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Leveraging Maternal Rhetoric, Space, and Experience: La Leche League's Emergence as a Counterpublic

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**LEVERAGING MATERNAL RHETORIC, SPACE, AND EXPERIENCE: LA LECHE LEAGUE'S
EMERGENCE AS A COUNTERPUBLIC**

by

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ABSTRACT

LEVERAGING MATERNAL RHETORIC, SPACE, AND EXPERIENCE: LA LECHE LEAGUE'S EMERGENCE AS A COUNTERPUBLIC

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Old Dominion University, 2020
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For over six decades, the international, mother-to-mother breastfeeding support organization La Leche League (LLL) has been helping women breastfeed successfully. LLL was formed at a time when the dominant ideology of scientific motherhood framed mothers as obedient adherents to physicians' strict guidelines, which encouraged bottle-feeding and discouraged close mother-child bonds. LLL has been credited with challenging scientific motherhood, transforming medical discourse and practices surrounding infant feeding, and prompting the medical professional to accept mothers' active involvement in decision-making; yet, paradoxically, it has also constrained mothers by reducing women to their maternal biology, discouraging mothers from participating in the public sphere, and alienating economically challenged, working, minority, and lesbian mothers. While scholars have studied the paradoxical nature of the organization, there has been no in-depth study of the rhetorical strategies that LLL employed in order to gain a dispersed audience of dedicated supporters and affect significant change.

This dissertation traces the early history of LLL, with a focus on the period between 1956 and 1963, to argue that LLL's maternal rhetoric was the key to its development into a significant counterpublic that would transform the medical profession's views on breastfeeding and the role of mothers. I argue that LLL subversively reclaimed the

domestic space of the home to create a maternal space which would operate as a “parallel discursive arena” (Fraser 68) in which the organization would develop its counterdiscourse and its philosophy of natural motherhood. I suggest that LLL’s employment of maternal rhetoric to craft an organizational ethos framed mothers as the natural authorities on childcare and infant feeding. This maternal rhetoric led to its success in building a counterpublic made up of an army of breastfeeding mothers who were able to create their own maternal spaces that would allow them to effectively resist the status quo.

Finally, I assert that in offering a rhetorical education to help mothers employ maternal rhetoric in their individual acts of resistance, LLL’s counterpublic underwent a project of collective ethos formation that would prompt the medical profession to re-evaluate its understanding of infant feeding and its view of the role of mothers in decision-making regarding healthcare. LLL thus increased mothers’ options, autonomy, and authority, outcomes which I contend are feminist in nature.

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For Connor, who frequently asks when I'll "finally be done writing that book". You make me laugh every day. Thank you.

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CHAPTER I

INTRODUCTION

In the summer of 1956, Marian Tompson and Mary White, two young middle-class mothers, were attending a Christian Family Movement picnic in their local Catholic parish in Franklin Park, Illinois. They were approached by a number of other young mothers who admired the ease with which the two breastfeeding mothers fed their infants with no formula to mix or water to heat. Several women shared that they had tried to breastfeed but had failed. Thompson and White had first-hand knowledge of the way in which the social and ideological climate of the mid-twentieth century contributed to breastfeeding difficulties, and they also understood the value of support from mothers who had breastfed successfully. Thompson proposed that they organize a breastfeeding support group for friends, acquaintances, and church members who would benefit from the support of experienced nursing mothers.

In October of 1956, seven mothers—Marian Tompson, Mary White, Mary Ann Cahill, Mary Ann Kerwin, Edwina Froehlich, Viola Lennon, and Betty Wagner—began a mother-to-mother breastfeeding support group in the living room of founding mother Mary White (Lowman, *Revolutionaries* 16). Though the group, later called La Leche League (LLL), started as an intimate group of like-minded mothers meeting in a domestic space, within a decade, the organization began to significantly influence medical discourse, medical practices, and societal attitudes towards mothers and motherhood. The founding of LLL, at a time when most physicians prescribed formula feeding and the breastfeeding rate had fallen to 20% (“A Brief History”), was the first in a series of rhetorical actions that LLL took

that challenged dominant notions of motherhood and transformed medical discourse regarding infant feeding.

The necessity for such an organization elucidates the de-emphasis on experience-based mothering and the widespread loss of understanding of the physiology of breastfeeding amongst both mothers and medical professionals. Prior to the mid-nineteenth century, physicians had little to do with childcare, and medical care was given by mothers in the home (Apple, "Perfect Motherhood" 3). The professionalization of medicine, comprised chiefly of male physicians, was increasingly lucrative as medical professionals took the responsibility for decision-making about childcare and nutrition away from mothers. As a result, beginning in the late nineteenth century, there was an increasing push for mothers to make decisions based upon the childcare advice offered by medical experts whose disciplinary knowledge was based upon scientific observation. Over time, this focus on evidence-based care morphed into a heavy reliance on specific directives offered by physicians. By the early twentieth century, the ideology of scientific motherhood, which privileged knowledge arising from scientific observation over first-hand maternal experience and promoted a detached approach to mothering based upon scientific principles, positioned American mothers as subservient to and dependent upon the advice of pediatric and immunological professionals. Infant feeding was increasingly viewed as a mechanical process with the sole goal of meeting the nutritional needs of children. This was a lucrative development for artificial formula manufacturers and the pediatrics profession, as mothers were expected to rely heavily on physician-directed feeding schedules.

In its infancy, the small group of young suburban mothers who made up LLL may have seemed an unlikely group to successfully challenge the oppressive institution of scientific motherhood and prompt the medical profession to change its views and practices, but within a decade, the organization had an international network of mother-to-mother support groups and recognized by medical professionals as an authority on breastfeeding. While a number of scholars of history and social sciences have explored the long-term impacts of LLL, there has not been an exploration of the rhetorical means employed by LLL. This dissertation project aims to uncover how the founders of LLL transformed the organization from a local support group to a widespread counterpublic made up of an army of breastfeeding mothers who embraced an alternative ideology of motherhood and were prepared to rhetorically foreground traditional values associated with motherhood as they engaged with the dominant public, challenged the status quo, and prompted a transformation of the medical establishment.

Scientific motherhood did not recognize that the lived experience of motherhood was an ongoing exchange in a relationship between a unique mother and child pair, and it did not value the mother-child bond; rather, it reduced motherhood to adherence to a prescribed set of guidelines for maternal behaviors and actions. It framed childcare as a mechanical, emotionally detached process; mothers were discouraged from holding babies too frequently because it would discourage independence. Because of their heavy dependence on experts, women often lacked the knowledge and confidence to deal with the diverse and rapidly changing needs of children, and they were unable to confidently provide each other with peer-to-peer support.

In 1956, the founders of La Leche League, young suburban Chicago Catholic mothers who believed in breastfeeding's emotional and nutritional benefits, aimed to solve the problem of lack of local support for breastfeeding mothers. The first volume of *La Leche League News*, first published in 1958, identified the purpose of the first LLL meeting and subsequent meetings: "to help these mothers, not only to learn the techniques of breastfeeding, but more important, to help them enjoy the resultant close communion with their babies thru [sic] a realization of the importance of a satisfying mother-child relationship" (1). The goal was to support mothers who wished to have the kind of close emotional bond with their babies that breastfeeding could facilitate. According to Linda Blum's *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States*, LLL has always emphasized an "embodied, relational view of motherhood" that offers an alternative to "the mechanistic, cold, and finally, disembodied mother offered by medical authority in the late twentieth century" (63). For LLL, it was imperative that mothers' instincts and first-hand knowledge be valued, as mothers are on the front lines of childcare and because the widespread misunderstanding and denigration of breastfeeding had potentially life-threatening consequences for children.

LLL's founders felt that with knowledge gained from experience, mothers could judge and respond to their babies' needs. In their view, individual babies' needs are unique, and those needs include a need for a close, physical bond with their mothers. They believed that breastfeeding was not only the ideal form of nourishment, but it helped to facilitate a way of mothering that led to a strong mother-child bond. An early, strong bond between mother and child was critical to the founders of LLL because they believed that it made parenting easier and helped them to raise well-adjusted, psychologically healthy children.

They felt that an emotional connection with their babies was difficult to achieve through the detached practices of scientific motherhood. As an alternative, LLL's founders developed a philosophy of motherhood that was characterized by a belief in maternal instinct, positing that each mother had an innate sense of how to care for and nurture a child and respond to his or her unique needs. They promoted this model of motherhood explicitly and implicitly through the offering of information and the modeling of mother-child relationships in their support groups and in their outreach materials.

While the group began meeting in a domestic space 1956 as a way to offer support and information about breastfeeding and its role in mothering to women within their social circle, LLL experienced rapid growth when word of the organization spread. LLL had to hold additional meetings to accommodate the women who came to them for aid.

Eventually, word spread outside of the local area, and the organization was inundated with phone calls and letters from geographically dispersed women. By late 1957, it was clear that LLL would need to find a way to offer support and information to women from a distance. By May of 1958, LLL had assisted 150 mothers locally, had provided telephone consultation to countless others, and had hosted public lectures given by health professionals (*LLL News*, 1.1: 1). In 1958, LLL began developing outreach materials, including *La Leche League News*, and the breastfeeding self-help manual, *The Womanly Art of Breastfeeding*, as well as building a network of mother-to-mother local support groups to meet the needs of their distributed audience. LLL continued to grow, and it officially became an international organization in 1964. By the early 1980s, it was partnering with organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). LLL continues to promote breastfeeding globally, with branches

in approximately 68 countries, and it continues to publish informational materials. LLL's eighth edition of *The Womanly Art of Breastfeeding*, which was first published in 1958, became a national bestseller in 2010.

In this dissertation project, I frame the early development of LLL, from 1956 to the mid-1960s, as the emergence and spread of a counterpublic. According to Jennifer Emerling Bone, counterpublics are groups of people who work to “expose an alternate understanding to private or public issues and publicly resist and reconstruct those dominant understandings” (20). By narrowing my focus to LLL's early history, I aim to show how a marginalized, disempowered group of individuals can organize and employ rhetorical strategies to form a successful counterpublic capable of inspiring change within the dominant public. Rather than directly challenging the medical establishment, LLL's founders employed their marginalized status as mothers as evidence that they brought something new and important to discourse around infant feeding. The founding of the organization predated the women's health movement of the 1960s, which took a more direct approach to challenging the oppression of women by the institution of medicine. In contrast, I argue that LLL took a much more tempered approach to engaging with medical professionals and pushing back against the notion that mothers' first-hand experiences were not a valuable source of knowledge while foregrounding traditional concepts associated with motherhood. In foregrounding the maternal, LLL crafted a maternal rhetoric for the organization that authorized its resistance to the dominant ideology and drew a large audience of mothers. LLL's maternal rhetoric helped it transform its audience into a counterpublic that would challenge dominant infant feeding discourse and practices and inspire change in the medical profession.

In order to overcome their marginalized position within society, LLL's founders first had to reclaim the domestic space as a site of maternal authority. The enclaved, domestic space of the mother-to-mother support group offered a safe site in which to develop and practice an alternative philosophy of motherhood. The local mother-to-mother support group was successful in supporting local mothers, but as the organization gained attention, LLL had to solve the problem of offering support to geographically dispersed mothers. To do so, it employed maternal rhetoric, appealing to traditional concepts associated with motherhood, in order to convince mothers to adopt and successfully practice LLL's alternative paradigm of mothering. In addition to helping mothers adopt LLL's practices in their own homes, LLL also needed to offer rhetorical strategies to help navigate interactions with the dominant public, particularly the medical profession. In their textual outreach, LLL offered models and scripts that instructed mothers to foreground traditional values and views of motherhood in order to justify their acts of resistance to dominant practices.

In coming pages, I will review relevant scholarship on motherhood, maternal rhetoric, counterpublics, and gendered space; explain the theoretical framework guiding my analysis of LLL's rhetorical practices and its development as a counterpublic; briefly review the organization's development; define key terms that will be employed throughout the dissertation; and preview the content of the remaining chapters.

FRAMING LLL RHETORICALLY

In this chapter and throughout the dissertation project, I argue that the act of translating the organization's assertions about mothering and breastfeeding, as well as the

supportive practices of their mother-to-mother support group meetings, into writing for a geographically dispersed audience marked the emergence of LLL as the leader of a new counterpublic that resisted mainstream medical discourse regarding infant feeding and childcare. “Counterpublic” is a key term that I employ in this dissertation to characterize the nature of LLL and its network of breastfeeding mothers. As a counterpublic, the network of mothers who made up LLL and embraced its philosophy and practices developed an alternative understanding of motherhood and alternative discourse on breastfeeding that eventually reshaped the dominant public’s views on these issues.

The organization’s early development in the domestic space of the mother-to-mother support group allowed it to develop as a discourse community separate from the discourses of medicine and natural childbirth. The organization’s ideas percolated in a private space as mothers shared their experiences. This mutual sharing of experiences revealed what kind of support would be most beneficial to women who aimed to resist mainstream practices and social pressures. The mother-to-mother support group became a critical building block of its counterpublic that Nancy Fraser defines as a “parallel discursive arena,” or the location in which “members of subordinated social groups invent and circulate counterdiscourses, which in turn permit them to formulate oppositional interpretations of their identities, interests, and needs” (Fraser 67). In 1958, the translation of LLL’s work into writing in *The Womanly Art of Breastfeeding* and “La Leche League News” marked the beginning of the circulation of LLL’s counterdiscourse amongst a broader segment of society, which would eventually reshape dominant discourses on infant feeding and mothering. In examining the development and circulation of LLL’s rhetoric of breastfeeding support, I hope to shed light on the rhetorical strategies that marginalized

groups can employ in order to develop counterpublics that lead to the revision of powerful institutional discourses. In particular, I utilize Lindal Buchanan's concept of "maternal rhetoric," a key term I employ in this dissertation to describe the way in which LLL leveraged traditional concepts associated with motherhood to authorize resistance to dominant practices and ideologies while framing themselves as good mothers. Thus, this dissertation is an effort to contribute to scholarship attempting to understand how the construction, circulation, and impact of motherhood enables rhetors to resist "dominant systems of gender, knowledge, and power" (Buchanan 124).

By tracing the trajectory of LLL's contribution to discourse on motherhood and infant feeding, from the exigence that led to the organization's founding to the impact that LLL had on professional medical discourse, this dissertation project serves as a case study that illuminates the lifecycle of a counterpublic from the time that the discursive community develops and the discourse begins to emerge, to the time that the counterdiscourse begins to be adopted into the mainstream discourse. I apply Manuel Castells' theory of the interaction between horizontal and vertical networks in order to visualize how LLL's counterdiscourse transformed dominant practices of infant feeding and motherhood. Horizontal networks are characterized by a horizontal flow or sharing of information between peers, and vertical social networks are characterized by a top-down flow of information from an authority to end users. In *Rise of the Network Society*, Castells posits that as horizontal, peer-to-peer networks, like the mother-to-mother network created by LLL, increasingly interact with vertical, or authoritative top-down networks, such as professional medical discourse, the vertical network is transformed by the new information introduced by the horizontal network. To trace the trajectory of LLL's

counterpublic and its impact on mainstream medical discourse, this dissertation will examine the historical context and exigence that led to the founding of LLL, the development of LLL's beliefs and assertions about motherhood and infant feeding, the founding of the organization and LLL's local mother-to-mother support group, the translation of the work of the mother-to-mother support group into writing for a dispersed audience of mothers, the rhetorical foregrounding of motherhood and the maternal in LLL's activities and textual outreach, the interactions between LLL and medical authorities, and the impact of those interactions on professional medical discourse.

LLL's rhetorical foregrounding of motherhood and the maternal was the key to its growth and development into a large, horizontal network of like-minded mothers. LLL focused on an audience of mothers and promoted maternal experience as a way of knowing. In this dissertation project, I trace the way in which the organization employed maternal rhetorics by foregrounding mothers and the cultural code of motherhood in their organizational structure. The founders of LLL leveraged the cultural code of motherhood to inspire their audience to trust and identify with them, and they used the code to frame first-hand maternal experience as a source of knowledge.

I rely on Lindal Buchanan's *Rhetorics of Motherhood* to understand the affordances offered through the rhetorical foregrounding of motherhood. Buchanan explains that maternal rhetorics are a powerful resource that imbues women rhetors with authority and credibility, enabling them to resist and reshape social institutions and gendered cultural codes. Maternal rhetorics leverage the position of mothers in society to argue for the authority to speak on issues by foregrounding the cultural code of "mother," which "connotes a myriad of positive associations, including children, love, protection,

nourishment, altruism, morality, religion, self-sacrifice, strength, the reproductive body, the private sphere, and the nation” (Buchanan 9). By invoking these concepts positively associated with mothers, LLL’s founders convinced their audience to trust them; however, in foregrounding the maternal in their rhetorical efforts, they reinforced the gendered status quo, undergirding gendered stereotypes that often limit women’s standing in the public sphere. As Buchanan explains, maternal rhetorics are paradoxical, as “both their force and peril derive from entrenchment within dominant systems of gender, knowledge, and power” (Buchanan 5). In emphasizing traditional values associated with the maternal, LLL worked to subvert the status quo practices of scientific motherhood and promote its agenda from within the gendered system; however, because it foregrounded motherhood, LLL risked having its accomplishments in activism and rhetoric masked by the group’s maternal identity and alignment with traditional values. While foregrounding motherhood can offer rhetors a powerful tool to assist them as they advocate for change, it also “has the potential to diminish women’s complexity, dimensions, and opportunities” (Buchanan 23). This is certainly the case with the maternal rhetoric of LLL.

I argue that LLL’s founding mothers adopted a variety of rhetorical strategies that foregrounded mothers and established first-hand maternal experience as a source of authority: they crafted a strong maternal ethos for the organization; they employed logical and pathetic appeals; they chose other mothers as their primary audience; they addressed those mothers as equals with whom they could mutually share information based on experience; they preferred domestic spaces as the appropriate setting for LLL’s mother-to-mother support-group, even when they had other options; they offered a rhetorical education to assist their audience of mothers in navigating interactions with the dominant

public; they developed partnerships with physicians who supported their efforts; they framed mothering as a natural activity that benefitted more from first-hand experience than the intervention of medical professionals; they invoked the imagery of Biblical mothers, such as Eve and the Madonna, to imbue their message with the authority of nature and religion; and they relied on visual images of mothers to establish relationships with their dispersed audience, underscore maternal authority, and to make powerful arguments about the nature of the mother-child relationship. By employing maternal rhetoric, LLL was able to empower mothers to make more informed and authoritative decisions about infant care, to develop a counterpublic that successfully challenged the dominant ideology of scientific motherhood, and to reshape the medical community's attitude toward breastfeeding; thus, it played a role in the revision of dominant medical discourse.

My understanding of LLL's maternal rhetoric has been informed by previous scholarship on the rhetoric of motherhood, medicine, and the maternal body. Some rhetoricians have already turned their attention to reconstructing rhetorical histories in some of these areas. Scholars such as Susan Wells, Sarah Hallenbeck, and Carolyn Skinner each studied the various rhetorical strategies employed by postbellum women physicians and layperson activists who successfully entered into or shaped medical discourse by challenging spatial segregation, writing for popular audiences, and promoting their femininity and domestic experience as an asset. Carolyn Skinner's *Women Physicians and Professional Ethos in Nineteenth-Century America* explores the rhetorical strategies that women physicians used to gain entrance and acceptance in the professional practice of medicine in the nineteenth century. Judy Segal's *Health and the Rhetoric of Medicine*

explores the history of developments in medical rhetoric, particularly as it pertains to the relationship and balance of power in physician/patient relations. Amy Koerber's *Breast or Bottle?: Contemporary Controversies in Infant Feeding Policy and Practice* traces the development of knowledge of infant feeding within several sub-disciplines of medicine as well as how that knowledge was framed and disseminated in effort to educate breastfeeding mothers. Susan Well's *Our Bodies, Ourselves and the Work of Writing* provides some insight into the way in which rhetorics of the medical profession constructed knowledge of women's health care issues and the way in which the women of the Boston Women's Health Book Collective challenged the medical profession by adapting medical genres and language in effort to craft a layperson's self-help text. In *The Rhetoric of Pregnancy*, Marika Seigel examines the rhetoric of pregnancy manuals in effort to understand what role they play in shaping women's understandings of their bodies and their roles in society as well as their experiences with pregnancy and birth. These texts have informed and influenced my own thinking about the rhetoricity of motherhood, medicine, and the maternal body, and I hope that this project will contribute to that conversation in productive ways.

Published documents and archival materials from the La Leche League International Records at DePaul University in Chicago were the primary objects of study for this dissertation. The textual artifacts examined in the dissertation include highly visible documents, such as breastfeeding manuals, newsletters, journals, and organizational histories, as well as the organization's mundane internal documents, including meeting minutes and correspondence with mothers and with physicians. The value of studying mundane, internal documents has been explored by Nathaniel A. Rivers and Ryan P. Weber

in “Ecological, Pedagogical, Public Rhetorics” and by Suzanne Bordelon in “Muted Rhetors and the Mundane”. Rivers and Weber claim that supporting, mundane documents are necessary to the development of public advocacy and public action (187-188). They suggest that rather than focusing solely on visible rhetoric, when studying rhetorical advocacy, rhetorical scholars must “see public advocacy as the interaction of several texts” (Rivers and Weber 187). “Meetings and meeting minutes,” claim Rivers and Weber, “are as influential as the actions they spawn” (197). Suzanne Bordelon builds on Rivers and Weber’s work by using their method of examining mundane, internal texts to uncover how marginalized and muted rhetors work to change the status quo through small, consistent efforts (332). Bordelon argues that for rhetors who are frequently constrained within a marginalized position, a muted method may be more effective than a highly visible approach to activism (349). In studying both the public texts of LLL and the mundane text that LLL produced, I aim to gain a better understanding of the rhetorical actions and strategies that LLL employed as it developed and circulated its counterdiscourse. I focus primarily on the examining archival documents and publications from the founding in 1956 through the mid-1960s, as this was a period of rapid growth for LLL, and an examination of discourse on infant feeding during this time reveals a growing reliance on LLL’s expertise by medical professionals. In addition to studying texts produced by LLL, I survey other publications, such as medical journals, to trace the way in which the intersection of LLL’s counterdiscourse, through the mothers involved in LLL’s network, and the medical profession began to reshape medical discourse, and I rely on secondary scholarship to contextualize and situate my analysis of primary materials within the areas motherhood, infant feeding history, and the emergence of second-wave feminism.

EXAMINING LLL THROUGH A FEMINIST LENS

La Leche League has a history of receiving both praise and blame from feminist scholars. In several texts on motherhood, medical historian Rima D. Apple has credited LLL with challenging and renegotiating the authoritarian role of the medical community over child care and shifting trends in infant feeding. Other feminist scholars have contextualized the organization socially and historically and praised the way in which LLL empowered mothers and validated maternal experience while pointing out the way in which LLL's mother-centered mission served to constrain women within traditional gender roles. Though these scholars found value in LLL despite the way in which it constrained mothers, still other feminist scholars have regarded LLL as an insidious, anti-feminist, conservative organization that reduced women to their biology and discouraged mothers from active participation in the public sphere.

This criticism of LLL is not without merit. LLL's philosophy of motherhood and its maternal rhetoric are based upon class-based assumptions about the nature of mothers and mothering. In her 2001 article, "Bounded Liberation: A Focused Study of La Leche League International," Christina Bobel argues that "Any discussion of LLLI would be inadequate without addressing the class dimensions embedded in League ideology and practice and how the and class-based understandings of good mothering proffered by the League may impair the organization's ability to appeal to a more diverse population of mothers" (146). Since its founding, membership of the organization has been largely made up of white, middle-class, married women. As Bobel points out, the league leadership has often explained its lack of diversity by citing statistics showing that women in its primary demographic are more likely to breastfeed than others (146). The organization's leaders

seemed to lack awareness that its own ideology and construction of motherhood alienated many women.

Scholars such as Bobel and Bernice Hausman have explored the way in which LLL's view of motherhood and good mothering served to marginalize and alienate women who did not fit its primary demographic. Working women, women of color, single-mothers, lesbian mothers, feminist mothers, and bottle-feeding mothers are marginalized by LLL's view of "good mothering" which frames a good mother as a stay-at-home breastfeeding mother who epitomizes traditional notions of femininity and is married to a masculine breadwinner who provides for and protects the family. By implication, women who do not fit LLL's construction of "good mothers" cannot be good mothers. As Bobel notes, "Single mothers, women receiving (now dwindling) federal aid, and others not fit the mold of the LLLI mother may well find the organization's message a dissonant chord" (146). For these women, the organization's expectations for good maternal behavior were prohibitive and unrealistic.

Feminist scholarship has largely focused on the way in which La Leche League International has served to marginalize women even while attempting to empower them with information and support. Scholars such as Bobel and Hausman have explored this aspect of the organization's ideology and examined its impacts, but there has not been a close examination of the rhetorical strategies that LLL employed early in its history. Therefore, while I acknowledge the way in which women have been marginalized and by LLL's practices and ideology throughout the organization's history, that ground has been covered elsewhere. My focus in this dissertation is explaining the rhetorical strategies that LLL employed that empowered mothers to resist dominant trends to embrace an

alternative mothering practice and led to a transformation of medical practices and ideology around breastfeeding. In the remainder of this section, I will review the feminist views of the paradoxical nature of LLL and explain how LLL's maternal rhetoric can be viewed through the lens of feminist rhetorical scholarship.

The paradoxical nature of LLL is evident in the variety of descriptive terms—empowering, liberatory, traditionalist, maternalist, fanatical, cultish, and anti-woman—that feminist scholars have used to characterize the organization. In this dissertation, I argue that the paradoxical nature of LLL can be understood as an inevitable result of the organization's employment of maternal rhetoric. The rhetorical topos of motherhood, Buchanan explains, “produces rich rhetorical resources capable of advancing women and their civic agenda while simultaneously reinforcing limiting stereotypes and inequitable gender relations” (14). For LLL, maternal rhetoric was indeed a powerful resource that enabled mothers to push back against dominant practices of infant feeding and mothering while presenting its members as good mothers. By foregrounding traditional concepts associated with motherhood as justification for their decisions to breastfeed and mother differently, mothers were able to cushion their activism so that it was more easily accepted by the mainstream society of the mid-twentieth century. Because the organization tempered its activism by employing values and concepts traditionally associated with motherhood to make its arguments, LLL was able to establish a counterpublic that would subtly advance the cause of empowering mothers to have some control and autonomy over their maternal experiences; yet, its employment of maternal rhetoric put the organization at odds with second-wave feminists.

This dissertation project builds upon the work of a number of scholars of history, social sciences, and English studies who have noted the way in which LLL's messaging simultaneously empowered and constrained women. Scholars such as Bernice Hausman, Lynn Weiner, Linda Blum, and Christina Bobel understand LLL as a maternalist organization that, while it operated within the boundaries of traditional social formations, was capable of quite radical effects due to the "individual empowerment that political organizing can facilitate" (Hausman 158). Weiner explains that, "Like maternalist ideologies of past centuries, La Leche League motherhood gave public purpose to the private activities of domestic life; like advocates of those past ideologies, too, the league urged that women subsume their individualism for the greater good of the family and society" (1359). The result, claims Weiner, is that LLL "simultaneously promoted women's autonomy and restricted women's roles" (1359). Sociologist Christina Bobel views this paradoxical nature of LLL as "bounded liberation" that validates motherhood and encourages women to reclaim their maternal bodies, yet restricts mothers from interacting in the public sphere and frames good mothering as sacrifice of one's own needs and desires. I agree with the notion that, like other maternalists, LLL empowered maternal voices by arguing that the influence of mothers is an asset to society as their influence improves the health and moral quality of society while also constraining mothers within their maternal roles. On the other hand, I disagree with the idea that LLL stripped women of their individualism. Instead, I argue that in contrast with the strict ideology of scientific motherhood, LLL allowed mothers a greater degree of autonomy and authority over their maternal experiences. Additionally, I push back against the notion that LLL's paradigm of mothering required sacrifice of one's own needs and desires, as the organization resisted

the 1950s emphasis on maternal domesticity, which framed motherhood as sacrifice, and instead attempted to give mothers the space and authority to practice a version of motherhood that they found more personally fulfilling. I make these claims with one caveat: that the mothers who felt most empowered by LLL's philosophy and found LLL's approach to motherhood freeing and fulfilling were mothers who fit the LLL mold of white, middle-class, housewife; were already inclined to breastfeed; wanted a close mother-child bond; and who desired more autonomy over decisions regarding child-care.

Another factor that contributed to the paradoxical nature of the organization was its philosophy of natural motherhood, which LLL developed as an alternative to the strict ideology of scientific motherhood. LLL's philosophy of natural motherhood, a key term that I employ throughout the dissertation, encouraged breastfeeding as a means to develop a close physical bond between mothers and their children, and it encouraged mothers to view themselves as the natural experts on the care and feeding of their own children. While this was liberatory for mothers who felt oppressed by the ideology of scientific motherhood, many feminist scholars have been troubled by the biological essentialism inherent in LLL's philosophy of natural motherhood and its support of gendered divisions of labor. It is evident that for second-wave feminists, LLL made problematic assertions about the tie between biology and the maternal role. These assertions include the claim that the mother-child bond is strongest when the baby feeds at the breast, that women have maternal yearnings that go unfulfilled in the kind of detached mother-child relationship that scientific motherhood promoted, and that women have a biologically guided maternal instinct that is sharpened by close physical contact with the baby. Because of the emphasis on the physical relationship between mother and

child, LLL encouraged women to avoid involvements in the public sphere that separated babies from their mothers. The reaction by some feminists, as Bernice Hausman explains in “Womanly Arts,” the fifth chapter of *Mother’s Milk: Breastfeeding Controversies in American Culture*, has been to label LLL as backward and nostalgic, an “antifeminist, traditionalist cult,” and “an organization that mandates specific behaviors and ideas” (Hausman 160). Some have viewed it as potentially damaging to a mother’s sense of self (Hausman 160), and others claim that the focus on good mothering through breastfeeding casts mothers who do not adhere to LLL’s model of motherhood as bad mothers (Hausman 162).

While some second-wave feminists viewed LLL as a problematic organization that limited women’s options and reduced them to their biology, LLL viewed itself as a truly woman-centered movement that did not ignore women’s biology but instead celebrated women’s unique capacity to nurture. This view of the differences between LLL and the women’s movement was highlighted in a 1981 reprint of an early LLL text:

LLL’s strength was that it was truly a woman’s movement grounded on the realities of nature and responsive to nature’s vested and unimpeachable goal; namely, that woman, the nurturant, be her womanly self (and man, his manly self). In this sense, it was distinguished from the women’s movement, a movement it is bound to outlast, since nature is on its side. (“LLL Dialogue” 198)

This passage shows clearly that LLL believed the woman’s movement had unnecessarily placed women in conflict with the realities of their maternal bodies, and that as a result, the women’s movement was not sustainable as a woman-centered movement. LLL suggested that the goals of the women’s movement, which advocated for bodily autonomy and equal

treatment under the law and in the workplace, were unnatural because they did not fully account for women's experiences with motherhood and were grounded on the argument that women and men are similar and have the same capabilities. LLL celebrated gendered differences and argued that women could find more fulfillment and happiness in embracing feminine biology rather than trying to escape the realities of their biological. Certainly, such sentiments put LLL at odds with the ideals of second-wave feminist thinkers.

