

Mother's Milk

A Psychoanalyst Looks at Breastfeeding

MICHELLE E. FRIEDMAN, M.D.

This chapter examines the complex experiences and meanings of breastfeeding for women engaged in it. My review of the sparse literature to date reveals that understanding of breastfeeding has been limited largely to an oral perspective. The sociology and physiology of lactation are sketched here to provide a background for the multifaceted psychic experiences reported by breastfeeding women. Within this more complex context it can be demonstrated that breastfeeding kindles aspects of all the psychosexual stages, touching off a cascade of fantasies and feelings in the nursing woman. Case vignettes also illustrate the broad clinical utility of an interest in breastfeeding.

The question arises as to why there has been such reticence on the part of both patients and analysts regarding breastfeeding. Paying attention to this activity can yield rich and useful information about the nursing mother's unconscious attitudes. Issues of power, competence, eroticism, and aggression are discussed in addition to those of orality and nurturance.

Then said his sister to Pharaoh's daughter: "Shall I go and call thee a nurse of the Hebrew women, that she may nurse the child for thee?" And Pharaoh's daughter said to her: "Go." And the maiden went and called the child's mother.

—EXODUS 2:7,8

Assistant clinical professor of psychiatry, Mt. Sinai Hospital and Medical Center; lecturer, Columbia University Center for Psychoanalytic Training and Research; and psychiatrist in private practice in New York City.

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FOR MOST WOMEN, FEEDING A BABY AT THE BREAST IS A REMARKABLE, stirring, natural, and somewhat strange experience. Breastfeeding is an entirely elective activity that is initiated at birth and may continue for a few days to a few years. Because feeding is the paramount communicative activity between a mother and her infant, a woman nursing for the first time experiences herself and her breasts in an entirely new way.

In our field, which is so rooted in tissue–mucosal membrane–level experiences, one would expect special curiosity about nursing. It is, after all, a female adult body function that has no direct childhood precedent experiences for the little girl, who in fact lacks the necessary equipment until puberty. How does the nursing mother unconsciously make sense of feeding her baby directly from her own body? My observations suggest that the psychic experience of breastfeeding is an amalgam of fantasies evoked from successive psychosexual stages, oral through oedipal. One example, which I discuss later, is the blatant similarity between the lactating breast and the functioning penis. Both have erectile capacity, produce a powerful substance, and are a source of pride and anxiety to their possessors.

A secondary point of interest is the paucity of analytic literature concerning mothers' feelings and fantasies about nursing as compared with the copious writing on babies' experiences of feeding. Considering that adult women can provide much more accessible data, I found this especially intriguing, and I speculate on reasons for it. Paying attention to nursing mothers' inner experiences can yield insights into the developmentally layered psychology of women. Examples from my own practice illustrate the clinical applicability of these insights.

LITERATURE REVIEW

The analytic literature is replete with inferences about the effects of breastfeeding on the infant. To date, however, psychoanalytic inquiry into the maternal side of nursing is strikingly spare. This sparse literature has focused almost exclusively on the oral phase of development. Breastfeeding has been credited with reviving feelings and fantasies embedded in the nursing mother's early life, particularly in her relationship with her own mother. This is a limited view in that it ignores later developmental factors that modify and transform the oral beginnings of the breastfeeding experience.

Also rare in the psychoanalytic literature are detailed case reports of the postpartum period that specifically address breastfeeding, despite greater recent analytic interest in pregnancy. The *Guide to the Language*

of *Psychoanalysis* (Klumpner, 1992) includes no mention of breastfeeding, although one finds an entry for both *breast* and *breast envy*. In fact, with one exception, the few clinical discussions on the subject date back several decades.

Merrell Middlemore (1941), who was trained both in obstetrics and psychoanalysis, is frank about the difficulties women often have in undertaking breastfeeding and attributes them to anxieties from such sources as the mothers' own suckling experiences, which provide the basis of unconscious oral fantasies of biting and destroying. She also discusses women's anxiety about the sensual pleasure they may feel while nursing. A common expression of these conflicts, according to Middlemore, is for the mother to have misgivings about her ability to feed and to worry that the quality of her milk is "bad." In optimal circumstances, mother and child mutually adapt and form a successful nursing couple.

