

Unveiling an Absent Presence

Spaces of Breastfeeding in Contemporary Narratives

SERENA FUSCO

University of Naples "L'Orientale"

ORCID: <https://orcid.org/0009-0000-8935-6406>

Email: sfusco@unior.it

ABSTRACT

Breastfeeding as a complex discourse, and how different subjects enter this discourse, handle it, and entwine it with the embodied practice of lactation, have become increasingly visible and important matters at a historical time when the medical encouragement to breastfeed openly clashes with the impracticality, for many, of pursuing the activity. Against the background of this contemporary contradiction, this essay proposes to explore the subject of breastfeeding in selected contemporary narratives. I shall offer examples of how a historical cultural repertoire of lactation signs and motifs entwines with contemporary debates around breastfeeding – already themselves articulated across several spheres, from medical discourse to feminist criticism to cultural studies to the health humanities – and ‘seeps’ into creative products from highbrow to middlebrow. Among relevant works are novels (for instance, by Toni Morrison and Shanthi Sekaran), tv series (among which *ER*, *House*, *M.D.*, *Desperate Housewives*, and *Game of Thrones*), and films. Overall, albeit in different ways and with profoundly different implications, such works can be discussed as creative responses to an existing contradiction: one between acts of breastfeeding and the existence of obstacles to the realization and instantiation of this practice. I am especially interested in representations and readings that question the ‘privatization’ of breastfeeding, revealing instead its existence as a public issue, beyond the idea of parenthood as (neoliberal) ‘identity work’. I also hope to illustrate how the ‘absent presence’ of breastfeeding channels and

contributes to revealing contemporary anxieties about gender, sexuality, race, motherhood, parenthood, and medicalization/healthcare. Some of the works analyzed here reveal an increasing necessity of tackling breastfeeding as well as the anxiety of culturally managing it, oscillating among its exposure and its removal from sight, its valorization and its debasement, alternatively emphasizing its naturalness and its putatively regressive, even dangerous quality. On the other hand, other works articulate breastfeeding as a relational practice which becomes a nodal point, a lens through which broad issues of historical and political importance can be (re)focused.

KEYWORDS

Breastfeeding, Feminism, Media, Literature, Public Health

Premise

As noted by Edith Frampton (2005), a theoretical interest in the subject of breastfeeding began to mount in the 1970s and (I would add) continues, albeit not constant nor unchanged, in the present. The 1970s are, of course, the years in which feminist criticism rose and became prominent; the year 1976 saw, among other things, the publication of Adrienne Rich's *Of Woman Born: Motherhood as Experience and Institution*. Breastfeeding is obviously related to pregnancy and childbirth – that is, to biological motherhood; however, it does *not* fully coincide nor overlap with it. The documented existence of other forms of infant feeding since antiquity, the widespread practice of wet nursing at different historical times and in different parts of the world, the rise of bottle feeding in the twentieth century, the biologically proved existence of the male breast's possibility to “lactate,” human milk banks and informal milk sharing, induced lactation pursued by adoptive parents, and lactation among adults as an erotic practice, complicate any straightforward consequentiality or symbolic equivalence between pregnancy, childbirth, and breastfeeding.

In the past few decades, feminist scholars have renewed their interest in the work of psychoanalyst Melanie Klein (Frampton), who, from the 1930s through the 1950s, stressed the importance of breastfeeding in human development. The mother's breast provides, for Klein, both the first instance of infantile gratification and the first infantile experience of desire

frustration; hence, it forms the basis for dealing with – and reconciling – contradictory feelings and fantasies. In her introduction to Mahasweta Devi's *Breast Stories*, Gayatri Spivak refers to Klein:

The infant has one object [the breast] with which to begin to construct the system of truth (meaning) and goodness (responsibility) which will make it human. [...] At weaning and before, the breast – and secondarily, other part objects – become 'symbolized' and recognized as whole persons. Our sense of what it means to be human is played out in scenarios of guilt and reparation where the object is the primary part object [the breast] incessantly transmogrified into people and other collectivities.