In this dissertation, I argue that LLL's employment of maternal rhetoric allowed it to achieve feminist aims of empowering women to exercise more autonomy over their maternal experiences. LLL's maternal rhetoric provided a conservative camouflage for progressive activities such as breastfeeding, developing a close mother-child bond, and the subversive reclaiming of the home as a maternal space in which mothers were free to reject the dominant practices of scientific motherhood. Most of the existing scholarship on LLL, which generally takes a long-view of its history with a focus recent history from the 1980s onward, explores its problematic and paradoxical nature. I aim to show that this paradoxical nature of the organization was partially a result of its conservative approach to advocating for women's empowerment. As Carol Mattingly points out in *Well Tempered Women: Nineteenth-Century Temperance Rhetoric*, feminist rhetorical scholarship has frequently overlooked the rhetorical contributions of women and women's organizations who do not adopt a direct and aggressive approach to forwarding the cause of women (21-22). LLL succeeded in changing the medical profession in large part because it advocated for women in a subtle way by helping its counterpublic of breastfeeding mothers employ

maternal rhetoric and develop maternal space that allowed them to resist dominant trends in medicine and advocate for themselves.

In this dissertation project, I hope to contribute to the scholarship exploring the way that conservative women's voices, such as those of nineteenth-century Methodist women (Shaver; Tolar Collins), U.S. women's clubs (Ruggles Gere), and the Women's Christian Temperance Union (Mattingly) can empower women and effectively promote women's causes when a more aggressive rhetorical activism likely would have failed. As Mattingly claims, the study of conservative women's groups such as the Women Christian Temperance Union (WCTU) can help us understand the complex rhetorical choices that women make (38). The WCTU used "a subtle, non-threatening, persuasive approach" (Mattingly 21), yet, they were highly successful in advancing issues that impacted the lives of women by harnessing the socially prescribed roles of women to assert their authority (Mattingly 40). In "Stepping Outside the Ladies' Department: Women's Expanding Rhetorical Boundaries," Lisa Shaver explains that Methodist women took a similar approach by undertaking activism and advocacy under the guise of benevolent work which they characterized as an "extension of women's domestic and maternal roles" (63), and when they stepped outside of their domestic roles to engage in public advocacy, they aligned their efforts with scripture and Christian duty, which justified their movement into areas and issues that might otherwise be deemed inappropriate for them (Shaver, "Stepping Outside" 65). In a similar way, LLL rhetorically harnessed ideas and values associated with motherhood, such as love, domesticity, nurturance, and self-sacrifice, to assert their authority. I argue that it was the paradoxical nature of LLL, which empowered mothers by sharing its essentialist philosophy of natural motherhood and employing

maternal rhetoric, that contributed to LLL's widespread success. By rhetorically grounding the work of LLL in traditional views of gender roles, LLL's founders made a sophisticated rhetorical move that appealed to a broad audience despite its transformative message and impact.

LLL'S NATURAL MOTHERHOOD

LLL's philosophy of natural motherhood, which feminists found highly problematic due to its inherent biological essentialism, was central to LLL's formulation of mothering and was foundational to its rhetoric, thus it is a key term that I use throughout the dissertation. The foundational assumption of LLL's philosophy of natural motherhood was that nature has provided mothers everything that they need to effectively gauge and attend to the routine physical and psychological needs of an infant. LLL argued that the maternal body is capable of meeting babies' nutritional needs through breastfeeding and the act of breastfeeding aids in the development of a strong mother-child bond. LLL believed that this strong bond met babies' psychological needs while also helping mothers hone and develop confidence in their maternal instincts. When mothers experience the development of a strong physical and emotional bond with their babies, their maternal, first-hand experiences provide them with a deep, instinctual understanding of their babies' needs and desires. Thus, first-hand, maternal experience with mothering makes mothers the primary authority on the care and feeding of their babies. Maternal experience is a key term that I use in this dissertation as it served as a foundation upon which LLL constructed an authoritative maternal ethos for LLL and its counterpublic of breastfeeding mothers, and it helped LLL carve out space to discuss infant feeding with authority.

LLL's philosophy of natural motherhood stood in stark contrast to the dominant ideology of scientific motherhood. Scientific motherhood framed mothers as passive, obedient learners while it framed physicians as knowledgeable authorities and educators. By the 1920s, mothers of all classes had begun to rely more heavily on expert advice rather than advice based upon the first-hand experience of those within their social networks. Increasingly, the guidelines for the care and feeding of children were based on knowledge gained through scientific observation in a clinical setting. The advice of scientific and medical professionals "replaced traditional social networks," and the results was that "good mothering, modern mothering, meant following the directions of your health care provider" (Apple, *Perfect Motherhood* 106). According to Wendy Simonds, the denigration of lay wisdom and emotionality in favor of a reliance on the authority and control of the medical profession exacerbated feelings of fear and self-doubt among pregnant women and young mothers (125). The result is that young mothers were placed in an untenable situation: "they were responsible for their families and incapable of that responsibility" (Apple, "Constructing Mothers" 91). The weight of this responsibility likely prompted many mothers to adhere to the strict guidelines of physicians out of desperation.

By the mid-twentieth century, medical professionals routinely prescribed bottle-feeding with artificial formula. This approach to infant feeding was largely a result of the way in which the medical profession had directed its studies into infant feeding. Early twentieth-century medical researchers who studied infant feeding focused primarily on understanding how to replicate the nutritional content of human breastmilk in mass-produced infant formulas. This disembodied approach reflected the nature of the pediatrics discipline, which was "built from traditions that relegated breasts, lactation, normal

birthing, and well-baby-care to women (nurses or midwives)” (Blum, *At the Breast* 29). Due to a poor understanding of lactation, particularly of the caloric and immunological value of colostrum produced in the first few days of nursing and the supply-and-demand nature of lactation, many physicians recommended that all mothers supplement breastfeeding with formula feeding (Apple, *Mothers and Medicine* 1386). Thus, physicians who had little knowledge of the mechanics of lactation undermined mothers’ attempts to breastfeed successfully by recommending routine formula supplementation.

While physicians’ lack of knowledge often interfered with mothers’ attempts to breastfeed, it could also lead to tragic consequences. A handwritten note, postmarked 1965 from Alliene Parker of Pennsylvania and addressed to Judy Torgus, a member of LLL’s executive board, reveals the true potential cost of the medical profession’s ignorance of the normal physiological process and effects of breastfeeding:

My Dear Judy-

A baby is dead - because “one of the finest pediatricians in the country” thought a normal breast-milk stool was diarrhea - not once - three times.

Tiny Deanne Sullivan is dead.

I will write you when the results of the autopsy are complete - and 13 weeks of facts are sifted over - and I am not quite so torn up-

Alliene

13 July (Parker)

This note now resides in the La Leche League International archives at DePaul University, and it is accompanied by a handwritten note on Judy Torgus' LLL letterhead identifying it as a "Poignant note that shows why LLL was so needed" (Parker). As the case of Deanne Sullivan reveals, physicians were frequently unfamiliar with the physiology of the breastfeeding baby. In this case, the physician was unfamiliar with the differences between the stool of a breastfed infant and that of an infant who has been fed formula. His ignorance likely led him to make unnecessary changes in the baby's care, such as an unnecessary switch to artificial formula. Formula feeding is not without risks, including the risk of an allergic reaction to the formula's contents or infection caused by bacterial contamination. LLL's founders were aware of the risks, and this note offers a stark reminder of the rhetorical exigence to which LLL was responding. The dangerous lack of knowledge on the part of physicians left a lacuna that needed to be filled.

LLL's philosophy of natural motherhood and its promotion of that philosophy in the mother-to-mother support group was a response to the problems posed by the intersection of the medical profession's potentially dangerous lack of knowledge of breastfeeding and the dominant ideology of scientific motherhood, which framed physicians as experts. Good mothering under the ideology of scientific motherhood required mothers to leave decisions about childcare up to the experts and carefully follow the advice of physicians, which was problematic when physicians had no first-hand knowledge of breastfeeding. Natural motherhood framed mothers as the logical authorities on routine childcare, particularly the care of a breastfed baby, and viewed the overmedicalization of routine care as an

unnecessary and sometimes problematic intervention. Had Deanne Sullivan's mother had the benefit of other mothers' first-hand maternal experience with breastfed babies, and had she been convinced that maternal experience was a valuable source of trustworthy knowledge, it is possible that there may have been a different outcome. This case serves as a vivid illustration of the value of maternal experience as a respected source of authority, which was a cornerstone of LLL's philosophy and maternal rhetoric.

The philosophy of natural motherhood was inspired by the founders' individual maternal experiences. Several of the founders had given birth at home following unsatisfactory experiences with unmedicated hospital births. They found these home births to be more personally fulfilling and mother-centered than hospital births that framed the physician as the primary actor controlling the situation and the mother. Additionally, the founders of LLL found it easier to initiate breastfeeding without the intervention of medical policies and procedures that separated babies from mothers and frequently involved formula supplementation. They discovered that their peers who had breastfed were a more knowledgeable source of information and support than physicians. They also discovered that breastfeeding helped them develop strong bonds with their babies that strengthened their confidence, sharpened maternal instinct, and helped them understand their babies' individual needs.

While LLL's founders were predisposed toward the ideas that made up their philosophy of natural motherhood, these ideas were not popular. The notion that mothers developed an instinctual understanding of their babies' needs and the idea that babies have a physiological and psychological need to be close to their mothers contradicted the dominant ideology of scientific motherhood. Combating that ideology was a significant

undertaking. One of the primary arguments that LLL needed to make to promote breastfeeding and natural motherhood was to reframe motherhood as the natural outgrowth of a unique relationship between individuals rather than adherence to a set of prescribed or pre-determined behaviors. Scientific motherhood framed motherhood as an ideological institution, thus suggesting that it had a foundation of rules to guide maternal behavior. The framing of motherhood as an institution has historically been a powerful tool for the perpetuation of systemic oppression of women, as Adrienne Rich explained in *Of Woman Born*, a feminist analysis of motherhood published in 1976. Motherhood, Rich claimed, can be understood in two ways: 1) the “*potential relationship* of any woman to her powers of reproduction and to children” and 2) “the *institution*, which aims at ensuring that that potential—and all women—shall remain under male control” (13). The institution of Motherhood has been so deeply ingrained in culture that it has been used to perpetuate the social and political status quo, and it influences how women feel and behave as well as how others behave toward women. The mid-twentieth century American institution of scientific motherhood ignored the ramifications of the social, cultural, and economic contexts in which particular mothers and children existed and instead attempted to reduce motherhood to a prescribed set of actions and interactions. It had also stripped self-confidence from mothers by teaching them that they were incapable of being good mothers without following the directives of medical expert.

In order to rely on natural motherhood as a way to authorize mothers to reject the dominant practices of bottle-feeding and detached mothering, LLL needed to first provide evidence to support its assumption that maternal experience and instinct was a more effective guide than the advice of a distant expert. To argue that this assumption was

accurate and logical, LLL framed babies as unique individuals with complex needs that could only be understood through the development of a strong mother-child bond. Additionally, LLL pointed to a bygone era when mothers gave birth and breastfed without the oversight of medical experts. LLL told mothers that they were still capable of mothering effectively in this way, but that their confidence in their ability to do so had been lost as the result of heavy medical intervention into what should be routine childcare matters. The way to restore confidence, LLL argued, was to build a loving relationship with one's baby that encouraged the development of a strong maternal instinct. The easiest way to accomplish this, according to LLL, was to breastfeed, as the resulting emotional and physical bond would give the mother insight into the needs of her baby and thus develop her confidence in her maternal instincts. To further its argument in favor of this approach to mothering, LLL employed the cultural code of motherhood and its positive associations (such as love, security, comfort, and nurturance). LLL's maternal rhetoric foregrounded these concepts as further backing to legitimize the assumption that breastfeeding and the close bond that it facilitated were a preferable to the dominant practices of scientific motherhood.

LLL's philosophy of natural motherhood reflected the ideology of naturalism, which was a significant departure from the focus on science that was central to scientific motherhood. As a result of their maternal experiences, the founders of LLL developed a strong affinity for a natural approach to motherhood that reflected the ideology of naturalism. In "Reconstructing Motherhood: The La Leche League in Postwar America," Lynn Y. Weiner says that while "the nineteenth-century version of middle-class 'true womanhood' emphasized moral purity as symbols as symbols of nature and simplicity, the

league, in the scientific twentieth century, emphasized naturalism” (363). Naturalism, according to Elizabeth Grosz is “a form of essentialism in which a fixed nature is postulated for women” (48). This fixed nature is most commonly associated with biology, but also may be attributed to theological causes (Grosz 48). For the founders of LLL, motherhood was natural and a product of female biology; they believed that giving birth naturally, breastfeeding, and developing strong mother-child attachments ensured a more fulfilling approach to mothering because it aligned with maternal biology and mothers’ natural instincts. For the founders, the naturalness of motherhood and the respect for the wisdom of female biology, which they viewed as a product of divine creation, was rooted largely in their Catholic sensibilities. The Biblical characters of Eve and the Madonna, who nurtured Christ at the breast and who is so revered in Catholicism, inspired LLL’s founders. The role of mother as nurturer and comforter was something of a religious vocation for the founders. Not only did they view mothers as nurturers and comforters for their children but also as a benefit to society.

In addition to espousing naturalism, LLL also espoused a maternalist viewpoint, believing that a motherhood that is empowered and defined by female qualities could improve society. Thus, LLL encouraged mothers to stay home with their small children and avoid working until after the mother-child bond was well established and children were weaned so that the child developed self-confidence, a sense of security, and psychological well-being. LLL even encouraged mothers to place children’s needs, including the need to be close to mother, above other domestic chores. Naturalism and maternalism offered inspiration to the founders of LLL. They were inspired by the “wisdom of nature,” or creation, and rejected scientific motherhood’s focus on a strict adherence to scientific and

medical advice that encouraged formula feeding and a detached, hands-off approach to childcare. One way that LLL emphasized the wisdom of nature in their textual outreach was by highlighting benefits of breastfeeding, including natural child spacing. They recognized that the widespread practices of scientific motherhood had resulted in a lack of confidence in maternal instinct and in the maternal body's ability to nurture a child through breastfeeding. As they developed their practices and their philosophy of mothering, or "natural motherhood," LLL placed an emphasis on the natural, biological nature of the practice of motherhood by highlighting the need of the infant for mother's milk and close physical contact for psychological and emotional health. This concern for the emotional and psychological well-being of the baby instilled LLL's philosophy of natural motherhood with a maternalist element. I argue that the maternalist focus and messaging of the organization was a critical aspect of its rhetorical foregrounding of the cultural code of motherhood, which connotes love, protection, nurturance, home, and the maternal body. By emphasizing that a natural approach to motherhood helps mothers embody these connotations, LLL empowered mothers to reject scientific motherhood and establish their own authority over decisions regarding childcare; yet, in emphasizing maternal biology and associating motherhood with traditional values, LLL also constrained mothers. Thus, it is unsurprising that LLL's philosophy of natural motherhood would later be rejected by feminists and would therefore would discredit LLL's arguments and undermine their accomplishments in the eyes of second-wave feminists.

MATERNAL SPACE AND LLL

While feminist critiques of LLL viewed the organization's stance that mothers of infants should remain in the home as an anti-woman position that oppressed women, I argue that LLL actually subverted the status quo by encouraging women to reclaim authority over domestic space. Just as women had been oppressed by the ideology of scientific motherhood, they had also been constrained by the extreme emphasis on domesticity following World War II. In the 1950s, white, middle-class mothers became the symbol of the success of American capitalism (Coontz; Odland). Mothers were expected to focus their time and energy on domestic chores that were largely concerned with cleanliness. Under the ideology of scientific motherhood, housekeeping was treated as a full-time scientific occupation (Apple 1782). There was much more focus on chores, such as cleaning and cooking, and less focus on the relational and psychological aspects of motherhood. Within the home, mothers were expected to enact the practices prescribed to them by housekeeping experts in magazines such as *Good Housekeeping*, *Ladies' Home Journal*, *Today's Woman*, and *Woman's Home Companion*. Just as medical experts prescribed strict feeding and sleeping schedules, women's magazines offered advice regarding decorating, cooking, cleaning, and childcare. The mother's primary role was to maintain a clean, comfortable home.

LLL's founders had a different understanding of the role of the mother within the home. Inspired in part by experiences with home birth, LLL's founders viewed the home as a space within which mothers could reclaim agency and autonomy. In the mid-twentieth century, the majority of women were drugged, and thus they played a passive role in childbirth. Labor wards were not equipped to deal with the needs of conscious and alert

laboring mothers. After disappointing experiences with unmedicated childbirth in the hospital, some of the founders of LLL had opted to have physician-attended, unmedicated births at home; thus, prior to the founding of LLL, these mothers had experience with transforming the home into a site of active resistance to dominant medical practices. When LLL was formed, the domestic space within which meetings were held offered a safe space to discuss mothering and develop the organization's philosophy of natural motherhood. Thus, the home became a "maternal space," a key term that I employ through the dissertation to describe a space in which mothers are able to exercise autonomy in decisions regarding childcare and resist dominant trends in mothering so that they are able to have more personally fulfilling experiences with motherhood.

The maternal space of the LLL mother-to-mother meeting offered a safe space for the organization to develop its ideology of natural motherhood. These initial LLL meetings within a maternal space were the first in a series of affective, symbolic, and material means that LLL utilized in order to transform other mothers' experiences of motherhood. By offering support to mothers who wanted to breastfeed, rejecting strict prescriptions for maternal behavior, and encouraging the development of closer mother-child relationships, LLL reclaimed the space of the home as a site to share first-hand knowledge gained from experience and empower other mothers to take ownership and assert maternal agency over their experiences with motherhood. The development of LLL's local mother-to-mother breastfeeding support group was the first step in establishing the mother-to-mother network that would intersect with the vertical network of medical discourse, challenge scientific motherhood, and reshape medical discourse on infant feeding. As I detail in subsequent chapters, the success of LLL's counterpublic and its counterdiscourse came as a

direct result of its rhetorical strategies, including: the structure of LLL's meetings within a domestic space, which allowed it to privately develop and strengthen its ideas; the foregrounding of concepts traditionally associated with mothers—including domesticity, religion, love, nourishment, altruism, self-sacrifice, the maternal body, and protection—tempered the organization's counterdiscourse and helped it draw a large audience made up of mothers, so that LLL grew rapidly and did not alarm physicians; the combining of the cultural code of motherhood with natural motherhood, which established mothers as natural authorities on childcare and helped LLL craft a strong maternal ethos for itself and its members; and the offering of a rhetorical education through scripts, which allowed mothers to assert themselves with confidence in the face of credulity or skepticism, thus potentially expanding others' understandings of the organization and challenging the view of scientific motherhood that mothers could not make knowledgeable decisions about childcare on their own.

The early structure of the LLL mother-to-mother support group was critical in allowing the organization to develop a counterdiscourse and rhetorical strategies to challenge scientific motherhood and dominant practices of infant feeding. Counterpublics, according to scholars Nancy Fraser, Jennifer Emerling Bone, and Phaedra C. Pezzullo, offer those who have been marginalized by dominant publics a way to voice their concerns and combat their marginalized role within society. LLL's founding offered mothers with an interest in resisting the strict practices of scientific motherhood a relatively intimate, private setting within which to develop their ideas. Low profile counterpublics, or subaltern counterpublics (Bone; Fraser) usually lack material means of participation in dominant public discourse (Fraser 65), and so they develop their own alternative

discourses in private settings. The maternal space of LLL's mother-to-mother support group offered a "parallel discursive arena" (Fraser 68), allowing a safe space in which LLL's counterdiscourse developed. The role of the mother-to-mother support group meetings in the development of LLL's counterdiscourse is similar to the role of consciousness raising groups that would become popular with feminists approximately a decade after LLL's founding. The early experience of LLL as a small, local support group allowed the founders to hone their philosophy of natural motherhood and understand, in an intimate way, what kinds of supportive messages were most effective with mothers who lacked self-confidence and struggled with the challenges posed by breastfeeding and navigating social pressures on mothers. The knowledge of the kind of support that mothers need also came from first-hand experience in the early development of the support group.

Encouraging mothers to embrace an alternative paradigm of mothering involved convincing them to reclaim authority over their own choices and activities and create maternal spaces in their own homes. In order to accomplish this, LLL leveraged the cultural code of motherhood, particularly elements such as nurturance and love, to argue that resistance to dominant practices was in the best interest of their children. LLL argued that mothers were natural experts on childrearing and that maternal authority was born of instinct and experience. The organization encouraged mothers to restructure domestic life around the goal of developing strong familial relationships. In this dissertation, I argue that LLL instructed mothers in the development of maternal space. I define maternal space as mother-centered space in which mothers are empowered and regarded as authority figures; yet, they are constrained within that space by the traditional values of motherhood that mothers rely upon in order to authorize their resistance to dominant practices within

the space. Maternal space is a maternalist idea in that the influence and authority that a mother exerts within that space is legitimized out of a concern for the maintenance and betterment of society. Because maternal authority in a maternal space is authorized in order to uphold social traditions and values, mothers are constrained by limitations placed upon them by those traditions and values. While mothers may resist some dominant trends or practices, they must operate within the limitations imposed upon them by the traditional values that they foreground in order to authorize their acts of resistance.

In theorizing maternal space, I build upon feminist rhetorical scholarship that explores spatial rhetorics. Most of the scholarship that explores the rhetoric of gendered spaces focuses on the way in which women have employed rhetorical strategies to authorize entry into male-dominated spaces such as the pulpit (Mountford), the WWII era factory (Enoch; Jack), naval submarines (Buchanan), and the medical profession (Wells; Skinner). According to feminist scholar Daphne Spain, gendered institutions can only change after women have access to and occupy powerful institutional spaces on equal terms. In this dissertation, I aim to reveal the way in which marginalized rhetors can harness the affordances of the undervalued spaces that they are already authorized to occupy in order to inspire social change.

CREATING TEXTUAL OUTREACH

Within a year of the organization's founding in 1956, LLL's local network had grown so much that the founders were receiving phone calls and letters from geographically dispersed mothers who had heard of the organization by word of mouth or from media attention that the organization received. By the fall of 1957, the founders realized that they

needed to start developing written materials that not only offered helpful information, but that also encouraged an audience of geographically dispersed mothers to gain the self-confidence required to resist dominant practices and place trust in the maternal authority gained from first-hand maternal experience

LLL's solution to the problem of translating the work of the local support group into text was to foreground the cultural code of motherhood in its public outreach. By employing the code, LLL was able to reassure mothers that their resistance to strictly prescribed maternal behaviors aligned with traditional values associated with motherhood. According to Buchanan, the cultural code of motherhood is a powerful rhetorical resource because it "provides rhetors with persuasive means that not only reflect dominant cultural and gender codes but also have the potential to reify, resist, and revise them" (22). Foregrounding concepts associated with the code of motherhood—particularly domesticity, protection, love, nourishment, religion, morality, self-sacrifice, altruism, and the maternal body—in the development of the LLL's rhetoric was a practical solution for navigating the complex relationship between mothers, physicians, and consumer society because the cultural code of motherhood was comforting and familiar. By highlighting their maternal experiences and associating themselves with elements of the cultural code of motherhood, the founders of LLL successfully pushed back against the oppression of the institution of scientific motherhood and placed a new emphasis on the value of maternal experience as a source of knowledge. Challenging dominant ideologies and practices can be difficult, so mothers needed reassurance that maternal experience was a legitimate source of information and that ideology and practices promoted by LLL were sound, safe, and beneficial for their babies. LLL responded to this need for reassurance of the organization's

authority by invoking elements of the cultural code of motherhood such as the reproductive body, protection, religion, and morality. They framed female reproductive functioning and the maternal instinct to nurture as natural occurrences that can be negatively impacted by the interference of professionals. They also invoked religious and moral sentiment to imbue experienced mothers with a sense of moral authority.

The founders of LLL leveraged the cultural code of motherhood to inspire a sense of familiarity and comfort with the organization's work and values, and this sense of comfort and familiarity likely helped the organization grow into a large counterpublic. The first edition of LLL's self-help text, *The Womanly Art of Breastfeeding*, illustrates the combination of the wisdom of nature with the concepts of love and security that are inherent in the cultural code of motherhood: "Breast feeding means a little extra time in which to enjoy and pay special attention to your baby before the next one comes along. This would seem to be Nature's way of helping us rear our little one's in an atmosphere of love and security" (*Womanly Art* 5). Here, the suggestion that mothers should resist scientific motherhood's preference for bottle-feeding in favor of a more natural approach to infant feeding is tempered by the concepts of love, protection, and the maternal body, all elements traditionally associated with motherhood. Altruism is another connotation of the cultural code of motherhood that is in evidence here. Rather than promoting natural child spacing as a benefit to the mother, it is constructed as a psychological benefit to the baby that ensures two other connotations of the cultural code: love and security.

LLL's choice to rhetorically foreground concepts traditionally associated with motherhood enabled it to attract a large, geographically dispersed audience of mothers who felt comfortable with LLL's familiar construction of motherhood. As more women

gravitated toward LLL, physicians increasingly took notice of their patients' successful experiences with breastfeeding. Because they foregrounded traditional values associated with motherhood, encouraged women to remain in the home, and aimed to supplement rather than replace medical advice, LLL was able to craft a subtle, non-confrontational rhetorical stance that would not alarm those who held traditional values or were concerned with disciplinary gatekeeping in the medical profession.

The combination of the cultural code of motherhood and LLL's philosophy of natural motherhood allowed LLL to use its positioning on the margins of scientific motherhood as a source of authority to establish a strong maternal ethos, grounded in natural motherhood, that would appeal to a large audience and help craft the organization into a counterpublic. Its positioning on the margins, its promotion of traditional values, and its construction of motherhood as loving and nurturing imbued LLL's counterdiscourse with authority. Through exploring the ethos-building efforts of women rhetors, feminist rhetorical scholarship sheds light on the ways in which marginalized rhetors use their positioning to argue that they have the authority to speak. According to Carolyn Skinner, women rhetors often must use rhetorical strategies to argue that the insight and knowledge gained from their positioning on the margins imbues them with authority to speak and act publicly. As Skinner shows, nineteenth-century women physicians successfully harnessed "marginality as a location from which to speak" which "authorizes the knowledge and credibility of those historically located outside of the centers of power" (Skinner, *Women Physicians* 420). This location of knowledge gained from experience on the margins, claims Nedra Reynolds, is particularly feminine: "When a knower is located as a female in this culture, knowledge is experienced, constructed, and recalled in nonhierarchical, nonlinear, and

nonobjective forms. In other words, female knowers adapt to their marginalized positions by seeing differently—and learning different things” (Reynolds 330). LLL wrested authority from scientific motherhood and the medical profession by arguing that a natural maternal experience unimpeded by scientific interventions is the best way to develop an understanding of a baby’s needs. In *The Womanly Art of Breastfeeding*, LLL’s founders claimed that experienced breastfeeding mothers develop a “‘spirit’ of nursing that comes from experiencing the quick, strong love-ties so natural between a mother and her baby” (5). This “spirit of nursing” will help a mother to develop a “sure understanding of her baby’s needs and her joy and confidence in herself to satisfy them” (*Womanly Art* 5). The implication here is that mothers cannot develop an understanding of their babies’ needs from a set of prescribed behaviors, but that they can only develop that understanding and gain confidence in their maternal instincts through authentic and natural experiences with their babies. By drawing a strong connection between knowledge gained from experience with the wisdom of Nature and its association with the religious concept of creation, love, physical and psychological nourishment, and protection in *The Womanly Art of Breastfeeding*, LLL crafted a maternal rhetoric that positioned the organization as a powerful and credible authority on mothering and infant care, and by extension, it helped mothers establish themselves as the natural authorities on the needs of their own babies.

Another strategic rhetorical decision that impacted the effectiveness of LLL’s counterdiscourse on motherhood and infant feeding, and which would eventually enable LLL to become a distinct counterpublic, was the organization’s choice of audience. As I detail later in the dissertation, in both their support group efforts and their textual outreach, LLL focused their efforts on mothers who already had an interest in

breastfeeding. They did not challenge scientific motherhood directly by targeting physicians as their audience because they could not engage directly with the medical profession with authority to speak on the issue of infant feeding. The profession did not value knowledge that laypersons gain through first-hand experience. LLL also did not purposefully target women who planned to bottle-feed in part because the social pressures on these women were significant. LLL targeted mothers interested in breastfeeding because they would likely be amenable to LLL's philosophy of natural motherhood.

The targeting of laypersons as an audience can be a very effective strategy for developing a counterpublic that successfully challenges dominant discourses. Sarah Hallenbeck's book *Claiming the Bicycle: Women, Rhetoric, and Technology in Nineteenth-Century America* and her article "Riding Out of Bounds: Women Bicyclists' Embodied Medical Authority" both shed light on the way in which non-medically trained women of the postbellum era were able to shape medical discourse by crafting a peer-to-peer network of laypersons who shared information about bicycle riding through popular media. As the result of women's public conversations about bicycle riding, medical professionals made a gradual shift in their own discourse to reflect the experience-based knowledge shared in popular articles (Hallenbeck, "Riding Out of Bounds" 341). Hallenbeck's study of the rhetorical activities of women bicyclists offers a model for understanding the way in which non-professional women can harness the rhetorical strategies available to them, shape medical discourse, and lead to the revision of professional knowledge of women's bodies. In a similar fashion, LLL harnessed the founders' experiences with breastfeeding to reach out publicly to other mothers to share their knowledge of breastfeeding and the potential for breastfeeding to help mothers

develop strong mother-child bonds with their children. In targeting other mothers, LLL was able to craft a counterdiscourse that would gain the attention and respect of the medical profession and eventually be subsumed into professional medical discourse. Medical professionals, part of vertical network of scientific motherhood, eventually noticed the practical impact of LLL's counterdiscourse, and the profession made changes to its own practices, thereby changing the profession itself. Had LLL attempted to engage the top-down or vertical discourse of the medical profession directly, its arguments would likely have been dismissed.

LLL's success in growing its counterpublic and reshaping medical discourse was largely the result of the rhetorical strategies that LLL offered to its audience of breastfeeding mothers. The medical profession took notice of the effectiveness of LLL's model of peer-to-peer support through their interactions with the mother. LLL offered mothers a rhetorical education in the form of scripts that helped them assert their ability to make informed, autonomous decisions about infant feeding. LLL's method of offering scripts for interactions with a skeptical public resembled the scripts that Frances Willard and other leaders of the Women's Christian Temperance Union offered to new members who had little or no rhetorical education and were nervous about speaking in public and conducting public meetings (Mattingly 65-67). The 1958 publication of *The Womanly Art of Breastfeeding* had advised mothers to tell their physicians, particularly those who were inclined to promote bottle feeding, "that you are getting some help from us and let him think that you assume, naturally, he'd want you to breast feed your baby; in any case it is something that you as a mother want to do" (7). The text also warned mothers "Above all, don't let your confidence in yourself be shaken by a negative response from your doctor"

(*Womanly Art* 7). LLL's widely dispersed audience of mothers seemed to take this advice to heart.

