Journal of European Ethnology
and Cultural Analysis (JEECA)
2019, 4 (1): 82–100
© Waxmann

Hannah Kanz

When sleep deprivation means success. Interpretative frames and discursive practices of a breastfeeding support group*

Abstract: Parenting culture is increasingly permeated by diverting and competitive moral interpretations and imperatives. Seemingly marginal decisions for or against parenting methods have become questions of identity. Based on ethnographic research, this paper analyzes a breastfeeding support group as part of the breastfeeding advocacy dispositif and, thus, a place where the attachment parenting discourse is actualized. Singular everyday experiences are classified into discourse-specific interpretative frames within the group discussions. I argued that participating mothers, thereby, practice the handling of criticism and adopt discourse-typical positioning and identity offerings.

Keywords: parenting culture, ideologies of motherhood, attachment parenting, breastfeeding advocacy discourse, discourse actualization, identity work

Introduction[1]

Because we have lost the naturalness in our interaction with small children, a new guidebook comes onto the market every few years that fuels the debate about the best educational model with a new contrary opinion – this is how Wenke Husmann describes the positionings that are demanded of parents in a 2017 newspaper article titled *Die Jammermamas* (The Whining Mommies) (Husmann 2017). There are regular contributions on the topic of parenthood in the media, be it a discussion about controversial guidebooks, such as *Jedes Kind kann schlafen lernen* (Every Child Can Learn to Sleep)[2] (Kotte 2018), polarizing films, such as the documentary *Elternschule* (Parent School) (Adenberger 2018; Dietz 2018), or reports on parenthood ideals in general. Parenthood is a persistent hot topic in the media which is used not only

* This paper was first published in German in the *Österreichische Zeitschrift für Volkskunde* 2019, LXXIII/122: 3–27. Translation by Stefanie Everke Buchanan.

1 I would like to thank the two anonymous peer reviewers of the *Österreichische Zeitschrift für Volkskunde* and Timo Heimerdinger for their constructive imputs. This publication was made possible through the financial support of the *Vizerektorat für Forschung* (University of Innsbruck), the *Institut für Geschichtswissenschaften und Europäische Ethnologie* (University of Innsbruck) and the *Institut für Volkskultur und Kulturentwicklung* (Innsbruck).

2 The guidebook advocates infant sleep training called Ferber method or Ferberization based on Ferber (1986).

to negotiate ideals of good motherhood, fatherhood and parenting but also, in a broader sense, to negotiate ideas about the functioning of society.

The focus of the discussion is mostly on young mothers,[3] who are supposed to put these ideals into practice and receive instructions from a wide range of angles. Sociologist Sharon Hays describes contemporary parenthood as *intensive parenting* (Hays 1996). Accordingly, the last few decades have been characterized by a professionalization of parenthood which presupposes that parents acquire comprehensive specialist knowledge on child development (Heimerdinger 2011: 205–206). By choosing an expert, parents already communicate a willingness to adopt a parenting style and its norms. One possible advisory setting is the breastfeeding advice offered by the La Leche League (LLL).[4] The LLL is a self-help organization founded in the United States of America in 1956 that operates worldwide. Its aim is to support mothers with practical information on breastfeeding and, thus, to promote breastfeeding.

This contribution is based on research I conducted in an Austrian breastfeeding support group with links to the LLL and the International Board of Certified Lactation Consultants (IBCLC)[5] as an exemplary site for a discourse actualization of the attachment parenting discourse. In the following, I analyze how everyday experiences are reinterpreted through discursive speech acts and are integrated into the attachment parenting discourse.[6] I argue that on the one hand the handling of criticism and on the other hand discourse-typical positionings and identity offerings are conveyed and practiced.

The analysis is based on participant observation in a breastfeeding support group from June to December 2017 and ten interviews with participants of this group. The term participant observation, in the sense of perception under conditions of co-presence (Breidenstein et al. 2013: 71), already includes the conceptual contradiction of proximity and distance which is fundamental to this method.[7] Proximity in this case consisted of my co-present participation in the group meetings and the discussion unfolding there. At the same time, my distance was recognizable

3 Fathers are not excluded from this discussion; however, this article focuses on mothers, since, in the discourse examined here, they are primarily responsible for childcare in the first years of life.

4 For a critical discussion, see Bobel (2001). Similar advisory settings have also been studied by Charlotte Faircloth (2013) and Rose and Steinbeck (2015).

5 The group examined here is a lactation advisory group that is anchored in an Austrian consultancy institution. Through its leaders, the group has connections to both the LLL and the IBCLC training program and, thus, to the European Lactation Consultancy Alliance (ELACTA). In a similar manner to the LLL, ELACTA, as the umbrella organization of the IBCLC associations, is concerned with all aspects of the promotion, protection and support of breastfeeding and trains IBCLC consultants as professional authorities in the field of lactation and breastfeeding (ELACTA n.d.).

6 The discourse analysis employed here is based on Keller (2011a).

7 The specifics of this method cannot be discussed in more detail at this point. For an in-depth reflection of this topic, see Lindner (1981).

for me and all participants since I was present with a female body but without a child. As a non-mother and non-breastfeeding counselor, I usually took the position of an eager-to-learn intern.[8] Distance restricts access to certain everyday experiences such as the physicality of breastfeeding. However, it is precisely this distance, which enables the researcher to analyze connections that the actors are sometimes hardly aware of. Participant observation, therefore, allows insights into processes of interaction and, thus, makes it possible to capture the contexts of meaning, performed practices and non-verbalized, implicit knowledge (Beck 2012: 228). Since this article focuses on the discursive practices, the ethnographic field notes from the breastfeeding support group serve as the primary source corpus, while the interviews were used to contextualize what was observed.