Helene Deutsch (1944, 1945) devoted significant attention to the influence of psychological factors, particularly aggression, on breastfeeding and weaning. She diagnosed one young mother's inability to provide milk at feeding times despite copious breast leaking between attempted nursings as stemming from her ambivalence toward her newborn. By comparing this symptom with premature ejaculation, in which the timing of fluid delivery is also a problem, Deutsch suggests a penis-breast parallel. Her lively descriptions of nursing situations include observations of the direct and primitive satisfaction of women who devote themselves wholeheartedly to nursing and often say they feel like "contented cows." Despite a fundamental commitment to the matrix of feminine masochism, Deutsch concedes that not only "feminine-passive" but also "masculine-aggressive" mothers enjoy breastfeeding. The latter group, she feels, is pleurably motivated by the proud accomplishment of lactation and the fulfillment of the needs of the child. In contrast, if a mother feels that her ego is endangered by the baby, whom she perceives as overwhelmingly needy and devouring, she may reject the child and stop nursing.

Deutsch says that breastfeeding affects women in all cultures. She points out that the frequent idealization of mothering in primitive societies leads to a distorted notion that nursing poses few if any problems for these seemingly less psychologically complicated women. Deutsch describes magical rituals, formulas, and superstitions among all peoples to defend against the catastrophe of mother's milk drying up. She analyzes several myths involving infant exposure—the stories of Romulus and Remus and of baby Moses, for example—as incorporating mothers' efforts to protect their offspring not only from

threatening father figures but also from their own destructive impulses potentially unleashed in the throes of maternal lactation conflicts.

Marie Langer (1945) offers a Kleinian perspective on women's experience of breastfeeding in that she understands the psychological problems of breastfeeding as stemming from a woman's own oral dissatisfactions. Langer feels that this conflicted position reveals the persistence of aggressive infantile attitudes toward the nursing woman's own mother, which then contribute to her sabotage of the adult responsible-mothering role.

In his classic paper on the transitional object, D. W. Winnicott (1951) regards the breast or breast substitute as the crucial first object that allows the infant the illusion of creating reality; this in turn sets the child on the road to separation from the mother. Winnicott expects that the mother's own experience of feeding will be evoked. He cites a clinical case in which a mother's awareness of her first son's intense attachment to his exclusive breastfeeding led her to use an occasional bottle with her second son, yielding a more relaxed outcome. In another paper on basic emotional development (1945), Winnicott acknowledges that breastfeeding can be difficult and entreats mothers, who after all are more mature than their offspring, to be tolerant and understanding of their babies.

Therese Benedek's (1959, 1970) discussions of breastfeeding hint at a broader view and are integrated in her theory that personality continues to develop past adolescence. She sees parenthood as a crucial developmental phase for both men and women and views mothering as a powerful, drive-motivated activity that draws on a lifelong experience of the sexual response cycle. She also emphasizes the new mother's positive feminine identification with her own preoedipal mother. Like Deutsch, Benedek points out the modern woman's conflict in establishing her identity as a mother in a confusing cultural climate that champions outwardly directed achievement (not related to motherhood) but extolls the passive and regressive aspects of mother-dependent baby care.

In his effort to correlate psychoanalytic concepts with physiological data, Marcel Heiman (1963) notes that the breast as well as the uterus is a target organ for the neurohormone oxytocin. For him as for Deutsch, suckling and coitus have bedrock biologic and symbolic interconnections. Just as the breast actively engages the infant's mouth, so the vagina incorporates the penis; thus both restore a primordial condition of unity.

Charles Sarlin (1963, 1981) views breastfeeding as a primal scene, a way of integrating nursing into the rich composite of developmental

epochs. According to his intriguing schema, the nursing infant is participating in and simultaneously viewing a mutual, openly erotic relationship with the mother. This stands in distinct contrast with the more familiar situation of the phallic-oedipal period, when the child is accorded envious, spectator-only status.