Armed with the rhetorical means for engaging with physicians, LLL's army of nursing mothers laid the foundation for seismic shifts in the medical profession's attitude and understanding of breastfeeding. The offices of physicians were a primary site of the intersection of the horizontal network of LLL and the vertical, top-down network of the medical profession. As LLL grew and many more women began to breastfeed successfully with LLL's support, physicians began to take notice. The first publication of LLL's newsletter, *La Leche League News*, in May of 1958 included letters from medical professionals both praising the work of LLL and requesting written materials to distribute in their offices. In the second half of the 1960s, a decade following LLL's founding, professional medical journals, including *The American Journal of Nursing* and *The Journal of Pediatrics*, began to cite LLL as a source of reliable information and support that was not only beneficial to mothers, but also of benefit to medical professionals and the medical profession. These academic references to LLL—an organization with a body of knowledge that was developed from first-hand maternal experience shared in a peer-to-peer, horizontal manner—provide evidence that LLL undermined the basic assumption of scientific motherhood that mothers needed to be micromanaged by medical professionals as they went about day-to-day childcare activities. It also challenged the notion that valuable knowledge could only come from a scientific laboratory and that the first-hand experience of laypersons could not inform scientific understanding.

This interaction between LLL and the medical profession, and the resulting shift in the medical profession's discourse on infant feeding, is a testament to the power of the

horizontal, peer-to-peer network to craft a counterdiscourse capable of challenging and transforming dominant ideologies that are promoted in vertical, top-down networks. Public acknowledgement of the importance and value of LLL's work marked only the beginning of the process through which the organization's counterdiscourse became part of dominant, mainstream discourse on motherhood and infant feeding.

OVERVIEW OF CHAPTERS

This dissertation examines the stages of LLL's development outlined above, charting its formation in initial meetings in living rooms to its attempts to meet the needs of a dispersed audience through textual outreach. In the process, the organization and its army of maternal rhetors became a counterpublic that transformed the mainstream discourse and practices of medicine. Next, I outline the chapters detailing this process.

Chapter II, "A Custom-Made Club for Mothers: Creating Maternal Spaces and Reclaiming Maternal Authority and Experience," begins by exploring the exigencies, including the rise of bottle-feeding, scientific motherhood, and the experiences and struggles of individual founders, which helped inform their understanding of the way in which maternal space is created and prompted them to found LLL. This chapter argues that the founding of LLL was a rhetorical act through which the organization resisted scientific motherhood and dominant discourses of medicine. Through the examination of archival and published texts, I explore the development of LLL's mother-to-mother support group, which met in the maternal space of the founders' homes, as the establishment of the "parallel discursive arena" (Fraser 68) in which LLL's philosophy of natural motherhood and its counterdiscourse was shaped through the mutual sharing of maternal experiences.

The early meetings of the LLL support group shaped the founders' views of the needs of their audience so that they gained an understanding of the methods of support and persuasion that would best serve the needs of mothers new to breastfeeding. The conversations that occurred within these meetings helped to shape the maternal rhetoric that LLL employed when it later aimed to support mothers through the development of a self-help text for breastfeeding mothers. Finally, I argue that the mutual sharing of maternal experiences within the maternal space of the support group meeting was LLL's first step toward the development of a counterpublic that would significantly impact medical knowledge and practice.

Chapter III, "Crafting a 'Womanly Art': Translating Maternal Space and Local Mother-to-Mother Support Texts," examines the rhetorical strategies employed by the organization as it translated the work of the local support group into writing with the goal of reaching a geographically dispersed audience of mothers while attempting to provide the same spirit of support it offered to local mothers. LLL's textual outreach in *The Womanly Art of Breastfeeding* cultivated an egalitarian tone and foregrounded the cultural code of motherhood—particularly love, altruism, protection, religion, nourishment, and the maternal body—while promoting breastfeeding and the philosophy of natural motherhood. LLL recognized that in order for its audience to achieve success in their attempts to breastfeed and experience a more natural approach to motherhood, it would be necessary for mothers to transform their homes into maternal spaces. Helping mothers create maternal space required that LLL convince them to reject many of the dominant expectations of women in the 1950s—for example, keeping a spotless home—and instead prioritize the development of strong familial bonds. In this chapter, I analyze the 1958

edition of *The Womanly Art of Breastfeeding* to uncover the rhetorical strategies that LLL used to construct maternal ethos for the organization, to frame mothers as the natural authorities on childcare, to convince mothers to breastfeed and embrace a new paradigm of natural motherhood, and to convince both mothers and fathers to restructure the home into a maternal space that would help mothers be successful in their efforts to breastfeed and develop a strong mother-child bond. Finally, I argue that it was through LLL's supportive textual outreach that the organization began to develop a large, geographically dispersed, horizontal network of mothers into an effective counterpublic that eventually challenged scientific motherhood and reshaped medical discourse on infant feeding.

Chapter IV, "*The Revolutionaries Wore Pearls: Rhetorical Education in Early La Leche League Texts*," explores the way in which LLL's early texts offered mothers a rhetorical education to help them navigate interactions with members of the dominant public, particularly members of the medical profession. Through rhetorical analysis of the 1958 and 1963 editions of *The Womanly Art of Breastfeeding* and issues of *La Leche League News* from the period of 1958 to 1961, I aim to reveal the way in which LLL developed scripts and models to help its burgeoning counterpublic of breastfeeding mothers develop maternal ethos. These scripts and models focused particularly on helping mothers assert their maternal authority in interactions with medical professionals within the hospital maternity ward. Support from medical professionals, or lack thereof, is a significant factor in the success or failure of efforts to initiate breastfeeding. LLL instructed mothers to create maternal ethos by foregrounding the cultural code of motherhood in their arguments as they advocated for their decision to breastfeed and forgo formula supplementation. By acting confident and determined, but tempering that confidence with traditional values

associated with motherhood, LLL's counterpublic of breastfeeding mothers convinced medical professionals that the decision to resist the status quo was motivated out of a shared concern for the best interest of their babies. Much of the rhetorical work of LLL was achieved through one-on-one interactions between the members of the medical profession and LLL's army of breastfeeding mothers who had been equipped with the rhetorical strategies to assert maternal authority and advocate for maternal ways of knowing. I argue that by offering such scripts and models, LLL created a counterpublic made up of an army of maternal rhetors who, through their individual rhetorical actions, engaged in a project of collective maternal ethos formation that shaped the medical profession's views on breastfeeding and the role of mothers in childcare. The chapter ends with a review of breastfeeding statistics, contemporary references to LLL in popular media, and references to LLL and its work in medical publications to trace the impact that LLL's counterpublic had on attitudes toward breastfeeding and the role of the mother in making decisions about infant care.

Chapter V, "Conclusion: 'We Came Wanting to Learn the Art of Breastfeeding. We Found a Way of Life'" argues that the paradox of LLL's simultaneous liberation and constraint of women was an inevitable result of its philosophy of natural motherhood and its employment of maternal rhetorics to authorize mothers to exercise autonomy over their mothering experiences and resist the oppression of scientific motherhood. I review the stages of LLL's early evolution, from local support-group meeting to nationally recognized expert, to illustrate how horizontal counterpublics can shape the discourse and practices of dominant publics from a position on the margins. Finally, I explore what the history of LLL's growth as a counterpublic reveals about the rhetorical affordances inherent in

marginalized maternal spaces. While gendered spatial segregation has generally been viewed only as a source of women's oppression, I argue that marginalized rhetors can leverage the rhetorical affordances of gendered spaces to develop ethos from a marginalized position. I argue, too, that there is a need for further exploration of the rhetoricity of maternal spaces, which like maternal rhetorics, have the capacity both to constrain mothers and to serve as the locus of their empowerment.

THE COMPLEX OUTCOMES OF LLL'S PHILOSOPHY AND MATERNAL RHETORIC

Despite its many successes, LLL's philosophy of natural motherhood and its maternal rhetoric created a double bind for the organization. While LLL gained the respect of authorities by the mid-1960s, working class mothers and feminists were alienated by the public face and practices of the organization. In its attempt to empower mothers, LLL reinforced some of the social codes of womanhood and motherhood that serve to marginalize women and discourage their participation in the public sphere. For instance, it associated female biology with the maternal and suggested that motherhood is woman's natural calling; it promoted a traditional family structure with a male-breadwinner; and it encouraged mothers to stay at home during their children's early years. This paradoxical aspect of the organization's rhetoric was problematic for some audiences. The organization very much reflected the values of the traditional family, particularly the white, middle-class suburban family. Single mothers and mothers who worked outside of the home often felt alienated by the assumptions and rhetoric of the organization. As described earlier in this chapter, members of the second-wave feminist movement, who were largely concerned with bringing about an end to gender-based discrimination, criticized the organization for

perpetuating the biologically-based, systematic oppression of women by focusing on the maternal body and expecting women to remain in the home to care for their children.

The conflict between the ideology of second-wave feminists and LLL's philosophy of natural motherhood and maternal rhetoric resulted in misunderstandings and sometimes dramatic interactions between the organization and leaders of the women's movement. One such scene involving feminist activist Betty Friedan was described by Marian Tompson, founding mother and former president of LLL, in *Passionate Journey: My Unexpected Life*. At a meeting of the Maternal and Child Health Association, Friedan suggested that receiving a paycheck is an important conformation of self-worth for women. With her infant child Philip in her arms, Tompson stood and explained that seeing her breastfeeding son happy and healthy was enough justification for her to feel important as a woman (Tompson and Vickers 804). Friedan responded by claiming that Tompson was using her baby to build her self-esteem (Tompson and Vickers 804). For second-wave feminists such as Friedan, LLL's efforts must have seemed to be an attempt by mothers to avoid confronting their oppression and to convince themselves that traditional womanhood is noble and self-affirming.

Obviously, LLL held values and assumptions that conflicted with the philosophy of second-wave feminism, but I contend that this difference of values was a result of LLL's philosophy of natural motherhood, its construction of a maternal rhetoric, and its organizational goals. LLL called upon the code of motherhood to establish a counterdiscourse that would enable it to resist dominant ideologies while still appealing to the mainstream. This alienated second-wave feminists because it validated what feminists believed to be problematic assumptions about women, their role in society, and the

physical spaces that they should occupy. Nevertheless, I argue that LLL's maternal rhetoric and its promotion of traditional gender roles provided necessary camouflage for its feminist goals and achievements. LLL used its maternal ethos and philosophy of natural motherhood to offer support and affect immediate change in the lives of particular women and children within their immediate contexts, while also working to challenge the ideology of scientific motherhood and gradually change the institution of motherhood to empower mothers and validate their experiences of motherhood. In the process, LLL developed a counterpublic powerful enough to transform the dominant discourse on infant feeding and to undermine scientific motherhood's lack of respect for maternal experience as a way of knowing.

This project reveals that LLL, which has been largely associated with biological essentialism and anti-feminist sentiment, managed to challenge the oppressive institution of scientific motherhood and re-frame motherhood as a unique, responsive relationship between a particular mother and her child or children. I argue that the founders of LLL were beginning "to think through the body," to convert women's physicality into knowledge and power, to repossess women's bodies, and to treat motherhood as freely chosen intellectual work a full twenty years before the publication of Rich's landmark feminist analysis of motherhood in *Of Woman Born*, in which she called for precisely these actions. LLL's goal was to help any mother who desired to breastfeed do so successfully while developing a strong mother-child bond.

There have indeed been many women who, because of their lifestyles or social positioning, felt justifiably alienated or marginalized by the organization, but the notion that the organization was attempting to prescribe a universal approach to motherhood is a

misrepresentation of their core mission. LLL aimed to help individual women and their children experience a unique and close mother-child relationship. Its maternal rhetoric, with the rhetorical foregrounding of the cultural code of motherhood, its focus on mother-to-mother support, and its assumption that motherhood is natural, framed mothers as authorities on childcare. Additionally, LLL empowered mothers to take ownership of their experiences with motherhood in ways that were meaningful to them. While LLL was largely successful in achieving this goal because it tempered its activism by foregrounding traditional values and gendered assumptions about women that were popular in the 1950s, these strategies also alienated mothers who did not fit organization's mold, including adoptive mothers, working mothers, lesbian mothers, and bottle feeding mothers, and it made LLL suspect to feminists. Despite this, LLL's maternal rhetoric attracted a rapidly growing audience in the late 1950s. This audience became a strong counterpublic that would change dominant discourses and practices of mothering and infant feeding. Though it was a conservative organization, LLL achieved feminist ends by expanding women's options, encouraging the medical profession to re-evaluate the value of women's lived experiences, and empowering women to assert agency and take ownership of their experiences. As Hausman points out, LLL opens the door for feminists to consider the complexity of maternity and the maternal body and encourages feminists to have more nuanced conversations about women's varying roles (159).

CHAPTER II

A CUSTOM-MADE CLUB FOR MOTHERS: CREATING MATERNAL SPACES AND RECLAIMING MATERNAL AUTHORITY AND EXPERIENCE

When the first official meeting of La Leche League took place in October of 1956 in the home of Mary White, the seven founders—Marian Tompson, Mary White, Edwina Froehlich, Betty Wagner, Mary Ann Kerwin, Mary Ann Cahill, and Viola Lennon—had already individually engaged in resistance to mainstream medical practices and attitudes toward childbirth and infant feeding. Several of the founding mothers were inspired by the philosophy of the natural childbirth movement to have a more natural birth experience and to breastfeed. In the mid-twentieth century, the standard practice in obstetrics was to medicate laboring mothers in childbirth with medications such as nitrous oxide, ether, local anesthetics or nerve block, or a combination of morphine and scopolamine which resulted in the state of “twilight sleep”. These methods limited women’s engagement in or awareness of childbirth. To a significant degree, women had “lost control in the birth chamber” (Gibson 619). In the early twentieth century, as medicated childbirth was becoming increasingly prevalent, scientific motherhood’s physician-centered approach to childcare displaced maternal experience as a source of knowledge, and bottle-feeding replaced breastfeeding as the primary method of nourishing infants. Additionally, in the post-WWII era, mothers were constrained by the narrow conceptualization of the white, middle-class housewife who was expected to prioritize keeping house over attending to the emotional and psychological well-being of her children. Several of the founding mothers of

LLL resisted the loss of maternal autonomy and control of their maternal experiences and spaces by choosing to have home births and to breastfeed.

The experiences of the founders of LLL—including disappointing experiences with unmedicated birth in the hospital labor ward, subsequent satisfying unmedicated home births, failed attempts at breastfeeding, and subsequent attempts to breastfeed that were facilitated by the support of knowledgeable peers—taught them that in order to experience natural motherhood on their own terms, they needed the opportunity to assert their agency and learn from experienced mothers. Creating this opportunity for themselves involved the establishment of both rhetorical and physical space in which they were regarded as authorities. In forming the mother-to-mother breastfeeding support group, LLL would subversively harness the association between domestic space and the cultural code of motherhood to authorize the development of a counterdiscourse on infant feeding and a new paradigm of natural motherhood that challenged scientific motherhood and the expectations for the behavior of the prototypical 1950s housewife. Physical space played a significant role in the development of LLL's philosophy of natural motherhood, in its rhetorical strategies, and in the spread of LLL's counterpublic. Because "physical spaces have the power to change behavior and people's view of themselves" (Mountford, "On Gender" 50), I will closely examine the ways in which the founding mothers felt either empowered or marginalized in the labor ward and the home during childbirth. I will explore the strategies employed by one LLL mother to transform the hospital labor ward and the home into maternal space that afforded her autonomy over her childbirth experiences, and I will tease out the ways in which these experiences shaped the founding

mothers' beliefs about motherhood, maternal authority, and the liberatory potential of maternal spaces.

From the beginning, the founders of LLL constructed the home as a maternal space that was a valuable source of experience-based knowledge. For this reason, they conducted their mother-to-mother support group meetings within members' homes, such as that of Mary White, where the first LLL meetings were held. These homes functioned as private, enclaved maternal spaces in which mothers were allowed the freedom to share ideas and support one another without interference from members of the dominant public.

I theorize maternal space as any space occupied by women in which their maternal roles are foregrounded and leveraged rhetorically to give them authority and agency within that space. In these maternal spaces, mothers are expected to be good mothers who reflect the cultural code of motherhood and reinforce society's traditions and values, yet paradoxically, maternal space is a mother-centered place that allows mothers to have some agency and autonomy in deciding how best to structure the activities that occur within that space. Spaces associated with women have traditionally been disregarded and marginalized, as has the knowledge and activities that take place within those spaces (Spain 235). While ideologies such as scientific motherhood place strict expectations on mothers, the activities that actually occur within individual domestic spaces are considered private and are often not closely scrutinized. This disregard for the importance of the activities that occur within individual domestic spaces allows mothers the opportunity to transform the home into a safe private maternal space in which they can resist the dominant practices associated with motherhood and redefine motherhood for themselves.

While successful practice of an alternative paradigm of motherhood would depend upon the creation of maternal space within the home, it was also vital for LLL mothers to carve out maternal space in public places because the public is “the arena in which social relations (i.e. status) are produced” and those social relations are then reproduced inside the home (Spain 7). To truly offer mothers autonomy over their maternal experiences, LLL mothers would need to transform public spaces into public maternal spaces. In order to achieve this outside of the home, LLL mothers needed to develop rhetorical strategies to negotiate new relationships with those who held authority within public spaces. Often, this involved employing maternal rhetoric to argue in favor of alternative practices and to establish maternal ethos by framing maternal experience as a source of authority.

While the creation of public maternal spaces was critical for the growth and spread of LLL’s counterpublic after it gained a large, geographically dispersed audience, in its earliest stages, LLL focused largely on crafting private maternal space through the employment of maternal rhetoric and rhetorically significant activity, such as home birth and the sharing of knowledge gained from first-hand experience. It used that space as a site to develop an alternative paradigm of motherhood and re-establish maternal authority. The use of a private maternal space to host the egalitarian support-group constituted a subversive rhetorical response that allowed the founders the physical and metaphorical space to craft a counterdiscourse that challenged the marginalization of mothers by the medical profession. As Fraser explains, counterpublics often originate in “parallel discursive arenas” that offer a safe space to develop their ideas and hone their discourse (Fraser 67). The private maternal space of LLL’s mother-to-mother support group constituted a parallel discursive arena in which members were able to discuss natural

childbirth and mothering, topics that were largely ignored or dismissed by the medical profession; to claim, with legitimacy, that maternal experience is a valid and valuable form of knowledge; to encourage women to share in a mutual exchange of support and knowledge in order to encourage and sustain an approach to mothering that differed from the dominant paradigm; and to create an alternate paradigm of mothering and infant feeding. These meetings became a rhetorical training grounds for LLL and led to the development of a counterdiscourse that eventually allowed the organization to challenge dominant discourse on the issues of infant feeding and motherhood, re-establish maternal authority over infant care and feeding, de-medicalize the routine care of infants, and create a new model of natural motherhood and childcare.

Both private and public maternal spaces are rhetorically created, but if private maternal spaces operated as rhetorical training grounds for LLL, public maternal spaces were the front lines where LLL's army of breastfeeding mothers were called upon to employ maternal rhetoric to assert maternal authority in the public spaces where they were marginalized. Scholarship examining the way in which women reformers advocated for their right to occupy and speak in public spaces offers a model for understanding the way in which members of LLL employed maternal rhetoric in order to assert agency and create maternal space in public spaces. For example, Carol Mattingly's *Well-Tempered Women: Nineteenth Century Temperance Rhetoric* explores the way in which women of the Woman's Christian Temperance Union (WCTU) highlighted their femininity and presented themselves as duty-bound and benevolent in order to authorize public speech and their reform activities. They emphasized that they were not focused on advocating for women's rights but instead were focused on protecting the weak and improving the domestic lives of

women and children by advocating for temperance; thus, their public reform activities were accepted because they seemed to be motivated by Christian duty and were focused on the domestic lives of women and children. They often used this platform, however, to “reach otherwise inaccessible audiences in order to make their case for greater rights for women” (Mattingly 15). A similar approach was employed by postbellum women orators. In *Gender and Rhetorical Space in American Life, 1866-1910*, Nan Johnson reveals the way in which postbellum women orators were able to “co-opt the public speaking podium as a domestic site and portray women rhetors as achieving their public influence only as a result of an inspired extension of their feminine domain” (16). Similarly, I argue that LLL employed maternal rhetoric—arguing that they were motivated by motherly love and concern—to assert maternal authority in public spaces and to craft maternal space that offered the freedom to resist dominant trends and practices in infant feeding; however, I argue that instead of framing public space as an extension of domestic space, LLL developed a rhetorical strategy to craft any space into maternal space by developing maternal ethos and associating resistance to the dominant practices and activities that took place within public spaces with the mother’s role as a good, loving, nurturing, protective mother. Therefore, while postbellum orators argued that the podium was an extension of the domestic site, LLL mothers argued that public spaces must accommodate the activities involved in good mothering even if those activities are contrary to status quo practices.

Because there were very few written records of the organization’s first two of years of existence, 1956 and 1957, this chapter relies heavily on readings of organizational histories and first-hand accounts given in transcribed interviews published more recently. These texts reveal the way in which the founders’ experiences shaped their views on

motherhood, maternal space, maternal authority, and maternal practices, and it shows how these views shaped the structure and content of the mother-to-mother support group meetings as well as LLL's counterdiscourse on mothering and breastfeeding.

My aim in this chapter is to contribute to the body of scholarship exploring the rhetorical nature of space and the role of spatial rhetorics in gendering. Jessica Enoch calls for the investigation of spatial rhetorics which involve "the language that designates a space, the materials that construct and adorn it, and the activities enacted inside it" in order to understand "how the composition of space creates, maintains, or renovates gendered differences and understandings" (Enoch, *Octolog III*, 115). In this chapter, I build on the work of feminist rhetoricians such as Jessica Enoch, Jordynn Jack, and Roxanne Mountford, as well as feminist geographer Doreen Massey and urban planning and development scholar Daphne Spain, to understand the gendering and rhetoricity of space. Their work sheds light on the way in which the gendering and regendering of spaces, physically and symbolically, can marginalize or empower. I apply their scholarship to read the early history of LLL as a story about the subversive use of gendered space to reclaim and revalue women's experience-based, domestic knowledge. I rely on Lindal Buchanan's *Rhetorics of Motherhood* to understand the paradoxical nature of maternal rhetorics, which can empower mothers while simultaneously constraining them. Additionally, Buchanan offers insight into how LLL harnessed the cultural code of motherhood, particularly components such as domesticity, love, nurturance, and nourishment, to authorize a new way of being and acting, within a maternal space, that empowered mothers.

RHETORIC, MATERNAL SPACE, AND MOTHERHOOD IN THE 1950S

Spaces are unavoidably rhetorical, as rhetoric is implicated in questions regarding who is authorized to occupy a space, who is excluded, how those within the space are expected to conduct themselves, the layout of the space, the materials found within the space, and what counts as knowledge or authority in that space. Spaces are inescapably imbued with symbolic meaning and convey gendered messages that “both reflect and affect the ways in which gender is constructed and understood” (Massey 179). When women are relegated to a particular space, as the white, middle-class housewives who founded LLL were relegated to the home, this process of gendered spatial segregation is instrumental in the formation of their identities (Massey 179); thus, space plays a significant role in the construction of motherhood and in the development of one’s maternal identity.

In the mid-twentieth century, middle-class white mothers were expected to remain at home despite the fact that many women had entered the work force during WWII. Consigning women to the home in the post-WWII era made room in the workforce for men returning from war, but it also reinforced traditional values and served as a symbol of economic prosperity. The 1950s white, middle-class housewife was a representation of class status and upward mobility (Coontz 6). According to Coontz, the popular magazine images of the 1950s American housewife and her new home appliances were an internationally distributed symbol of the prosperity and quality of life offered by American capitalism. Minority women, low-income women, and single mothers were also constrained by these expectations, but economic necessity pushed them into the workforce; thus, these mothers had to rhetorically leverage the cultural code of motherhood differently to frame their activities as good mothering.

Combined with the ideology of scientific motherhood, which promoted a hands-off, scientific approach to childrearing, the emphasis on domesticity as a symbol of a rising white middle-class resulted in an attitude toward the home that was primarily concerned with the mother's role in maintaining the image of a successful, well-organized middle-class family without the aid of housekeeping staff. There was less emphasis on spending time with children and developing close relationships with them. This was a departure from the long-held understanding of the home, which according to Massey, had long been associated with stability, reliability, and authenticity; the home had previously been viewed as an emotional safety net in which those who had left could return to receive comfort and affection from mothers or wives (Massey 180).

While the white, middle-class housewife of the 1950s played a key role in the promotion of America's thriving capitalist economy, the knowledge that mothers gained from their first-hand experiences in the home were not valued. As Daphne Spain explains, "Domestic information conveyed within the home is devalued, at least partially because it is possessed by women" (235). In the 1950s, the reality was that advancements in technology, science, and medicine, as well as scientific motherhood's prescriptive ideology, stripped mothers of their personal autonomy and agency both within and outside of the home by consigning them to the home and dictating their actions within it. Gendered institutions, such as the professions of medicine and science, relied on spatial segregation to control knowledge and resources through the control of space (Spain 15). Because motherhood had been medicalized by the ideology of scientific motherhood and mothers were expected to stay at home rather than enter professions such as medicine, maternal knowledge and experience gained in domestic spaces was not recognized as authoritative.

Spain argues that the only way for gendered institutions, such as medicine, to change is for women and men to occupy the same places equally (xv), and it is only once this spatial barrier is breached that gendered stratification begins to change (Spain 5). Much of the scholarship dedicated to spatial rhetorics focuses on women's use of rhetorical strategies to degender masculine spaces. Feminist rhetorical scholars (Jack; Enoch; Wells; Skinner; Buchanan; Mountford; Moseley) have previously explored the way in which women rhetors have employed rhetorical strategies to authorize their entry into masculine gendered spaces, and in so doing, have transformed those spaces and the gendered relationships they represent. But as scholars such as Wells, Skinner, and Mountford reveal, even when women enter into masculine gendered spaces in a professional capacity, they still must employ rhetorical strategies, such as the development of ethos, to assert authority and gain respect. For example, studies of the rhetorical activity of nineteenth-century women physicians by Susan Wells and Carolyn Skinner reveal that once women have entered into a gendered institution or space, it was still necessary to adopt rhetorical strategies that authorize their participation and validate their unique contributions. These studies reveal the difficult rhetorical work required to degender spaces, which, as Spain explains, requires that rhetors "make gendered spaces and their links with knowledge visible" and then "to oppose their persistence" (Spain 239).

Sometimes opposing the persistence of gendered spaces meant contending with problematic material arrangements. In *The Gendered Pulpit: Preaching in American Protestant Spaces*, Roxanne Mountford explored the ways in which one female minister, Patricia O'Connor, dealt with the physical realities of the pulpit, which dwarfed her diminutive size. O'Connor rejected the pulpit and moved out into the audience when giving

sermons (Mountford, *Gendered Pulpit* 66). This practical solution had significant rhetorical implications, as the pulpit kept a distance between the minister and the congregation. In moving amongst the congregation, O'Connor altered the relationship between herself and the congregation and transformed the sanctuary into a more feminine space.

In addition to studying the ways that women have attempted to rhetorically regender masculine spaces, rhetoricians have revealed the way in which the meaning of domestic space and domesticity has been expanded to encourage women to enter into masculine spaces. Earlier in the chapter, I explored the way in which women have employed domesticity to authorize their reform activities in public spaces. As scholars Jessica Enoch and Jordynn Jack reveal, domesticity has also been employed to reframe public spaces to persuade women to leave the home. In "Acts of Institution: Embodying Feminist Rhetorical Methodologies in Time and Space," Jordynn Jack explores the way that WWII era factories were renovated to reflect domesticity and femininity in order to accommodate women workers. Jack argues that the association of the factory with femininity and domesticity reshaped labor practices, structured women's schedules around their maternal responsibilities, and prompted the physical reorganization of the workplace through such inclusions as a childcare center and a salon in the factory; such changes allowed women to accomplish their domestic duties while filling a manpower shortage (Jack 294-296). Jessica Enoch's "There's No Place Like the Childcare Center: A Feminist Analysis of <Home> in the World War II Era," reveals the way in which the rhetorical construction of the WWII era childcare center as "home" shows that the expansion of the concept of domesticity was a strong rhetorical device that helped to authorize women's, even mothers', movement into the workplace and out of the home during the WWII era

("There's No Place Like"). Conversely, this continued association of women with the domestic sphere in the wartime era helped to facilitate a movement to push women out of the workplace and back into the home in the post-war era (Enoch, "There's No Place Like" 434). In *Domestic Occupations: Spatial Rhetorics and Women's Work*, Enoch expanded her exploration of the way in which the concept of home was leveraged rhetorically to allow women entrance into the teaching profession and laboratory sciences (as domestic scientists) in addition to the wartime factory during World War II. Domestic scientists, for example, gained entry into the sciences by regendering "the home from a feminine space of love and comfort to a masculine site of scientific experimentation" (Enoch, *Domestic Occupations* 172). These domestic scientists were able to elevate the value of domestic activities and gain access into the sciences by framing women's underappreciated domestic work as masculine and worthy of scientific study; yet in the process, they likely contributed to the development of the scientific approach to mothering and motherhood that was prevalent in the era of scientific motherhood.

Scholarly explorations of the way that dominant views of domesticity and the home can be used and transformed rhetorically to authorize women's entry into, or force their exit from, professions and public spaces are instructive. These studies offer a model that can be used to understand the way in which the cultural code of motherhood and its associated concepts—such as love, sacrifice, altruism, and the home—can be leveraged rhetorically to create maternal space in which mothers have the authority to adopt new maternal roles and practices that challenge the status quo understanding of motherhood and mothering. While Enoch focuses on the way in which women used domesticity to authorize entry into professions outside of the home, her theory of spatial rhetorics helps

to explain the way members of LLL employed maternal rhetoric to transform the home into a maternal space and authorize subversive maternal activities. Understanding how a rhetor may transform the meaning of space to authorize her entrance into that space or her activities within that space requires an examination of spatial rhetorics, or “the multimodal ways through which spaces gain meaning” (Enoch, *Domestic Occupations* 6). The study of spatial rhetorics requires an examination of “what bodies do in space and what spaces do to bodies, distinguishing the ways that sites confine, constrain, or free bodies and the way that bodies make and remake spaces through their presence and actions” (12). The women whom Enoch studied were able to leverage the concept of home to authorize their entry into professions outside of the home. The success of their rhetorical efforts, which foregrounded the concept of home, depended upon dominant perceptions of home that “prescribed women’s attachment to it and conditioned women’s work outside it” (Enoch, *Domestic Occupations* 13). As Enoch explains, the concept of home does not have a static meaning; its rhetorical power lies in its adaptability. Enoch argues that the meaning of home “is created, sustained, and reshaped through rhetorical operations that are crafted in response to particular constraints and that capitalized on specific opportunities” (*Domestic Occupations* 5). Women could take advantage of the fluid and adaptable nature of spatial rhetorics in order to authorize their entrance into professions outside the home by arguing that their professional work was an extension of their domesticity. LLL made a similar rhetorical move by arguing that the subversive domestic activities and maternal behaviors that it promoted were the product of good mothering and aligned with the cultural code of motherhood.