The essay is divided into two parts. In the first part, I approach the topic through a historical positioning of the attachment parenting discourse and give an overview of the current parenting culture. The second part of this contribution begins with an introduction to the breastfeeding support group as a research field and as a place of discourse actualization, followed by an analysis of discursive events around experiences of inadequacy regarding infant nutrition and sleep. I then analyze the discursive boundaries and perception of the breastfeeding support group by the participants against the backdrop of the resulting ambivalence and identity work.[9]

Attachment parenting and the La Leche League

There are several specialized discourses on parenthood currently that differ regarding their implicit ideas of humankind (Anthropologeme) (Bilstein 2008: 51) and the methods of parenting and care derived from them. In terms of a scale, this results in a spectrum between authoritarian, structured approaches and participative and predominantly unstructured parenting styles (Faircloth 2013: 20–21). While the former date back to the 19th century, the latter have been increasingly advocated over the last 60 years.

8 I introduced myself and my research project in every session. However, the way I was equipped – with notepad and pen but without a child – mirrored the appearance of the interns who occasionally visited the group. In addition, my gender was actualized repeatedly by the breastfeeding counselors who pointed out that by participating, I could prepare myself for my supposed later motherhood.

9 Charlotte Faircloth uses the term *identity work* with reference to Erwin Goffman in her analysis of LLL breastfeeding groups in London and Paris. The conceptual linking of identity and work reveals the ongoing processes of the production, negotiation and (situational) presentation of constructions of identity. Identities are constantly actualized and, therefore, subject to ongoing work. Aspects of this production and updating process are examined below. On mothering as identity work, see Faircloth (2013).

In the 1960s, processes of demedicalization set in which questioned the previously unchallenged medical authority (Heimerdinger 2011: 204). This led to a differentiation of expertise. Young parents were increasingly encouraged to acquire specialist knowledge on child development. Consequently, the range of courses for parents was expanded and the literary genre of parenting guidebooks developed into a mass phenomenon (Höffer-Mehlmer 2007: 78).

With their theory of attachment inspired by biological behavioral research, British pediatrician and psychoanalyst John Bowlby and US American-Canadian developmental psychologist Mary Ainsworth laid the foundation for a new image of infancy and a parenting style that was based on competence theory and participation (Lee 2014: 60). Infants were no longer understood as tyrannical bundles of impulses; rather, their social and interactive competences took on greater prominence (Gebhardt 2004: 264–266).

Building on Ainsworth and Bowlby's attachment theory, US pediatrician William Sears and his wife Martha coined the term *attachment parenting* in the 1980s, which emphasized the needs of the child and the mother-child relationship (Faircloth 2014b: 152).[10] Sears and Sears defined the secure bond between mother and infant as an important fundamental condition for the healthy development of the child. The continuous work of the mother on a secure attachment should, thus, enable the child to thrive. Sears and Sears recommended certain methods to strengthen attachment, such as breastfeeding on demand or bed-sharing, i.e. having the whole family sleep in the same bed (Faircloth 2014b: 152–153). The healthy development of the child is, thus, linked strongly to the female body. According to this approach, the mother's actions should be oriented entirely towards the child's natural needs.

Attachment parenting considers itself as a traditional and, at the same time, natural style of parenting. Attachment parenting can, thus, be associated with a naturalization process that began as early as the late 19th century and was driven by medicine and philosophy (Gracia and Dietzsch 2018: 105). On the one hand, naturalization in the context of parenthood includes interpretative frames with reference to an assumed natural order and the biologization of culture. On the other hand, it includes the consideration of the role of the mother and the mother-child relationship in a manner detached from the historical context (Gracia and Dietzsch 2018: 101).

Therefore mothers are to learn to trust their instincts and to (re)discover the connection to their human nature which had been repressed by the developments of civilization. The argumentation is largely based on biological explanations and comparisons of evolutionary biology. Stone Age humans and archaic tribal societies serve as "site[s] for playing out fantasies of the natural" (Faircloth 2013: 129) far from the

10 The guidebook by Dr. Spock (1946), which sold millions of copies, had already gone in a similar direction to Sears and Sears. See Gebhardt (2007: 94).

harmful interference of civilization. Thus, the unstructured methods recommended in attachment parenting are presented as natural and instinctive, while medicalized, structured methods are associated with social constraints.

The child-centered approach of attachment parenting, which is based on a cognitive, competent infant in need of affection, thus, represented a clear rejection of previous authoritarian educational approaches. Despite the criticism of the scientific studies used by Sears and Sears, the religiously influenced, conservative family image that is conveyed in their guidebook and the associated retraditionalization, the attachment parenting approach continues to enjoy growing popularity to this day.[11]

Among others, it is disseminated by the LLL (Faircloth 2013: 63), which has been operating in Austria since the 1970s. Today, the organization is a leader in breastfeeding counselling and is represented in over 80 countries with its publications, telephone counselling and self-help groups (La Leche Liga 2019). The LLL has always positioned itself as a feminist countermovement to conventional, historically male-dominated medicine and has declared breastfeeding to be part of female self-determination. At the same time, it emphasizes the natural aptitude of women to be mothers. This results in a paradox of feminist self-determination and simultaneous re-traditionalization anchored in biological determinism (Bobel 2001: 135).

The LLL promotes breast milk as *the* best food source for infants and breastfeeding as one of the main factors leading to a secure attachment and, thus, a thriving child. In contrast to the WHO recommendation, which points to the advantages of breast milk regardless of the feeding method (Ott and Seehaus 2010: 258), the LLL advocates an intensive breastfeeding relationship. It recommends breastfeeding until the children have outgrown the breastfeeding relationship.[12] The mother-child bonding, thus, programmatically takes the place of child-rearing. In this, the LLL advocates an anti-medicalization but pro-science approach by favoring methods that are declared natural but whose promise of success is based on scientific findings (Faircloth 2013: 87–94).

The rapid spread of the LLL is partly explained by the differentiation of expertise in the second half of the 20th century. It enabled not only medical and educational professionals to act as advisors but also the mothers themselves. Today, expert knowledge is no longer based exclusively on (scientific) specialized knowledge about child development but also on one's own experiences (Lee 2014: 63–65).