Ruth Lawrence's (1994) compendium on breastfeeding, which is designed for a general medical readership, contains many insights into the maternal side of nursing. Describing the decline of breastfeeding in this century, she criticizes modern society for failing to support what she feels is a clearly superior means of infant feeding. According to Lawrence, women may have internal conflicts regarding their biological maternal role versus their other social roles. Further, they may experience anxiety at seeing their breasts as organs for feeding as opposed to sexual enjoyment. In this formulation, in which the breast is likened to the penis as a source of pleasure, nursing may represent a castration threat.

These dichotomous versions of the female bosom, the sacred maternal feeding font and the profane erogenous breast, are explored by Serge Lebovici and Evelyne Kestenberg (1993). They present a case in which a single woman whose mother died of breast cancer seduces her toddler daughter into prolonged nursing. This pathological mutual dependence on breastfeeding suppressed the child's strivings toward autonomy, to maintain the mother's oedipal attachment with the dead grandmother, and to curtail any potential romantic or erotic relationships for the mother.

Discomfort with discussing breastfeeding is certainly not limited to the analytic community. In a scholarly feminist article Linda M. Blum (1993) discusses in gender-oriented political, racial, and economic terms the difficulties breastfeeding poses. Blum points out that the feminist community has addressed more the inequities surrounding pregnancy and childbirth than the challenges posed by breastfeeding. She suggests that feminists, too, have difficulty meeting the extensive time and availability demands imposed by nursing; in pregnancy women have relative autonomy and freedom of movement, and birth is simply a far shorter event.

DISCUSSION

The meaning of nursing for a woman can best be understood by exploring it as a developmental experience that potentially enfolds and reorganizes traces of earlier libidinal and aggressive epochs. To introduce the multiple meanings of breastfeeding, I include a review of

several sociologic factors and the basic physiology of lactation (Lawrence, 1994).

Among members of the college-educated, upper-middle-class group that currently comes to analysis, there is an expectation that a mother will breastfeed her baby (Blum, 1993). Whether the manifest motivation for this expectation is concern about the infant's nutrition or immune fortification, bonding, the mother's health, or other issues, cultural peer pressure to breastfeed has been a powerful influence for at least the past decade. Questions about feeding babies are inevitably discussed by mothers, and a woman who doesn't breastfeed almost invariably seems compelled to offer an explanation of her decision.

It is rare for a pregnant woman in this population to announce that she has no intention of nursing. She may articulate a revulsion for the physicality of breastfeeding or resent the impositions on her time and mobility. She may also worry that nursing will cause her breasts to lose their shape, rendering her less sexually attractive. For centuries these concerns motivated upper-class women to hire wet nurses (Fildes, 1986). Extensive research confirms that preconceived attitudes about nursing prevail in the immediate postpartum period. Uncertainty about the decision to breastfeed, lack of confidence in the ability to do so, delayed first-breastfeeding contact with the baby, and depression all contribute to early nursing failures (Buxton et al., 1991; Cooper et al., 1993).

Lactation is a remarkable physiological function. A woman who decides to nurse has made a choice, albeit a complicated one in today's industrialized society, to continue to feed the baby she nourished passively in utero. The breasts, whatever their meaning to her before childbirth—ornamental, burdensome, sexual—take on a purposeful value. The breasts' actual shape, behavior, and sensation alter dramatically. The pregnant woman usually has some breast tenderness and enlargement. Early in postpartum, the breasts produce colostrum, a high-protein, immune-fortifying precursor to breast milk, which itself generally is produced a few days after childbirth. Lactating women have bigger breasts as well as broader and darker areolae than before becoming pregnant. However transiently, the nursing mother who was not particularly full-bosomed before finally has perfect breasts, firm and full, universally idealized.

The nipple itself can become erect and elongate by as much as a centimeter when stimulated erotically or when the infant latches on to it to begin feeding. Sarlin (1963) reminds us that the only organs capable of this erection are the nipple, the clitoris, and the penis. The baby's latching on stimulates the mother's milk letdown, an oxytocin mediated

reflex that allows breast milk flow to begin. These sensations along with suckling may elicit a range of physical feelings including uterine contractions and intense pain in the early days of nursing—or later if there are such complications as cracked nipples or mastitis. On the other hand, many women find nursing immensely relaxing and sensually gratifying even to the point of orgasm.