To tie human subject formation to Oedipus was to tie it to the patriarchal nuclear family. To make it depend upon the primary part object (overwhelmingly still the breast) as the chief instrument for the production of truth and lie (signification) and good and evil (responsibility) is to free it from that historical bondage. (xiv)

The crucial role of the breastfeeding relation claimed by Klein, Spivak seems to suggest, has historically been overshadowed because other structures of signification have prevailed. Consideration of human lactation as a crucially meaningful experience is probably not very widespread at historical times when formula feeding, not breast feeding, becomes prevalent. According to medical historian Jacqueline Wolf, by 1970 the US had essentially become a "formula-feeding culture" ("They Lacked the Right Food" 229). Probably, one of the reasons why a theoretical, feminist-informed debate seriously took up the matter of breastfeeding during the 1970s is the onset of what would be known as the "breast-bottle controversy" (Van Esterik; Frampton). Public opinion debates on methods of infant feeding were accompanied by the rise of a scholarly interest, also on the part of openly feminist scholars. Since then, there has been, as Jacqueline Wolf notes, no consistent feminist position on breastfeeding.

Regarding numbers, after the nadir of breastfeeding rates in the first half of the 1970s (Frampton 13), figures began to slowly rise again during the mid-Seventies and, amidst oscillations, the practice of human lactation had a recognizable resurgence during the 1990s. Nevertheless, in 2006

Wolf cautioned against excessive optimism, because breastfeeding statistics mostly tend to capture the rather fleeting moment of breastfeeding *initiation* and *not* its establishment and continuation: “‘initiation’ means only that a baby is breastfed at least once before hospital discharge” (“What Feminists Can Do” 399).

The year 1990 was a turning point in global breastfeeding policies, because of the ratification of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, adopted by governmental delegates from over thirty countries, a document later also endorsed by the forty-fifth World Health Assembly and by UNICEF (UNICEF Innocenti Research Center 1). In the US, a *Blueprint for Action on Breastfeeding* was released for the first time in 2000; finally, Surgeon General David S.atcher observed in 2001, a “science-based action plan to increase breastfeeding rates in the United States [...] We know breastfeeding is one of the most important contributors to infant health, and that it offers economic benefits to the family, health care system, and workplace. Despite these benefits, however, breastfeeding rates [in the US] are surprisingly low, especially at six months postpartum” (72).

Nowadays, breastfeeding is increasingly regarded as a global health issue. As mentioned above, several governmental and nongovernmental bodies are actively promoting it. For the past few decades, the World Health Organization has promoted breastfeeding as the ideal form of nutrition for newborns and very young humans, and a type of mother-child affective bond which has healthy implications for psychological development. The WHO currently recommends breastfeeding on demand; six months of exclusive breastfeeding; the introduction of “complementary foods” at six months of age, with human milk remaining the principal source of nutritional intake; and afterwards, next to solid foods, the continuation of breastfeeding until the child is at least two years old (WHO, “Breastfeeding: Recommendations”). Breastfeeding has come to be recognized as a public health matter, in the sense that a substantial body of medical scholarship maintains its crucial benefits for human health, both short- and long-term. Among these are notable long-term benefits for the immune system, hence increased protection from many types of illness for the child, and even the possibility of reduced breast cancer risk in lactating women. In other words, according to an increasingly accepted and endorsed medical

perspective, to increase breastfeeding rates globally might, in the short term but especially in the long run, contribute to saving lives (WHO, “Infant and Young Child Feeding”).

This does not imply that there is universal consensus and no controversy on the matter – quite the opposite. Different opinions and habits exist in different contexts, as well as in the opinion of individual healthcare professionals. An especially controversial matter is breastfeeding termination – when should it be discontinued? – with individual pediatricians often offering strikingly different advice.

Contradiction

The issue of *choice* is at the heart of many contemporary discussions on breastfeeding, in the US and beyond. A typical pattern consists in presenting women as freely choosing between the ‘two methods’ of feeding, breast or bottle.¹ Feeding choices can even be regarded, Charlotte Faircloth suggests, as a ‘lifestyle’ or ‘identity’ choice, with parents “encouraged to spend a large amount of time, energy and money in raising their children. [...] [P]arenting is now an occupation in which adults (most typically, mothers) are expected to be emotionally absorbed and become personally fulfilled” (15). Pointing out the contradictions of this (neo)liberal perspective, Amanda Barnes Cook observes that “[a] society that tells women ‘you are free to choose to breastfeed’, but whose institutions make it impossible for her to exercise this right, is not a just society – nor is it a society that lives up to liberalism’s own ideals” (5). Crucially, the encouragement to breastfeed exists in tension with a widespread *lack of conditions for choice*, i.e., it often coexists with the practical impossibility of pursuing the goals set by WHO.