11 The critical debate on Sears and Sears conducted both in the public and academic sphere cannot be discussed here in more detail. See, for example: Faircloth (2014b); Kanis et al. (2016); Pickert (2012).

12 The breastfeeding relationship propagated by the LLL often continues beyond the six-month breastfeeding period recommended by the medical profession into the toddler or preschool years.

Parenting culture today

US American sociologist Sharon Hays has coined the term *intensive parenting* for the dominant parenting culture of the 21st century. According to her, contemporary parenting is "child-centered, expert-guided, emotionally absorbing, labor intensive, and financially expensive" (Hays 1996: 69). Therefore, mothers and fathers must be prepared to invest time and financial resources and acquire specialist knowledge in order not just *to be* parents but to *fulfil* this role well in a moral sense, and optimally in terms of a comparison of performance. In terms of mothers, intensive mothering constitutes a paradigmatic notion of ideal motherhood that serves as an interpretative pattern and frame of reference for the evaluation of parental practices of the middle class. In this context, Charlotte Faircloth (2013: 25–26) argues for understanding intensive motherhood not as a hegemonic idea but as an "emergent ideology" of good motherhood. Accordingly, the concept is conceived as a system of meaning that can be interpreted as the view of a particular social group and, thus, criticized and challenged.

Early childhood experiences have been given great developmental significance ever since Sigmund Freud. The child's psyche is understood as fundamentally innocent but impressionable and, thus, exposed to a variety of risks[13] (Faircloth 2014a: 42). In this context, Frank Furedi introduces the term *parental determinism*, according to which parental influence is given great credit for the development of the child (Furedi 2002: 65). This assumption of the fundamental malleability of the children turns into an obligation for the parents (Seehaus 2014: 35). The child's development becomes a product of parental work, devotion and affection, and the child's body becomes the yardstick of successful parenting (Faircloth 2009: 15–17; Seehaus 2014: 24–25). In addition, a neoliberal idea of performance comes into effect, according to which the parents are not only tasked with limiting risks but also with affording optimal support to the child (Heimerdinger 2011: 206).

This power of forming the child, however, also includes the possibility of failure, with grave consequences for the offspring. The danger of a potential parental insufficiency is shown in the shift in focus in parenting advice literature, which initially focused on the behavior of the children and now increasingly turns to that of the parents (Seehaus 2014: 24). In parallel to the children's need to be parented, the parents are constituted as being in need of advice and, thus, equally pedagogized (Höffer-Mehlmer 2008: 138). The advice of the experts no longer only claims to be beneficial to the child's development but also to have a therapeutic value for the parents. Parenting is framed as a difficult and potentially burdensome phase during which the parents need professional support both for the promotion of the optimal

13 Thus, for instance, the *Nationale Stillkommission* (National Breastfeeding Commission) in Germany is associated with the *Bundesinstitut für Risikobewertung* (National Institute for Risk Assessment). See Bundesinstitut für Risikobewertung (2019).

development of their child and for their own well-being. Through this kind of advice, a need for counselling is created at the same time (Lee 2014: 70).

The demand for expert-driven parenting, however, is not easy to fulfil. The 21st century is characterized by the plurality of the counselling landscape and its contradictory, divergent instructions for action. In contrast to the previous tendencies of medicalization and demedicalization, this development can be described as reflexive medicalization (Knecht and Hess 2008: 172). A wide variety of specialist, expert and everyday knowledge is available and accessible, but it is up to the parents to make an informed decision in the interest of their child's welfare – which can lead to uncertainty. In keeping with the demands of neoliberalism, parents act as reflected and informed actors and consumers and are responsible for their decisions. By choosing certain methods and experts, they associate with certain parenting styles and, thus, commit themselves to the logic and ideals of parenthood prevailing in the respective discourse. The attachment parenting approach represents one possible set of norms along which parents orient their parenting and identity work.

The breastfeeding support group as a component of the breastfeeding advocacy dispositif

The breastfeeding support group that I studied is a counselling program offered every two weeks. It shows tendencies of a self-help group, as it provides a framework within which mothers with similar problems and concerns can exchange information. The breastfeeding support group is part of a course program of an Austrian support and counselling institution for parents. The offers of the breastfeeding support group are primarily directed at mothers with children up to two years of age. The course description in the brochure of the institution invokes a somewhat broader audience by inviting not only mothers with babies and pregnant women but also fathers and all those interested in breastfeeding. Despite the openness towards various forms of family and life plans propagated in the brochure, the conversations in the breastfeeding support group showed a heteronormative orientation during the fieldwork period.

Each meeting of the group has a thematic focus, such as introducing solid foods, sleeping, breastfeeding or partnership. According to the support organization's brochure, the aim of the counselling service is to strengthen women in their competence as mothers. In the group, mothers are to find counselling, support and an exchange of experiences. Participants do not have to register in advance; each unit can be attended independently of the others. A visit lasts two hours and is subject to a fee.[14] During the research period, the group usually consisted of two

14 At the time of research, the participation fee was 12 and 8 Euros, respectively, for members of the association of the support institution (as of 2018).

breastfeeding counselors who led the group, the participating women with their babies and occasionally also interns.

Different counselling institutions do not only represent different approaches in terms of parenting and, thus, different discourses, they also exhibit differences specific to the milieu.[15] The clientele of the support institution was described to me by their director as "elite mothers". This means women between their late twenties and early forties from the educated middle class. Most of the participants I met in the breastfeeding support group had one child for whom they were the primary carer in the first year.

For the analysis in the following, the breastfeeding support group is understood as the site in which the specialized discourse of the attachment parenting manifests and unfolds its potency. It is, therefore, part of the breastfeeding advocacy dispositif, i.e. part of "infrastructures emerging out of a discourse […] in order to deal with the real world phenomena addressed by the discourse in question" (Keller 2011a: 56).