Sexual fantasies that have evolved throughout a woman's development and are usually evoked during genital sexual activities may become available during breastfeeding. One mother, for example, became aware during nursing of a familiar boredom, underwritten by a fantasy of being trapped in a cave. Analytic work clarified the connection to a familiar sadomasochistic fantasy of entrapment that was both pleasurable and confining in her sexual relationship with her husband.

A nursing mother may be disturbed to feel anything frankly erotic while so close to her baby, or she may find that this reactivity facilitates the return of her active sexual life with her spouse. The decreased sexual drive often reported by breastfeeding women may also be a result of fatigue, the hormonal changes caused by lactation, or the sense of libinal satisfaction through the exclusive "love affair" with a nursing baby.

Husbands of women who breastfeed have a variety of reactions, ranging from enjoyment of their wives' milk-filled breasts and pride in their babies' having this nourishing experience to feeling shut out and jealous. It follows that a woman's decision to undertake and continue nursing may be influenced by her husband's fantasies and attitudes (Waletzky, 1979).

Young children spend a lot of time around their nursing mothers and infant siblings. Kleeman (1971) tells us that the breast as a powerful and capable organ system is evident in children's play and fantasy. Direct observation of the hungry baby taking in a substantial portion of the mother's breast and being satisfied undoubtedly leaves a vivid impression on the spectator/sibling in contrast with the unclear notions that he or she still has of female genitalia. The exclusion of the watching child from the nursing dyad provides another model for later triadic primal scenes in which the observer is the outsider and third party. At the same time, the sight of the nursing sibling's face busily buried in the mother's breast elicits fantasies of breastfeeding as a powerful and confusing female function. The often-heard question posed by older children, "Mommy, is the baby eating you?" illustrates how comfort and feeding are mixed with cannibalistic notions. Thus, for a woman who already has children, such reactions may be factors in her decision to breastfeed a new baby.

The quality and quantity of breast milk have a multiplicity of meanings that have a prized, phallic tone. Breast milk is readily palpable, visible, can be expressed and even squirted some distance. The phallic and breast systems endow their possessors with particular power, vulnerability, and status. In his exegesis of the biblical quotation that prefaces this chapter, the medieval commentator Rashi appears to wonder why Pharaoh's daughter would even risk choosing a Hebrew wet nurse. His interpretation, embedded in a complex rabbinic literature, asserts that the baby Moses refused the milk of Egyptian women (Cohen, 1966; Flashman, 1992). Rashi thus supports the notion that mother's milk has intrinsic, recognizable properties far beyond its biologically nutritive value.

The nursing mother not only is in near-total charge of her baby's nourishment and bowel function—for each feeding usually ends in a diaper change—but also she can choose to pacify distress or lull the baby to sleep via breastfeeding. At the same time, she must relinquish some freedom of movement and tolerate possible discomfort in order to be available to her baby. In fact, the common male fantasy of “use it or lose it” (referring to the erect penis) holds true for a nursing mother, whose breast milk will dwindle if she skips feedings.

The woman's experience as provider of this powerful substance evokes feelings and fantasies of competence that are usually termed phallic but resonate with all stages of psychosexual development, including oral, urinary, and anal ones. An analysand, one of my own patients, who had proudly nursed her children prior to her analysis was engaged in an intense erotic homosexual transference to me when, several months after I returned from my maternity leave, she angrily described the following masturbatory fantasy: “I imagined that milk was coming out of your breasts like a stream. I had the idea that it's like a penis that ejaculates. . . . It's the same thing, life is coming out, and it's for me.” This woman's fantasies had occasionally featured her using a dildo strapped on like a penis. It seemed to me that she was suffering from a castration reaction such as that described by Lawrence (1994) and Lebovici and Kestenberg (1993). My breasts had taken on the importance of a powerful, penetrating penis that dwarfed both her now-flaccid breasts and her fantasy toy penis. Despite much interpretation, her rage at me for being unavailable when she desperately wanted my attention remained a powerful resistance. The patient's feeling of crushing loss in her competition with my child was made clear when she furiously accused me of nursing my infant during a phone call with her.