A clear-cut rhetoric of choice has been justly criticized by radical feminist scholars, who do *not* deny the importance of choosing; rather,

1 An example of this approach can be found in the bestselling baby care handbook by Tracy Hogg (with Melinda Blau) *Secrets of the Baby Whisperer: How to Calm, Connect, and Communicate with Your Baby*, originally published in 2001 and re-issued several times.

they attempt to dis-align the very idea of choice from a purely (neo)liberal perspective. Vanessa Maher observes that “women’s infant feeding choices are limited, enhanced, or oriented by the circumstances in which they live” (187); in a similar vein, Bernice L. Hausman observes that “infant feeding choice is [...] constrained by economic forces” (184). For Penny Van Esterik, attention must be shifted from choice to the *conditions* wherein choice occurs, if one wants to create an environment that is consistent with, and not often *incompatible with*, the increasing exhortation to breastfeed for the sake of public health: “The trajectory goal becomes not to have every woman breastfeed her infant, but to create conditions in individuals, households, communities, and nations so that every woman could” (qtd. in Hausman 211).

In other words, to make breastfeeding a real choice, one should address structural socioeconomic inequities, like disparities in terms of access to paid leave. This entails regarding lactation, first and foremost, as a right to claim, cultivate, and decide whether, when, and how to exercise. Reframing lactation from this perspective might even lead to rethinking work legislation and the configuration of workers’ rights in general. Acknowledging – and attempting to move past – impasses in feminist discourses on breastfeeding, Hausman recommends: “To press for women’s right to breastfeed as an ordinary aspect of embodied maternal practice, we have to argue for equality that accommodates difference, and in political terms that means benefits for mothers and significant changes to the current organization of market work” (228).

Breastfeeding Motifs, Narratives, and Unruly Bodies

While human lactation, despite its recognized public importance, seldom takes a central position in contemporary mainstream culture and art, it is nevertheless there; it is, I suggest, an ‘absent presence’. Contemporary debates about breastfeeding penetrate cultural products from highbrow to middlebrow. We might speculate that the open – albeit overall still rather shy and occasionally simplistic – thematization of lactation emerges nowadays precisely because of the aforementioned contradiction between the

encouragement to breastfeed and the impracticality, for many, of pursuing the activity. To thematize lactation is also, clearly, an attempt to culturally 'manage' the practice. Next to this 'topicality', we should acknowledge the cultural complexity and long-term existence of breastfeeding as signifying act and embodied practice: "breastfeeding throughout history and across different cultures is not only a nutritional exchange, but a complicated psychosocial cultural behavior" (Cassidy and El Tom 1). This would entail considering the resonances of breastfeeding as written and visual trope, connecting it to representations of parenthood, motherhood, the body, queerness, race, mythical and religious discourses, legal discourses, medical discourses, and more. It may be suggested that the cultural politics of breastfeeding change and evolve also as a way of coping with "anxieties over women's roles" (Martucci 15) and how these roles change. From an even broader perspective, the fraught in/visibility of breastfeeding exists in a space of convergence among contemporary anxieties not only about gender and motherhood, but also about sexuality, race, work, class, and healthcare. Regarding breastfeeding as 'absent presence' can contribute to unveiling an ideological mechanism: one which, on the one hand, cannot but recognize, especially nowadays, the potential of an articulated reflection on lactation for a thorough rethinking, possibly a transformation – in a feminist direction – of the prevailing politics of work, gender, and healthcare; and which, on the other hand, actively removes this potential, simultaneously evoking the practice and painstakingly 'taming' it.