In the discourse analysis based on the sociology of knowledge, Keller differentiates between arenas of systematic discourse production and the actualization of discourse (Keller 2011b: 143–144). In the former, the discourse is systematically developed, for example, in scientific research, at conferences of the LLL or in advisory literature. In the latter, the actual discourse production only receives a little influence, but it still contributes to the communication of the discourse. The breastfeeding support group is part of the second arena, because the discourse is actualized through the communicative acts and transmitted to the mothers who come to seek advice. Therefore the discursive practices taking place there are analyzed as fragments of discourse. In other words, what is at the center of my interest are statement events in which the attachment parenting discourse is, to use Keller's terms, actualized more or less comprehensively (Keller 2008: 234).

Communication in the breastfeeding support group was oriented at the participants' questions and needs and was guided by the breastfeeding counselors. In this setting, the group leaders took speaker positions which "depict positions of legitimate speech acts within discourses which can be taken on and interpreted by social actors under specific conditions (for instance, after the acquisition of specific qualifications) as role players" (Keller 2011a: 55). Their training by the LLL or through IBCLC exams, therefore, institutionally stabilizes the role they took on

15 Bobel (2001: 146–147) points out that "race and class dimensions" are inherent to the LLL ideology. Accordingly, the US American LLL members are almost exclusively from the white middle class and are married. The LLL philosophy primarily addresses women who have already decided to breastfeed their child. However, this decision is not purely ideological but also tied to the level of education, access to resources and particularly the economic capital of the family, as the breastfeeding on demand that is propagated by the LLL is difficult to combine with work life.

within the group and enables the breastfeeding counselors to perform legitimate speech acts in this context.

The breastfeeding counselors' statements and practices, therefore, have an inherent interpretative power, and they take on an expert status within the breastfeeding support group. This positioning began with the course announcement in the counselling institution's brochure and was called on during the introductory round at the start of each meeting. Aside from their LLL training, they legitimized their expert status by introducing themselves as mothers. The breastfeeding counselors, thus, support their expert knowledge both through their experiential knowledge and qualifications.

The women participating were usually addressed as *Mamis* (mommies) in the breastfeeding support group. As social actors, they had subject positionings[16] at their disposal. Exemplarily, they could take on the role of the advice seeker and simultaneously the role of the experts of their everyday practice, as long as these corresponded to the ideal of the attachment parenting approach. Furthermore, a specific interpretative frame of motherhood as an identity offering was negotiated in the breastfeeding support group, as will be demonstrated in the following.

By choosing this counselling offer, the mothers have already signaled in advance a commitment to breastfeeding and at least an affinity to an attachment parenting approach. The entire design of the room was aimed at making breastfeeding easier for the mothers. During group meetings, they sat on mattresses on the floor, were surrounded by numerous breastfeeding pillows and breastfed on demand. If the mothers did not use breastfeeding as a means for calming their children, this was noticed by the breastfeeding counselors: In a conversation after the course, one of the consultants told me that a mother whose child was restless and crying had not breastfed the child. The breastfeeding counselor would have liked to have spoken to the mother about it but as she had left early, there had not been an opportunity to do so. Therefore, the breastfeeding support group is not only a space that facilitates breastfeeding, but it is also a space into which breastfeeding is normatively inscribed. Deviating behavior attracted attention and was remarked on.

Adaptation and reinterpretation of experiences of inadequacy

Child development and, thus, maternal action are generally closely observed. Medical staff collects growth, motor skills and weight gain in preventive checkups (Ott and Seehaus 2010) and records this biometrical data in the "*Eltern-Kind-Pass*" (parent-child passport).[17] In addition, mothers need to explain and, at times, justify

16 Subject positionings here means "positioning processes and 'patterns of subjectivation' which are generated in discourses and which refer to (fields of) addressees" (Keller 2011a: 55).

17 On the competitive tendencies that develop as a result of the classification into a corridor of norms see Heimerdinger (2013).

the methods they have chosen and their skills to their own family, friends and acquaintances. In the following, the handling of such experiences in the breastfeeding support group will be highlighted based on three examples.

Firstly, encounters with doctors, midwives or osteopaths were repeatedly brought up for discussion in the breastfeeding support group. The mothers were usually irritated when the recommendations by these experts deviated from the ideals negotiated in the breastfeeding support group. One participant told the group that a young doctor had advised her to stop breastfeeding while treating her mastitis. However, she said that she had decided to continue breastfeeding because she thought it was important. The breastfeeding counselor explained that doctors often lacked understanding of breastfeeding because it was not part of their training. Breastfeeding often demanded a lot from the mothers, the breastfeeding counselor continued, but it was the right way, even if it often seemed to go against societal conventions, because it was oriented at the child's needs.

Through his recommendation, the doctor had questioned the mother's decision to breastfeed for longer than six months and in spite of health issues. Since breast milk is considered to be the best food and breastfeeding the most natural method, there was consensus in the group that the mother should breastfeed to the best of her abilities. The doctor, on the other hand, had rejected the mother's positioning with his advice that aimed at the mother's health. This irritation was smoothed out by the breastfeeding consultant's reference to the lack of medical training on the topic of breastfeeding.[18]

As demonstrated in this example, the negotiations of practical problems taking place in the group are linked to interpretative frames of morally correct action. In their role as speakers who, thus, act as representatives of the discourse, the breastfeeding counselors served as a corrective. The consultation with them made it easier for the irritated mothers to classify new knowledge as legitimate or illegitimate[19] according to the discourse. These speaking acts, thus, have a structuring effect on everyday knowledge relationships and create orders. The general agreement within the group also strengthened the positioning and practice of the mothers.