Competitiveness among friends and between generations over milk

production may be undisguised in the conversations of women who bemoan with pride their leaking breasts. The nursing mother who feels a glow of pride in her milk's becoming the baby's firm flesh delights in announcing the child's weight gains and eagerly shares her unconscious fantasy of continued fusion in thinking, "It all came from me!" Breastfeeding women also express satisfaction in their babies' fecal products as they compare the yellow stools their babies make with the more malodorous brown ones of formula-fed infants. In contrast, pediatricians, obstetricians, and a host of lactation consultants are besieged by anxious nursing mothers who are not sure that they can provide the proper nutrition for their babies, especially when they compare their thin-looking bluish breast milk with the seemingly richer commercial formula. The unconscious fantasy of her milk as inferior or even poisonous was operative for one such woman who, despite her baby's adequate weight gain, discontinued breastfeeding.

The enhanced sense of bodily integrity and competence associated with breastfeeding may have important compensatory meaning for women who either have overcome serious personal medical problems or have current physical limitations. One of the women who spoke most glowingly to me of her enjoyment of nursing had conquered lymphoma as a bride and gone on to bear several healthy children. Similarly, a mother of two who was severely handicapped by early polio describes breastfeeding as one of the few physical functions she could provide for her babies.

The restorative significance of breast milk may also motivate some mothers of very ill or impaired neonates to pump their breasts. As a result of their babies' medical conditions, these mothers are deprived of most of the usual tending activities through which parents convey love and concern. Expressing her milk helped one mother of an extremely premature infant feel that she could do something special for her baby amid all the high-tech equipment surrounding him. Regularly collecting her milk helped support her fantasy that her son would soon be coming home, where he would be able to breastfeed directly from her.

A further distinction between breastfeeding and supplying breast milk is worth making because nursing and pumping and storing breast milk to be given in a bottle by another caretaker are very different experiences for the mother (Furman, 1993). Although pumping is necessary for women who wish to breastfeed but are not available for a significant number of feedings, some women who need to rely on bottle usage fantasize that formula is poison. These women refuse to

use it or, if they do allow an occasional commercial bottle, can't bring themselves to purchase it in the store or to prepare it themselves.

Maintaining an abundant frozen supply of breast milk may also be gratifying for nursing women who are responding to memories of the meager emotional pantries of their own childhoods. Additional meaning may be gleaned from these neatly labeled and stacked reserve stores of breast milk as they concretize a fantasy of omni-availability of their precious body fluid. This bottled breast milk may assume a fetishistic quality if it substitutes for other, more immediate forms of nurturance that require the mother's presence. Blum (1993) warns against the trend of employers' providing breast-pumping stations, which she sees as insidiously undermining efforts toward achieving the truly needed goals of job flexibility with maternal leaves and on-site nurseries.

The triadic configuration of the nursing couple plus onlooker(s) sets the stage for the abundant exhibitionistic excitement and inhibition seen in both nursing women and observers. Larger breasts, outlines of nursing pads, and stains on clothing from leaks are among the signs of nursing activity that can evoke pride or embarrassment.

Public breastfeeding is a compelling sight and elicits wonder, tenderness, or absolute horror and disgust in onlookers. Uneasiness is probably felt by most spectators to a breastfeeding; should one look or turn away? Women who never previously bared their bosoms in public routinely describe breastfeeding their babies quite comfortably in front of their fathers, male friends, or even complete strangers. When asked about this behavior, women usually invoke the desexualization of their breasts through frequent feeding or habit, but I suspect that there is really an active excitement and desire to display their breasts. Conversely, conflicts over privacy and exhibitionistic impulses may be manifested in the woman who nurses only after dramatically arranging her garments or resentfully withdrawing to a more private room.

One new mother described her own awareness of the desire to be appreciated while "performing" when she brought her several-week-old infant to a restaurant and, while feeding him, became annoyed because everyone wasn't watching her. She became aware of feeling hurt again later, when her growing and increasingly curious baby began at around five months to glance away from her during nursing.