Representations of breastfeeding in contemporary media can be part of an attempt to enhance realism and verisimilitude: they are, for instance, (relatively) recurrent in medical tv shows, such as *ER* (1994-2009) (Foss 333). They can also be, in comedies, occasions for sexually salacious humor. 'Long-term' breastfeeding – conventionally speaking, lactation extending beyond one-two years of age of the child – is, for instance, satirized in the sitcom *Scrubs* (2001-2010). In "My T.C.W." (Season 2, Episode 18), a mother declines painkillers because her son is still breastfeeding. The boy, who appears to be around five years old, winks, clicks his tongue knowingly and gives the (male) doctors a thumbs-up. Doctor "J.D." Dorian (Zach Braff) makes a face and mentally comments "I think at a certain point breastfeeding becomes creepy" (dbfinch 00:00:17-00:00:19);

he immediately proceeds to fantasize about that very mother breastfeeding her son as a teenager. We do not see the act on screen, but we see the young man's milk moustache. (It is worth noting that the referenced *YouTube* clip of this scene is accompanied by comments that not only confirm, but also escalate the sense of creepiness and disgust – not to mention the patronizing attitude – openly manifested by the male medical fictional characters in the show). Dennis Dugan's comedy film *Grown Ups* (2010) also features a long-term breastfeeding relation. A four-year-old boy, son of one of the five childhood friends (all men) whose reunion over a weekend is the center of the film, is still breastfed. At the reunion party, the boy's request to nurse, and the mother's compliance, are met with shock by the attendees, who treat the practice as bizarre and obscene: embarrassed comments are made on the boy's age; another mother screens the eyes of her own daughter; and the nursing mother herself is partly apologetic ("We meant to stop last year, but he likes it so much!"). The film repeatedly plays with the sexual aura that Sally (Maria Bello)'s nursing breasts emanate for the grown men around: the 'obscene' quality of long-term breastfeeding occupies a span including its heavy heterosexual sexualization and its 'infantilizing', regressive quality – as implied in the very title, the film is about men unable or unwilling to 'grow up' (not coincidentally, almost every TV show and film I discuss here features *male* children – and not only children).

In "Could I Leave You?" (Season 2, Episode 17) from *Desperate Housewives* (2004-2012), the company for which Lynette Scavo (Felicity Huffman) works hires a new employee, a woman who, it is later revealed, breastfeeds her five-year-old son. When pressured to terminate breastfeeding by her employers – who find the practice inappropriate and 'distracting', despite the fact that she nurses behind closed curtains – she reveals that she has kept up the practice, more than for the sake of her child, because she believes that it burns calories and helps keep her body in shape. This episode entwines several motifs: the overbearing mother who will not let her *male* child mature; the incest taboo; male breast sexual fantasies; expectations concerning the female body and beauty; motherhood and the workplace; and, last but not least, the changed perception of breastfeeding in recent decades, including its medical endorsement – the mother enumerates the health benefits of long-term breastfeeding, initially giving the impression

that those were the main reasons for her choice. Overall, it may be observed that, even at a time of public, institutional breastfeeding endorsement, 'long-term' breastfeeding still raises deeply sexualized anxieties that are here exorcized through comedy.

There is, as even these initial examples from popular culture suggest, a dark side to recent fictional representations of lactation. Among recurring tropes are: the idea of the breastfeeding relation as dangerous; breastfeeding bodies as unruly; and the breastfeeding mother as potentially or actually unrestrained, threatening, and, in some cases, lethal – like in an episode of *ER* ("Under Control", Season 6, Episode 16) in which a baby dies because of the amphetamines that his mother has been taking, which pass into the milk (Foss). A narrative situation like this also plays, in darker tones than the ones previously evoked, with the idea of a breastfeeding relation that should not have taken place beyond a putatively 'reasonable' limit, or taken place at all. In "Paternity" (Season 1, Episode 2) from *House, M.D.* (2004-2012), Gregory House (Hugh Laurie) sees a young mother and her baby daughter. The scene opens with the mother declaring that her child takes "no formula, just mummy's healthy, natural breast milk" (House M.D. 00:00:05-00:00:08). This forms the background of what comes after. She also declares her opposition to vaccinations, which, in her view, are promoted only for the sake of increasing the profits of "some multinational pharmaceutical company" (00:00:31-00:00:33). In his scathing fashion, House comments on another thriving business: "teeny tiny baby coffins" (00:01:06-00:01:08). Implying that the mother believes her milk can provide protection from illnesses *in lieu of* vaccinations, he states that "the antibodies in yummy mummy only protect the kid for six months" (00:01:14-00:01:18) (this, per se, a rather questionable statement). Here as well, breastfeeding is associated with a death risk, to the extent that the "no formula" choice is depicted as part of an attitude – a 'lifestyle', Faircloth may add – valorizing 'natural' mothering and harboring a distrust for the economic and medical establishment (House observes that the baby's toy frog is "all natural, no dyes" 00:00:45-00:00:47), which, the cautionary

tale goes, results in mothers ‘parsing’ medical advice and consequently overlooking some serious health risks for their offspring.²