An understanding of the way in which motherhood can be harnessed to authorize resistance to dominant practices of mothering within the domestic sphere requires a careful examination of the differences between motherhood and domesticity. While domesticity was required of mothers in the post-WWII era, and mothers were expected to occupy the domestic space of the home, motherhood and domesticity are separate concepts. Sarah Burke Odland parses the two concepts and explains that while motherhood involves activities related to the physical and emotional care of children, domesticity involves daily chores other than childcare and household management in the physical location of the home (67). It is possible to be a mother without being domestic or domestic without being a mother (Odland 67). Extending this line of Odland's reasoning, I draw a distinction between domestic space and my understanding of maternal space, which was inspired by accounts of the subversive domestic activities of LLL mothers, such as Marian Tompson, and the organization as a whole. I define domestic space as the physical location within which a person or family resides. I understand the difference between a domestic space occupied by a mother providing care for her children and a private maternal space to be that the latter is an enclaved space, both physical and rhetorical, that offers the mother the freedom to orient the care-taking activities that occur within the space around her own understanding of the unique needs of her individual children; it encourages her to exercise personal autonomy and allows her to resist dominant trends and ideologies that contradict her understanding of how she can best fulfill her maternal responsibility to care for, love, and nurture her children. The concept of a maternal, mother-centered space prioritizes the mother's emotional and psychological fulfillment so that she is happy and healthy for the

sake of her children; therefore, the creation of private maternal space encourages mothers to relax and pursue activities that they prioritize and find personally fulfilling.

Both private and public maternal space is rhetorically constructed. As Enoch suggests, spatial rhetorics involve the study of the language, materials, and activities that are involved in the composition of space, and the composition of space “can create, maintain, or renovate gendered differences and understandings” (Enoch, *Octolog III*, 115). Maternal spaces, I argue, have the capacity to rhetorically renovate cultural understandings of motherhood. The development of maternal space relies on the establishment of maternal ethos that is undergirded by elements of the cultural code of motherhood. By framing her style of mothering and her resistance to the status quo through the lens of concepts such as love, empathy, altruism, morality, and protection, a mother is able to justify and defend her maternal practices. She is both constrained and emboldened in the space, as her actions within that space are measured against cultural norms and values, but she is able to adopt and adapt cultural values in order to resist norms and practices that contradict her own views of childcare.

As the creation and maintenance of maternal space depends upon the rhetorical foregrounding of elements of the cultural code of motherhood, the concept of maternal space is paradoxical in nature. It constrains women within traditional roles and spaces associated with motherhood, yet it can be leveraged rhetorically to encourage women to challenge tradition and leave traditional domestic spaces for the sake of the family. In *Rhetorics of Motherhood*, Lindal Buchanan explains that maternal rhetorics “do employ traditional assumptions about women,” but tapping into the cultural code of motherhood “generates rhetorical resources that are useful for forwarding change,” while also

potentially constraining women (22-23). The code of motherhood can be used rhetorically to encourage women to enter the public sphere in times of crisis, or it can be used to empower women, such as members of the Women's Christian Temperance Union in the late nineteenth century (Mattingly), to publicly advocate outside of the home for societal and legal changes that would improve the domestic lives of women and children.

Most scholars exploring the gendering of space have understood the home as a place that constrains women's ability to participate in the public sphere or make meaningful contributions to public knowledge. Scholars such as Jack and Enoch who have studied the way in which concepts such as domesticity and the home can be leveraged rhetorically to authorize women to enter into professional occupations and spaces, but most scholars have still viewed the home as a site of constraint and disempowerment. Daphne Spain believed that gendered stratification can only change when women occupy the same spaces as men and their contributions to knowledge-making are valued equally (xv). I argue that LLL's creation of maternal space through the subversion of the maternal role, its highlighting of gendered differences, and its foregrounding of the qualities traditionally associated with motherhood provided the rhetorical authorization that LLL needed in order to confront and ultimately reshape widespread public attitudes toward motherhood and breastfeeding. LLL's founders were not initially regarded as authorities on infant feeding, yet they used maternal experiences and the cultural code of motherhood to create maternal space and authorize activities that were discouraged, including home birth, breastfeeding, and the development of strong emotional and physical connections to their children.

By subversively locating themselves within the maternal space of the home and framing their activities through the lens of the cultural code of motherhood, LLL was able

to rhetorically appropriate the cultural code of motherhood “in order to disrupt and transmute the oppressive systems of gender, knowledge, and power that comprise the master’s house” (Buchanan 23) which, in the case of LLL, was medical discourse and dominant medical practices. LLL used the private maternal space of the home to develop new ideas about motherhood, particularly its philosophy of natural motherhood, and it used that private maternal space to share these ideas and practices with other mothers. As explored in subsequent chapters, LLL’s counterpublic of primarily white, middle-class mothers would, with rhetorical acumen and maternal ethos, be capable of creating maternal space wherever they were—hospitals, doctor’s offices, and home spaces. As mothers employed rhetorical strategies to create maternal space wherever they happened to be, they brought LLL’s ideas and practices into public view and ultimately reshaped dominant discourse on the issues of infant feeding and motherhood.

CHILDBIRTH AND MATERNAL SPACE

The childbirth experiences of several of LLL’s founders, both in the hospital and at home, shaped LLL’s philosophy of natural motherhood and its understanding of the way in which mothers could use maternal rhetoric and subversive activity to carve out maternal space both in the home and in public locations. Their individual experiences with unmedicated birth both in the hospital and at home exposed the limitations of the medical profession’s knowledge and the way that the structure and practices of the profession posed an obstacle for mothers who wished to experience unmedicated childbirth. These experiences also revealed that dominant practices of childbirth hindered the development of an early and strong mother-child bond. In choosing to give birth at home, several of LLL’s

founders established their homes as maternal spaces in which they acted with agency to resist dominant practices in order to ensure the health and wellbeing of their children. For several founding members of LLL, choosing to have a physician-assisted, unmedicated home birth was their first act of rhetorical resistance to dominant trends. To justify the decision to themselves, their families, and medical professionals, they found it necessary to rhetorically foreground the ways in which home birth aligned with traditional values associated with motherhood, such as love, protection, and nurturance. In the remainder of this section, I will review the dominant practices of childbirth in the 1950s and discuss the way in which the experiences of several of LLL's founders, particularly Marian Tompson, informed LLL's philosophy of natural motherhood and prepared LLL mothers to rhetorically leverage concepts associated with motherhood to create maternal space within which to resist dominant practices.

Several of LLL's founders, including Mary White, Edwina Froehlich, Marian Tompson, Viola Lennon, and Mary Ann Kerwin, shared an interest in natural childbirth and desired to give birth naturally in a conscious state so that they could begin bonding with their babies immediately. They initially assumed that achieving this goal was a simple matter of convincing physicians to agree to let them give birth unmedicated in the hospital; however, they quickly discovered that societal norms, established medical practice, and the physical space of the hospital worked against their efforts to achieve this goal. By the time the founders of LLL were having babies in the late 1940s, the majority of babies were born in hospitals; in the decade between 1938 and 1948, the percentage of infants born in hospitals in the United States rose from 55% to 90% ("Healthier Mothers and Babies" 853). For several of the founding mothers, Marian Tompson and Mary White in particular, their

efforts to experience natural childbirth revealed the importance of creating a maternal space in which mothers had agency over their maternal experiences. They felt that a home birth offered them more autonomy and led to a quicker, more natural integration of the baby into family life. After reading *Childbirth Without Fear*, Mary White and her husband, physician Dr. Greg White, had an unmedicated hospital birth in 1947, and in 1950 they had an unmedicated home birth with their fourth child (Lowman, *Revolutionaries* 8). For Mary White, the home birth experience made birth seem much more like a natural part of life (Cahill 7-8).

Medicated hospital births were one of the primary ways that scientific motherhood stripped women of personal agency and bodily autonomy. Ironically, women's quest for autonomy over their birthing experiences played a significant role in the rise of hospital births. First-wave feminists contributed to the medicalization of childbirth by advocating for pain-free labor and access to hospitals during childbirth (Skowronski 26). Many physicians capitalized on this movement in favor of pain-free birthing techniques, and some promoted this practice as woman friendly, as mothers could give birth without conscious awareness of pain. By making demands for pain-free approaches, such as access to twilight sleep, "women began to assert their autonomy in decisions about childbirth," but, paradoxically, they did so in such a way that they "relinquished conscious birth and accepted medical control" (Skowronski 623). Twilight sleep, the unconscious, amnesic, pain-free condition achieved through an injection of morphine and scopolamine, required women to be restrained to prevent injury (Gibson 623). Applications of ether required close observation by nurses because it frequently caused women to lose consciousness (Gibson 624). Figure 1 below, a page from a 1915 text exploring the method of using

scopolamine and morphine to induce twilight sleep, provides examples of restraints that were used in the process. The image is a startling visual representation of the way in which mothers relinquished personal agency and control over their bodies in the labor ward.

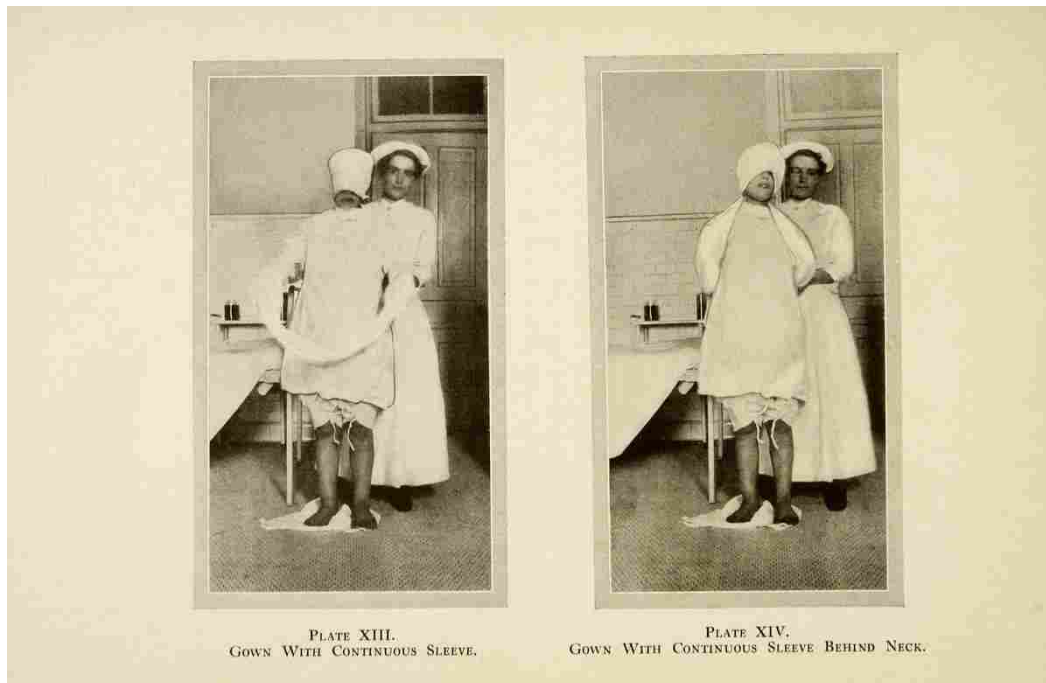


Figure 1. Gowns used to restrain women during twilight sleep from Van Hoosen, Bertha; *Scopolamine-morphine Anaesthesia. And A Psychological Study of "Twilight Sleep" Made by the Giessen Method by Elisabeth Ross Shaw*, Chicago, IL: House of Manz, 1915; *Archive.org*, <https://ia800707.us.archive.org/16/items/scopolaminemorph00vanh/scopolaminemorph00vanh.pdf>.

While medicated childbirth in the hospital was the norm, the natural childbirth movement, which was led primarily by male physicians, was gaining traction in the 1950s. Grantly Dick-Read's 1942 book *Childbirth Without Fear*, which promoted natural, unmedicated childbirth, was an international bestseller, and several of LLL's founders had read it. Women such as the founders of LLL were drawn to natural childbirth because they came to believe that there was a human element missing from the dominant medical practices in childbirth (Litoff 229). Advocates of natural childbirth felt that unmedicated childbirth, keeping the infant in the same room as the mother, and breastfeeding would create a stronger mother-child bond that would foster individual happiness and social stability (Plant 138). This maternalist argument by natural childbirth advocates offered legitimacy to unmedicated births because it aligned the practice with the cultural code of motherhood. The discourse of the natural childbirth movement convinced several of LLL's founders to seek out a natural childbirth and prepared them to make similar rhetorical arguments in support of their decisions to reject dominant practice and to breastfeed. Yet, they quickly discovered that convincing a physician to allow unmedicated birth was not sufficient to make the experience a positive one. Their childbirth experiences revealed a lack of information and support for women to help them navigate the practicalities of achieving a satisfying natural childbirth experience in an era when mothers had lost control of the birthing chamber and medicated hospital births were the norm.

Marian Tompson's account of the struggle to exercise autonomy over her childbirth experiences is illustrative of the challenges mothers faced when attempting to create maternal space in the era of scientific motherhood. Like several of the founders, Tompson chose to have an unmedicated birth. In the article "Custom-Made Delivery," Tompson

compared her experiences with unmedicated birth in the hospital and at home, and in doing she drew a stark contrast between the constraint and lack of agency that mothers experienced in the gendered space of the labor ward versus the liberatory potential of the home.

Tompson had never desired a home birth; she simply had wanted a “natural childbirth” (Tompson 207), and when her physician agreed with her request for an unmedicated birth, she had assumed that the battle to have the birth she wanted had been won; however, her first unmedicated hospital birth was a disappointment. The attitudes of the physician and the hospital staff made it clear that in the labor ward, where women were almost always medicated, the laboring mother’s needs and desires were inconsequential. Her birth attendants were unexcited and lacked interest in the birth, her husband was not allowed in the delivery room, and her physician unhappily commented that if she were unconscious, he could use the forceps and deliver the baby quickly (Tompson 207). While she described the birth as seemingly painless and one of the most exciting moments of her life, the 36-hour labor, during which she was conscious, revealed to her “how unsuitable a hospital is to have a baby and how insensitive many birth attendants are to the needs of the woman in labor” (Tompson 207-208). While first-wave feminists, who had advocated for access to the twilight sleep method, wanted control over their own experiences, Tompson’s hospital birth experiences underscored the loss of autonomy and identity of medicated mothers in the routine practice of the labor ward in the mid-twentieth century.

As a result of her unsatisfactory experience in the labor ward during that first delivery, Tompson employed rhetorical strategies and practices in an attempt to transform

the labor ward into a maternal space. She made a point to delay arrival to the hospital until late into labor with her second and third children (Tompson 207). In doing so, she not only avoided a lengthy period of confinement, but she also conveyed the message that a laboring mother could navigate labor safely on her own without the oversight and intervention of medical professionals. She asked that her husband be allowed in the room, and in so doing, she framed childbirth as a family-centered event which should accommodate the emotional needs and desires of the laboring mother. Though she had hoped for her husband's comfort and support, but she was told by her physician that it was not allowed and that "anyway, there wouldn't be room" (Tompson 209). Unbeknownst to Tompson, as an unmedicated birth was so rare, a number of hospital staff, including physicians, interns, nurses, and clerks, had requested to be allowed to observe while she gave birth. Tompson's desire to include a supportive family member in the labor room was treated as secondary to the knowledge that the medical staff could gain from observing the birth.

Tompson was not only prevented from having any measure of control over the environment, but she was also expected to play a passive role in the birth itself. Her physician was delayed, and Tompson was told to ignore the urge to push and wait for him to arrive. Once he did arrive, he was treated as the primary actor in the birth. The room full of observers greeted him in celebratory fashion, which Tompson compared to a "triumphal procession where the king enters the captured city" (209). Finally allowed to push, Tompson delivered her daughter Deborah with three pushes, no tearing, and no screaming. A resident excitedly asked the physician, "Doctor, how did you do it?" (210).

This detailed account of Tompson's unmedicated hospital deliveries reveals the constraints on maternal agency that existed in the labor room even when mothers were

conscious, unmedicated, and unrestrained. The account also reveals medical professionals' ignorance of the natural progression of childbirth without interventions, such as medication and forceps. It also reveals the clinical detachment of medical professionals who were not accustomed to conscious laboring mothers. This experience solidified Tompson's view that the hospital labor room was a problematic place to seek an unmedicated birth, as it was organized around the assumption that childbirth was accomplished through the active work of a physician. The mother was treated as though she was not aware of, nor would she remember, the birth. The more that Tompson tried to advocate for herself and transform the hospital into a maternal space, the more she bumped up against procedures and practices that undermined her attempts to gain autonomy. Because she waited to arrive at the hospital until the end of labor, and because her physician played a minor and seemingly unnecessary part in the birth, the experience opened Tompson's eyes to the true potential of the maternal body and the ways that dominant medical discourse and practices undermined it.

After three unmedicated hospital deliveries, Tompson decided to exercise her agency by avoiding the hospital labor ward and giving birth at home instead. She approached Dr. Greg White, husband of LLL founder Mary White, and requested that he attend her birth at home with the understanding that she would give birth with no medication; she would roam freely in her home; she would have her husband in the room for support; and she would have her older children close at hand to greet the new addition to the family. As it was her own home, Tompson found it easier to assert her authority over her birth experiences and control who was present for the birth. In framing her expectations for her birth in this way, Tompson renegotiated the relationship between the

roles of birthing mother and physician. Her insistence on giving birth at home conveyed confidence in her ability to give birth naturally without medication or medical interventions. She would do the active work of laboring and giving birth, while he was present to offer support, observe to ensure that the birth was progressing as it should, and intervene if a problem arose. Though her physician, Greg White, was an advocate for unmedicated birth, it was likely that Tompson's self-confidence and determination influenced his decision to agree to attend a home birth. In insisting upon her right to control the birthing environment and conveying confidence in herself while negotiating with her physician in order to gain his support, Tompson transformed her home into a maternal space.

Tompson's experiences giving birth to her next four children at home were a significant departure from the uncomfortable and unsupportive hospital environment. Her husband stayed by her side, offering support and sharing in the wonder of the event. She was no longer confined but wandered through the house or into the yard as she pleased. She felt none of the apprehension caused by the intrusion of strangers. Tompson claimed that those who haven't experienced a home birth cannot expect "to understand what it means to give birth to a baby in your own bed, surrounded by only people who love and care about you, and to be in a position to truly celebrate a birth rather than just bravely endure it" (211). According to Tompson, "the effects of these unmeasurables should not be underestimated" (211). She felt that home births, which she referred to as "custom-made-deliveries," better suited her family and integrated the baby into family life; her children were in the room moments after the birth to visit the new sibling, and no one took the baby away, which allowed Tompson and the baby to bond rapidly and quickly establish

breastfeeding (Tompson 210). By framing home birth in this way, Tompson invoked elements of the cultural code of motherhood, including love, nurturance, domesticity, privacy, and protection. In invoking the code, Tompson makes a rhetorical argument that giving birth in a maternal space is in the best interest of the infant and the family.

Tompson's account shows the myriad of rhetorical resources and practices that she employed to create a maternal space in which her wishes and voice were heeded in the hospital as well as the home. She was more successful in the home. Through these experiences, Tompson learned how rhetoric and the support of other participants contribute to the creation of a maternal space. Multiple attempts to transform the hospital labor ward into a maternal space through the rhetorical strategies available, such as negotiation with physicians and controlling the time of her arrival, gave her insight into the way that the medical profession's perception of mothers and its associated structural and material arrangements served to constrain mothers and objectify them. Tompson's subsequent attempts to create maternal space while giving birth at home revealed to her that the birthing experience was much more satisfying when a mother was able to successfully assert her maternal authority in negotiations with the attending physician to eliminate unnecessary interventions, to decide who would be present, and to move about freely as she desired. She also learned that the establishment of maternal space helped mother and baby adjust in the post-partum period. With full, unimpeded access to the baby, the mother-child bond developed more rapidly, breastfeeding was easier to initiate, and the baby was integrated seamlessly into family life.

Tompson shared the knowledge that she gained from giving birth in the maternal space of the home with her LLL fellow members, including Mary White, Edwina Froehlich,

Viola Lennon, and Mary Ann Kerwin, who had also given birth at home. Rather than taking a passive role in childbirth, women such as the founders of LLL who chose to experience a natural childbirth positioned themselves as active agents in the birthing process. These maternal experiences with childbirth and the knowledge gained as a result were foundational to the development of LLL's philosophy of natural motherhood. These experiences also offered LLL insight into practices and rhetorical strategies that they could employ in order to establish maternal space and negotiate with members of dominant publics, such as the medical profession. Though they were largely constrained from public life by their social roles as white, middle-class housewives and mothers, the founding mothers of LLL harnessed the liberatory potential of maternal space to empower themselves to experience motherhood on their own terms and reject dominant medical practices; in so doing, they undertook a rhetorical action that argued in favor of an alternative paradigm of women's healthcare, and they framed that action rhetorically as a decision made in the best interest of children.

ESTABLISHING LLL WITHIN MATERNAL SPACE

From the initial meetings of LLL, the organization leveraged the insights about the link between maternal authority and the home that several of the founders gained from their birthing experiences. LLL's founders knew that the maternal space of the home was a more effective location for experiencing a natural childbirth that facilitated a close bond between mother and child, but it was not until mothers began to come to them for advice that the founders truly realized that the practices of the medical community and the dominant public played a significant role in breastfeeding failures. While holding meetings

within the homes of the founders was a practical solution, the location allowed LLL's founders to take advantage of the same affordances that maternal space offered to birthing mothers. The maternal space of the LLL meeting positioned all of the mothers in attendance as equals with similar backgrounds, experiences, and goals. While the meetings were led by LLL members who had previous experience with breastfeeding, all mothers were allowed to contribute and share their experiences. The maternal space of the meetings afforded privacy, limited the potential for problematic intervention and oversight by members of the medical community, and offered a space for mothers to witness LLL's philosophy of natural motherhood in action. The maternal space of the meetings also provided an opportunity for LLL's founders to gain insight into the obstacles mothers encountered and further develop their philosophy of natural motherhood; thus, the LLL meetings were a safe parallel discursive arena in which LLL honed its counterdiscourse prior to reaching out to a larger, dispersed audience of mothers who would form its counterpublic. In the following section, I will provide an overview of the events leading up to the development of the mother-to-mother LLL meetings and explain how the conversations that took place within the initial meetings helped the organization further develop their philosophy of natural motherhood and their counterdiscourse.

In July of 1956, Marian Tompson and Mary White were both nursing infants at an outdoors Christian Family Movement picnic at Wilder Park in Elmhurst, Illinois, when a number of mothers approached them to express admiration for the nursing mothers and share stories of struggles that prevented them from breastfeeding successfully (Lowman, *Revolutionaries* 13). This experience at the picnic made Tompson aware of a complete lack of support for breastfeeding mothers: "This came as a revelation, an illumination, to me. Up

until then, I thought that the women who were bottle-feeding simply preferred to feed their babies that way. I didn't realize how many women were out there who wanted to breastfeed, but gave up as they ran into difficulties" (Cahill 23). Tompson was troubled by the realization that there were so many other mothers who wanted to breastfeed but had not been successful due to a lack of support and information (Cahill 23). At the time, Tompson was nursing her fourth child, the first to be born at home. The extreme contrast between her birth experiences in the hospital labor ward and at home had revealed to Tompson that many medical professionals and institutions were ill equipped to assist mothers who wished to challenge dominant medical practices. For those mothers, the key to success was having a safe and supportive maternal space to practice mothering on their own terms.

Following these interactions at the picnic, Tompson and White contacted several women in their social network who had an interest in breastfeeding. Like Tompson, some of those women had chosen to have home births and were aware of the way that the home could be transformed into a maternal space when mothers assert agency and utilize that space by taking charge of their own maternal experiences and restructuring domestic activities around their beliefs and first-hand knowledge. They understood the home to be a potential site of women's empowerment; thus, it was a logical decision to set their meetings in Mary White's home. The private space of White's home allowed the founding mothers to purposefully create maternal space by encouraging each other to share knowledge they had gained from first-hand experiences and regard that knowledge as authoritative. Because women's domestic activities were undervalued and scientific motherhood treated mothers as obedient adherents to physicians' advice, the decision to

hold meetings in White's home and structure those meetings around the sharing of experiences was a subversive activity that treated maternal experience as a source of authority over matters related to infant feeding and childcare.

The very first planning meeting of LLL affirmed the value of efforts to create maternal space that allowed women to share their experiences and, in turn, gain insight into the ways that dominant practices and discourse were obstacles to breastfeeding as well as mothering. The intimate, comfortable setting prompted the mothers to open-up about their positive and negative experiences with childbirth and breastfeeding. They had an outlet to express feelings that they did not previously have the confidence or the opportunity to express. Mary Ann Cahill described the meeting as unstructured and lively, and she claimed that the conversation set the tone for all future LLL meetings: "One of the most noteworthy things to come out of the evening was the sharing that went on among the women about their own personal birth and breastfeeding experiences." (Cahill 29). In that initial meeting, the founders identified obstacles they had faced, such as a lack of support, problematic hospital practices, and lack of information that prevented mothers from having satisfying birth and breastfeeding experiences. This intimate practice of mutual sharing in a maternal space would become part of LLL's core structure.

While the conversations amongst LLL's founding mothers during their planning meetings had been revelatory for the group, the subsequent mother-to-mother support group meetings continued to shed light on the challenges that mothers faced due to dominant practices and societal pressures. The first official meeting of support group, which had no name at the time and was simply referred to as the "mother's club" (Lowman, *Revolutionaries* 16), took place one October evening in 1956 at Mary White's house in

Franklin Park, IL (Lowman, *LLL*Love 15). The meeting was attended by the seven founders and five of their pregnant friends. According to Lowman's account in *The LLL*Love Story, there was little structure to the evening other than Tompson reading the *Reader's Digest* article "Breastfed is Best Fed" to the group to spark discussion (Lowman, *LLL*Love 15). The mutual sharing that occurred in this first meeting revealed that experienced mothers were a rich source of information. Not only did mothers share their successes but also their disappointments and struggles with breastfeeding. This conversation underscored the fact that breastfeeding does not happen in a vacuum and that factors such as the type of delivery, hospital policies, and the mother's diet could impact the success of breastfeeding (Cahill 31). The founders of LLL began to understand that their challenges with breastfeeding were not unique and not only did the dominant medical discourse fail to address their concerns, but in many cases, the medical profession was the primary obstacle to breastfeeding success. This new awareness created an exigence for the development of LLL's maternal rhetoric that framed mothers' resistance to dominant medical practices as a conscious choice made for the sake of the health and psychological well-being of their children.

In addition to coming to understand the complex factors, such as medical practices and societal expectations, that made it difficult for mothers to breastfeed, the first LLL support group meeting helped the founders realize that breastfeeding and the close mother-child bond that they hoped to achieve through breastfeeding was a new paradigm of mothering. In order to be successful in adopting this new paradigm, mothers would need the kind of mutual support offered in the maternal space of the LLL support group. Despite the lack of structure of the very first support group meeting, the founders felt that it was a

success, as “They had discovered the importance of mutual support, the power of camaraderie, and the ‘formula’ that would propel La Leche League into its place in history—gathering accurate information and sharing it mother-to-mother in an environment of warmth and acceptance” (Lowman, *Revolutionaries* 16). The environment was inspirational to the mothers who came to LLL for assistance because they “looked forward to talking to other adults” and “wanted to test their own ideas and share new ones” (Cahill 31). LLL’s members were embarking on a lifestyle that challenged society’s view of the way that mothers should care for their children, nurture mother-child relationships, and manage their time in the home; it was beneficial for LLL members to continually share their views and experiences as a form of affirmation and mutual support. Like the U.S. women’s clubs that Anne Ruggles Gere explored in *Intimate Practices*, the domestic setting of the LLL meeting allowed the women of LLL to develop intimate relationships with one another that were facilitated by the sharing of personal experience with marriage and motherhood (40). While the sharing of such experiences within the home may seem an innocuous activity, the history of LLL shows that when mothers carve out physical and rhetorical maternal space for themselves that allows them to frame those experiences as a source of authority, the outcome can be quite revolutionary.

The strategy of sharing their personal experiences and uncovering the social and institutional factors that contributed to their struggles bears a strong resemblance to the work of the feminist consciousness-raising groups that developed a decade after LLL’s founding. Feminist consciousness-raising groups, which would be popularized by the New York Radical Women in the late 1960s, encouraged women to gather in small groups and discuss their personal experiences and problems. Ruth Rosen explains that these groups

helped women understand that their personal problems were shared by many other women and were often the result of institutionalized systems and oppressions. Rosen explains that these groups had an eye-opening effect: “What had until that moment seemed so ‘normal’ suddenly appeared artificial, not to say coercive” (Rosen 4544-4545). The “personal,” according to Rosen, “no longer seemed a purely individual problem, but the result of deep cultural, social, and economic forces and assumptions” (4548-4549). This was also true of LLL’s mother-to-mother support group meetings. The more that women shared their experiences with breastfeeding and motherhood in those early meetings, the more aware they became of the way in which social and institutional forces presented obstacles for women who wished to breastfeed and experience a strong bond with their children. Mothers in LLL support group meetings began to see how their personal struggles with breastfeeding and mothering were frequently caused by external factors.

Because LLL’s founders viewed the maternal space of the meeting as a place in which mothers could learn from one another’s experiences and reject dominant practices, they minimized the involvement of medical professionals in the support group meetings and emphasized the authority of mothers, the mutual sharing of experiences, and knowledge born from experience rather than passed down from medical authorities. Though they did rely on medical information, which they presented in their meetings, they wanted to maintain a separation between the medical profession and the work of their meetings. While some meetings were held in Mary and Dr. Greg White’s home, Greg White tried to limit his interactions with the women during their meetings, as did Dr. Herbert Ratner whose wife, Dr. Dorothy Ratner, attended some of the initial LLL meetings. Though she was a physician, she kept her contributions to meetings focused on her experiences as a

mother (Cahill 36). That Dorothy Ratner downplayed her medical expertise and participated in meetings by sharing her maternal experiences shows that there was an awareness that the LLL support group meeting was meant to be a maternal space in which mothers were regarded as equals and maternal experience was the privileged source of authority. As Edwina Froehlich pointed out, when physicians attended LLL meetings, the results could be problematic: “Anytime we had a doctor sitting in on a meeting, all questions were directed to that doctor. That doctor, for all intents and purposes, took over the meeting” (Cahill 36). Physicians asserting their professional ethos within the maternal space of the LLL meeting would have undermined the maternal authority of the mothers present, and this could have had a negative impact on their self-confidence. Limiting the involvement of medical professionals helped to protect the unique affordances of the mother-to-mother support group. It was quickly apparent to Tompson that “women talk to each other about these kinds of things differently than they would talk to their doctors” (Cahill 33). One of the most beneficial results of mother-to-mother support and the limiting of the group’s exposure to medical expertise was that women were free to discuss their expectations and struggles.

The mutual sharing of experiences in LLL’s support group meetings underscored the notion that mothers faced a variety of obstacles to successful breastfeeding, including misinformation from doctors and societal pressures; thus, LLL’s mother-to-mother support group meetings functioned as a consciousness-raising group for women interested in claiming agency over their experiences as mothers. The camaraderie that developed through the mutual sharing of experiences was necessary to help mothers navigate the challenges of embracing an alternative paradigm of mothering that was not well-supported

by medical experts or societal expectations. The sharing of experiences in a private maternal space also helped LLL refine the philosophy of natural motherhood, understand the value of practical advice in helping mothers adopt that philosophy, and develop rhetorical strategies that foregrounded traditional values associated with motherhood while arguing in favor of its alternative paradigm of mothering.

