I can't stand this'" (Nyström & Axelsson, p. 277). Another likewise observed, "It was as if I was almost suspicious, if I am not there she will die and the staff don't care . . . is there anyone taking care of her when she is crying in the incubator?" (p. 278). This primordial experience is also represented in Ryan et al.'s (2011) study, identifying the phenomenon of "calling" between a mother and her baby; a sense of intense bonding occurring almost immediately and heightened through the immediacy of breastfeeding. It is a call of nature and a mother trusting her own instincts to breastfeed while wrestling with feelings of powerlessness, love, care, suspicion, acceptance, and embodiment (Ryan et al.).

Criticism of Interpretive Phenomenology Research Methods

We found that articles relating ontology to the study of breastfeeding mothers' experiences counter the alienating effect of (biomedical) technological discourse (Cresswell, 2007). The reviewed studies had a balanced integration of theory to the research narrative, but there needs to be a note of methodological caution (Cresswell). Phenomenology was criticized by Heidegger (2008) as long ago as 1923, if too widely used in a diluted format to "the philosophical noise of the day" (p. 58). This identifies an inherent risk of replacing one technological discourse for another (Cresswell) because of phenomenology employing a form of esoteric technical discourse (Gadamer, 2004). Criticism of the modern use of interpretive phenomenology is the lack of theory (superficiality) in research purporting to use that methodology to research participants' narratives (de Witt & Ploeg, 2006).

We found in the technological discourse (phenomenology) an antidote to Heidegger's fear of a diluted form of its concepts with three generic issues. First, researchers need to have a full grasp of the concepts of phenomenology. Second, researchers need to integrate its concepts thoroughly with the participants' research narratives in an accessible and transparent manner (de Witt & Ploeg, 2006). The researcher's position is important and should be made transparent (as in other qualitative methods), because interpretive phenomenology enables the use of personal resonance, identifying assumptions and bias, working through using a "guess" and "validation" circle of interpretation (from initial reading, understanding meaning, working through self-confirmability, integration of phenomenological theory; Ricoeur, 1998). Third, Ricoeur suggested that the role of "falsification" is

possible because of competing researcher interpretations and their exposure to all previously discussed dominant discourse; for example, power, gender politics, family, and societal and other technological discourse informing their worldviews. Hence, "An interpretation must not only be probable but more probable than another" (Ricoeur, p. 213), ensuring the importance of reflective interpretation.

Reevaluation

The effect of dominant technological discourse on the breastfeeding mother appears to estrange women from their own versions of reality (Bartlett, 2002). It also appears to increase the risk that health care professionals might view women in such restrictive perspectives (McInnes & Chambers, 2008). Specific plot lines appear to devalue the traditional role of motherhood and reduce the confidence women have in their own bodies to breastfeed successfully (Bartlett). The loss of female authenticity inordinately impacts on a woman's right to self-determination, and a radical break with inherited and intuitive practices presents a form of (moderate) nihilism (Rose, 2009). It would be kind, we think, to say this effect has been no more than accidental, but we found evidence to the contrary, and one needs only to be reminded of women's lack of substantive power to conclude the continued effects of gender politics on women's symbolism in society (Bartlett).

Conclusion

Health professionals' interpretations of technology in supportive practice are crucial in making the breastfeeding experience as positive as it can be, to promote successful breastfeeding initiation with extension at 6 to 8 weeks postpartum (DH, 2010). The challenge for health professionals and mothers to appreciate the complexity of the breastfeeding experience needs to be understood more deeply (Spencer, 2008). Breastfeeding rates are on the increase in the West, and qualitative researchers aim to capture the experience through mothers' narratives. However, qualitative researchers' methodology, through their understandable desire for rigor, promotes understanding through the lens of technological discourse (UNICEF, n.d.).

Qualitative research studies in which phenomenology is used appear to get nearer to ontology and the nature of motherhood and breastfeeding, but again, we need to be mindful of the discourse and transparency of terms (Heidegger, 2008). If health care professionals' attitudes are shaped by societal constructs of gender, then support for a mother to breastfeed can be affected (McInnes & Chambers, 2008). By bridging the communicative space of tacit knowing, researchers using

phenomenology appear to seek new ways of promoting women breastfeeding, and challenge the corrosive effects of market policy and gender politics on a mother's breastfeeding experiences (Bartlett, 2002). Yet we have some way to go before we meld the application of scientific knowledge for practical purposes.

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