Secondly, breastfeeding was often discussed in connection with sacrifice and deprivation. As Marion Müller and Nicole Zillien (2016: 423–424) point out, being able to cope with pain is part of the interpretative frames of pregnancy and birth which is already practiced in antenatal classes. It becomes evident here that this narrative of perseverance is upheld beyond birth. In the breastfeeding support group, one mother told how she had never thought that she would still be breastfeeding

18 This finding is consistent with Faircloth's (2013: 155) research in LLL groups in Great Britain.

19 Categories such as *truth* and *knowledge* are conceived here as discursive constructions. Truth is, thus, analyzed as, in Keller's words, a historically contingent result of knowledge politics (Keller 2008: 139).

now, especially since she initially had had problems, perhaps like many others as well. But despite the pain, problems and the advice from her social environment to just stop breastfeeding, she had not given up and was now breastfeeding on one side. One of the breastfeeding counselors told her that she should be proud to have fought so hard, because many other mothers would give up because of trivial things. Many could not imagine breastfeeding for a longer period during pregnancy, but once the child was there, they would like to breastfeed for longer after all.

In this example, it is the use of words such as *fought* and *give up* which point to the competitive character of contemporary parenthood (Knaak 2005; Heimerdinger 2013) that immediately stands out. Even though breastfeeding is often negotiated as a natural act that is inscribed into the female body in discourse, it was here thematized as a technique that had to be practiced by the mother through hard work. Her perseverance and her willingness to endure pain in order to give her child the best possible start in life enabled her to position herself as a good mother.

Thirdly, the participants in the breastfeeding support group repeatedly reported the great burden that sleep deprivation presented for them. One mother told the group that, at the moment, her daughter demanded to be fed every hour at night. The sleep deprivation that resulted from this was putting such a strain on her that she could no longer think of words while speaking and have a normal conversation. Other mothers followed with similar stories. The breastfeeding counselors then explained that frequent waking was completely normal for infants and that it was rather the social concept of an infant who sleeps through the night that should be revised. Even if it meant a great effort now, this phase was very important, because through the physical presence of the mothers, a sense of security would be established in the children which would accompany them positively throughout life. The breastfeeding counselors went on to say that studies had shown by now that well attached children woke more frequently at night.

Attachment oriented mothers find themselves in a difficult situation regarding the topic of child sleep, because idealistic and practical problems arise here. The societal ideal of an infant who sleeps through the night, which they sometimes also encounter from other mothers with whom they are friends who have decided to opt for bottle feeding, seems unattainable to them. The path they have chosen not only diverges from a widespread ideal but also turns out to be physically stressful. The breastfeeding counselors, on the other hand, reject the ideal of the child who sleeps through the night because it was not in the best interest of the child. Instead, they provided mothers with an interpretative frame in which the waking of the children becomes proof of secure attachment, and sleep deprivation, thus, becomes proof of the success of the approach.

Making the discourse visible: Discursive limits of the breastfeeding support group

As has already been shown based on the example of the story about the doctor, the set of rules inherent to the discourse determines which legitimate statements can be made at a certain time, in a certain context. Accordingly, discourses contain structures of interpretation and practice that construct reality and, thus, exclude certain content as illegitimate. These discourse limits in the breastfeeding support group become especially tangible in the topics of weaning and pacifiers. When mothers of children younger than one year of age[20] raised the topic of weaning in the breastfeeding support group, the breastfeeding counselors usually inquired about the reasons for this wish. After a few questions, the pressure from the social environment of the respective participant was often identified as the trigger for this question. Weaning was, thus, not interpreted as the mother's wish but rather as that of her partner or their relatives. She was then advised by the breastfeeding counselors to trust her feelings, ignore criticism and continue breastfeeding.

The questions of one mother who complained about waking up to eight times a night to breastfeed and was, therefore, looking for an alternative also remained largely unanswered. In the discursive logic, which ranks the needs of the child first and frames the satisfaction of the child's needs as the most important task of a good mother, the desire to wean appears selfish. A mother who no longer wants to breastfeed, thus, appears to be more concerned with her own well-being than with that of the child.

In addition to weaning, the use of pacifiers was also one of the topics that was met with rejection in the breastfeeding support group. This became evident in the manner in which pacifiers were discussed as soon as the mothers brought them up.[21] One mother, for example, recounted that she found it a relief when her boyfriend was able to take over the care for their child in the evening because they used a pacifier and she could, thus, get a rest. Such narratives were usually introduced by phrases such as "One shouldn't use a pacifier, but …" or mitigated by relativizations in which it was emphasized that it was rarely used.

The need to argue in this manner arises from the fact that it is assumed in the attachment parenting approach that the use of pacifiers or bottles alters the baby's sucking reflex and is, therefore, detrimental to breastfeeding. This alteration is referred to as *sucking confusion*; in addition to being an obstacle for the infant to learn

20 From the age of approximately 18 months to two years, weaning is discussed as a legitimate option. Exceptions are also made in the case of serious medical issues and if the mother is unable to continue breastfeeding due to illness.

21 The use of pacifiers was brought up only rarely by the mothers, but if the topic did come up, it was usually raised by mothers who attended the breastfeeding support group for the first time or had only joined recently.

to breastfeed, anatomical and logopedic concerns are also mentioned in the debate surrounding pacifiers. Heimerdinger (2010: 14–15) points out that arguments of this kind on the harmful effect of pacifiers can be understood as medicalizing reflexes. However, breastfeeding is understood not only as the intake of food but also as the transmission of positive affective feelings, i.e. love and affection. The child's need to suck, therefore, simultaneously, represents a demand for closeness that should be satisfied by the female breast.

From the participants' point of view: Reception and identity work

The mothers often came to the breastfeeding support group with specific sets of problems and hoped for specific recommendations for action to solve them. The participants tried to offer help to each other by telling about their own everyday experience. Apart from the breastfeeding practices that were demonstrated, the breastfeeding counselors often gave unspecific advice and rather essentially encouraged the mothers in their practice. Their advice on how to improve the situation usually took its starting point in the attitude and mindset of the mother. Thus, for example, the breastfeeding counselors recommended that the mother who complained about the burden of sleep deprivation should accept the situation, as it was easier to bear that way and to look for short breaks in her everyday life wherever possible in order to recharge. But after the encouraging experience in the breastfeeding support group, the mothers often faced the same unsolved problem at home, as Marina told in her interview[22]:

> *Marina [with an eight-month-old daughter]:* I always think it's funny, you go home and think it's all good [laughing] or I'm doing everything right anyway, because they [the breastfeeding counselors, HK] just simply, like, say it *works* when you always breastfeed them and it works if they lie on the breast for a long time and all. Um, but *sometimes* when I lie in bed again and can't get away from her, then I think to myself, yes [laughing] but actually it also doesn't work. But it's certainly – I sometimes go to the maternity and infant welfare service as well and she says, "Yes, by now she [the daughter, HK] should slowly be sleeping in her own bed and you should get her used to that and one hour of midday sleep," and I should see to it that I always put her down at the same time. And then I think [exhales noisily] that is *so not* my thing. And then I think that the breastfeeding support group is more on my level. I think that's the way it is for mommies, that everyone goes and gets [amused] what they want to hear.