PERSUADING MOTHERS TO RESIST DOMINANT PRACTICES

While they founded LLL to help mothers breastfeed successfully, the conversations during the planning meetings and the first full meeting helped shape the founders' beliefs about the role of the mother and how maternal space can be utilized in such a way as to empower mothers to break free from the constraints of dominant practices. However, it became clear early on that LLL needed to provide mothers with both moral support and practical advice to help them navigate the challenges that they would face as they attempted to breastfeed and embrace a new paradigm of mothering. Even if mothers had come to LLL having already made the decision to breastfeed, LLL needed to convince them that breastfeeding and embracing a more natural approach to motherhood was worth the effort that it would take to overcome challenges posed by dominant practices and discourses. LLL had to convince mothers to accept its ideology of natural motherhood, which emphasized a strong and loving mother-child bond and viewed motherhood as natural and instinctual. They also needed to offer practical strategies for practicing natural motherhood and navigating the challenges posed by dominant approaches to childcare and infant feeding.

In order to do this, LLL's founders decided to structure the support group as a series of themed meetings. While they valued a mutual sharing of experiences, the founders decided that a portion of each meeting should be dedicated to the presentation of information on a specific topic that was critical to helping mothers breastfeed successfully and put LLL's ideas about mothering into practice. LLL's founders developed a series of five meetings designed to offer information, techniques, and support. Each meeting would include a talk or presentation by one of LLL's founders or other leaders. This would be followed by unstructured time for discussion. Techniques were demonstrated as needed. While the themes were focused around practical advice and breastfeeding techniques, each meeting also made a rhetorical argument in favor of natural motherhood. As there is no remaining material or content from the initial series of meetings, my understanding of the content of each meeting in the series comes from descriptions included in the various organizational histories. Some topics of meetings, such as weaning, childbirth, and the father's role, were discussed more extensively than others in the founders' retrospective accounts of the development of the support group series. To supplement the founders' explanation of the meeting content, I draw upon my analysis of LLL's self-help manual, *The Womanly Art of Breastfeeding*, in order to understand the way that LLL framed topics, particularly the benefits of breastfeeding, common concerns, and techniques. In 1958, the content of LLL's series of mother-to-mother support group meetings was translated into text in *The Womanly Art of Breastfeeding*, which I analyze in Chapter III in order to reveal how LLL used maternal rhetoric to empower and offer support to a geographically dispersed audience of mothers.

The rhetorical message underlying each meeting gave mothers the support that they needed to resist dominant practices. White, middle-class mothers were expected to focus their energies on maintaining a clean and comfortable home during the post-WWII era. There was less focus on attending to the emotional and psychological needs of children, such as the child's need for physical contact with his mother. As Cahill points out, there was "an incongruous reversal of values, the house had almost come to be more important than the little people in it" (45). Choosing to breastfeed a baby necessarily challenged the expected focus on household chores. Breastfeeding required a physical bond with the baby that scientific motherhood discouraged, so it necessarily changed the conditions of mothering. Edwina Froehlich explained that the group "realized early on that it was pretty hard to succeed at breastfeeding unless you had an overall acceptance of the idea of being there, in person, for your baby—what we called 'mothering' the baby" (Cahill 66). This idea that breastfeeding was a way of being present to meet the emotional and psychological needs of the baby laid the foundation of LLL's philosophy of natural motherhood, which they referred to as "mothering through breastfeeding". It also reflected the cultural code of motherhood by focusing on the creation of an environment that was nurturing and loving. Depicting resistance to dominant medical practices as an act of love that was in the best interest of the child gave mothers the courage and motivation to face the challenges that arose from practicing an alternative approach to childcare and mothering.

The initial LLL meeting focused on the advantages of breastfeeding and the positive impact it would have on the mother, the baby, and the mother-child bond (Cahill 32). According to Mary Ann Cahill, it "just seemed right" to begin this way (Lowman, *LLL* 16). The meeting emphasized that breastfeeding was not merely a form of nourishing the baby,

but that breastfeeding had emotional and psychological benefits to the mother-child pair (*Womanly Art* 3-5). The content, which was supported by evidence from mental health professionals, pushed back against the dominant understanding that infant feeding is a mechanical process with the sole purpose of providing physical nourishment while it also countered the widely accepted hands-off approach to mothering in favor of a more emotional, physical, and loving bond. That this argument, rather than basic breastfeeding techniques, was the focus of the initial meeting shows that the founders of LLL realized that mothers needed to view breastfeeding as a way to facilitate good mothering in order to feel the internal motivation to navigate the challenges that breastfeeding posed. Invoking concepts such as love, protection, and nurturance when discussing the benefits of breastfeeding helped mothers feel that they were being good mothers and exhibiting the traditional values associated with motherhood despite the fact that they were resisting dominant practices. While LLL's audience was made up of women who had already decided that they wanted to breastfeed, the founders were well aware of the challenges that caused even mothers who were determined to breastfeed to be unsuccessful in their efforts. In addition to giving the mothers who came to LLL a purpose, the information provided in this meeting helped to support LLL's argument that mothers should refocus their energy in the home on creating a nurturing maternal space by bonding with their children rather than viewing their primary function as completing household chores.

The second meeting in the series was focused on techniques and methods for overcoming common difficulties that breastfeeding mothers faced (Cahill 32). As it offered solutions and strategies for dealing with such concerns as breast infections, nursing twins, hand expression of milk, and various ways to hold the baby (*Womanly Art* 10-16) it

presented breastfeeding challenges as routine problems to be worked through and overcome rather than reasons to cease the attempt to breastfeed. This challenged the common medical practice of routinely recommending formula feeding or a switch to formula at the first sign of an issue with breastfeeding; additionally, this meeting demystified breastfeeding and framed it as a way to simplify the mother's life at the same time that she was doing something that would ensure the health and well-being of her baby. The private, maternal space of the LLL meeting encouraged the kind of experience sharing and technique modeling that benefitted breastfeeding mothers. LLL members had the time and space to practice these techniques; the maternal, mother-centered space of LLL's meetings made this possible in a way that physician-centered spaces could not. Because mothers were encouraged to bring their babies with them to the meetings, they were able to practice the techniques, and mothers who had not yet given birth could see them modeled. In addition to addressing techniques, this meeting also addressed old wives' tales and other misinformation about breastfeeding, including problems caused by erroneous medical advice (Cahill 32). The content of the meeting built on the challenge that the first meeting posed to scientific motherhood. Even if physicians had theoretical knowledge of lactation, which few had, this focus on techniques and strategies—how to recognize when the baby is hungry, styles of holds, and methods of hand expression—made the case that such advice is more effective when shared by mothers who have practical knowledge gained from mothering and practicing these techniques on a daily basis.

The third meeting, which was focused on promoting natural childbirth, further developed the argument that mothers should not be the passive agents that the dominant medical practice and the ideology of scientific motherhood had framed them to be. This

particular topic was one of the more controversial aspects of the meeting series (Cahill 61; Lowman, *LLL* 16) as many women who were interested in breastfeeding were not interested in unmedicated childbirth or home births; however, the meeting was an opportunity to give mothers a much needed education on childbirth while explaining how unmedicated birth made breastfeeding easier. According to Betty Wagner, “In that era a woman’s body was pretty much unknown to her. We had pregnant women coming who had no idea how they were going to deliver the baby” (Lowman, *LLL* 16). Clearly, the information provided in the meeting filled a critical need for information about childbirth. The birth experiences of Marian Tompson, Mary White, and other founders had played a significant role in the establishment of a strong relationship with their babies and it helped them initiate breastfeeding. Mary White explained that childbirth “has tremendous impact on the mother-child bond and the subsequent breastfeeding relationship” (Cahill 61). As in the meeting focused on the benefits of breastfeeding, the focus on the benefits of a close, physical mother-child bond invoked concepts traditionally associated with motherhood, including love and protection. Mothers who had been convinced in the previous two meetings that breastfeeding and establishing close relationships with their babies were in the best interest of their babies may have been persuaded to have a natural, unmedicated childbirth. Several of the founding mothers could speak from their own experiences with struggling to breastfeed an infant drugged from birth, and such first-hand experiences were likely very persuasive. In addition to making an argument that natural childbirth was in the best interest of the baby, including this topic in the series of meetings made the argument in favor of establishing maternal authority and creating maternal spaces. While *LLL*’s leaders were not necessarily advocating for a home birth, they were advocating for

women to have more agency in the birth chamber. In order to experience a natural, unmedicated birth, mothers needed to have some control over the space in which they gave birth. Like the other meetings in the series, this meeting posed a challenge to the wisdom and validity of routine, widely accepted medical practices.

The fourth meeting in the series focused on nutrition and weaning (Cahill 32), another topic that caused controversy because the founders decided to promote baby-led weaning rather than recommend a specific age for weaning. Other topics covered in the meeting included the proper diet of the breastfeeding mother and starting the baby on solid foods. They felt that it was important to address the mothers' nutrition because "there were so many old wives' takes associated with what a nursing mother could and could not eat" (Lowman, *LLL* 16). Because the meeting encouraged baby-led weaning, it posed a rhetorical challenge to scientific motherhood, which promoted detached mothering in order to foster independence. In promoting baby-led weaning, LLL was making the argument that babies are unique individuals with unique needs (Cahill 62). This knowledge was born from maternal experience, as the founders had discovered that when allowed to initiate weaning themselves, babies would wean at different ages (Cahill 62). The founders felt that baby-led weaning allowed babies to make a natural progression toward independence. When making the decision about when to wean, Mary White suggested that mothers should consider, "What is best for this child at this time?" (Cahill 61). By making this argument, LLL's founders again invoked concepts associated with the cultural code of motherhood, including love, protection, and nurturance. The good, loving mother, suggested LLL, would understand her baby's need to develop at his or her own pace and

would allow the baby to decide when he or she was ready to sever the emotional bond that breastfeeding facilitated.

This argument in favor of baby-led weaning underscored the way in which maternal first-hand knowledge born of experience provided insight and understanding that the medical profession lacked. Baby-lead weaning was a radical departure from medical advice, as medical textbooks at the time recommended weaning no later than nine months, but the reasons for the suggestion were vague (Lowman, *LLL* 23). Drs. White and Ratner, LLL's medical advisors, could provide no reason that babies should be weaned at a specific time, and according to Froehlich, the founders realized that medical professionals were the wrong people to consult (Lowman, *LLL* 23). "Doctors were men, and why should they know more about it than mothers?" she asked. "Since it wasn't a medical question, their medical education was no help. That was why no good answer could be found in medical books. We decided that it would be much more likely to be a woman, mother, who would know" (Lowman, *LLL* 23). Through personal experience, LLL's founders had discovered that babies reached the developmental stage at which they are ready to wean at varying ages (Cahill 62). LLL's founders argued that letting the baby take the lead on when to wean would offer a sense of security and nurture the mother-child bond that breastfeeding promoted until the baby was developmentally ready and independent enough to initiate the end of the breastfeeding bond. The founders of LLL would never have arrived at this first-hand knowledge of babies' differing rates of developmental readiness for weaning if they had not had a supportive space in which to continue the nursing relationship and resist the dominant practice of infant feeding. This realization that the first-hand knowledge of mothers is a critically important source of information contributed to and

validated the founding mothers' philosophy of natural motherhood by confirming their belief that mothering is a natural process that is hindered by the intervention of well-meaning but uninformed physicians.

The fifth meeting, designed for fathers only and led by Herbert Ratner, was designed to help husbands understand issues surrounding breastfeeding so that they could be supportive of their nursing wives (Cahill 32). The founders also felt that fathers needed support as they "were too often neglected as far as babies are concerned" (17). The establishment of such a meeting conveyed a rhetorical message that breastfeeding is more than simply an alternative method of feeding, but that it is a lifestyle choice that would have an impact on the whole family. According to Betty Wagner, "The fathers came away from these meetings with an understanding of a wife's new role as a mother and of her special attachment to the baby" (Lowman, *LLL* 17). The fathers' meeting made it clear to fathers that the maternal role that their wives took when embracing LLL's practices and approach to mothering would be significantly different than the approach that was routinely practiced by mothers and encouraged by medical professionals. Froehlich claims that when the fathers' meeting was held at her home, she overheard Ratner saying, "Now what is really important in life? It's not having a spotless house so your mother can come over and inspect. It's your kids that are important" (Lowman, *LLL* 17). This alternative approach to mothering would have significant implications for the structuring of the home environment and the relationships being nurtured within it. This meeting helped to prepare fathers for the new maternal role that wives would likely adopt as a consequence of their interactions with LLL; it helped fathers accept the home as a safe maternal space in which their wives could challenge and reject society's view of the role of the housewife.

It soon became clear that mothers who attended the meetings were getting more than knowledge of breastfeeding techniques from LLL and that some stayed for the approach to mothering. In one case, a mother who had weaned her child and was not pregnant continued to come to LLL meetings. Marian Tompson was intrigued and asked her why she still attended. According to Tompson, the woman responded by saying, “Marian, you women seem to love being mothers so much. I am hoping that if I keep on hanging around you, it will rub off on me” (Cahill 34). That LLL represented an alternative approach to mothering may have been the key to the group’s longevity because, as Edwina Froehlich claimed, the founders would have quickly lost interest in continuing the group if its sole focus had been on breastfeeding techniques (Cahill 67). It was Froehlich’s belief that this different approach to mothering also kept new mothers coming to meetings: “I think that is why the mothers who attended those early meetings clung to us the way they did. Their maternal instincts were telling them one thing, but their doctors and the prevailing societal norms were telling them just the opposite” (Cahill 66). The safe maternal space of the LLL meeting gave mothers an opportunity to explore these conflicting internal impulses and confirm their desires with mothers who held similar views.

While the founding mothers of LLL had experience with breastfeeding and mothering and had carefully developed a series of informative, leader-facilitated discussions very early, the initial mother-to-mother support group meetings, occurring before the organization attempted significant public outreach, spurred a period of significant growth and development in the founders’ understandings of breastfeeding, motherhood, and the kind of support that mothers needed. The group’s founding principle

of meeting the needs of the baby was never in question, but their understanding of the needs of both babies and their mothers developed rapidly in the private maternal space of LLL meetings. Though women have long been relegated to the private sphere and have had to shape their rhetorical activities to and within it, there is an interesting side effect to this rhetorical practice: issues deemed private are enclaved from public discourse and shielded from debate (Fraser 73). While a living room may not seem to be the logical setting for a meeting of a group that would eventually shape public opinion as well as influence medical practice, the safe maternal space created by LLL allowed the organization to grow and flourish in an organic way that would not have been possible if the founders had tried to immediately engage with public discourse on mothering and infant feeding in public spaces where they had no authority. As Marian Tompson's experiences show, attempts to transform public spaces, such as hospitals, into maternal spaces was a significant challenge. In contrast, the maternal space created by the founders in their homes and in the LLL support group offered a safe, enclaved space for mothers to develop a counterdiscourse and rhetorical strategies that would help them assert maternal authority as they engaged with members of the dominant public.

THE GROWTH OF LLL'S HORIZONTAL NETWORK

It quickly became obvious that LLL's mother-to-mother support group appealed to mothers. The founding mothers had intended the group to only serve friends and acquaintances, and it therefore did no advertising; yet, knowledge of the group spread quickly by word-of-mouth in the local area, and strangers were showing up at the meetings. As many as thirty to forty women were crowding into the home where the meetings were

held, so LLL quickly found it necessary to split into two groups (Lowman, *Revolutionaries* 16). After the first series of meetings, LLL began two series of meetings each month in Franklin Park with three board members leading each meeting, and the organization sent letters to local physicians to introduce them to LLL and its purposes (*LLL News*, 1.1: 1). LLL also developed a locally-distributed pamphlet called "For Better Mothers," which introduced the organization and its mission, briefly made a case for breastfeeding, provided a brief overview of LLL's series of meetings, and invited mothers to attend a local meeting. Within the first 18 months of the organization's founding, over 150 women had attended LLL meetings, and a third monthly meeting series in the west side of Chicago had been added to the series schedule (*LLL News*, 1.1: 5). This burgeoning local interest in LLL provides evidence of its exigence and rhetorical success. It's clear that LLL's message about breastfeeding and its promotion of the authority of first-hand maternal experience resonated with many mothers in the local area, but it soon became clear that LLL's message was also resonating with mothers outside of the local area.

LLL was surprised by the large response that they received from outside the local area. Within a year of the initial meetings, news about LLL had spread, and in 1957, the leaders were inundated with mail and phone calls from other areas of Illinois, neighboring states, and from all over the nation. According to an article published in *Stork News* in 1959, LLL had received letters from over 600 mothers from over 40 states and in numerous other countries within 30 months after its founding in 1956 (Lowman, *Revolutionaries* 17). Using their experiences with breastfeeding specifically and mothering more generally, their social consciousness, their support systems, and their connections with the medical profession, the founders had crafted a successful system of support for white, middle-class housewives

who wanted to reclaim their maternal space to experience a different approach to motherhood. By 1958, the founders decided to organize more formally into a non-profit organization and create outreach materials for mothers who could not attend local LLL meetings.

Word-of-mouth sharing of information about LLL was largely responsible for the growth of its counterpublic. As counterpublics are “parallel discursive arenas where members of subordinated social groups invent and circulate counterdiscourses” (Fraser), the earliest stages of LLL’s development marked LLL as an emerging counterpublic. Its meetings provided as safe place to invent and refine its counterdiscourse as it circulated amongst a small group of mothers. Through involvement with LLL, these mothers gained some sense of authority over their own experience by transforming their homes into maternal spaces. They shared that experience with others, introducing them to a new philosophy of motherhood, which LLL would further cultivate when women came to them for information or assistance. This spreading of the word about LLL was described by Edwina Froehlich: “There were women we had helped who had relatives in other towns who wanted help, too. They would pass along our address, and we would hear from the relatives. Then some of the women from Franklin Park would move away to other states, and word about the League got spread that way, too” (Lowman, *LLL* 23-24). Together, the mothers who were involved in LLL shared and created knowledge in community. This communal sharing, which played a central role in the organizational rhetoric of LLL, was vital to the transformative experience of involvement with LLL. Two decades before the publication of Adrienne Rich’s *Of Woman Born*, this widespread response to LLL’s message about the value of knowledge based on maternal experience indicates that women were

questioning the established institution of motherhood and embracing a more authentic understanding of motherhood, one that constructed it as the same kind of intellectual exercise and challenge as any other form of “difficult, but freely chosen work” (Rich 280). LLL’s efforts to embrace the physical experiences of mothers, reclaim the home as a maternal space, craft a new paradigm of motherhood, and resist dominant discourses anticipated Rich’s claim, nearly three decades later, that “[t]here is for the first time today a possibility of converting our physicality into both knowledge and power” (Rich 284). LLL’s new paradigm of mothering and its development of maternal space as a site of maternal empowerment encouraged mothers to do just that.

CONCLUSION

LLL started hidden away from public scrutiny in Mary White’s home, but it addressed the needs of mothers who had been marginalized from public discourse on mothering and infant care; thus, LLL fulfilled a need of many women who longed for what seemed to be a more natural experience of motherhood than the experience offered by the dominant discourse of scientific motherhood. LLL’s subversive approach maintained the gendered status quo of consigning white, middle class mothers to the domestic space of the home, but it allowed these mothers to subversively establish maternal space. The establishment of a safe maternal space was the initial step that LLL took toward developing a counterpublic. As Fraser suggests is possible with counterpublics, the private, maternal space of LLL’s mother-to-mother support group meetings shielded it while allowing the founding mothers of the organization to craft an alternative discourse that would pose a challenge to the ideology of scientific motherhood and argue in favor a more natural

approach to mothering. In developing this argument and its philosophy of natural motherhood, LLL was beginning the work of developing a counterpublic. Unfortunately, LLL's counterdiscourse and philosophy of natural motherhood marginalized mothers whose family structures and responsibilities to their families posed barriers to structuring their lives as LLL's paradigm of natural motherhood required.

Daphne Spain suggests that full access for women to spaces where valuable knowledge is created and shared is the only solution to marginalization caused by gendered spatial segregation (Spain 5), yet LLL provides a successful example of a challenge to marginalization through the subversive transformation of domestic space into a site of women's empowerment. While they were not yet taking actions that directly impacted public discourse on breastfeeding and motherhood, in the first two years following LLL's founding, the founders were quietly strengthening their argument against, and their ability to influence, those discourses. Though these mother-to-mother support group meetings did not constitute widespread public engagement, they convinced members of the authority of knowledge stemming from maternal experience. The founders realized that physicians lacked knowledge about unmedicated childbirth, lactation, and breastfeeding, and it became clear to them that experienced mothers had the knowledge and authority to more effectively address the concerns of breastfeeding mothers. LLL took advantage of the empowering potential of maternal space and used it to nurture other mothers and share these insights about motherhood without the interference of members of the dominant public.

Through the subversive establishment of the mother-to-mother support group within a private maternal space, LLL's founding helped the organization to identify many of

the core components that it would move forward with, including a philosophy, a mission, a place in women's homes, and a belief in the authority of maternal experience. The following chapter will examine the rhetorical strategies that LLL used to incorporate these elements into texts addressed to geographically dispersed mothers wrote to LLL for support. In making that move, LLL took its first significant step from the safe, private maternal space of the local support-group, becoming an emerging counterpublic that employed maternal rhetoric to frame maternal experience as a source of authority. LLL's counterpublic would develop the rhetorical acumen to employ maternal rhetoric in negotiations with medical professionals that destabilized the gendered spatial institutions of medicine and transformed them into maternal spaces more capable of supporting breastfeeding mothers.

CHAPTER III

CRAFTING A “WOMANLY ART”: TRANSLATING MATERNAL SPACE AND LOCAL MOTHER-TO-MOTHER SUPPORT INTO TEXTS

In 1958, the first edition of LLL’s breastfeeding self-help manual, *The Womanly Art of Breastfeeding*, encouraged mothers to re-evaluate their domestic priorities. LLL promoted natural motherhood, an approach to mothering that placed a higher level of importance on the development of the mother-child bond than on domestic chores, imploring mothers to focus on their children’s happiness “no matter how much time this may demand” (6). This view of the maternal role and the mother-child bond constrained mothers within the domestic sphere and required self-sacrifice, which was a hallmark of post-WWII, mid-twentieth century motherhood (Odland), yet the founding mothers felt empowered by their experiences giving birth at home and developing LLL’s breastfeeding support group. They had learned the value of the home as a maternal space to assert authority and to subvert dominant discourse regarding mothering and infant feeding practices.

As I detailed in the previous chapter, LLL developed its philosophy of natural motherhood largely as an outgrowth of the founders’ experiences with natural childbirth and breastfeeding. For individual LLL mothers, such as Marian Tompson, the home became a safe maternal space to give birth and practice alternative approaches to mothering while resisting the dominant ideology and practices of scientific motherhood. Their maternal experiences prompted Tompson and the other LLL founders to develop the LLL mother-to-mother support group in a private maternal space. The support group offered a safe

enclave in which to promote an alternative paradigm of motherhood that empowered mothers to resist dominant practices in infant feeding and childcare.

In the age of scientific motherhood, LLL's message about maternal authority and the importance of the mother-child bond, as well as its approach to supporting mothers, resonated with many women, some of whom lived outside of the local area. According to Edwina Froehlich, LLL was receiving an average of fifty letters a month in late 1957, a little over a year after its founding (Lowman, *LLL* 24). This was problematic for the founders, as Froehlich explains: "That was a great number of letters for us to handle because we were all home with little children" (Lowman, *LLL* 24). Despite the challenge, the founders answered each correspondent with a personalized letter offering advice and support. They quickly realized that they "were repeating the same information and suggestions over and over again" (Lowman, *LLL* 24). In response to the large number of phone calls and letters received in late 1957 and early 1958, LLL decided to publish a course-by-mail that would include the same information covered in the local series of mother-to-mother support group meetings. "We thought that if we could get the information written down and sent out, that would gradually cut down on the mail," Froehlich explained (Lowman, *LLL* 24). In early 1958, LLL began developing the course as a set of 10 lessons to be mailed separately to women who paid a small subscription fee.

In the fall of 1958, LLL issued the course-by-mail as one complete self-help text entitled *The Womanly Art of Breastfeeding*. The book's publication marked LLL's emergence from the enclaved, private maternal space of the mother-to-mother support group into the public sphere. The text was the medium through which LLL began an organized effort to interact with and offer mother-to-mother support to women outside of the suburban

Chicago area, thus further developing a counterpublic of breastfeeding mothers who rejected the dominant paradigm of scientific motherhood.

Building a textual argument to convince women to challenge dominant cultural understandings of the mother's role, maternal authority, and the mother-child relationship was a significant undertaking. *The Womanly Art of Breastfeeding* needed to inspire trust in the organization, convince the audience that the first-hand experience of motherhood was a valid source of knowledge about infant care, offer a compelling argument that LLL's philosophy of natural motherhood and its related practices were preferable to the status quo, and offer practical advice to mothers so that they could successfully adopt LLL's philosophy and practices. Local LLL meetings, which took place within a maternal space that allowed for the mutual sharing of experiences, operated as a visual confirmation of the validity of LLL's practices. In the series of face-to-face support group meetings, local mothers could easily watch the bonds forming between the mother-child nursing pairs. Geographically dispersed mothers did not have the benefit of seeing LLL's alternative paradigm of natural motherhood modeled by LLL's support group leaders; therefore, in order to build maternal confidence and advocate for natural motherhood amongst their geographically dispersed audience, LLL would have to employ rhetorical strategies to textually recreate the safe maternal space of the mother-to-mother support group.

In this chapter, I argue that in writing *The Womanly Art of Breastfeeding*, LLL adopted, adapted, and subverted elements of the cultural code of motherhood associated with white, middle-class mothers of the 1950s in order to establish maternal experience as a legitimate source of knowledge on childcare and inspire mothers to trust the advice of the organization. LLL's maternal rhetoric employed the three *pisteis* of *ethos* (ethics), *logos*

(logic), and *pathos* (emotion) to convince its audience of mothers who wished to breastfeed to persevere in their efforts to resist dominant practices and embrace the more loving and fulfilling alternative paradigm of natural motherhood. While the three *pisteis* have been frequently regarded as independent rhetorical proofs that can be added to an argument, I align myself with scholars such as Lisa Ede and Angela Lunsford, who argue in “On Distinctions between Classical and Modern Rhetoric” that the *pisteis* “are inseparable strands that link people engaged in discourse” (Lunsford and Ede 42). In employing *ethos*, *logos*, and *pathos* as it foregrounded the cultural code of motherhood in *The Womanly Art of Breastfeeding*, LLL crafted an argument that the rejection of dominant practices in favor of natural motherhood was not only a rational choice, but that it was a choice made by good, loving mothers who wished to ensure the physical health and emotional wellbeing of their babies.

This chapter builds on Chapter II by exploring the way in which maternal rhetoric can be used to rhetorically reframe the value of the activities that take place within domestic spaces and can authorize a shift in those activities in order to create maternal space. Thus, I aim to explore how “the language that designates a space, the materials that construct and adorn it, and the activities enacted inside it” (Enoch, *Octolog III*, 115) can be shifted in order to create maternal space. In particular, I argue that the widely accepted domestic activities of white, middle-class mothers were problematized by the critique of domesticity and the dominant paradigm of scientific motherhood that was embedded within LLL’s 1958 text, *The Womanly Art of Breastfeeding*. This critique of domestic activities was achieved through framing the status quo as contradictory to traditional values associated with motherhood. LLL crafted a maternal *ethos* and employed appeals to

logic and emotion to argue that mothers should embrace a more natural approach to motherhood that involved bonding with babies and responding to their unique needs. Thus, LLL used the cultural code of motherhood to empower mothers to resist the dominant paradigm of motherhood and authorize them to change their maternal behavior within the space of the home. Additionally, the text modeled the use of maternal rhetoric to craft an argument that would help women gain their husbands' support for their efforts to breastfeed, adopt the alternative paradigm of natural motherhood, and transform their homes into maternal space.

To contextualize my analysis of *The Womanly Art of Breastfeeding*, the next section of the chapter will provide an overview of the development and writing of *The Womanly Art of Breastfeeding*. I will next review the dominant construction of motherhood in the post-WWII era and explain how the cultural code of motherhood can be leveraged to argue for the authority of first-hand experience. I then analyze the various rhetorical strategies that LLL used to inspire mothers to trust the founders of LLL, to frame mothers as the appropriate authorities on infant feeding and childcare, and encourage mothers to embrace natural motherhood. Finally, I explore the rhetorical strategies and practical advice that LLL utilized as it helped mothers transform their homes into maternal spaces and gain the support of their husbands so that they were free to practice an alternative style of parenting.

THE DEVELOPMENT OF *THE WOMANLY ART OF BREASTFEEDING*

The content and tone of *The Womanly Art of Breastfeeding* was the result of a lengthy discussion and debate regarding how best to address mothers in a way that offered

friendly support and helped them to understand LLL's view of mothering and put it into practice. The leaders did not want to merely share breastfeeding techniques; they also wanted to share their understanding of an alternative way of mothering, facilitated by breastfeeding, that was rooted in a close emotional bond between mother and child. On the evening of March 27, 1958, eight members of LLL—Mary Ann Cahill, Edwina Froehlich, Mary Ann Kerwin, Marian Tomson, Betty Wagner, Mary White, and two unnamed mothers who had recently joined the organization—met to discuss structuring LLL as a formal organization, clarify their mission and goals, and plan for the writing of their course-by-mail, which later became *The Womanly Art of Breastfeeding*. The meeting was also attended by LLL's medical advisors, physicians Gregory White, the husband of Mary White, and Herbert Ratner, who served as moderator for the meeting (“LLL Dialogue” 199).

As part of the discussion on March 27, 1958, the leaders of LLL decided how they would position themselves in relation to existing discourse and ideologies on mothering and breastfeeding. They established that their primary goal was to encourage mothers to develop a close, loving bond with their children through breastfeeding. This was a reaction against and a significant departure from the ideology of scientific motherhood, which encouraged strict sleeping and eating schedules and discouraged physical contact with the baby in order to foster independence.

As I detailed in Chapter II, the founding mothers of LLL viewed the detached approach of scientific motherhood as contradictory to a mother's instinctual desire for a strong mother-child bond formed through close physical proximity to one's child. LLL offered an alternative approach through its philosophy of natural motherhood, which encouraged the development of a strong mother-child bond that was facilitated through

breastfeeding. Instead of focusing solely on providing information regarding breastfeeding techniques, LLL wanted to help mothers learn about a loving approach to mothering. Breastfeeding, claimed one mother, “helps the growth of this relationship that should exist between the mother and the baby, and it helps you to see how dependent the baby is upon you and how you must fill his needs. All of this, of course, is love. I mean, it helps the whole idea of loving” (“LLL Dialogue” 209). Clearly for the leaders of LLL, breastfeeding was not regarded as an end in itself; rather, they perceived it to be a foundational step in building strong mother-child bonds. The physical bond of breastfeeding helped the mother develop an understanding the infant’s needs, the first of which LLL understood to be the need for the mother and mother-love.

