

Introduction



Broken Links

I began advocating for breastfeeding a couple of years after the birth of my daughter, Chandra, and later, began writing about breastfeeding for advocacy groups and academic audiences. Elsewhere (Van Esterik 1989: 20–27) I explained how my breastfeeding experiences influenced my interpretation of the infant-feeding controversy, and shaped my personal biases. Chandra’s hospital birth was uncomplicated but unpleasant. My dominant memories are of being too cold to hold my newborn, and being ravenously hungry, but left unfed for many hours. I was not breastfed, but given lactic acid milk mixed with corn syrup. My mother was unable to help me with breastfeeding. In fact, she was more enthusiastic about the new convenient ready-to-feed infant formula samples we received, standard marketing practices in the 1970s. She thought I was breastfeeding to save money. As a foreign graduate student studying in the United States, I had minimal health insurance covering only one day in the hospital after my daughter’s birth. The nurses were no help with breastfeeding, flicking Chandra’s cheek to try and make her latch on, and I left the hospital before Chandra was breastfeeding properly. But I had an unusually supportive pediatrician who assumed I would have no problems with breastfeeding, and practical help from the wife of a fellow graduate student who was a La Leche League leader. When I complained that I had no milk on the third day, she took Chandra and breastfed her while her experienced six-month-old baby latched on to my engorged breasts forcefully and showed me how it was done. My friend helped me deal with engorgement, let down problems, and Chandra’s tongue-tied latch. Looking back, I see that the support I needed to succeed with breastfeeding happened by chance, and the story could easily have gone the other way (which would have made my mother happy). Breastfeeding

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Chandra taught me to nurture; my mother nurtured me but never breastfed me; there was very clearly a broken link between the generations, and I had no embodied experience of being breastfed. As all mothers do, I adapted to the contingencies of my life as a graduate student by using personal and social resources to fill the gap left by the broken link. Only in retrospect can I see the commonalities between my experiences and those of other women. For example, reading Annette Beasley's (1996: 53) book reminded me of similar difficulties I had with Chandra favoring one side, and clicking her tongue with every swallow. (PVE)

The story of this broken link drew my attention to the importance of viewing breastfeeding, infant feeding, and nurture as links across generations. Forty years of advocacy work around breastfeeding provided endless numbers of stories about the complexity of breastfeeding and breastfeeding activism, some of which are included here. I wanted to use my past experiences in breastfeeding advocacy work to raise the arguments explored in this book. And I looked to anthropology for help.

Breastfeeding experience and advocacy work were not sufficient to develop the argument in this book, although it prepared me for addressing infant-feeding activism from the perspective of both NGOs and bilateral bureaucracies. It was clear to me that anthropology informed some of the best research in the field of infant feeding, but less clear why breastfeeding questions were also at the heart of anthropology. That is where Richard comes in to the story.

I admire Penny's activism. That is not easy in anthropology. Although the discipline has a long tradition of intellectual activism, we eagerly want to change what people think. We shy away from changing how they live. That temerity rightly honors cultural relativism. Yet what is a civic-minded scholar to do when a culture's everyday doings crush its enduring values? That happens sometimes with breastfeeding and always with anorexia. That got us involved as anthropologists. We figured knowing how culture works would equip us to see and challenge how today's culture works against itself. We know other professionals battle these same problems. We wish them well. We do, however, worry when a profession's Cartesian logic creates the problems it sets out to solve. That, in a nutshell, is why eating disorders frustrate treatment and why breastfeeding is regularly misunderstood and wrongly politicized. Getting out of these traps is not easy. So we ask your indulgence as readers. Hang in there with all the theoretical and methodological moves. We have to go back to basics to do better. We hope the rethinking repays your efforts. (ROC).

Since Richard had already worked out arguments concerning why anorexia was an important case for anthropology, our collaboration was an opportunity

to add another case study. We already knew that we attended to the same things in anthropology long before we began formal collaboration on *From Virtue to Vice* (2015) and *The Dance of Nurture*. Fieldwork in Thailand was foundational for us both. Although we carried out different ethnographic projects over the years, we both used Thailand to educate ourselves about other times and places. Consequently, we are both influenced by Thai concepts of nurture, an approach widespread in Southeast Asia. This is a shared narrative voice; when we speak separately, it is in notes followed by our initials.