The desire to display both baby and competent mothering is frequently enacted in the not-so-rare phenomenon of new mothers' bringing their babies to analytic appointments. Although they may claim they couldn't find a babysitter, there is clearly a wish to show the analyst the mother's highly invested creation. An analyst and "acciden-

tally" became pregnant during her first year of analysis and seriously debated having an abortion. Her mother had accompanied the patient to her one prior abortion, which occurred early in her relationship with the man she eventually married. Although she and her husband were well off and wanted children eventually, she expressed concern about adding a further impediment to her already significant creative block. Analytic work clarified deeper worries about following in her mother's footsteps, which the patient saw as total devotion to family. The reconstructed parental legacy, however, revealed staggering neglect by both mother and father, whose self-absorption resulted in their overlooking multiple sexual-abuse situations involving my patient and her siblings. She decided to keep the pregnancy.

Two weeks following a cesarean section she returned to analysis with her son in tow, whom she placed on her clothed bosom as she lay on the couch. When the need arose, she quietly and modestly nursed and then gently rocked her baby. She was unable to verbalize much of her inner experience then, but we established over time that the critical meaning of this behavior, which continued for several weeks, was to demonstrate for me her empathy toward and attunement with her child. My patient had created a new, cozy little family of three in the office, where she was acting out a part of her fantasy of me as the analytic father of her child. For, although her husband, who was closely identified with her family of origin, was certainly the infant's biological father, the certainty that the fetus would become a baby was conceived during discussions with me.

How long a woman breastfeeds a child is a decision with many determinants. Illness in the mother, an urgent situation requiring her full-time availability, the desire to become pregnant again, and the wish to "have my body back for myself" are among the reasons given for weaning. Women who enjoy breastfeeding often express feelings of sadness at weaning. Trad (1990) describes a previously well-adapted mother who became despondent when her child initiated weaning. In this case brief psychotherapy helped to clarify the mother's fear of the disruption of their special intimacy and to relieve her guilt at feeling that she was stifling his progress for her own needs.

There is certainly a darker side to breastfeeding. Even in the best situations, nursing is hard work. Most new mothers who plan on breastfeeding have a romantic view of the experience. They are unprepared for the possible hurdles to pleasurable nursing. In addition to the problems previously mentioned, the lactating woman must empty her breasts regularly to relieve the discomfort of engorgement and to maintain her milk supply. The mutuality of the nursing couple takes on

an angrier tone when the mother's comfort depends on her seemingly ungrateful infant's sucking competence, just as the baby's comfort depends on the mother's making her milk supply available. Who is the giver and who is the receiver?

The feeling of being depended on as a sole source of food oscillates between pleasurable omnipotence and fear of being depleted or even devoured by an insatiable parasite. A woman who deeply enjoyed pregnancy and breastfeeding reported a disquieting shift when her second baby was nine months old and had several teeth: "I had a sense of him eating me up. . . . I could imagine the baby's teeth cutting into my breast and mixing up my blood and milk."

Perceived nursing failures are devastating. A baby who cries inconsolably or does not gain weight is painfully disappointing to the mother invested in breastfeeding. Women who are accustomed to being high achievers and who planned on devoting themselves to their newborn babies during a finite maternity leave have particular difficulty with their perceived incompetence. Middlemore, Deutsch, Langer, and Benedek have highlighted unresolved early oral conflicts in the infancy and childhood of new mothers to explain the psychologic problems of nursing. What warrants further attention is how struggles over control, mastery, and self-esteem, more typically associated with post-oral psychosexual stages, become entangled in some nursing dramas and feed into a cycle of frustration, anger, and depression.

A young woman presented with an acute depression two months after the birth of her second child. My initial open-ended consultation yielded much valuable history, including a past eating disorder that was described in a muted, sad, and reluctant tone. Specific questioning about the baby's feeding, however, brought a flood of tears and words. The patient was excruciatingly remorseful and self-critical about having quit breastfeeding after a week when, despite her milk-filled breasts, she couldn't get the baby to latch on properly and feed adequately. She was enraged at the nursing "experts" who had given her advice that had not worked, impatient with her husband's attempts to comfort her, and embarrassed in front of other new mothers in her neighborhood, all of whom seemed to be nursing champions. Although many deeper issues clearly awaited exploration, it was clear to me that the key to establishing a working alliance with this distressed woman was to validate and further explore her experience of breastfeeding.