Marina here points out the ambivalences of the breastfeeding support group. As the interview shows, she was encouraged in her actions, but she also would have liked

22 The names of the interview partners have been replaced by pseudonyms. Direct quotations from interviews have been translated from German for better comprehension. Emphasis in the interviews was indicated in the transcription by the use of italics.

to have received specific solutions for her problems. By contrast, Marina had also experienced a different counselling institution. This other consultant gave her very specific instructions, which she, in turn, rejected for idealistic reasons. In the end, Marina opted for the breastfeeding support group despite the partly unsatisfactory situation because it was more in line with her idea of parenting.

The breastfeeding counselors follow the discourse-typical logic of the LLL in their counselling practice, whose declared aim is not to give strict advice but to provide mothers and parents with information as a basis for decisions (La Leche Liga 2018). It is a kind of nondirective, dialogical consultation which seems to abstain from any sort of judgement and instruction.

The mothers are addressed as self-responsible, advised selves who are not only entrusted with their own formation and optimization (Bröckling 2002: 177; Wandhoff 2016: 257) but also with that of their children. Therefore the advice is not intended to result in a change in the child's behavior but starts with the behavior and attitude of the mothers. This focus on parental behavior is also evident in contemporary guidebooks, where the shift from normative-directive to nondirective counselling took place at the end of the 20th century (Wandhoff 2016: 273).

However, the specific counselling practice also showed that in addition to information on coping with everyday life, interpretative frames and morally charged classifications were provided and practiced. There was a noticeable discrepancy for the mothers, at times, between the counselling situation and their everyday experience. In addition to the unspecific counselling, the mothers critically reflected on the discursive-normative limits of the breastfeeding support group:

> *Emma [with a 13-month-old daughter]:* So there is *a lot* of *confirmation* of what in-laws, parents say. [amused] It *feels really good* that you're understood there [in the breastfeeding support group, HK] and that they tell you that that's *rubbish*[23] and blah blah blah and, but there is *not much space* for when a mother wants to *detach, I think*. So […] I think they [the breastfeeding counselors, HK] are *great* and I *enjoy* it every time I'm there because they, they always give me, I just feel really good afterwards, right? So like they say, uh, they *praise* you and they also say you're doing *great* and it is *worth* hanging in there and so on, but sometimes there is just little space if you just want to, I think, want to say now I *want* to, I don't know, go somewhere or, you know?

As Emma explains, she found a lot of praise and recognition in the group. At the same time, she points out in the last sentence that she is aware of the normative rules of the breastfeeding support group and, therefore, does not introduce certain topics into the discussion. Her desire to go out in the evening or make plans with friends meant that she entrusted her husband with the care of their child. Conse-

23 The interview partner here refers to well-meaning advice that she receives from her parents or parents-in-law.

quently, she pumped milk which her husband later fed their child with the help of a bottle before putting her (the child) to bed. In the interview, she called this practice *detaching* the mother from her child. Emma, therefore, did not address this topic in the breastfeeding support group, even though it was important for her in her everyday life.

As was already noticeable with Marina, Emma also used the meetings specifically to gain support for her parenting method and confirm her identity work. In the breastfeeding support group, the attachment parenting discourse and its actors were experienced in a manner that enabled the mothers to see themselves as part of a group with the same values, place their actions in a larger context and, thus, interpret them within the discursive interpretative frames. The mothers, often exhausted, enjoyed getting in touch with like-minded people and drew new strength for coping with their everyday lives from the breastfeeding support group. Through the communitization, a sense of not being alone with these problems arose. The breastfeeding support group, thus, had a stabilizing effect on the participants.

Conclusion

For this contribution, the breastfeeding support group was regarded as part of the breastfeeding advocacy dispositif, and the statements that were made as fragments of the discourse of the attachment parenting discourse. The statements that were analyzed show how the discourse was actualized and communicated to the participants. Based on the participants' narratives, classifications of the discourse are evoked and the discourse is, thus, actualized and continued. Singular everyday experiences are classified in the breastfeeding support group by different narratives into the interpretative frame of secure attachment and, thus, into a discourse-specific order of knowledge.

The interpretative frame of secure attachment consists of several elements of interpretation and is closely related to the interpretative frame of motherhood that is negotiated in the discourse. Attachment refers to a relationship between the social positions of mother and child that is primarily argued in terms of biology. These two actors are, thus, in an asymmetrical generational context, with the mother being entrusted with the child's welfare. Attachment is both the prerequisite and a means to enable the child to thrive. This results in the moral imperative of the interpretative frame of motherhood to ensure the development of the child by establishing a secure bond.

The analysis shows that this discursively conveyed goal – a securely attached child – which is difficult to grasp in everyday life, can be experienced by the mothers in the breastfeeding support group. Sleep deprivation and, thus, the dark rings around the eyes of the mothers, therefore, serve as proof of success. The mothers' suffering and sacrifice are here formed into discourse-typical narratives and, thus,

charged with meaning. The actualization of the discursive order provides frames of interpretation of their everyday practice for the participants and narratives for engaging with their critics.