Hausman notes the recurring presence of “dead babies” in media representation of infant feeding: “I am amazed by how many of those representations that do exist link specific forms of infant feeding with death” (36). She observes that, historically, news about babies dying have been alternatively mustered by supporters of both breastfeeding and bottle feeding; broadly speaking, “[a]ccording to breastfeeding advocates, (dark) babies in Africa and Asia die because they aren’t breastfed; according to breastfeeding skeptics, (white) babies in America die because they are” (43). Hausman discusses the mediatic coverage of the case of “Tabitha Walrond, nineteen years old, African American, and a single mother living with her mother (both of whom [...] on public assistance), [who] was convicted of negligently causing the death of her seven-week-old son Tyler, who died of starvation in August 1997” (33). Hausman maintains that media outlets consorted in emphasizing Walrond’s blackness next to her alleged obstinacy in breastfeeding against all odds. The fact that she was represented and perceived as “poor and black and on public assistance” automatically “put her in a category of women at high risk for breastfeeding failure” (60) in the eyes of the public. Hausman presents several examples, from articles to fictional televisual representations,³ of stories featuring white babies who die, or risk death, because their mothers insist on exclusive breastfeeding and realize, too late, that they are facing serious issues in producing milk. Most stories, she adds, feature *white* mothers portrayed as well-meaning but naive dupes of someone else’s discursive power: namely, as victims of a fringe of medical zealots who, blindly following the new global and US guidelines on breastfeeding promotion, deliberately ignore the possibility of breastfeeding failure; or, perhaps – going back to my example from *House* – as preys to promoters of a pseudo-natural, regressively anti-capitalist

² As Martucci (2015)’s insightful study suggests, a search for more ‘natural’ mothering actually can, and in many cases *does*, rely on medical expertise, including medical advice on breastfeeding.

³ She discusses episodes from *Chicago Hope* (1994-2000) and *Law and Order* (1990-2010, 2022-).

niche lifestyle. By contrast, Walrond, a *black* mother, was convicted because found negligent and ultimately responsible for her child's death, despite any reported difficulty she encountered in *obtaining* regular medical supervision for her son: "Poor black women, stereotypically perceived to be negligent mothers, can be held responsible for their children's welfare, even in the face of gross medical and bureaucratic negligence" (68). To sum up, the idea of the lactating body as unruly and dangerous is nuanced according to complex factors of race, social class, and medicalization – a complexity which further contributes to making breastfeeding both topical and obscured, and in constant need of being discursively patrolled.

Focusing on a different type of danger and unruliness, one can observe the entwinement of breastfeeding and highly disturbing – and erotically charged – depictions of motherhood in contemporary horror films (MacNeill). In Brandon Cronenberg's *Infinity Pool* (2023) a feast of ultraviolence culminates in the forcible nursing of a man by a woman with blood-covered breasts; in Zach Cregger's *Barbarian* (2022) a monstrous "Mother" entity also forcibly nurses a man, while a breastfeeding tutorial video is shown in a loop in the background. Horror arises in the overlap between motherhood, sex, and violence: "A sense of the sexual also debases breastfeeding in horror. [These films] [...] all blur the lines between sex and motherhood. 'We have a cultural short circuit between the two, especially when we consider breasts [...] as both source and site of sexual pleasure', [Erin] Harrington said" (MacNeill). In the acclaimed series *Game of Thrones* (2011-2019), breastfeeding is conspicuously associated with Lysa Arryn (Kate Dickie). In Season One, Lysa, who is violent, mentally unstable, and sex-starved, is seen breastfeeding her son Robin (Lino Facioli; the character is named Robert in the novels), who is around nine years old, a scene witnessed with embarrassment and consternation by Tyrion Lannister (Peter Dinklage). Lactation memories are also occasionally evoked by Cersei Lannister (Lena Headey), whose fierce motherly love is represented both as what makes her character occasionally less ruthless *and* as a powerful drive motivating her ruthless behavior. I also find remarkable that lactation is absent from any scenes involving Gilly (Hannah Murray) and her newborn son; a remarkable choice, also in light of a scene of erotic

lactation in George R.R. Martin's *A Feast for Crows* between Gilly and Samwell Tarly (played by John Bradley in the series).