As a result of lengthy discussion, LLL’s founders made a number of rhetorical decisions that would help them translate the work of the organization into writing. First, they committed themselves to an organizational ethos grounded in maternal authority resulting from first-hand experience with breastfeeding and mothering. Second, they committed themselves to the idea that a communal sharing of experience helps mothers gain confidence and a sense of personal autonomy. Third, they decided to direct all of their efforts at public outreach toward mothers who already had an interest in breastfeeding, as they felt that these mothers would be inclined to share their views about the nature of motherhood; thus, their peer support model would best serve this audience. In directing their rhetorical efforts to like-minded women who wished to breastfeed, the founders of LLL encouraged group affiliation, which they believed mothers craved. They believed that as women shared their experiences and provided one another with support, they would become part of a “mystical body” (“LLL Dialogue” 25). Finally, they discussed specific,

practical rhetorical strategies, such as maintaining a friendly tone and avoiding too much reliance on scientific data, that they would employ while writing the course-by-mail. The decisions laid the foundation for the development of LLL's maternal rhetoric, which combined ethical, logical, and pathetic appeals and invoked the cultural code of motherhood. LLL's maternal rhetoric helped to cultivate a counterpublic of breastfeeding mothers who embraced natural motherhood, actively challenged the practices of scientific motherhood, and prompted the medical community to revise its practices around infant feeding and its relationship to mothers.

Likely one of the most important decisions that led to its rhetorical success was the decision to target an audience of soon-to-be mothers who already wished to breastfeed. This was a strategic choice to tap into a growing discontent with the constraints of scientific motherhood and a dissatisfaction with the ideal of 1950s white, middle-class domesticity. "At least those who have attempted to breastfeed feel that there is a need for mothering or something is lacking in our general accepted pattern," one mother pointed out ("LLL Dialogue" 205). The leaders of LLL clearly felt that mothers interested in breastfeeding were more prepared to embrace their philosophy of natural motherhood and would be more prepared to face the challenge of resisting the dominant discourse and practices of scientific motherhood. Because the leaders viewed breastfeeding as a means to an end, they did not want to spend their time in meetings arguing the pros and cons of breastfeeding ("LLL Dialogue" 205). With a receptive audience, they could focus on providing support for mothers attempting to develop a strong mother-child bond through breastfeeding. They purposefully chose not to target mothers who planned to bottle-feed because "[t]he reasons why they are bottle feeding in the first place are too varied and

rather strong and in a sense, it's more than we can handle" ("LLL Dialogue" 211). At that time, LLL was not prepared to tackle the myriad of factors that led women to bottle-feed. Instead, the leaders hoped that the spread of the organization's approach to motherhood and its mission of supporting breastfeeding mothers would draw more women to breastfeed.

In effort to more effectively support a widely dispersed audience of mothers, founders Mary White, Edwina Froehlich, and Mary Ann Cahill developed the course-by-mail, which was written between the spring and fall of 1958 and was distributed under the title *The Womanly Art of Breastfeeding*, with much of the same information and rhetorical messaging that was shared in the series of support group meetings. The following sections were included:

- Benefits of Breastfeeding, which discussed the physical, psychological, and emotional benefits of breastfeeding,
- Planning for Baby, which covered everything from housework to preparing to have a natural childbirth in the hospital,
- Common Worries, which discussed issues, such as inverted nipples, that might discourage women from breastfeeding,
- How-To: Techniques, which covered such topics as the techniques of breastfeeding, how to hold the baby, hand expression of milk, and care for sore nipples,
- The Father's Role, which gave advice regarding the role of the father in the breastfeeding family with the goal of encouraging the father to support the breastfeeding mother-child pair,
- Nutrition, which discussed eating habits and good nutrition,

- And a section covering odds and ends, such as weaning and starting solids.

This content explored and expanded upon many of the assumptions and ideals that the founders of LLL had developed through their individual experiences with childbirth, mothering, and breastfeeding as well as through their early efforts to create a mother-to-mother breastfeeding support group. It constructed motherhood as natural and instinctual, but it also highlighted the transformational and confidence-building potential of mother-to-mother support, which the text aimed to offer. It privileged the maternal space as the logical site for the development of knowledge about infant feeding and day-to-day childcare. It gave practical advice to help mothers transform their own homes into maternal spaces in which they could confidently break away from problematic dominant practices, rely on maternal instinct to guide decision-making, develop deeper relationships with their families, and find more personal fulfillment.

The content of the text promoted traditional gender roles and highlighted biological differences between the sexes, arguing that bearing and raising children could be a source of strength for women who wished to experience a different and more fulfilling approach than that promoted by scientific motherhood. Additionally, LLL relied on the rhetorical leveraging of ideas associated with such traditional views of gender and the cultural code of motherhood to develop its own maternal rhetoric and connect with its audience, which needed both strong personal motivation and practical advice in order to easily resist dominant ideologies regarding breastfeeding and childcare, embrace the concept of natural motherhood, and create their own maternal spaces.

Even the practical solutions for funding the printing and distribution of the course reveals an effort to advocate for and successfully support mothers. The funding to print the

course-by-mail came from the proceeds of a talk by Dr. Grantly Dick-Read, the influential British physician who had published *Childbirth Without Fear* in 1942 to promote natural childbirth. In approximately August of 1957, Edwina Froehlich had read that Dick-Read was preparing for a speaking tour in the United States, so she sent a letter requesting that he speak for an audience of mothers. He agreed to speak for his usual fee of \$700. LLL could not afford this fee, but Froehlich was determined to try again as she felt women were a logical audience for Dick-Read, despite the fact that he generally addressed audiences of medical professionals. "Who deserved to hear him speak more than us?" She reasoned, "After all, we were the women who were having our babies his way, so why wouldn't he want to talk to us, too?" (Lowman, *Revolutionaries* 19-20). Froehlich wrote back to explain the organization's mission and request he consider coming to speak to LLL for a smaller fee. Dick-Read assured Froehlich that if LLL were to host the event and charge a small entry fee, his name would draw enough audience members to cover his speaking fee. The 1,250-seat auditorium was filled on that night in October 1957. According to Froehlich, LLL had provided Dick-Read "with the biggest, most exciting group on his tour. He was tremendously pleased over the large turnout and interest shown" (Lowman, *LLL* 21). The founders of LLL were happy with the results of the evening as well. After covering their expenses, the organization made a profit of \$350, which they applied to the cost of printing the course-by-mail. Beyond the practical implications of the success of the evening, it also offered LLL an opportunity to show that women not only had an interest in discussing matters related to women's and children's health, but in hosting a talk by Dick-Read that was open to the general public, LLL undertook a rhetorical action that made an argument in favor of women's inclusion in such discussions.

Once the funding for printing the course-by-mail had been secured and White, Froehlich, and Cahill had finished writing, the course was printed on forty pages of 8½ x11 paper. With the course in hand, the founders began to reconsider their method of distribution. According to Mary Ann Cahill, the founders had initially “designed the Course By Mail so that we could send each mother whatever parts she wanted, not necessarily the whole thing” (Lowman, *LLL* 24). However, with the course ready for distribution, the founders decided that sending out the sections separately was not the most beneficial approach. Upon reflection, Cahill says, “we realized that the mother really needed the whole thing in front of her. She might only be writing about [suffering from] sore nipples, but we began to see that she needed a whole background of information—she needed the whole picture. And we wanted her to get mothering ideas—not to watch the clock but respond to the baby” (Lowman, *LLL* 24). This realization that a mother struggling with sore nipples would need “the whole picture” shows that LLL’s founders realized that they could not truly support mothers unless they could help them understand why such struggles were worth the effort—that breastfeeding was not simply a means of feeding a baby but also a practice that facilitated a closer mother-child bond. In order to provide this context for mothers, the founders added an introduction to LLL and its philosophy of natural motherhood, as well as a section including brief biographies of all of the founding mothers, and put the entire course together in a white folder. It was distributed by mail for a fee of \$2.00 under the name Course By Mail, though the title page identified the text as *The Womanly Art of Breastfeeding*, which is how it came to be known.

The remainder of the chapter examines the way in which *The Womanly Art of Breastfeeding* crafted a maternal rhetoric that combined ethical, logical, and pathetic

appeals while leveraging the cultural code of motherhood to promote breastfeeding and natural motherhood and push back against scientific motherhood and the concept of 1950s domesticity. LLL used its maternal rhetoric to frame mothers as the natural authorities on infant feeding, to present natural motherhood as a sensible approach to mothering employed by good mothers, and to encourage women to modify their home management activities in order to create maternal spaces that reflected natural motherhood.

Additionally, *The Womanly Art of Breastfeeding* modeled an argument that mothers could employ in order to prompt their husbands to get on board with new domestic arrangements. In employing these rhetorical strategies in the 1958 edition of *The Womanly Art of Breastfeeding*, LLL began to unite a widely dispersed audience of mothers into a counterpublic that would spread LLL's philosophy of natural motherhood, challenge dominant maternal practices, and eventually gain the attention of the medical profession.

MATERNAL RHETORIC IN *THE WOMANLY ART OF BREASTFEEDING*

In order to craft an effective argument in favor of breastfeeding and natural motherhood in *The Womanly Art of Breastfeeding*, LLL needed to address and push back against problematic assumptions about women and their maternal role. In the previous chapter, I glossed the concept of 1950s domesticity to reveal the link between domesticity and scientific motherhood and to draw a contrast between the concepts of domesticity and maternal space, which LLL mothers subversively established in their homes so as to have a more natural experience of motherhood. In this section, I explore the concept of post-WWII domesticity in more depth with a focus on the way in which it was constructed textually in popular media. I contrast how popular women's magazines framed domesticity and how

LLL employed maternal rhetoric in its early texts to encourage readers to transform their homes into maternal spaces. In so doing, women found the freedom and autonomy to reject dominant practices and embrace the alternative paradigm of natural motherhood.

LLL emerged from a social environment in the post-WWII era that required domesticity of white, middle-class mothers. While mothers had worked outside of the home during the war era, following the war, a renewed emphasis on domesticity encouraged women to exit the workforce to make room for men returning from war. Popular images of white, middle-class homemakers were idealized and viewed as a symbol of the America's successful capitalism (Coontz; Odland). Often, images such as the Compact vacuum advertisement below (figure 2), depicted happy homemakers enjoying modern labor-saving devices. In this particular image, a mother and her young daughter share their delight over their new vacuum. A quick survey of issues of *Ladies' Home Journal* from 1957 reveals that advertisements frequently depicted mothers bonding with their young daughters over household chores and labor-saving devices. The suggestion was that not only did good mothers embrace domesticity, but they taught their daughters to do so as well. While such images, which came to symbolize the freedom of America's capitalist system, implied that women enjoyed domestic chores, 1950s domesticity and scientific motherhood constrained mothers and undervalued their knowledge gained from experience.

there's
a cyclone
inside...

to bring new "air-scrubbed" cleanliness to your home!

Nature's most powerful force has been harnessed in the new lightweight, full-powered 1957 COMPACT. Gentle as a baby's kiss with delicate fabrics, Compact's exclusive* Cyclonic Action "air-scrubs" dangerous germ-laden dust and destructive grime from those hidden areas other cleaners seldom reach. Write for name of your local Compact Representative and see—in your own home—why Compact is 68% more efficient.
*U.S. Pat. No. 2639002

Compact
INTERSTATE PRECISION PRODUCTS CORP.
ANAHEIM, CALIFORNIA

COMPACT
POLISH-AIRE
America's Most
Distinguished Home Cleaning Units

Figure 2. Compact advertisement from *The Ladies' Home Journal*; Jan. 1957, 74.1, p. 20; personal copy.

Communications scholar Sarah Burke Odland provides insight into the textual construction of post-WWII motherhood in popular media aimed at women. In her article "Unassailable Motherhood, Ambivalent Domesticity: The Construction of Maternal Identity in *Ladies' Home Journal* in 1946," Odland reveals that in the immediate post-WWII period, motherhood was understood to be an unfulfilling duty carried out by self-sacrificing mothers acting on the orders of childrearing experts, as women were perceived to lack the

capacity to make informed decisions about childcare. According to Odland, a review of 1946 issues of *Ladies' Home Journal* revealed six recurring themes that represented this construction of motherhood:

- Motherhood was a patriotic duty that could ensure the well-being of the nation/state (67).
- The home, especially the kitchen, was the domain of the mother, who was depicted as white and middle-class (69).
- Motherhood required “self-sacrifice and hands-on mothering” that catered to the “inclinations, moods, and needs of the child” (70).
- The paternalistic advice of childrearing experts was considered necessary to guide the day-to-day activities of mothers, who were frequently infantilized, dismissed, and blamed both by experts and in depictions appearing in advertisements (72-73).
- While domesticity wasn't required prior to motherhood, and childless women could enjoy careers, they were expected to adhere to traditional gender roles and remain in the home once they became mothers (73).
- Motherhood was women's highest calling, and women's desires and ambitions were expected to be set aside so that mothers could focus on their domestic, maternal roles (75).

Odland's analysis of domesticity as depicted in the *Ladies' Home Journal* shows that mothers of the post-WWII era were bound to the home by cultural expectation, and within the home, mothers were further constrained by a cultural understanding that the daily activities of mothers were guided by a heavy reliance on expert advice. As Odland shows,

some physicians took a condescending tone toward mothers and blamed them for illnesses and accidents, and advertisements frequently constructed mothers as uninformed and in need of expert guidance. While these themes appeared in *Ladies' Home Journal* a decade prior to LLL's founding, they were still largely relevant to the dominant ideology of scientific motherhood that prevailed in the 1950s. Though LLL's founders were white, middle-class homemakers, establishing LLL for the purpose of sharing experience-based knowledge was a radical departure from the status quo.

In order to convince mothers to adopt the philosophy of natural motherhood and its practices, LLL needed to present a persuasive argument that LLL's leadership, as well as mothers more broadly, had the capacity and authority to offer advice about infant feeding and childrearing. In *The Womanly Art of Breastfeeding*, LLL crafted a maternal rhetoric that employed ethical, logical, and persuasive appeals to argue that rejecting the dominant practices of scientific motherhood to instead breastfeed and establish a close mother-child bond was a sensible and loving choice made by good mothers. Through the interplay of ethos, logos, and pathos, rhetors such as LLL's founders are able to "unite all of their resources—intellect, will, and emotion—in communicating with one another" (Lundsford and Ede 43). Pathos and logos are inextricably linked, claim scholars such as Laura Micciche, Jeffrey Walker, Angela Lunsford and Lisa Ede, as "how we think about what constitutes evidence and grounds for an argument—indeed, how we even decide that an issue deserves to be 'argued'—is already shaped by our emotional investments in how things ought to be" (Micciche 3). While logos "mediates the perceptions (and interpretations of perceptions)," pathos triggers "a physically embodied, psychologically compulsive will-to-act" (Walker 81). Pathos, claims Micciche, is "the 'stickiness' that

generates attachments to others, to world view, and to a whole array of sources and objects” (1). It is the stickiness of emotional attachments to traditional values that makes the cultural code of motherhood such a powerful rhetorical device and allows women to employ the code to craft maternal ethos. As Lindal Buchanan explains, “The Mother’s persuasive force, then, stems from its place within the gender hierarchy and cultural matrix, its capacity to stir emotion and inspire trust, and its ability to encourage acquiescence and mute critical reflection” (7).

According to Buchanan, women rhetors, such as Progressive era birth control activist Margaret Sanger, have frequently relied on the cultural code of motherhood to craft maternal ethos. Sanger employed the cultural code of motherhood in order to “appear seemly, sensible, and honorable; to appeal to mothers and incite them to action; and to challenge the status quo in a relatively nonthreatening manner” (Buchanan 29). While Buchanan was describing the effect of Sanger’s attempts to develop maternal ethos, her description highlights the way in which the three piteis of ethos, logos, and pathos were complementary in Sanger’s maternal rhetoric. Her maternal ethos framed her as seemly and honorable, thus she presented herself as a good mother; however, her maternal rhetoric also framed her as sensible, as she employed appeals to logic to rationalize her progressive activities. Finally, Sanger appealed to mothers in such a way that they were incited to action. To move mothers to action, Sanger likely needed to employ emotional appeals, as they have more power than the other types of appeals to inspire such a move (Walker 81). LLL’s maternal rhetoric operated similarly to Sanger’s, as it framed LLL mothers as seemly and traditional (ethos), presented their resistance to the practices of scientific motherhood and their subversion of domesticity as sensible (logos), and argued

that the alternative paradigm of natural motherhood was a more loving approach that would ensure the wellbeing of babies (pathos).

LLL's rhetorical strategies helped the organization recruit and develop a community of mothers who would become a counterpublic capable of prompting the medical profession to change its views on breastfeeding and re-evaluate its relationship to mothers. LLL also used its maternal rhetoric to argue in favor of alternative ways of behaving within and organizing the home in order to assist mothers in creating a maternal space that would help them successfully adopt LLL's approach to natural motherhood.

DEVELOPING MATERNAL ETHOS

One of the first tasks that LLL had to accomplish in *The Womanly Art of Breastfeeding* was to develop a maternal ethos that would frame its founders, as well as those mothers who embraced its practices, as good mothers. LLL needed to argue that rejecting the status quo and adopting alternative practices could be a moral and altruistic choice by mothers rather than the act of social deviants, misfits, or those otherwise living on the fringes of acceptable society, such as the freewheeling hipsters of the 1940s or of the hedonistic, anti-materialist beatniks of the 1950s. Therefore, LLL firmly grounded its maternal ethos in the mainstream views of socially acceptable morality and decency, and it foregrounded concepts and values associated with the cultural code of motherhood in its self-representation. According to Carolyn Skinner, "an effective ethos is one that demonstrates that the rhetor's character matches the audience's values" (Skinner, "She Will" 255). Rhetors construct the audience by suggesting that the audience naturally "already (or at least should already) privilege the characteristics the rhetor believes are the

most important” (Skinner, “She Will” 242). As Lindal Buchanan explains in *Rhetorics of Motherhood*, women rhetors often develop this kind of connection with their audiences by rhetorically foregrounding characteristics and values associated with the cultural code of motherhood; this allows women rhetors to develop an effective maternal ethos.

Mother, according to Buchanan, is a god-term that is associated with concepts such as children, love, self-sacrifice, religion, altruism, home, protection, nourishment, and morality (8). Buchanan claims that the god-term Mother and the devil-term Woman exist on a continuum (Table). Placing a woman toward the mother end of the continuum can be rhetorically advantageous because motherhood has an exalted status in American society and it has the “capacity to stir emotion and inspire trust” as well as “encourage acquiescence and mute critique and reflection” (Buchanan 7). Rhetorical association with the Woman-end of the continuum can tarnish a woman’s reputation and demean her (Buchanan 9). The invocation of motherhood and the association of rhetors with elements of the cultural code of motherhood “provides rhetors with the persuasive means that not only reflect dominant cultural systems and gender codes but also have the potential to reify, resist, and revise them” (Buchanan 22).

Woman		Mother
(Devil Term)		(God Term)
<i>childlessness</i>		<i>children</i>
<i>work</i>		<i>home</i>
<i>sex</i>		<i>love</i>
<i>self-centeredness</i>	Rhetorics that	<i>empathy</i>
<i>materialism</i>	combine	<i>protection</i>
<i>immorality</i>	elements	<i>religion</i>
<i>hysteria</i>	of the	<i>nourishment</i>
<i>irrationality</i>	Woman and	<i>altruism</i>
<i>extreme emotion</i>	the Mother	<i>morality</i>
<i>self-indulgence</i>		<i>self-sacrifice</i>
<i>weakness</i>		<i>strength</i>
<i>the sensual body</i>		<i>the reproductive body</i>
<i>the public sphere</i>		<i>the private sphere</i>
		<i>the nation</i>

Table 1. The Woman/Mother continuum from Buchanan, Lindal; *Rhetorics of Motherhood*; Carbondale: Southern Illinois UP, 2013; p. 9.

I argue that in *The Womanly Art of Breastfeeding*, LLL leveraged the cultural code of motherhood to craft a maternal ethos that would place the organization, its philosophy of natural motherhood, and its alternative practices further along the Mother-end of the Woman/Mother continuum than scientific motherhood (and thus the mothers who adhered to its strict scheduling and its hand-off practices). By treating mothers as though they were irrational, scientific motherhood associated mothers with the devil-term Woman, just as the medical profession did when they framed the maternal body as weak by promoting drugged childbirth and doubting whether mothers could adequately provide nourishment to their children by breastfeeding. LLL presented an alternative paradigm of

mothering that placed mothers much further toward the Mother-end of the Woman/Mother continuum. In so doing, LLL presented a convincing argument that natural motherhood is a more benevolent, truer, fulfilling, and beneficial approach to mothering than the dominant approach that promoted detachment, emphasized strict routines, and stripped mothers of their subjectivity.

LLL began its ethos building project in visual form on the very first page of *The Womanly Art of Breastfeeding*. The title page (figure 3) featured the smiling faces of all seven of the founding mothers and their children gathered in a cozy living room. The positioning of this image, as the first thing that readers came upon when reading the text, made it clear that LLL was not a nameless, faceless organization, but that it was indeed a group of young, friendly, experienced mothers. The placement of the group, in front of the fireplace in Mary White's home, suggested that this was a warm, familiar, and comfortable environment. The mothers in the picture appear to have been at ease and comfortable. They were well-coiffed and wearing fashionable clothing. Their dress and styling were appropriate for white, middle-class mothers who embodied virtues such as morality and respectability. They were surrounded by overflowing bookshelves, which implied that they had access to knowledge and an opportunity to partake in personally fulfilling activities; yet the room was cozy and clean, which implied that they still maintained a clean and comfortable home. Their smiling faces conveyed that they were contented with their maternal experiences. Their children seemed healthy and well-fed, which likely allayed fears about the ability of breastfeeding to be an adequate source of nutrition. The children were held close, either on the laps of their mothers or standing next to them while a younger sibling occupied his or her mother's lap. The image was both welcoming and

aspirational; it welcomed in mothers who were intrigued by LLL's ideas and mission. It offered reassurance that respectable women who cared for their babies had embraced breastfeeding successfully.

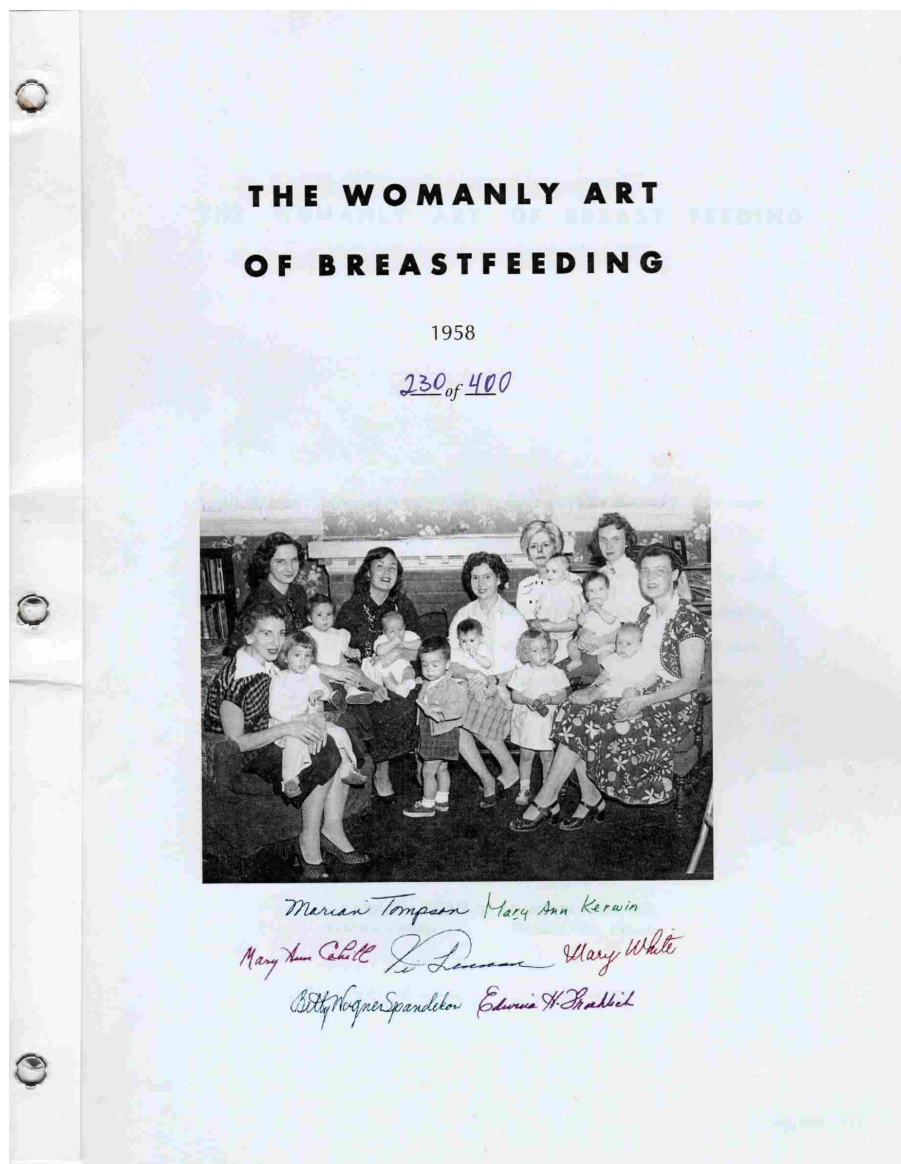


Figure 3. Title page from *The Womanly Art of Breastfeeding*; Franklin Park, IL: La Leche League International, 1958. Ltd. ed. replica; personal copy.

In addition to including a visual image in the beginning of the text, the conclusion of *The Womanly Art of Breastfeeding* furthered the development of maternal ethos through the inclusion of a biography section that painted textual portraits of each of the founding mothers. These descriptions would have been at home in a contemporary issue of *Ladies' Home Journal*. Marian Tompson was described as the soft-spoken, serene, and petite mother of five daughters who also happened to serve as president of the organization. Mary White was described as a relaxed, funny doctor's wife and mother of seven and the "Official Head of Research" for LLL (30). Edwina Froehlich, who was said to have crackling blue eyes, was the warm and articulate mother of three boys who served as the organization's secretary. Mary Ann Kerwin, a mother of two who looked like a college co-ed, served as the "exceptionally conscientious librarian" for LLL (30). Betty Wagner, a mother of five who served as LLL's treasurer, was "blessed with an uncommonly good share of good common sense" (30). Viola Lennon, a mother of four, was described as being smart and "smart-looking" (30). Mary-Ann Cahill was the "red-haired and chic" mother of six who had a gift for taking discussions "beyond mere words to warm, human understanding" (30). These descriptions of LLL's founding members vividly painted them as unique, experienced individual mothers with a variety of skills and talents.

Mothers reading the text could likely relate to one or more of LLL's founders. The fact that each founder had multiple children offered additional assurances that readers were getting advice from experienced mothers. References to their looks helped them seem modern and attractive, which undermined any misconception that breastfeeding mothers were dowdy or that rejecting trends in childcare and infant feeding made one unfashionable. The focus on their personalities, characteristics, and talents—Viola

Lennon's intelligence, Edwina Froehlich's warmth, Mary White's humor, Marian Tompson's serenity, Betty Wagner's common sense, Mary-Ann Cahill's understanding, and Mary Ann Kerwin's conscientiousness—helped the audience view LLL's leadership as a collection of unique individuals with shared values and beliefs. The implication was that LLL's ideology of natural motherhood and its practices were suited to and suitable for a wide variety of women. The text seemed to suggest that there was no particular type of woman who would be better suited than others to LLL's views and practices. In reality, however, the founders of LLL were a homogenous group of white, middle-class Catholic women. The affordances of their lifestyle made it easier to embrace an alternative approach to mothering and infant feeding that required constant and close contact with their infants.

In addition to developing a maternal ethos of competent, moral, and loving mothers of healthy children, these visual and textual representations of LLL's founders helped their audience make a connection with LLL. *The Womanly Art of Breastfeeding* further developed its maternal ethos and encouraged this connection by framing the organization as a friendly neighbor. The organization aimed to foster a sense of mother-to-mother communication and support, even from a distance. In order to do so, LLL decided that it was important to show empathy and use natural language that would be appropriate for a conversation between friends ("LLL Dialogue" 25). In writing *The Womanly Art of Breastfeeding*, LLL developed a friendly tone that made a point of placing the leaders of LLL and the mothers in their audience on equal footing. The opening line of the text constructed the organization as "a neighbor with something in her hand and heart to share with you. Call it a 'way of mothering'" (*Womanly Art* 1). "See her as a woman with a baby in her arms and a smile on her face," the introduction continues, "proud of herself and longing to share

with you the wealth of all she has experienced and learned. She has successfully nursed her baby" (*Womanly Art* 1). LLL's leadership wanted women to view the organization as they would a friendly neighbor who was happy to share advice based upon her successful experience with mothering. By describing the knowledge gained from the first-hand experience of having successfully nursed a baby in terms of wealth, LLL framed maternal experience as a valuable resource that could not be provided by medical professionals unless they happened to be nursing mothers themselves. This goal of sharing experience-based knowledge in a friendly way invoked the cultural code of motherhood by suggesting that the organization was empathetic and altruistic. This imagery put LLL's leadership and the reader on level footing. The imagery of a smiling mother with her baby in arms also subtly conveyed the message that it was fulfilling and rewarding to resist the dominant practice of bottle-feeding and ignore the advice to avoid holding the baby and instead establish a physically close mother-child bond. Clearly, *The Womanly Art of Breastfeeding* carefully employed visual and textual imagery to convey a maternal ethos that framed the organization as a wholesome, loving, friendly, altruistic, empathetic, capable, and responsible mother who found happiness and fulfillment in her choice to mother in a more natural way.

ESTABLISHING MATERNAL AUTHORITY AND INSPIRING SELF-CONFIDENCE

The absence of confidence in women's ability to make decisions about childcare was perhaps the largest obstacle that LLL had to overcome in *The Womanly Art of Breastfeeding*. Developing maternal ethos to convince mothers that LLL's leaders were respectable, good mothers was perhaps a more manageable task. To convince mothers to embrace natural

motherhood, LLL needed to convince readers that their maternal experiences made the founders of LLL an authoritative source on breastfeeding and childcare. They also needed to convince readers to view themselves as natural authorities on the care of their own children and to believe that they had the capacity to make informed decisions about their children's unique needs. *The Womanly Art of Breastfeeding* made appeals to logic (logos) and emotion (pathos), or deeply held values, in order to convince mothers that natural motherhood was the logical approach to mothering and that it would better meet the complex needs of individual babies. Specific rhetorical moves that LLL employed as it developed its maternal rhetoric included contextualizing the loss of maternal confidence, outlining what it believed to be the logical roles of first-hand maternal knowledge and medical science in childcare, making pathetic appeals to maternal desires and fears, linking the fulfillment of maternal desires to LLL's philosophy of natural motherhood, and referencing the Biblical character of Eve to argue that motherhood would come naturally if societal pressures did not interfere.