As was demonstrated, contemporary parenthood has a latently competitive character and is often marked by speaking of success. Because of the parental determinism, every alleged wrong decision by the mothers is attested negative consequences for the development of the child. From this obligation to design, the fear of failure is derived as soon as everyday practices do not run smoothly or ideals cannot be implemented. Experiences of inadequacy, on the one hand, not being able to breastfeed and, on the other hand, not being able to get the child to sleep, are reinterpreted into stories of success in the breastfeeding support group by reference to attachment.

This creates spaces for identity work. The participants actualize and constitute their positionings as mothers by resorting to narratives and in reference to identity offers available in the discourse. The emphasis of the natural suitability of women as mothers and the assumed malleability of the children generate the need for a continuous reassurance to have made the right decisions for the welfare of the child. The mothers in the group experience confirmation that all the work and deprivation is not in vain but for the good of their child and that they have committed themselves to the ideals of attachment parenting for good reasons. The breastfeeding support group provides this kind of confirmation in response to parental determinism, which is why mothers use it for their identity work:

> *Emma*: Right and then you leave [the breastfeeding support group, HK] and feel *really great* because you're doing everything *right*, yes? Only then you are at home and then you deal with *exactly* the same thing again as before. Only that you feel good for a few days because you know that you are doing everything right. *Only* someone who doesn't *see* it this way and has like other *values* and things from their social surroundings just can't understand what it is that you always *discuss* in groups like that.

Bibliography

Adenberger, Marietta. 2018. "‚Der ist ja der Boss': Debatte über den Film ‚Elternschule'." *Der Standard*, October 24. Accessed March 06, 2019. Available at: https://derstandard.at/2000089986658/Der-ist-ja-der-Boss-Debatte-ueber-den-Film-Elternschule.

Beck, Stefan. 2012. "Rationalität – Wissenschaft – Technik." In *Science and Technology Studies: Eine sozialanthropologische Einführung*, edited by Stefan Beck, Estrid Sørensen, and Jörg Niewöhner, 221–244. Bielefeld: Transcript.

Bilstein, Johannes. 2008. "Implizite Anthropologeme in pädagogischer Metaphorik." In *Erziehungsdiskurse,* edited by Winfried Marotzki, 51–74. Bad Heilbrunn: Klinkhardt.

Bobel, Christina. 2001. "Bounded Liberation: A Focused Study of La Leche League International." *Gender and Society* 15: 130–151.

Breidenstein, Georg, Stefan Hirschauer, Herbert Kalthoff, and Boris Nieswand. 2013. *Ethnografie: Die Praxis der Feldforschung*. UTB Sozialwissenschaften, Kulturwissenschaften 3979. Konstanz, Munich: UVK Verlagsgesellschaft.

Bröckling, Ulrich. 2002. "Das unternehmerische Selbst und seine Geschlechter." *Leviathan* 30: 175–194.

Bundesinstitut für Risikobewertung. "Nationale Stillkommission." Accessed April 08, 2019. Available at: https://www.bfr.bund.de/de/nationale_stillkommission-2404.html.

Dietz, Hella. 2018. "Geheilt oder nur gehorsam?" *Zeit Online*, October 22. Accessed March 6, 2019. Available at: https://www.zeit.de/kultur/2018-10/elternschule-dokumentarfilm-erziehung-ueberforderung-10nach8.

ELACTA Europäischen Laktationsberaterinnen Allianz. Accessed July 8, 2019. Available at: https://www.elacta.eu/de/mission-vision/.

Faircloth, Charlotte. 2009. "Mothering as Identity Work: Long-Term Breastfeeding and Intensive Motherhood." *Anthropology News* 50: 15–17.

Faircloth, Charlotte. 2013. *Militant Lactivism? Attachment Parenting and Intensive Motherhood in the UK and France*. New York, Oxford: Berghahn Books.

Faircloth, Charlotte. 2014a. "Intensive Parenting and the Expansion of Parenting." In *Parenting Culture Studies*, edited by Ellie Lee, Jennie Bristow, Charlotte Faircloth, and Jan Macvarish, 25–50. Basingstoke: Palgrave Macmillan.

Faircloth, Charlotte. 2014b. "The Problem of 'Attachment': The 'Detached' Parent." In *Parenting Culture Studies*, edited by Ellie Lee, Jennie Bristow, Charlotte Faircloth, and Jan Macvarish, 147–164. Basingstoke: Palgrave Macmillan.

Ferber, Richard. 1986. *Solve Your Child's Sleep Problems*. New York: Simon and Schuster.

Furedi, Frank. 2002. *Paranoid Parenting: Why Ignoring the Experts May Be Best for Your Child*. Chicago: Chicago Review Press.

Gebhardt, Miriam. 2004. "Frühkindliche Sozialisation und historischer Wandel." *Tel Aviver Jahrbuch für deutsche Geschichte* XXXII: 258–273.

Gebhardt, Miriam. 2007. "Haarer meets Spock – frühkindliche Erziehung und gesellschaftlicher Wandel seit 1933." In *Familiensozialisation seit 1933: Verhandlungen über Kontinuität*, edited by Miriam Gebhardt and Clemens Wischermann, 87–104. Stuttgart: Steiner.

Gebhardt, Miriam, and Clemens Wischermann, eds. 2007. *Familiensozialisation seit 1933: Verhandlungen über Kontinuität*. Stuttgart: Steiner.

Gracia, Anne-Laure, and Ina Dietzsch. 2018. "Stillen als wissenschaftlicher Gegenstand: Epistemologische Überlegungen zur Untersuchung einer ‚natürlich sozialen Tatsache' am Beispiel des medizinischen Diskurses." *Gender*, 100–114.

Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood*. Yale: Yale University Press.

Heimerdinger, Timo. 2010. "Clevere Kultur: Die Schnullerfee als elterliches Risikomanagement." *Österreichische Zeitschrift für Volkskunde* LXIV (113): 3–21.

Heimerdinger, Timo. 2011. "Pacifiers and Fairies: Family Culture as Risk Management – a German Example." *Journal of Folklore Research* 48 (2): 197–211.