Towards Reappropriation: Breastfeeding Narratives and Historical Articulation

The above examples begin to unveil the 'absent presence' of breastfeeding. These narratives manifest a difficulty in grappling with the complexity of it; they tend to represent it as disturbing, unruly, and threatening, while implicitly – sometimes even explicitly, albeit with palpable unease – recognizing its cogency as a practice around which many issues and open questions converge. Among such issues are the representation of motherhood and other traditionally womanly roles; medicalization and medical authority, often wielded by men; economy and the workplace; race and class; domesticity, sexuality, and violence; and, potentially, more (for instance, environmental concerns). In the above examples, breastfeeding is briefly made central and subsequently exorcized. It is exorcized through different strategies: by implying the necessity of controlling it; by implying the necessity of discontinuing it; by making it repulsive; by showing it and then conspicuously removing it from sight.

Other narratives, by contrast, unabashedly place breastfeeding in crucial positions in their own structures, articulating it and entwining it with ethical, social, racial, and historical complexity, so that its presence can neither be translated into messages of indictment, nor simply into idealized, individualized messages of decontextualized advocacy. I shall now consider three novels: Toni Morrison's *Song of Solomon* (1977) and *Beloved* (1987), and Shanthi Sekaran's *Lucky Boy* (2017). Seen from the perspective of an articulated consideration of breastfeeding, of an attempt to reappropriate it as power and as socially meaningful practice, these works provide a critique of any isolationist, reductionist, stereotypical view and pathologization of the lactating body. The choice of literary narrative is not meant to create a rift between literature and other forms of expression – quite the reverse:

a thematic reading frame might, in principle, be expanded to include creative items from many different media and/or artistic domains.⁴

In these novels, breastfeeding is an act of nurturance and care occurring in extreme conditions. Death, in other words, is not in the nursing, but in the world around. In *Song of Solomon*, Ruth Foster Dead's four-year-long nursing of her son Macon is the bodily as well as symbolic correlative of her fierce protection of him. Macon's nickname, "Milkman", originates in a breastfeeding ritual that Ruth cherishes and defends as "fully half of what [makes] her daily life bearable" (14). This ritual – subsequently forgotten by him, and later uneasily remembered – is a case of what is nowadays called 'prolonged' or 'long-term' breastfeeding. Milkman's death-haunted story unravels the act of nursing well into his adult life, in his name but also in the effects of the (until the end, unacknowledged) protection that his mother (and his aunt Pilate) bestowed on him. Ruth's self-centered, hedonistic 'long-term' nursing choice is an act of nurturing that, paradoxically, injects life into her already-dead son. This protection is necessary in a world where, as the novel's characters well know, Black people, and especially black men, are perpetually under the shadow of death. The pairing of young Macon's nickname, "Milkman", and his last name, "Dead," is a striking poetic reminder of such a situation.

This injection of life as/through a mother's milk is both taken to the extreme and tragically reversed in *Beloved*. Born a slave, Sethe impossibly claims the life *and death* of her children as a part of herself. When *Beloved* was published, it was, Morrison herself remarked, running both parallel and alternative to those strands of feminism that saw choosing *not* to be a mother as an act of freedom:

Suppose having children, being called a mother, was the supreme act of freedom – not its opposite? Suppose instead of being required to have children (because of gender, slave status, and profit) one chose to be responsible for them; to claim them as one's own; to be, in other

⁴ Frampton (2005) analyzes and/or comments on several 'classical' twentieth-century literary works which include the motif of breastfeeding; besides Morrison, she goes back to John Steinbeck's *The Grapes of Wrath* and Pearl S. Buck's *The Good Earth*. For a literary perspective, see also Gaard.

words, not a breeder, but a parent. Under US slavery such a claim was not only socially unacceptable, it was illegal, anarchic. It was also an expression of intolerable female independence. It was freedom. ("On *Beloved*" 282).