Why use eating disorders and breastfeeding as instances of nurture or the failure of nurture? Both processes are activities that function as wholes and that interact with a person's unique constitution and with cultural scripts that organize modern life. Both subjects require holistic thinking, not reductionist binary oppositional thinking. Dividing mind from body, reason from emotion, public from private, and individual from society makes both eating disorders and breastfeeding incomprehensible. Both topics are difficult to study ethnographically. Both have uneasy relations with feminist explanations, and require what we call a relaxed feminist analysis. The path to breastfeeding and eating disorders are both long causal chains reflecting complex motivations entangling both reason and emotion.

Breastfeeding support is one of the most financially efficient interventions for reducing infant morbidity and mortality, but no interventions can force a mother to breastfeed against her will, as the Nazis and Italian fascists discovered. Such coercive interventions are rare and go against the logic and moral imperative to nurture others. In spite of decades of efforts to promote breastfeeding, few women follow the World Health Organization (WHO) recommendations for exclusive breastfeeding for six months, a key part of the Global Infant and Young Child Feeding Strategy.

The stories of anorexics detailed in *From Virtue to Vice* introduce us to North American women who are driven to succeed in many arenas of life; their self-regulatory rules to never give up, and to try harder even if it hurts, may sound familiar to breastfeeding mothers in Western societies. Mommy blogs introduce Euro-American mothers who write of struggling to breastfeed, and how they persevered in the face of pain and persistent problems. These progressive modern women who treat breastfeeding as an extreme sport have few counterparts in other parts of the world where nurture is still a dance, not a fight.

Why focus on nurture as an object of anthropological investigation? Because it is important both theoretically and practically; it is part of both the little and the large—global food security and grumbling stomachs. This book offers an explanation for why nurture is so basic to the human condition. Everyone takes it for granted that we must deal with the vulnerability of newborns, but we have underestimated the foundational importance of that nurturing work. Its impact stretches forward and backward, linking the generations.

An online publication in *Nature* (2011) identified the top ten questions that are both foundational and transformative (and difficult) for social scientists to tackle. Of course, nurture was nowhere to be seen. But the argument of our book resonated with the top ten questions about how to persuade people to adopt healthier behaviors, how to improve society's ability to get the important things approximately right, and how and why the social becomes biological. Nurture addresses these questions. The profound interdependence and need for social relatedness necessary to pass nurturing practices across the generations resides in this social universal: mother–infant interaction. An anthropological examination of nurture opens up possibilities for new research questions about our primate heritage, biocultural models in anthropology, and the limits of human adaptability.

Our reviewers pointed out that we were not clear about the potential audiences for this book; they were right. We want every reader to be as interested in infant feeding and nurture as we are. In fact, we should be more specific. We hope anthropologists, particularly medical anthropologists, will see breastfeeding and infant feeding as a lens for understanding the human condition, and that biological and cultural anthropologists will find that nurture as a biocultural hybrid could be a basis for working together on human commonalities. We hope that the New Ethnology will provide some guidance as to how to work across differences. But we are very conscious of the fact that this book, and particularly Chapter 3, is the result of two cultural anthropologists wading into the world of biological anthropology selectively, trying to understand the vast research emerging on lactation and breastfeeding. Ours is not the reading of insiders. But if we are to extend a hand across the subdivision divide, we must be able to understand how others make sense of less familiar fields and risk the misunderstandings that may result, or the integration we all seek will never happen.

Breastfeeding activists and those who work supporting new mothers in their infant-feeding practices will meet themselves on most pages. We hope they can tolerate the anthropological framing throughout. Health care professionals, particularly those working in public health and maternal and child health, may share some of our concerns about the complexities of applying global health policy in local contexts. We hope the subject of infant feeding will also be of interest to development workers who struggle with many of the same issues. Most of all, we hope readers will find a way to apply some of the ideas about nurture in their own lives.

We both love to dance—to celebrate, exercise, and relieve stress. We never noticed when or how it waltzed in to the book and became a guiding metaphor for nurture.

Plan of the Book

Anthropology is well placed to answer the broadest of questions about the human condition—in this case, nurture. In Part I, we document the challenges to breastfeeding and nurture (Chapter 1), and to studying both processes realistically (Chapter 2). Part II explores two important contexts for understanding nurture, first how breastfeeding is embedded in biocultural contexts (Chapter 3), and then how infant feeding is embedded in systems of food sharing and commensality (Chapter 4). Part III then examines the incredible diversity of nurture by showing how infant feeding is embedded in regional systems, specifically Southeast Asia (Chapter 5), and positioned in relation to modernity (Chapter 6). Finally, Part IV shows how infant feeding is handled by modern bureaucracies (Chapter 7) and negotiated by mothers and groups struggling to nurture the next generation (Chapter 8).