Another new mother, the daughter of Holocaust survivors, was struggling with overwhelming despondency and a sense of failure as her dedicated efforts to breastfeed were met with a crying, miserable

infant who did not gain weight. A professional herself, who planned on returning to work part-time in several months, she was aware of intense competition with her homemaker sister, who had exclusively nursed her own four children, each for at least a year.

As the patient deliberated about her decision to wean her baby, she was struck by her intense response to a newspaper description of a stranded snowbound couple and their baby, who was sustained during the ordeal by his nursing mother. The description triggered her own fantasies of survival, such as hiding in and living off the forest, which had been honed through years of hearing family tales of underground daring and partisan heroism during the war. Analytic exploration deepened her awareness of comparison of herself not only with her sister but also with her parents, whose near-miraculous survival epics seemed to dwarf her own more prosaic odyssey of childhood.

The transference, which had been characterized by a tense, oedipal rivalry, assumed an unprecedented maternal and tender tone. The patient could now allow herself to analyze the profound vulnerability she had unconsciously felt and warded off during her pregnancy. It had been kindled into symptomatic consciousness by the birth of her helpless and dependent first baby. The patient's anger at her mother's remoteness and depression during her own early years as well as her ambivalence over entitlement to a happy family of her own creation became newly available for important analytic work.

This patient also brought her baby to a few sessions and breastfed, but, in contrast to the earlier-described woman, who nursed and soothed her baby on the couch with ease, this painful demonstration appeared to be a plea for intervention and help. She weaned her baby after nine weeks. Her rumination and anxiety about breastfeeding gradually lessened but fully abated only after she successfully breastfed a second child. Until then, she reported, albeit with rueful humor, that she felt a wistful pang whenever she caught sight of other women nursing.

Like the scant literature, interviews I conducted with women who bore and nursed babies while in analysis revealed how rarely either they or their analysts, male and female, had mentioned breastfeeding during treatment. Most of these women found nursing to be positive and rewarding, something that "felt private" or "just didn't come up" in sessions. True, there are many intimate experiences and bodily functions that analysts are reluctant to discuss in treatment. I hope the specific questions of this paper add to an understanding of the larger mysteries of privacy. I can only speculate as to why there is such analytic

reticence from patients and their analysts when it comes to breastfeeding. From the patient's side, "forgetting" to discuss breastfeeding might serve to sequester a host of unconscious material, including ambivalent feelings toward the infant and fantasies that elaborate the analyst's involvement in the baby's conception. Engagement in the ongoing intimate behavior of nursing also creates another variant of the primal-scene triad, one in which the analyst is the observer excluded from the secret couple of mother and baby.

As for the reserve on the part of analysts, breastfeeding might be understood simply as one more aspect of women's experience that our field, until recently, has had trouble with. Even so, more attention has been devoted to wombs and vaginas. It may be that there is a degree of unconscious collusion by analysts of both sexes to leave unanalyzed and pure some primordial sanctuary of motherhood. For example, among writings on infancy one detects a kind of glorification of the visual attunement between mother and baby during feeding (Stern, 1977). Mothers and nursing babies do gaze at each other blissfully—sometimes. But devoted and loving mothers who extoll the pleasures of breastfeeding also talk on the phone, watch television, and read novels while they nurse. Especially during the early weeks of an infant's life, the many hours a woman daily spends nursing may be the only quiet, relatively relaxed waking time she has.

In his discussion of hate in the countertransference, Winnicott (1947) points out the parallels between the hatred an analyst eventually will feel for his patient and that which a mother has for her infant from the start. Both analysands and babies are demanding, frustrating, and even dangerous. Successful navigation of these passionate and stormy emotional waters requires that analysts and mothers be mature enough to tolerate the inevitable hate that will be generated and the uncertain wait until rewards will come.

It could be that the analytic gaze from both the analyst and analysand are averted from breastfeeding in order to avoid confronting a situation fraught with unconscious fantasies, memories, and provocative dyadic as well as triadic primal scenes. The compromise of the analyst's seeming disregard staves off such contamination and preserves some shard of a relationship that is mostly out of bounds to the sullyng effects of sexuality, aggression, competition, and anger.