Heimerdinger, Timo. 2013. "Simply the Best: Elternschaft als kompetitive Praxis." In *Kulturen des Wettbewerbs: Formationen kompetitiver Logiken*, edited by Markus Tauschek, 249–267. Münster: Waxmann Verlag.

Höffer-Mehlmer, Markus. 2007. "Sozialisation und Erziehungsratschlag: Elternratgeber nach 1945." In *Familiensozialisation seit 1933: Verhandlungen über Kontinuität*, edited by Miriam Gebhardt and Clemens Wischermann, 71–86. Stuttgart: Steiner.

Höffer-Mehlmer, Markus. 2008. "Erziehungsdiskurse in Elternratgebern." In *Erziehungsdiskurse*, edited by Lothar Wigger and Winfried Marotzki, 135–154. Bad Heilbrunn: Julius Klinkhardt.

Husmann, Wenke. 2017. "Die Jammermamas." *Zeit Online*, October 7. Accessed March 6, 2019. Available at: https://www.zeit.de/kultur/2017-09/erziehung-attachment-parenting-muetter-selbstaufopferung.

International Board of Lactation Consultant Examiners. Accessed February 27, 2019. Available at: www.Iblce.org.

Kanis, J., V. Link, C. Dippon, N. Becker, and A. Kübler. 2016. "Schlaf, Kindlein, schlaf? Eine Inhaltsanalyse von Elternratgebern zu Schlafproblemen von Babys." *Somnologie* 20: 261–274.

Keller, Reiner. 2008. *Wissenssoziologische Diskursanalyse: Grundlegung eines Forschungsprogramms*. Wiesbaden: Springer VS.

Keller, Reiner. 2011a. "The Sociology of Knowledge Approach to Discourse (SKAD)." *Human Studies* 34 (1): 43–65. https://doi.org/10.1007/s10746-011-9175-z.

Keller, Reiner. 2011b. "Wissenssoziologische Diskursanalyse." In *Handbuch sozialwissenschaftliche Diskursanalyse: Band I: Theorien und Methoden*, edited by Reiner Keller, Andreas Hirseland, Werner Schneider, and Willy Viehöver. 3rd edition, 125–158. Wiesbaden: VS Verlag für Sozialwissenschaften.

Knaak, Stephanie. 2005. "Breast-Feeding, Bottle-Feeding and Dr. Spock: The Shifting Context of Choice." *The Canadian Review of Sociology and Anthropology. La Revue Canadienne de Sociologie et d'Anthropologie* 42: 197–216.

Knecht, Michi, and Sabine Hess. 2008. "Reflexive Medikalisierung im Feld moderner Reproduktionstechnologien: Zum aktiven Einsatz von Wissensressourcen in gendertheoretischer Perspektive." In *Wissen und Geschlecht: Beiträge der 11. Arbeitstagung der Kommission für Frauen- und Geschlechterforschung der Deutschen Gesellschaft für Volkskunde*, edited by Nikola Langreiter, Elisabeth Timm, Michaela Haibl, Klara Löffler, and Susanne Blumesberger, 169–194. University of Vienna: Institute for European Ethnology.

Kotte, Anke. 2018. "US-Kinderärztin rät: ‚Wenn Ihr Kind nicht schlafen will, sperren Sie es ein!'" *Focus Online*, June 11. Accessed March 06, 2019. Available at: https://www.focus.de/familie/erziehung/umstrittene-schlaferziehung-us-kinderarzt-wenn-das-kind-nicht-schlafen-will-sperren-sie-es-ein_id_9070799.html.

La Leche Liga. "Stillberatung Österreich." Accessed February 26, 2019. Available at: https://www.lalecheliga.at/informationen-stillen/andere-laender.html.

La Leche Liga. "Stillberatung Österreich." Accessed March 07, 2018. Available at: www.lalecheliga.at/informationen-stillen/lalecheliga/beratungskonzept.html.

Lee, Ellie. 2014. "Experts and Parenting Culture." In *Parenting Culture Studies*, edited by Ellie Lee, Jennie Bristow, Charlotte Faircloth, and Jan Macvarish, 51–75. Basingstoke: Palgrave Macmillan.

Lindner, Rolf. 1981. "Die Angst des Forschers vor dem Feld." *Zeitschrift für Volkskunde. Beiträge zur Kulturforschung* 77 (1): 51–66.

Müller, Marion, and Nicole Zillien. 2016. "Das Rätsel der Retraditionalisierung – Zur Verweiblichung von Elternschaft in Geburtsvorbereitungskursen." *Kölner Zeitschrift für Soziologie und Sozialpsychologie* 68: 409–433.

Ott, Marion, and Rhea Seehaus. 2010. "Stillen – zum Wohl des Kindes: Reproduktion und Effekte von Stilldiskursen in Praktiken der Kindervorsorgeuntersuchung." *feministische studien* 2: 257–269.

Pickert, Kate. 2012. "The Man Who Remade Motherhood." *Time*, May 21. Accessed February 26, 2019. Available at: http://time.com/606/the-man-who-remade-motherhood/.

Rose, Lotte, and Stephanie Steinbeck. 2015. "Die Ernährung des Säuglings an der Mutterbrust: Ethnografische Notizen zu einer Geschlechtsasymmetrie qua Natur." In *Die Ernährung des Säuglings an der Mutterbrust: Mutter, Vater, Kind*, edited by Rhea Seehaus, Lotte Rose, and Marga Günther, 101–121. Opladen, Berlin, Toronto: Barbara Budrich.

Seehaus, Rhea. 2014. *Die Sorge um das Kind: Eine Studie zu Elternverantwortung und Geschlecht*. Opladen, Berlin, Toronto: Barbara Budrich.

Spock, Benjamin. 1946. *The Common Sense Book of Baby and Child Care*. New York: Duell, Sloan and Pearce.

Wandhoff, Haiko. 2016. *Was soll ich tun? Eine Geschichte der Beratung*. Hamburg: Corlin.