Breastfeeding in *Beloved* is part of this claim, and provides the novel with an incredibly rich rhetorical and stylistic repertoire. Sethe's milk is the very flow that propels the narrative. Milk is behind the events that lead to Sethe's escape from the Sweet Home plantation. There is also, of course, the milk expropriation that Sethe endured as an infant – the fact that she was nursed not by her own mother but by a wet nurse and only after the white babies had been fed (Morrison, *Beloved* 200); and the milk rape she sustains at the hands of Schoolteacher and his nephews. This deprivation morphs into Sethe's fierce will to give her milk to the one it is meant for – her baby girl: "All I knew was I had to get my milk to my baby girl. Nobody was going to nurse her like me. [...] Nobody knew that but me and nobody had her milk but me" (16). *Beloved*'s tragic death at the hands of her mother both archetypically and historically conjoins nurturance and annihilation, while the nursing of Denver immediately afterwards raises the question of legacy:

"It's time to nurse your youngest," she [Baby Suggs] said.
 Sethe reached up for the baby without letting the dead one go.
 Baby Suggs shook her head. "One at a time," she said and traded the living for the dead, which she carried into the keeping room. When she came back, Sethe was aiming a bloody nipple into the baby's mouth. Baby Suggs slammed her fist on the table and shouted, "Clean up! Clean yourself up!"
 They fought then. Like rivals over the heart of the loved, they fought. Each struggling for the nursing child. Baby Suggs lost when she slipped in a red puddle and fell. So Denver took her mother's milk right along with the blood of her sister. (152)

In *American Pietàs*, Ruby C. Tapia maintains that images of death in US culture depend on racial paradigms, and that the maternal – especially in the sense of a confrontation with the iconography of the *pietà*, the Virgin

Mary cradling the body of her dead son – is an inescapable component of a racialized framework that both produces death and attempts to make sense of it:

Dead before birth by slavery's hand, held now in her mother's arms, Beloved's pieced-apart body and humanity are brutally realized, like history, like race [...]. Sethe severs her girl child from this world and holds her whole, kills and claims her in a devastating, impossible way. [...] Inhabiting the pietà's shadow, this revision [...] demands that, like Beloved's older [sic] sister Denver who nurses immediately after the cutting, *we take in the blood with the milk*. (71; my emphasis)

Taking in a sister's blood together with a mother's milk is tantamount to perinatally learning about a historical legacy of death, and learning as soon as possible about the inescapable necessity of living with such a legacy and fighting to transform it, breaking the cycle of its recurrence. Offering readings of mother figures in Morrison, both Andrea O'Reilly and Paula Gallant Eckard refer to Erich Neumann, especially known for his 1956 Jungian study *Die große Mutter: Der Archetyp des großen Weiblichen* (known in English as *The Great Mother: An Analysis of the Archetype*). In Neumann's reconstruction, the archetypal goddess-figures that traverse human cultures have in themselves, in different proportions, both nurturing and destructive aspects: the Great Mother is, at least potentially, both a life- and a death-giver. One may regard several characters in *Song of Solomon* and *Beloved* – Ruth, Pilate, Reba, Sethe, Denver, Baby Suggs – as reworkings of a “Great Mother” archetype, i.e., mother or para-mother figures who dispense life and nurturance against the overwhelming odds of a historical legacy of death. In my view, the maternal archetype subtends these texts not as a pre-cultural or supra-cultural terrain, but as a culturally inflected discourse that is consciously reworked to attempt a rethinking of history. The fact that this attempt is accompanied by a pervasive and complex presence of breastfeeding directly and indirectly confirms that breastfeeding, next to being a biological practice, is historical, relational, and political.