While LLL carefully employed visual and textual imagery to construct a maternal ethos for the organization that framed the founders as respectable, competent, loving, happy, nurturing mothers, it also needed to frame experienced mothers as authorities on matters related to infant feeding and childcare. Even when rhetors share values with members of their audience, due to social norms and mores, audience members and rhetors may not agree that actions taken or suggested by the rhetor reflect shared values. This is true of LLL, which was developed in an era during which mothers were expected to passively accept and institute physicians' advice about childcare and infant feeding; therefore, it would have been challenging to convince women to accept advice from other

mothers or make their own informed decisions about the day-to-day care and feeding of children. As Skinner explains, “Shifting the audience's values may be particularly necessary for rhetors whose very act of speaking is as controversial as the change they advocate” (242). In order to shift the values of its audience and convince them to trust in maternal authority over childcare and infant feeding and embrace natural motherhood, LLL needed to show that the practices associated with scientific motherhood were illogical and contradicted the values that the organization and its audience held dear. It also needed to provide evidence that natural motherhood was a more sensible approach to mothering that better reflected their shared values.

The Womanly Art of Breastfeeding suggested that the medicalization of childcare had negatively impacted mothers' views of themselves and their children (1). As I detailed in Chapter II, the medical profession viewed women as having weak bodies that necessitated routine intervention in childbirth and supplementation in the case of breastfeeding. Medicated childbirth had become so prevalent that many physicians had never attended an unmedicated birth. The birth experiences of Marian Tompson, who had endured negative experiences giving unmedicated birth in a hospital and had enjoyed the positive experience of giving birth at home, showed that the field of medicine did not trust women's bodies to function correctly.

Unsurprisingly, the attitude of physicians toward mothers had an impact on their self-confidence. LLL's founders felt that women's faith in their instinctual ability to care for their children had been harmed by the expectation that they would strictly adhere to the advice of physicians. The introduction of *The Womanly Art of Breastfeeding* made this point by drawing a comparison between the loss of maternal confidence and the effect on one's

ability to walk if it were subject to this level of scrutiny: “we take our ability to walk for granted. Imagine, though, our loss of confidence, perplexity, and perhaps complete failure of this natural function if we were constantly being questioned or criticized” (*Womanly Art* 1). This passage employed both logical and emotional appeals. As Odland showed, popular media had infantilized mothers and depicted them as incompetent (72-73). By attributing failure to breastfeed to self-doubt caused by this constant criticism, the text gave a rational explanation for mothers’ struggles with breastfeeding. It also made an emotional appeal by encouraging mothers to reflect on the harm that had been done to them by the dominant ideology of scientific motherhood. Additionally, by using the plural, first-person pronoun “we,” LLL created a communal bond with its audience. It alerted readers to the fact that leaders of LLL could understand and relate to the emotional turmoil that mothers faced when they failed in their attempts to do something that was presumed to come naturally. The pronoun “our” showed that the loss of maternal confidence was not a unique experience, but that it was a shared loss resulting from the challenges of the social context. Because it was a shared loss, it would take a large movement of women pushing back against the cause of that loss in order to help mothers regain confidence.

Not only did *The Womanly Art of Breastfeeding* expose the cause of mothers’ difficulties with breastfeeding, it also revealed the way in which scientific motherhood had harmed the mother-child relationship. LLL leaders believed that the complexity of formula feeding, with its charts and scales, could cause a mother to “begin to regard her baby as a complex digestive system instead of a most dependent but ‘feeling’ person” (*Womanly Art* 1). Here, LLL made a logical appeal by providing a reasoned explanation of the problematic way in which bottle-feeding mechanizes infant feeding and thus encourages mothers to

develop a detached view that understands babies as eating machines. To strengthen this logical argument, the text made an emotional appeal by pointing out that scientific motherhood treated babies as though they were, or ought to be, independent and devoid of feelings. Additionally, it underscored the way that the dominant approach discouraged mothers from demonstrating empathetic understanding of their babies. This aspect of scientific motherhood had real effects, as it encouraged mothers to take a hands-off approach to mothering that LLL argued was unfulfilling for both mothers and babies and affected the psychological well-being of both. In contrast to this view of babies promoted by scientific motherhood, LLL argued that breastfeeding was a simple way to meet both the nutritional needs of babies and what LLL considered to be babies' other primary need: the psychological need for the comfort and physical presence of their mothers.

The Womanly Art of Breastfeeding pushed back against the damage done by the privileging of medical knowledge over first-hand experience by firmly defining what LLL believed to be the appropriate role of experienced-based maternal knowledge and the role of medical knowledge in childcare. Even the text's title foregrounded maternal agency and revealed an understanding of breastfeeding, and mothering by extension, as a practice motivated by an internal drive or instinct rather than external forces such as the strict rules of scientific motherhood. LLL suggested that breastfeeding was an art rather than a science, and it was passed from woman to woman. The contrast drawn here between art and science was a strategic way to challenge the logic of the one-size-fits-all approach to childcare and feeding that was prevalent under scientific motherhood. Framing breastfeeding as an art implied that while breastfeeding involved physiological principles and techniques that could be taught, especially by experienced mothers, breastfeeding a

baby was a unique experience that changed according to the nutritional and psychological needs of individual babies.

Doctors, the introduction to *The Womanly Art of Breastfeeding* claimed, had very little to do with breastfeeding (*Womanly Art 2*). To establish the authority of mothers over breastfeeding and childcare decisions, LLL carefully explained the role of physicians in the history of infant feeding: “The medical profession in its role of assisting or substituting for Nature, tackled the problem of finding an acceptable milk for the baby who could not get breastmilk” (*Womanly Art 1*). The suggestion here was that the medical profession should only intervene in infant feeding if there was a medical reason that the baby could not nurse. The problem, according to LLL, is that “somehow the exception became the rule” (*Womanly Art 1*). In contrasting the affordances of knowledge gained from first-hand experience with that of the medical profession, LLL was making a logical appeal to its audience, prompting readers to do some deductive reasoning. Formula feeding was meant to be a solution to a problem that prevented the natural and ideal method of feeding from being employed. Why routinely employ the solution, particularly as it offered fewer benefits? Clearly defining the appropriate role of physicians, which was to intervene only when medically necessary, helped support the argument that mothers were the natural authorities on the unique needs of their babies and that they should therefore take a more active role in making decisions about the care of their own children.

The Womanly Art of Breastfeeding further developed its logical argument in favor of maternal authority by prompting its audience to consider how mothers learned to breastfeed before the medical profession existed. The text suggested that the myriad of decisions mothers needed to make about infant care and the conflicting advice that

mothers received made contemporary mothering much more complex than it would have been for Eve. LLL blamed the overuse of infant formula and the strict practices of scientific motherhood for undermining maternal self-confidence. It argued that while mothers should have been considered the natural authority on infant care and feeding, societal forces had undermined their ability to understand the natural role of mother in the relationship between mother and child. According to the text, mothers had “strong often unfulfilled yearnings” and that ignoring the “natural inclinations of a mother to hold and nurse her baby” (*Womanly Art* 2) could have negative consequences for their psychological health. Breastfeeding increases the hormone prolactin, which elevates emotions and builds motherly love (*Womanly Art* 4). By emphasizing this physiological effect and its relationship to maternal love, LLL made a pathetic appeal to mothers’ desires to have strong bonds with their children and implied that following physicians’ advice to bottle-feed might obstruct the development of the desired mother-child bond.

LLL’s founders knew that in order for a mother to resist the dominant view of the irrationality and weakness of mothers, “The most important thing she must do, and the hardest, is to learn to have faith in herself as a mother” (*Womanly Art* 18). Time and experience, according to LLL, were the only things that could transform an uncertain mother to a confident one (*Womanly Art* 18), but what about the first-time mother? How could she begin mothering with confidence? While time and experience are the primary vehicles through which a mother would gain confidence in her maternal abilities, LLL’s philosophy of natural motherhood offered new mothers an alternative framework for understanding themselves as the rightful authorities over routine matters such as the care and feeding of children.

LLL used a number of themes to argue in favor of natural motherhood, including foregrounding religion and nature. For the Catholic founders of LLL, nature was associated with religion, and it was understood to be the result of the intentional design of a creator. While Protestants outnumbered Catholics, over 90% of American adults identified themselves as Christians in the 1950s (Newport), so invoking Biblical imagery was a way to create common ground with the audience. The introduction to *The Womanly Art of Breastfeeding* invoked the Biblical story of Eve in effort to make the claim that, were it not for societal factors that inhibit women from being in tune with their natural bodies, breastfeeding, as well as mothering, would come as easily as breathing: “How did Eve manage? Certainly she didn’t join a league. Eve had it easy. Her baby came. The milk came. She nursed her baby” (*Womanly Art* 1). By invoking the Biblical story of Eve, the first woman in creation, the text presented a *paradeigma*, a form of inductive reasoning that supplies a model as an example in order to construct a paradigm (Ede and Lunsford 42). This *paradeigma* makes a logical appeal by pointing out that prior to the development of the medical profession, women such as Eve were able to breastfeed and mother successfully without expert advice. In contrast, women of the contemporary period had access to scientific advice (from experts with no first-hand experience), but they also had difficulty breastfeeding successfully. The implication is that reliance on misguided scientific expertise stripped mothers of confidence in nature and maternal instinct, preventing successful attempts to breastfeed. In referencing Eve, the first woman in creation, LLL was suggesting that, if left to their own devices and with no interference of physicians, mothers would naturally develop an understanding of how to feed and nurture their babies. Not only were the text’s readers asked to use reasoning skills to contemplate how mothers

throughout history coped without the oversight of medical professionals, but the text made a pathetic appeal by invoking the Biblical story to encourage mothers to reflect on deeply held religious beliefs. Religious values and belief often function as pathetic appeals, as they inspire strong emotional feelings and incite people to action. By invoking religion, the text was prompting mothers to view the maternal body as an intelligent design; thus, by linking religion and breastfeeding, LLL made an argument that mothers were the natural authorities on childcare and feeding.

The Womanly Art of Breastfeeding made an effective argument that scientific motherhood was harmful to mothers and children, but it needed to also present a very strong argument in favor of its alternative paradigm of natural motherhood. Pathetic appeals to maternal desires and fears, accompanied by science-based evidence in support of breastfeeding, were a central aspect of this argument. Mothers generally desire to have healthy children, which is why some mothers would have likely been hesitant to actively resist the dominant practices of the medical profession. LLL provided evidence to allay these fears by referencing medical experts who highlighted the importance of a close mother-child bond in ensuring the long-term well-being of children. This focus on a close, physical bond between mother and child was contrary to the notion, popularized under scientific motherhood, that a detached relationship helped babies develop independence. In contrast, LLL pointed to evidence that showed that detached relationships could impede healthy psychological development. LLL claimed that the consequences of an impaired mother-child relationship could be severe, as “the manner in which a baby’s early needs are met often greatly determines his good or bad response to people and things later in life” (*Womanly Art* 2). Such a claim likely prompted an emotional response in mothers and

perhaps moved them to embrace LLL's alternative practices in effort to ensure their children's future psychological well-being. LLL further motivated mothers by quoting several physicians who described additional benefits of breastfeeding, including a lower risk of allergies and eczema (3-4). According to LLL, not only was a strong early mother-child relationship, which could be facilitated through breastfeeding, a more fulfilling experience for both the mother and the baby, but it was necessary for the psychological welfare and future health of the baby. The argument being made was that a good, loving mother would naturally choose to breastfeed to ensure that her baby was given the best start in life.

In addition to using pathetic appeals and scientific evidence to convince mothers to reject dominant trends in favor of breastfeeding and developing close mother-child bonds, LLL employed logical appeals and second-person pronouns to engage mothers and prompt them to feel personally compelled to breastfeed. The following passage, in which the text argued that breastfeeding compensated for the newborn's lost physical connection to the mother following birth, is a prime example:

Putting your infant to your breast is your very first act of love for him after you deliver him into the world. It is the second important step in your role as mother. Thus, the intimate sharing of your body which you and your baby experienced while you carried him in your womb is somewhat prolonged for another few months.

(Womanly Art 5)

This argument that breastfeeding is the natural physical progression of the mother-child relationship was a powerful one. It made a pathetic appeal by foregrounding loving maternal feelings and invoking elements of the cultural code of motherhood, including love,

nourishment, protection, and the reproductive body. Additionally, the text made an appeal to logic by implicitly suggesting that babies who were not breastfed were missing out on a natural stage of infant development. LLL argued that nature intended there to be a strong physical attachment and would allow the baby to gain independence gradually over time. The use of the pronoun “you” in the passage above was a strategic rhetorical decision that further connected the reader to the argument in favor of breastfeeding and natural motherhood. In using the pronoun “you” to make this argument, the text made the reader feel that she was being personally, directly addressed. It drew the reader into the scene and made her feel known intimately in a way that a phrase such as ‘the mother’ would not. Some mothers may have experienced feelings of guilt when reading this passage if they had not breastfed previous children or if they had considered bottle-feeding; however, *The Womanly Art of Breastfeeding* was written for mothers who already had an interest in breastfeeding and who ordered the text for more information. For those mothers, the text likely provided some affirmation of the decision to breastfeed; however, even those mothers needed strong motivation to breastfeed and practice a more natural approach to motherhood because resisting the status quo would have been challenging.

Naturally, this focus on the gradual development of a child’s independence posed a significant challenge to the basic assumptions of scientific motherhood. LLL rejected the notion that babies should gain their independence as early as possible by suggesting that the role of a mother is to provide protection, nourishment, and comfort—all concepts associated with the cultural code of mother—until the individual child reaches independence at his or her own rate. *The Womanly Art of Breastfeeding*. The text recommended that mothers let babies take the lead on when to wean: “He still needs you,

not just the sucking, and if he's gotten all he wants when he's little, by a relaxed, easy-going mother, he'll be much less demanding by the end of his first year" (*Womanly Art* 27). This argument for baby-lead weaning made it clear that LLL viewed breastfeeding as more than simply a method of feeding babies, but that breastfeeding could help establish and nurture a relationship between mother and child.

By establishing what it believed to be the appropriate role of maternal first-hand knowledge and medical science in childcare, making logical appeals in support of breastfeeding, crafting pathetic appeals to maternal values and emotions, and invoking religion and nature to argue that mothers were the natural authorities on childcare, LLL crafted a convincing maternal rhetoric that authorized the organization to engage in mother-to-mother breastfeeding support and encouraged mothers to breastfeed and adopt an alternative paradigm of motherhood.

MATERNAL RHETORIC AND THE DEVELOPMENT OF MATERNAL SPACE

Once mothers were convinced to trust LLL, to embrace LLL's philosophy of natural motherhood, and to feel more confident in their capacity to make decisions about motherhood, LLL still needed to convince them to make the practical lifestyle changes needed to breastfeed successfully and practice the alternative paradigm of natural motherhood. *The Womanly Art of Breastfeeding* rhetorically leveraged the cultural code of motherhood and concepts associated with the roles of father and husband in order to persuade families to reorient themselves toward a more family-centered lifestyle that would support breastfeeding and the development of strong mother-child bonds. While the advice that LLL gave was practical, it was contrary to the dominant view of the domestic

role of the mothers. In order for mothers to develop the home into a private maternal space, breastfeed successfully, and adopt a more natural approach to mothering, they and their husbands needed to revise their understandings of their roles in the home. By employing maternal rhetoric, LLL helped families move away from an understanding of the maternal role based on 1950s domesticity so that they could develop their homes into maternal spaces in which mothers could feel confident about their decisions, assert maternal authority, and build strong bonds with their children.

To effectively craft an argument in favor of transforming family life to reflect the alternative paradigm of natural motherhood, *The Womanly Art of Breastfeeding* highlighted the problematic nature of 1950s domesticity. Dedication to domesticity, which Odland defined as the management of the household and daily chores unrelated to childcare (67), was expected of women in the 1950s. Domesticity and scientific motherhood were complementary. In fact, according to Rima D. Apple, the ideology of scientific motherhood regarded housekeeping to be a full-time scientific profession (1782). A complementary theme that characterized the dominant view of motherhood in the period was that maternal self-sacrifice was a requirement of motherhood. Mothers, according to Odland, were expected to “place their desires and dreams aside, willingly sacrificing their own lives for their children’s needs” (71). This approach to mothering seemed to have been very child-centered, as mothers were expected focus on activities such as diapering, bathing, feeding, and dressing their own children (Odland 70). Advertisements depicted good mothers as cooking and baking food that their children enjoyed. Under this model of motherhood, “a mother’s work was never done” and “her commitment to hands-on, self-sacrificing performance” had to be unwavering (Odland 71). The child-centered focus of the

mother and the endless lengths to which she was expected to go, with no consideration of the self, made motherhood an inconvenience and a constraint.

In contrast to the focus on self-sacrificial domesticity under scientific motherhood, LLL's philosophy of natural motherhood focused more on fostering close family relationships than on attending to the physical environment of the home. LLL's practical advice to in *The Womanly Art of Breastfeeding* encouraged mothers to adopt an approach to household management that created a maternal space that was both child-centered and mother-centered. Instead of framing the maternal role as one focused on duty and self-sacrifice, LLL's philosophy of natural motherhood framed motherhood as a pleasurable and fulfilling experience. LLL suggested that a revised approach to mothering was necessary in part because the existing paradigm was not satisfying or fulfilling for mothers: "Time, however, and strong often unfilled womanly yearnings are now demanding we take another look at our babies and 'mothering'" (*Womanly Art 2*). While there is an element of biological essentialism to this claim, the text emphasized that mothers should feel happy and fulfilled. Personal fulfillment was an important element in the construction of maternal space, which required that mothers be able to find comfort and personal fulfillment. Mothers needed to experience a sense of freedom and respite from the oppressive demands of social expectation in order create a safe space to bond with their children and attend to their health and emotional well-being.

The Womanly Art of Breastfeeding encouraged mothers to relax and enjoy their time in the home. Mothers who were accustomed to focusing their energy on household chores may have felt that relaxing their standards for cleanliness in order to relax and enjoy more time with the family was a sign that they were bad mothers. In order to combat this notion,

the text foregrounded maternal protection and nurturance when it warned that focusing on what was best for the baby's emotional and psychological well-being may not allow the mother to keep house at her former standards, so she should resign herself "to living a more easy-going kind of life" (*Womanly Art* 6). The idea that mothers should live an easy-going kind of life seemed contrary to good mothering, as it was a rejection of self-sacrifice and domesticity; however, the easy-going lifestyle freed the mother to focus on the baby's emotional well-being, which would ensure his future emotional health and help him develop into a productive member of society. LLL felt that breastfeeding facilitated an easy-going approach to motherhood because there were no bottles and rubber nipples to sterilize and because it required mother to sit and relax: "Nursing your baby is Nature's way of helping you relax and rest. [...] When your baby gets hungry you stop right in the middle of some busy work and with a clear conscience rest comfortably with your baby and nurse him" (*Womanly Art* 6-7). This advice by LLL was a clear refutation of the notion that motherhood required perpetual self-sacrifice. Additionally, this advice helped mothers transform their homes into maternal spaces, as it freed up time for them to spend with their children. Mothers who sought assistance from LLL through reading *The Womanly Art of Breastfeeding* likely were reassured by the notion that mothers could relax and enjoy their time with their children without guilt rather than exhaust themselves by trying to mother infants while keeping spotless homes.

LLL offered some practical advice to help mothers adopt a more easy-going lifestyle that would make it easier to maintain that maternal space. *The Womanly Art of Breastfeeding* suggested a number of time-saving methods, including easy meal-prep and giving up baking in favor of serving fresh fruits and vegetables. Such strategies helped

mothers focus their efforts on developing strong mother-child ties that were beneficial to the emotional health of their babies. “When you hold him close and nurse him that which he needs most is given back to him,” LLL claims, “You mean much more to him than a clean, white bed; snug, warm covers; the right room temperature” (*Womanly Art* 4). In making this argument, LLL foregrounded elements of the cultural code of motherhood including love, nurturance, and protection to argue that good mothers would put aside concerns for the state of the home and devote themselves first to their babies’ emotional needs. LLL accompanied this claim with quotes from medical experts linking the emotional welfare of babies to strong, loving ties with their mothers. While the notion that the home should be a place to develop a loving mother-child bond may seem obvious to present-day audiences, for mothers in the era of scientific motherhood, the domestic space was to be a sterile environment with the primary purpose of keeping the child safe. LLL suggests that mothers use their time getting to know their babies, because “The more of your time you give him now, ungrudgingly, the less demanding he will be as he grows older” (*Womanly Art* 6). The reminder that children who felt secure would be more emotionally and psychologically healthy in the future provided an exigence for mothers to embrace natural motherhood, and it encouraged mothers to transform their homes into maternal spaces where they were able to focus on the development of the mother-child relationship and meet the unique needs of their children.

In addition to offering mothers practical advice to help them create maternal space, LLL also crafted an argument to convince husbands to buy into their wives’ efforts to breastfeed, embrace natural motherhood, and transform the home into a maternal space. This was a critical rhetorical move, as successful breastfeeding and construction of a safe

maternal space within a heterosexual, two-parent household required that fathers be supportive of mothers' efforts. LLL could have left mothers to their own devices when it came to garnering the support of their male partners, but instead, LLL modeled an argument that women could employ in order to convince their husbands to invest themselves in the lifestyle changes that mothers hoped to make.

In a lengthy section of *The Womanly Art of Breastfeeding*, LLL harnessed concepts traditionally associated with masculinity and the role of husband and father to develop an argument that women could adopt in order to convince their husbands to accept and support the decision to reject the status quo and breastfeed. By foregrounding concepts such as protection, strength, and confidence, LLL encouraged fathers to protect their breastfeeding wives from people and situations that could undermine their attempts to breastfeed and mother their children on a loving way.

The founders of LLL understood that fathers likely felt that they had very little part to play in the feeding and care of a breastfed infant, and they may have even felt alienated by the close mother-child bond that breastfeeding facilitated. *The Womanly Art of Breastfeeding* made it clear that fathers needed to know that they could provide a unique and essential kind of support. The text assumed that fathers wanted to protect the breastfeeding mother and child pair but needed guidance on what it was that they were guarding against. LLL suggested that the key to gaining a father's support was to invoke concepts associated with masculinity and the roles of husband and father. The father would feel engaged if he knew how to channel his urge to protect his family. The text suggested that fathers should be encouraged to protect the baby's right to its mother's milk, to protect his wife from discouraging people and influences (especially his family members), and to

protect her from her own self-doubts by frequently encouraging and praising her (*Womanly Art* 18). The father here was framed as the strong pillar that provided his family with support. Rather than being alienated, the father was reassured that his support was instrumental. A supportive husband who respected and protected his wife's efforts to breastfeed and develop a strong mother-child bond was a key element in the creation of a maternal space in which the mother could feel confident in her choice to practice an alternative paradigm of motherhood.

In addition to revealing how fathers could be convinced that they had a vital role to play in the success of their wives' attempts to breastfeed, the text also modeled the development of an argument to convince fathers to take an active role in family life and to view time spent with his family as another way of providing support and protection. The text emphasized that "there should be a reorientation on the part of both parents away from some of the more self-centered pursuits of the past toward family-centered living" (*Womanly Art* 19). The text suggested that fathers would become more involved in family life and find more personal fulfillment if they understood the value of shared parenting and were encouraged to share in "the joys of parenthood" (*Womanly Art* 20). The home in which the husband took an interest in and engaged with the wife, becoming a companion who shared the experience of parenting, was more likely to become a safe maternal space than one in which the husband remained an aloof observer. By supporting his wife in creating a family-centered life and sharing the experience of parenting, the father was helping to create a maternal space that supported his wife's efforts to embrace the paradigm of natural motherhood.

In addition to encouraging fathers to protect his wife's efforts to breastfeed, to provide support and companionship, and focus on family-centered living, *The Womanly Art of Breastfeeding* revealed the ways in which gendered binaries could be employed to convince fathers to act as helpmates and share in domestic chores. By appealing to their sense of masculine self-confidence and their roles as protectors, the text suggested that fathers could be encouraged to partake in domestic chores without feeling as though their masculinity was under threat. LLL encouraged its audience to do "what comes naturally—without worrying too much about losing our masculinity on the one hand or our women's rights on the other" (*Womanly Art* 19). Instead of worrying about the danger to his masculinity, the text argued that a self-confident man who is assured of his masculinity "knows that his dignity and stature are not in jeopardy when he performs a kitchen chore" (*Womanly Art* 20). LLL assured its audience that traditional gender roles—those of members of the 1950s white, suburban, middle-class family—would still be intact if fathers were to do household chores because "While the pregnant or nursing mother of necessity, stays at home, the father, of necessity, will go out and make a living" (*Womanly Art* 19). The text then suggested one way to ensure that fathers did not feel a threat to their masculinity would be to reassure them that there would still be a "natural division of labor within the family" as their "greater brawn" made them ideal for the handling of home improvement tasks (*Womanly Art* 19). Highlighting the father's physical strength could reassure him that his masculinity was not endangered by helping his wife around the house. In fact, the text suggested that housework could be framed as a way that the father could protect the mother and ensure that their children saw the maternal role as valuable. This was important, as avoiding housework and treating it as woman's work would lead to a

downgrading of the value of the mother's role in the children's eyes (*Womanly Art* 20). Ensuring that the mother's role in the home was valued was another way in which the father could help his wife transform the home into a maternal space and protect the sanctity of that space so that she could be successful in her efforts to resist the dominant ideology and practices of motherhood and instead embrace natural motherhood.

Rather than sermonizing or posing a challenge to their masculinity, *The Womanly Art of Breastfeeding* modeled an argument that assured fathers that their masculine characteristics provided vital support and strength to the breastfeeding mother-child pair. This effort by LLL to ensure that fathers were encouraged to take a more active role in parenting reflects what seems to have been a trend in which the lives of men were influenced by the culture of domesticity. The trend led a number of public intellectuals of the 1950s to sound the alarm over a crisis in American masculinity. Historian James Gilbert, author of *Men in the Middle: Searching for Masculinity in the 1950s*, attributes the panic over the seeming crisis in masculinity to a rapidly changing society that was increasingly domestic and suburban. Gilbert explains that some concerned over the state of masculinity in the 1950s believed that "women were intruding into male institutions and feminizing American life," and they "poured worry and woe into America's growing culture of domesticity" (217). While I have previously explained domesticity in terms of the expectations placed on mothers, domesticity seemed to become a pervasive theme in the 1950s way of life. Gilbert explains that domesticity influenced life in various ways, including "in companionate marriages, in the suburbs, in male domestic work like do-it-yourself projects, or in corporations where cooperation, not competition, defined the daily rules" (Gilbert 219). While public intellectuals may have been concerned over the

implications that the trend toward domesticity had on masculinity, particularly that of white, urban, middle-class men, there is no evidence that many average men were greatly concerned over these developments and the effects that it had on their own masculinity (Gilbert 219). The role that *The Womanly Art of Breastfeeding* suggested fathers should take reflected a trend toward men's greater involvement in domestic matters, and it helped fathers to embrace this changing view of the father's role without feeling that their masculinity had been challenged or undermined.

LLL's rhetorical employment of gendered binaries, calling upon dominant constructs of motherhood and its corollary fatherhood, helped it develop an effective argument in favor of the development of maternal space. By providing a model argument that mothers could employ in order to involve fathers more fully in family life and convince them to share in household chores, *The Womanly Art of Breastfeeding* helped mothers to transform their homes into maternal spaces in which they had more autonomy over their maternal experiences and could focus on developing familial relationships rather than fulfilling society's expectations.

CONCLUSION

It is a significant undertaking to translate the work of a face-to-face support group into writing, but I argue that LLL was largely successful in its attempt at crafting a breastfeeding manual that reflected its philosophy of natural motherhood and its supportive practices. *The Womanly Art of Breastfeeding* was successful in part because it developed a maternal rhetoric that framed LLL mothers as good, loving mothers, argued for the logic of natural motherhood, crafted emotional appeals, and identified with its

audience of mothers by highlighting their shared values and beliefs. Crafting such a convincing textual argument was a significant step toward establishing a counterpublic that could bring about change in the dominant discourse. While LLL crafted powerful arguments in favor of breastfeeding and natural motherhood by rhetorically leveraging the cultural code of motherhood, it recognized that mothers would also need to be persuaded to make the kinds of practical household changes that were necessary in order to breastfeed successfully and nurture a strong mother-child bond.

Because of the pervasiveness of 1950s domesticity, which framed mothering as sacrificial and viewed housekeeping as a science, it was critical that LLL crafted a powerful argument in favor of its alternative approach of natural motherhood and offered advice help mothers successfully create maternal space. LLL's philosophy of natural motherhood valued maternal instinct over generalized medical expertise in matters of routine childcare; however, mothers had been trained under scientific motherhood to mistrust their own maternal feelings and desires and devote their time in the home to maintaining high standards of cleanliness. In order to feel confident enough to trust in their own instincts and learn to respond to their babies' individual needs, rather than follow strict schedules of caretaking activities prescribed by physicians, mothers needed to have the freedom to spend time with their children. To help mothers guiltlessly free themselves from the oppressive devotion to cleanliness expected from mothers and instead create maternal space in their homes, in *The Womanly Art of Breastfeeding*, LLL employed rhetorical arguments that leveraged the cultural code of motherhood to argue in favor of a stronger emphasis on family bonding than on cleanliness. Additionally, because it is difficult to fully develop a safe maternal space if other adults occupying that space do not hold the same

values or support the mother, LLL modeled how women could persuade men to assist their wives in creating and maintaining a maternal space. The rhetorical arguments in favor of restructuring the family lifestyle to create a maternal space helped mothers navigate the practical challenges that they would face at home when first attempting to breastfeed and practice an alternative approach to mothering. In helping its audience of mothers create safe maternal spaces, LLL took a critical step toward developing into a counterpublic that would one day resist and change the status quo.

In the next chapter, I will explore the way in which *The Womanly Art of Breastfeeding* offered mothers a rhetorical education, in the forms of scripts and modeling, to help them build their own maternal rhetoric that leveraged the cultural code of motherhood in order to successfully navigate interactions with members of the medical profession in order to create public maternal space in the hospital.

CHAPTER IV

THE REVOLUTIONARIES WORE PEARLS: RHETORICAL EDUCATION IN EARLY LA LECHE LEAGUE TEXTS

In 1958, when planning their public outreach, La Leche League's founders made a decision to avoid the direct targeting of physicians, and instead they hoped that their efforts to support mothers would gradually catch the attention of the medical community as it interacted with increasing numbers of breastfeeding mothers. A decade after LLL published *The Womanly Art of Breastfeeding* in 1958, there was ample evidence that LLL's counterdiscourse had intersected with the dominant discourse of medicine, and as a result, the attitudes and practices of the medical community were undergoing a transformation. In the 1960s, LLL was referenced in the *American Journal of Nursing* numerous times, frequently as a helpful resource by nurses writing letters to the editor. In addition, LLL received recognition from *The Journal of Pediatrics* in 1968 when Lee Forrest Hill, the former American Board of Pediatrics President, praised LLL's efforts in an editorial. According to Hill, the "dedicated women's organization" deserved the commendation of the medical and nursing professions for its attempts "to restore what is called by some, 'the lost art of breast-feeding'" (Hill 162). He pointed out that, in contrast, "Perhaps the medical and nursing professions should feel some embarrassment that under their guidance breast-feeding has been permitted to decline to the low incidence of 25 percent, when it has been repeatedly demonstrated that the majority of women can nurse their babies if they wish" (Hill 161). This editorial makes it clear that a decade after the publication of the first issue of *The Womanly Art of Breastfeeding*, LLL's work had prompted self-reflection amongst

leaders of the medical profession and inspired them to rethink their approach to infant feeding.