CONCLUSION

One need only to initiate conversation with a woman about her nursing days for her to launch into an animated discussion with all sorts of

detail and implied meaning. No matter how many years have passed since the actual experience, women are eager to share their triumphs and tribulations with regard to nursing and to offer advice to new mothers with whom they have no other connection. This experience has not yet found its place in the analytic literature.

Enlarging the sphere of drive derivatives and object involvement to include all psychosexual stages available to the nursing mother illuminates a wealth of clinical situations ranging from turbulent postpartum states to more subtle experiences of ongoing parenthood. This inquiry into breastfeeding may stimulate interest in and lead to greater understanding of this aspect of womanly experience.

BIBLIOGRAPHY

- ANTHONY, E. J., & BENEDEK, T., eds. (1970). Motherhood and nurturing. In *Parenthood, Its Psychology and Psychopathology* 153–165. Boston: Little, Brown.
- BENEDEK, T. (1959). Parenthood as a developmental phase. *J. Amer. Psychoanal. Assn.* 7:389–417.
- BLUM, L. (1993). Mothers, babies, and breastfeeding in late capitalist America: The shifting contexts of feminist theory. *Feminist Studies* (19)2:291–311.
- BUXTON, K. E., GIELEN, A. C., FADEN, R. R., BROWN, C. H., ET AL. (1991). "Women intending to breastfeed: Predictors of early infant feeding experiences. *Am. J. of Preventive Medicine* 7(2):101–106.
- COHEN, A., ed. (1966). *The Soncino Chumash*, 324. London: Soncino Press.
- COOPER, P. J., MURRAY, L., & STEIN, A. (1993). "Psychosocial factors associated with the early termination of breast-feeding. *J. of Psychosomatic Research* 37(2):171–176.
- DEUTSCH, H. (1944, 1945). Confinement and lactation. In *The Psychology of Women: A Psychoanalytic Interpretation*, 278–293. New York: Grune and Stratton.
- FILDES, V. (1986). *Breasts, Bottles and Babies*. Edinburgh: Edinburgh University Press.
- FLASHMAN, A. (1992). The moment of recognition. In *The Psychoanalytic Study of the Child* 47:351–369.
- FURMAN, L. (1993). Breast-feeding and fulltime maternal employment: Does the baby lose out? *J. Human Lactation* 9(1):1–2.
- HEIMAN, M. (1963). Sexual response in women. *J. Amer. Psychoanal. Assn.* 11:360–387.
- KLEEMAN, J. (1971). The establishment of core gender identity in normal girls. *Archives of Sexual Behavior* 1:117–129.
- KLUMPNER, G. H. (1992). *A Guide to the Language of Psychoanalysis*. Madison, Conn.: International University Press.
- LANGER, M. (1945). Psychological problems of lactation. In *Motherhood and Sexuality*, 225–239. New York: Guilford Press.

- LAWRENCE, R. A. (1994). *Breastfeeding: A guide for the medical profession*, 4th ed. St. Louis: Mosby.
- LEBOVICI, S., & KESTEMBERG, E. (1993). The breast and breasts. *Journal of Child Psychotherapy* 19(1):5–28.
- MIDDLEMORE, M. (1941). *The Nursing Couple*. London: Hamish Hamilton Medical Books.
- SARLIN, C. (1963). Feminine identity. *J. Amer. Psychoanal. Assn.* 11:790–816.
- (1981). The role of breast-feeding in psychosexual development and the achievement of the genital phase. *J. Amer. Psychoanal. Assn.* 29:631–641.
- STERN, D. (1977). *The First Relationship Infant and Mother*. Cambridge: Harvard University Press.
- TRAD, P. (1990). The emergence of psychopathology in a previously adaptive mother-infant dyad. *Amer. J. Psychotherapy* 44:95–106.
- WALETZKY, L. (1979). Husband's problems with breast-feeding. *Amer. J. Orthopsychiat.* 49(2):349–352.
- WINNICOTT, D. W. (1945). Primitive emotional development. In *Through Paediatrics to Psychoanalysis*, 145–156. London: Karnac Books, 1992.
- (1947). Hate in the countertransference, *Through Paediatrics to Psychoanalysis*, 194–203.
- (1951). Transitional objects and transitional phenomena, *Through Paediatrics to Psychoanalysis*, 229–242.