Sekaran's *Lucky Boy* centers on two women: Soli and Kavya, mothers to the same child, Ignacio, the novel's titular “boy.” Ignacio is born to Solimar

“Soli” Castro Valdez, a young Mexican undocumented immigrant living and working in Berkeley, California. When Ignacio is about fifteen months old, Soli is apprehended, imprisoned, and sent to a detention center to await deportation, while Ignacio is put into foster care and entrusted to Kavya and Rishi Reddy, a South Asian American middle-class couple. (The character of Soli is openly modeled on Encarnación Bail Romero, whose son was put up for adoption after she was arrested in an immigration raid in 2007.) Sekaran’s narrative outlines the ‘distant’ conflict between the birth mother and the foster mother, especially by means of juxtaposing – also in terms of narrative structure – their stories, desires, and struggles. No reassuring solution to the conflict is offered.

The presence of breastfeeding in the novel works at several levels, and is neither a neutral nor a univocal motif. Initially, it lends detail, credibility, and verisimilitude to the narrative of Soli’s motherhood. When the forceful separation of mother and child occurs, Ignacio’s abrupt, unchosen weaning is evoked by narrating what happens to the lactating mother. The narrative of Soli’s imprisonment lingers on her body, her breasts oozing milk that drenches her shirt. Put into solitary confinement for many hours, Soli resorts to drinking from her own breast to quench her terrible thirst. Focused through the lens of a surveillance camera, this scene is presented through a mixture of emphasis and understatement, emotion and distance (Sekaran 230). A nursing-related scene also accompanies the development of the relationship between Ignacio and Kavya. One night, in an effort to comfort him, Kavya offers her breast. The scene is two-faced, presenting what may be seen as a case of coterminous breastfeeding initiation and weaning, which is also the moment when the ‘new’ mother-son bond is cemented:

He took her nipple between his lips, latched on, and began to suck. [...] Kavya hunched over and bit her lip against the pain of cutting teeth, wondering all the while if maybe – anything was possible, where his desire met her hope, his mouth her glands. But eventually, he stopped sucking and unlatched. He frowned at the nipple, glistening now with his saliva. He rolled to the floor, then crawled to the bedroom door. That was it. He’d given up on her empty breast, and would never bother with it again. (282-83)

Finally, the 'lens' of breastfeeding can also be used to question the claim made by the political-institutional bodies involved – here, mainly the State of California, with its social services and legal apparatuses – as the primary regulators of Ignacio's life. Born in California, Ignacio has been declared a dependent of the State. Within the legal context of citizenship rights acquired by birth, the biological mother's body is forcefully disconnected from the child's. What becomes visible/tactile/evident in Sekaran's novel is the painful, even physical framework of this disconnection – as well as, meaningfully, the painful and physical framework of the new attachment created between Ignacio and his foster parents – primarily his foster mother. Both are constructed, as discussed above, through acts of breastfeeding.

To conclude, I wish to remark that in these novels, albeit in different ways, human milk is an objective correlative of nurturance, protection in vulnerability and politically-driven death hazard, and history as a space of – potentially and/or actually – conflictual embodiment and relationality. While the motif of lactation is connected to motherhood and parenthood, and accompanies several emotional representations of apparently 'private' dramas that the characters undergo, it also expands to encompass the (extreme) historical conditions in which these acts of breastfeeding, or *denied* breastfeeding, occur. In Sekaran, these conditions also hint at a shared (new?) form of vulnerability: "Why did people love children [...] born to other people? For the same reason they lived in Berkeley, knowing the Big One [earthquake] was coming: because it was a beautiful place to be, and because there was no way to fathom the length or quality of life left to anyone, and because there was no point running from earthquakes into tornadoes, blizzards, terrorist attacks" (349). Such narratives help us regard breastfeeding as a complex, multilayered, socially relevant matter, placing this embodied practice at the heart of an aesthetic and rhetorical network that recognizes its potential for broad historical and political reflection.

AUTHOR'S BIONOTE

Serena Fusco is Senior Assistant Professor of Literary Criticism and Comparative Literature at the University of Naples "L'Orientale." Her research interests include Chineseness in the global context; East/West comparative literature and world literature; Asian American literature; intermediality, transmediality, and photography; feminism, the body and the cultural politics of breastfeeding; ergodic literature and interactive fiction. Among her most recent publications: "The Glocal Cosmopolises of Chinese/American Speculative Fiction" in *Migrating Minds: Journal of Cultural Cosmopolitanism* 3 (Spring 2025).

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