In *Perfect Motherhood*, medical historian Rima D. Apple credits LLL with helping “to push the medical profession and United States culture to accommodate breast feeding” (137), not by resisting the importance of the profession but by “utilizing medical and scientific advice to support its stands” (138). She credits the activities of LLL, along with the later efforts of the Boston Women’s Health Book Collective, with helping “to validate women’s personal and familial health-care experiences and to alter the balance of relationships within contemporary medical practice” by pushing for “a more equal partnership between medical professionals and patients” (*Perfect Motherhood* 139). While Apple recognizes LLL’s transformational impact on the medical profession and the American public more broadly, she attributes this impact to its reliance on medical and scientific experts to support its arguments. While I agree with Apple’s claim that medical and scientific evidence did certainly strengthen LLL’s argument in favor of breastfeeding, an overlooked but significant factor leading to the organization’s spread was its employment of maternal rhetoric, which it leveraged in order to authorize resistance to dominant trends in breastfeeding and mothering. Maternal rhetoric accounts for the spread of LLL’s ideas and practices amongst its growing counterpublic of breastfeeding mothers, but it also played a significant role in the development of the relationship between LLL’s counterpublic and the medical profession. In this chapter, I aim to explore how LLL armed members of its counterpublic with a rhetorical education that helped them employ maternal rhetoric in individual interactions with medical professionals. This education enabled women to construct maternal ethos, establish maternal space within clinics and

hospitals, and authorize resistance to dominant practices so that mothers were supported in their efforts to breastfeed.

While LLL had gained the attention of the medical community, which began to rethink its attitude toward and understanding of infant feeding accordingly, the initial spread of LLL's philosophy and practices largely occurred as a result of individual action by mothers who turned to LLL for support. In turn, they spread their knowledge to other mothers and exposed medical professionals to an increasing number of successful examples of breastfeeding mothers, yet these individual acts of resistance by breastfeeding mothers did not occur in isolation and without a support network to lean on for rhetorical strategies and encouragement. I argue that LLL was a rhetorically savvy organization that prepared mothers, the members of its growing counterpublic, to be successful as they acted individually to publicly resist dominant trends in mothering and infant feeding in the first decade after the organization's founding.

According to Nancy Fraser, counterpublics are members of subordinated social groups who have come together within a "parallel discursive arena" and have begun to "invent and circulate counterdiscourses;" in so doing, they "help expand discursive space" (Fraser 67). Such counterpublics have a "dual character" in that they function as "spaces of withdrawal and regroupment", yet, they also "function as bases and training grounds for agitational activities directed toward wider publics" (68). LLL certainly functioned in this way, as the local mother-to-mother support group operated as a site for mothers to withdraw, share knowledge based on maternal experiences, develop the philosophy of natural motherhood, and observe the modeling of breastfeeding techniques and natural motherhood. In the previous chapter, I explored the way that *The Womanly Art of*

Breastfeeding employed maternal rhetoric to persuade mothers to breastfeed and adopt the philosophy of natural motherhood. Additionally, I detailed how LLL used rhetorical strategies to convince both mothers and fathers to transform the home into a maternal space that would provide a safe space for mothers to practice an alternative paradigm of motherhood. In this chapter, I will analyze early LLL texts to reveal how they operated as a rhetorical training grounds for LLL's growing counterpublic of mothers. Through outreach materials such as *La Leche League News*, a bimonthly newsletter first published in the summer of 1958, and the breastfeeding support manual *The Womanly Art of Breastfeeding*, LLL trained mothers to employ maternal rhetoric to negotiate conflicts and assert maternal agency in their public interactions, particularly with the medical establishment. It was critical that mothers be prepared to assert themselves rhetorically with members of this audience, as medical professionals are the first and perhaps key members of the public whom mothers needed to convince to support their attempts to breastfeed. By developing maternal ethos in their interactions with medical professionals, mothers could transform doctors' offices and hospital maternity wards into maternal spaces in which they could gain support for their efforts to breastfeed successfully and practice an alternative paradigm of mothering.

This chapter adds to the discussion, led by scholars such as Amy Koerber and Sarah Hallenbeck, of the way in which women outside of the medical profession have contributed to changing disciplinary understandings of the capabilities, functionality, and suitability of women's bodies through individual acts of resistance. Amy Koerber's "Rhetorical Agency, Resistance, and the Disciplinary Rhetorics of Breastfeeding" examines the way that mothers, many of them La Leche League members, at the turn of the twentieth-first century

enacted rhetorical agency by resisting the dominant practices around public breastfeeding and thereby changing that discourse. Koerber called for other feminist scholars to continue this work by exploring “the long-term effects of the rhetorical agency and resistance that women enact against medical discourse on aspects of life such as infant feeding” (100). Sarah Hallenbeck’s *Claiming the Bicycle: Women, Rhetoric, and Technology in Nineteenth Century America* took up this call by examining the way in which the collective, yet not centrally organized, rhetorical activities of nineteenth-century bicycle-riding women led to a revised understanding of the capabilities of women’s bodies.

This chapter builds on this scholarship by exploring how women’s individual acts of resistance can reshape discourse and practices around women’s health. I examine the way that LLL armed its counterpublic of breastfeeding mothers with the rhetorical strategies necessary to transform hospitals and doctors’ offices into maternal spaces in which mothers were supported in their efforts to resist the status quo by breastfeeding. While Koerber and Hallenbeck focused their analysis on the ways in which women publicly resisted the status quo to affect change in medical discourse, this chapter focuses on rhetorical strategies employed by mothers within physical spaces under the control of members of the medical profession. I argue that LLL offered scripts to help mothers navigate public interactions with those individuals, particularly medical professionals, who might undermine or denigrate their attempts to breastfeed and practice LLL’s alternative paradigm of motherhood. In so doing, LLL crafted a counterpublic prepared to influence the medical profession to revise its understanding of infant feeding and re-evaluate its perception of the role of mothers in childcare.

To understand the way in which LLL offered a rhetorical education to help mothers navigate public interactions with those who had conflicting views on infant feeding, this chapter examines the 1958 and 1963 editions of *The Womanly Art of Breastfeeding* as well as issues of *La Leche League News* published between 1958 and 1961. *La Leche League News*, LLL's bimonthly newsletter first published in the summer of 1958, extended the efforts of the 1958 edition of *The Womanly Art of Breastfeeding*. The latter publication was largely concerned with convincing mothers to adopt the philosophy of natural motherhood and breastfeeding, and it helped mothers transform their homes into maternal spaces that would more effectively allow mothers to practice natural motherhood. Meanwhile, *La Leche League News* frequently shared stories and offered strategies to help women navigate the practical concerns surrounding the public lives of breastfeeding mothers and babies, and it also served as an avenue through which LLL would offer a rhetorical education and establish a network of breastfeeding women. An examination of the recurring themes in these texts written by LLL's founders and in the correspondence that LLL chose to publish reveals the means through which LLL developed a counterpublic of mothers who were prepared to rhetorically assert maternal agency. Through modeling and scripts, the texts taught mothers rhetorical strategies such as audience analysis and argumentation based on logical appeals. They modeled the development of maternal ethos and the adaptation of that ethos for various audiences, particularly physicians, nurses, and hospital staff, as well as the general public.

In the remainder of the chapter, I will review theories of maternal rhetorics and ethos that guide my interpretation of LLL's text, and I will provide a textual analysis to show how LLL helped mothers employ maternal rhetoric, emphasizing the importance of

ethos, in negotiations and renegotiations with various members of the medical profession. These rhetorical strategies helped mothers create a maternal space within medical clinics and hospital wards so that they could assert maternal agency and shape the outcomes of public interactions with those who had the power and authority to undermine mothers' initial efforts to establish breastfeeding. Finally, I will explore evidence of the way in which LLL and the army of mothers who made up LLL's counterpublic successfully challenged scientific motherhood, reshaped dominant medical practices, and gradually changed the public perception of breastfeeding.

MATERNAL RHETORIC IN LLL'S RHETORICAL EDUCATION

In earlier chapters, I argued that LLL's local mother-to-mother support group functioned as a parallel discursive arena for LLL's counterdiscourse to develop and grow, and those meetings allowed individual mothers an empowering, safe place to encounter and practice LLL's alternative paradigm of natural motherhood and "mothering through breastfeeding". I detailed rhetorical strategies that LLL employed to persuade both mothers and fathers to make changes in home arrangements and family structures that transformed their homes into maternal spaces in which mothers were empowered to breastfeed and practice mothering on their own terms; however, as most mothers gave birth within a hospital and attempted to establish breastfeeding while there, LLL needed to help mothers transform hospital maternity wards into maternal spaces in which they could assert their authority and garner support for their attempts to initiate breastfeeding.

LLL used its textual outreach, *The Womanly Art of Breastfeeding* and *La Leche League News*, to instruct mothers in developing arguments that would appeal to differing

audiences. The models and scripts that LLL offered for interacting with medical professionals suggested making appeals primarily to reason and to the audience's perception of the mother. This approach reflected the Aristotelian rhetorical tradition in which arguments could be classified as appeals to logos (logic), pathos (emotion), and ethos (perception of the speaker's moral character). LLL's scripts and models employed a variety of persuasive methods, including logical appeals to example and syllogism as well as pathetic appeals, but they primarily emphasized the development of maternal ethos. The texts instructed mothers to develop maternal ethos to frame themselves as good mothers by foregrounding aspects of the cultural code of motherhood in their conversations with medical professionals. Such methods of ethos development can be employed to soften the progressive aims of mothers, as Lindal Buchanan's *Rhetorics of Motherhood* details. Margaret Sanger, for example, authorized her birth control activism and made herself appear to be "seemly, sensible, and honorable" by showing "sensitivity to gendered scripts, codes, and values of the period" (Buchanan 29). Likewise, LLL employed concepts and values traditionally associated with motherhood in scripted interactions between mothers and medical professionals so that mothers could construct ethos as sensible, thoughtful, and good mothers.

In both *The Womanly Art of Breastfeeding* and *La Leche League News*, LLL used stories and scripts to help mothers develop rhetorical strategies to navigate interactions with medical professionals. These rhetorically savvy models reveal that LLL was aware that differing audiences and situations required different rhetorical appeals. These scripts relied heavily on appeals to logic and maternal ethos in communications with physicians and nurses, but as the texts reveal, the construction of these appeals was a complicated

matter. This was particularly apparent in the way in which LLL's scripts developed maternal ethos.

Because of the differing roles that medical professionals performed in the hospital, LLL needed to offer models and scripts that reflected a fluid and adaptable maternal ethos. Inspired by Nedra Reynolds' scholarship exploring the role of social positioning in ethos construction, Buchanan argues that "ethos is a fluid, rather than a stable or consistent, rhetorical artifact and that a speaker's shifting locations and alliances may call for changing constructions of character" (Buchanan 31). While changing one's ethos to adapt it to varying audiences can be problematic, as it is with Margaret Sanger's rhetoric (Buchanan 31), failure to adapt ethos to the audience can also be detrimental. Careful consideration of the audience is critical, as Carolyn Skinner explains: "Because an effective ethos is one that demonstrates that the rhetor's character matches the audience's values, shaping the audience and its values can contribute to a positive perception of the rhetor" (Skinner, "She Will" 255). While it may sometimes be relatively simple to identify and foreground values that appeal to a homogenous audience, as LLL did when it employed maternal rhetoric in *The Womanly Art of Breastfeeding* in order to reach mothers who had an interest in breastfeeding, more complex rhetorical strategizing would be needed in order to construct an effective ethos for a heterogenous audience.

Maternal ethos constructed for a heterogenous audience with differing values and roles requires more complex value negotiations between the rhetor and the audience. In *Women Physicians and Professional Ethos in Nineteenth-Century America*, Skinner suggests that in these kinds of situations, it may not be possible to craft ethos "in response to a coherent and identifiable set of values" (39). Instead, ethos may be composed "in a dynamic

context that includes multiple competing ideas about the ‘best’ virtues” (Skinner, *Women Physicians* 39). In such cases, ethos formation “frequently involves value negotiations and often reciprocity between rhetor and audience identity constructs” (Skinner, *Women Physicians* 39). According to Skinner, women physicians of the nineteenth century had to undertake such value negotiations, balancing the competing masculine virtues associated with the professional physician and feminine virtues associated with women, in order to craft an ethos of the professional woman physician.

While members of LLL’s counterpublic were not seeking to craft the professional ethos of a disciplinary insider, such value negotiations were a critical aspect of interactions between medical professionals and mothers, and they were critical to the establishment of maternal space in the hospital. Scientific motherhood framed good mothers as passive adherents to expert advice while LLL’s natural motherhood framed mothers as the natural authorities on the care of their own children. LLL did not encourage rejection of medical expertise but instead encouraged mothers to exercise autonomy in making decisions about childcare. In order to craft maternal ethos that medical professionals would find persuasive, mothers would need to employ rhetorical strategies to renegotiate their role in decisions concerning childcare. In order to renegotiate their maternal identity and craft an effective maternal ethos as good and competent mothers, members of LLL’s counterpublic needed to consider the audience’s pre-existing understanding of mothers’ identity as passive adherents to expertise, the likely values and social roles of audience members, material and spatial arrangements of the space, and balance of power within those spatial arrangements.

This kind of multifaceted consideration of dynamics such as audience and the affordances of the location requires an ecological awareness of the rhetorical situation. Like Skinner, authors Kathleen J. Ryan, Nancy Myers, and Rebecca Jones view ethos construction as negotiated and co-constructed. They argue that ecological awareness, facilitated by a “feminist ecological mindset,” aids in the production of feminist ecological ethē that “operate as fluid, evolving, and negotiated rhetorical acts with worldly implications” (11). Ryan, Myers, and Jones understand ethos to be “negotiated, and renegotiated, embodied and communal, co-constructed and thoroughly implicated in shifting power dynamics” (11). This understanding of ethos is evident in the rhetorical education that LLL offered to mothers, particularly as a guide to navigate and shift the power dynamics of the hospital during the post-partum period in order to create maternal space.

In offering scripts and models that instructed mothers to employ maternal rhetoric in their interactions, LLL engaged in what Skinner termed a “process of collective ethos formation” through which “similarly situated rhetors collaborate on or compete over the characteristics members of that group will demonstrate” (*Women Physicians* 180). Skinner explains that “because rhetors from groups historically excluded from a powerful discourse are often seen as precedents or as representatives of their groups, marginalized speakers and writers frequently find themselves outlining an ethos for others like them, whether they want to or not” (180). To understand the process of collective ethos formation, Skinner encourages other scholars to explore how “ethos is formed collectively and how it functions collectively” (180). In this chapter, I take up Skinner’s call to study the formation and functioning of collective rhetoric by examining how LLL engaged in a project of collective ethos development. LLL willingly set out to help breastfeeding mothers develop a

maternal ethos that would help them navigate individual interactions with members of the dominant public, particularly members of the medical profession. LLL's models and scripts recognized the relational power dynamics between mothers and members of the public, particularly the medical profession, and used the cultural code of motherhood and rhetorical appeals, particularly maternal ethos, to subtly shift those relationship dynamics. As mothers employed these models and scripts to create maternal ethos in their interactions with physicians, they slightly shifted the balance of power in their relationships with physicians to create maternal space in the maternity ward, and they gradually shaped the profession's understanding of breastfeeding and its view of mothers.

The scripting that was provided in LLL's texts aided women in navigating the tricky power dynamics and relationships with medical professionals, the first members of the dominant public that they would encounter as breastfeeding mothers, and members of the public more broadly. Whomever they were addressing in the scripts, a tempered approach to resistance seemed to be a critical aspect of the rhetorical model that LLL presented in *La Leche League News* and *The Womanly Art of Breastfeeding*. The tempered approach is a practical rhetorical strategy when women speak in locations and situations in which their authority to speak is or may be called into question. Like the women of the Women's Christian Temperance Union (WCTU) of the nineteenth century, LLL's leaders felt that "their cause could be best served by using a subtle, non-threatening, yet persuasive approach, and they consciously chose to work on women's behalf in that manner" (Mattingly 21). As Mattingly explains, women of the Temperance movement tempered their progressive activities and advocacy by incorporating "both traditional and progressive ideas within their presentations" in a way that was "carefully crafted to appeal

to a widely diverse audience” (7). LLL’s texts recommended a similar approach that took into account the power-imbalance that existed in interactions and relationships between mothers and medical professionals. The WCTU relied on specific outlines and proper procedures to help assure women speakers, address their needs, and help them deal with problems (Mattingly 66). LLL similarly offered stories and scripts to help women assert their maternal authority in a way that did not seem like rejection of medical expertise but instead reframed the conversation so that mothers’ acts of resistance to dominant medical practices aligned with the values and varying roles of medical professionals.

This tempered approach that LLL adopted was exemplified in the title *The Revolutionaries Wore Pearls*, one of LLL’s organizational histories. In the foreword, Judy Torgus, a long-time LLL member and leader, wrote that “They wore their pearls and hats and white gloves, they referred to each other as Mrs. Gregory White and Mrs. John Froehlich, but they did indeed start a revolution” (Lowman, *Revolutionaries Wore Pearls*, vii-viii). As this quote suggests, LLL was careful to abide by social norms and conventions as camouflage for its subversive activities so long as those gendered social norms and conventions did not harm their mission or conflict with their philosophy of natural motherhood. While their advocacy for breastfeeding and natural motherhood was revolutionary, conservative dress and the use of gendered naming conventions tempered the ethos of LLL’s founders so they seemed to be respectable and wholesome 1950s women rather than radical non-conformists. This compliance with social norms allowed LLL to appeal to a broad audience.

Even arguments based upon reason were presented in a tempered manner in LLL’s scripts. Appeals to logic in communications with medical professionals were a prevalent

part of LLL's scripted interactions and models. One such model, a summary of a mother's letter to LLL, appeared in the July - August 1959 issue of *La Leche League News*. A mother, who was breastfeeding her fourth baby after bottle-feeding the first three, used the physician's own records to argue that the nursing infant's weight gain of less than a pound a month was not a concern, as the doctor seemed to think. The mother checked the doctor's weight records and showed the doctor that her five-year-old daughter, who was bottle-fed and who had no health problems, and noted that she had a similar rate of gain. The mother argued that this slow weight gain may have been a family trait, and the doctor agreed, despite the fact that the mother's three-year-old had gained weight much more quickly. The mother successfully made a rational appeal to example here, which is a form of inductive argumentation (Bizzell and Herzberg 172). If the doctor's own records revealed that one of the mother's previously bottle-fed babies had a similar pattern of weight gain and was now a healthy five-year-old, then the mother could make an inductive argument that her breastfed baby, who was exhibiting a similar pattern of weight gain, would also likely be healthy. This mother was astute in her understanding of the kind of logical reasoning that might sway the doctor. This strategic reliance on the doctor's own records and expertise, though it was an act of resistance, did not offer offense to the doctor because it relied on his own observations.

Framed by the ideology of scientific motherhood as a passive adherent to the physician's expertise, this mother subtly negotiated with him to present herself as an intelligent mother capable of drawing informed conclusions about her child's health. While she presented an argument to counter the doctor's concerns, her appeal to inductive reasoning based on the doctor's own records was a tempered approach that did not

attempt to undermine the doctor or reject his authority. She did not develop an ethos as a rebel-mother; instead, she presented herself as a concerned mother who was not only conscientious but also respected the authority of physicians and their valuing of quantitative evidence, a key component of scientific motherhood. Her physician was likely more willing to accept her argument. She likely seemed to truly have her child's interest at heart, as she was determined to provide the best nutrition possible for her child, but she also presented herself as competent, level-headed, and well-informed. The mother subtly shifted the balance of power in the physician's office to create a more maternal space in which she was able to assert maternal authority and negotiate with the doctor over matters concerning the health of her child.

LLL texts suggested that interactions with physicians would be more successful if mothers developed a maternal ethos that exhibited respect for traditional gender roles and gendered divisions of labor, particularly the expectation that private, domestic space is the domain of the mother. Rhetorically successful mothers in LLL's texts frequently presented themselves as traditional mothers while rejecting dominant practices and discourses surrounding breastfeeding. *The Womanly Art of Breastfeeding* offered scripts that reflected this kind of careful construction of maternal ethos while navigating conversations with physicians in preparation for giving birth and breastfeeding in the hospital. When mothers came in contact with physicians who were only familiar with breastfeeding on a theoretical level and who could not offer any practical advice, the manual suggested that mothers should "reassure him that you have a wonderful book from experienced mothers, who have even invited you to write or phone them about any practical problems that might come up" (*Womanly Art* 20 [1963]). While this statement exuded self-confidence and implied that

mothers have authority over breastfeeding, it did so in a way that tapped into traditional notions about gendered roles, divisions of labor, and assumptions about women. It confirmed assumptions about the differences between women's kinds of knowledge, based on domestic experience and concerned with practical matters, and men's knowledge concerned with theory and science. As Reynolds explains, "When a knower is located as a female in this culture, knowledge is experienced, constructed, and recalled in nonhierarchical, nonlinear, and nonobjective forms. In other words, female knowers adapt to their marginalized positions by seeing differently—and learning different things" (330). LLL's script capitalized on such gendered ways of knowing to frame breastfeeding as a woman's concern, and the script implied that the male physician naturally did not have the first-hand knowledge to coach women through the experience of breastfeeding. Other women, who were framed as the natural source of information on the subject, could be relied upon for advice. This argument established the authority of mothers over breastfeeding, and this may have appealed to busy physicians who were likely gratified to have the responsibility for coaching women through the experience of breastfeeding taken out of their hands.

Both of these above arguments exhibited an ethos-building tactic that made a subtle shift in the identity construct of the mother. Skinner claims that ethos formation may involve "reciprocity between rhetor and audience identity constructs" (*Women Physicians* 39). In her study of nineteenth-century women physicians, Skinner observed that the authority of women physicians relied in part on a "reciprocity between the ethos of the speaker and of the audience [...] in which the assertion of professional authority by women physicians suggested that audience members ought to adopt the complementary role of

obedient patient” (*Women Physicians* 176). LLL’s models and scripts provide a different view of the reciprocal relationship between the ethos of the patient and the physician. In these examples, the patient was able to claim a bit more autonomy in decision making by maintaining respect for the physician’s ethos as a medical expert and constructing her own maternal ethos by showing herself to be competent and sensible. At the same time, she framed breastfeeding as a non-medical woman’s issue about which she felt confident. Instead of denying the importance of medical expertise, LLL offered a script that would allow mothers to shift the responsibility for offering breastfeeding support away from physicians to other mothers while framing this shift as way to lighten the physician’s burden. By framing herself and other mothers more broadly as the natural experts on such matters as breastfeeding, this script helped mothers gain more ground in interactions with physicians in their offices, thus transforming the doctor’s office into a maternal space in which mothers consulted with physicians rather than acting as obedient adherents to physicians’ advice.

Not only did LLL instruct mothers to develop maternal ethos that exhibited a respect for medical authority while practicing resistance to dominant medical practices, but LLL also adopted this strategy as part of its own organizational ethos. LLL avoided giving offense by paying respect to physicians and medical ways of knowing while also preparing mothers to engage in acts of resistance against dominant discourse and practices of medicine. Throughout *La Leche League News* and *The Womanly Art of Breastfeeding*, LLL relied on quotes from medical experts to offer support for the organization’s claims about breastfeeding. This reliance on medical expertise to imbue LLL’s philosophy of natural motherhood and its practices with a sense of authority was a strategic one. In a 1963 note

to LLL's letter-writing mothers, members of LLL tasked with corresponding with mothers who wrote to LLL, the organization warned its letter-writers against giving mothers direct orders. Instead, they were told to reference and quote physicians or cite maternal experience without giving instructions:

If a doctor has told the mother to start solids we don't say, "Don't give the baby any solids." Rather—"There are many doctors who believe it is not necessary to start solids until at least 3 months, among [sic] them Herman Meyer well-known pediatrician who has written a book for doctors on Infant Foods." Or, "We know from experience that early solids is not only not necessary but can seriously affect the milk supply—my own ... babies have thrived beautifully on breast milk alone, etc." ("Instructions for Letter Writers").

The respect for medical expertise was preserved, and LLL could avoid any lawsuits or legal claims arguing that LLL had dispensed medical advice. Additionally, members of the general public who were accustomed to the authoritative role of the physician under the dominant ideology of scientific motherhood were more likely to accept LLL's arguments and the practices of natural motherhood if they were supported by the medical experts. While LLL avoided giving direct instructions, they offered models of success by sharing personal experience. The views of supportive physicians and the personal experiences of LLL's founders were used interchangeably here, which framed personal experiences, especially the personal experiences of multiple mothers, as valid evidence. This suggests that while LLL tempered its rhetoric with a respect for the expertise of physicians, it balanced that respect with a regard for maternal authority. LLL avoided affronting the

medical profession by respecting traditional views on gendered ways of knowing, but it placed value on maternal ways of knowing, arguing that while it was different, it was no less legitimate or useful. Placing the disciplinary knowledge of physicians who advocated for breastfeeding on equal footing with the experiences of mothers presented a model for mothers to follow in their own interactions with physicians.

Though LLL relied on and valued medical expertise, it was selective about its choice of physicians to cite as evidence. Certainly, conflicting viewpoints existed in the field of medicine; however, LLL choose those experts whose views and values aligned with its own. *The Womanly Art of Breastfeeding* assured mothers that they also had this right to choose their own personal physicians. “Your right and privilege as a patient,” the manual asserted, “is the choice of a doctor sympathetic to your needs and desires” (*Womanly Art* 20 [1963]). By pointing out to mothers that they had the right to choose the medical experts that tended to them and their children, LLL was showing mothers that they had more agency and authority over their maternal practices than the dominant ideology of scientific motherhood would suggest. The right to choose medical professionals who aligned with their own views, shaped by LLL’s ideology of natural motherhood, gave mothers in LLL’s counterpublic a sense of agency that they could carry with them into their interactions with physicians.

While it might seem that mothers who asserted some maternal agency and presented a strong, confident maternal ethos grounded in women’s ways of knowing might offend or annoy physicians in the age of scientific motherhood, LLL’s scripts, based on the experiences of a number of its founders, suggested that physicians were more welcoming of maternal confidence than might be supposed. Mothers might have felt that they were at a

disadvantage when it came to making decisions about the needs of the baby, particularly when there were medical complications that required a physician's intervention; however, *The Womanly Art of Breastfeeding* maintained that while doctors made decisions that were influenced by a myriad of factors, such as hospital regulations and his own views and experiences as a physician, the mother also played a crucial, though likely unacknowledged, role in the physician's decision-making process.

According to the manual, the doctor who perceived the mother to be lukewarm in regards to breastfeeding might have been inclined to advise the mother not to start or continue breastfeeding (*Womanly Art* 89 [1963]). A mother who discussed breastfeeding with the physician in this way presented an ethos as a mother motivated by a sense of duty rather than a strong desire to nourish and nurture her baby. Acting in this manner regarding breastfeeding suggested that the mother did not see breastfeeding as nurturing but merely an alternative means of providing sustenance. The suggestion here was that when mothers did not seem particularly motivated to breastfeed, then the doctor was likely to recommend bottle-feeding as a more reliable option with which he was more familiar. In contrast, the manual explained that "if you are very earnest about nursing your baby, he may take this into consideration and go along with you. So be sure to let him know how you feel about it" (*Womanly Art* 89 [1963]). This earnest reassurance was an ethical appeal that presented the mother as sincerely concerned for the well-being of her baby. The mother who made such an appeal would seem to be a good, loving mother willing to sacrifice herself for the good of her child. The suggestion was that a strong maternal ethos of an engaged, motivated mother who felt confident in her ability could have perhaps persuaded the physician to let her take the initiative and lead the way. In this case, the

mother would have been successful in employing maternal rhetoric to assert confidence in her mothering and authority over the care of her child, while the physician's role was reframed as that of a supportive medical consultant.

Mothers were likely frequently unaware of the sway that they had over the physicians' choices about how to proceed with the treatment of the baby. Scientific motherhood had given the impression that the knowledge and advice of physicians was beyond the influence of mothers, who were framed as passive conduits for the doctor's will. In highlighting the mother's ability to subtly influence the physician through the careful crafting of her maternal ethos, LLL was helping mothers to assert their agency in a tempered way. The message that mothers received was that their resistance to the status quo of medical practice and procedure did not require them to be militant or confrontational in their interactions with physicians; instead, they could influence the physician's decision-making process by conveying an earnest and confident attitude toward breastfeeding. In this way, mothers took a subtle approach to restructuring their relationships with physicians by making subtle shifts in behavior and attitude that would help the physician develop a new view of their maternal identities.

When interacting with other hospital staff, some parts of *The Womanly Art of Breastfeeding* advocated for an approach that was similar to that recommended for interactions with physicians: a tempered approach that was friendly and positive while being firm. The text warned mothers who were dealing with opposition that they should not "antagonize the hospital personnel by throwing your weight around and telling them how to run their hospital. You can't win" (*Womanly Art* 58 [1963]). Instead, they suggested that mothers be firm in their insistence on breastfeeding, "but otherwise go slow on trying

to buck the established routines; smile and smile, and get out of there as fast as your doctor will let you” (*Womanly Art* 58 [1963]). This tempered approach demonstrated maternal self-confidence and a firm desire to nourish her child by breastfeeding while also respecting the medical establishment. LLL recognized that pushing too hard, too quickly against normal practices and procedures might seem to be a rejection of the medical profession, and thus it would likely undermine mothers’ efforts to gain the support of medical professionals.

When mothers were met with the skepticism and raised eyebrows of hospital personnel, *The Womanly Art of Breastfeeding* suggested that mothers “cheerfully and firmly let them know you mean it. Take the attitude that you are being quite progressive” (*Womanly Art* 53 [1963]). A friendly demeanor was more likely to elicit compliance with the mother’s wishes than expressions of frustration or anger. Such displays of negative emotion might have made the mother appear self-centered and unconcerned for her baby, as she was resisting attempts by medical professionals to ensure that her baby received nourishment. To avoid this kind of self-presentation, *The Womanly Art of Breastfeeding* suggested that other issues could be dealt with in a letter to the hospital administration afterwards, and such letters “may make it easier for the next breastfeeding mother delivering in the hospital” (*Womanly Art* 58 [1963]). Saving other complaints and waiting to advocate for a more supportive environment until after leaving the hospital kept the peace, and it allowed a good relationship to exist between the mother and the nursing staff, whose support of mother’s decisions was of particular importance to the creation of a maternal space in which she could exercise some authority over healthcare decisions.

While LLL recommended a maternal ethos that presented mothers as confident, friendly, and determined to nourish their children by breastfeeding, while also respecting medical experts, there were instances in which this approach was not effective. The story of Editha Grice, published in the May – June 1959 issue of *La Leche League News*, illustrates the challenges that mothers faced when the policies of the hospital and prejudices of the nursing staff conflicted with the mother's desire. Grice, a mother of twins, was determined to exclusively breastfeed them. Grice seemed to have been self-assured and determined, which reflected the kind of maternal ethos that LLL's scripts developed in their scripted interactions with physicians; however, instead of being receptive and letting the determined mother try it her way, the nursing staff pushed back, telling her that it was impossible to breastfeed twins. According to Grice, the nurses "objected—said the babies would lose weight and even fed them formula at first against my orders" (*LLL News*, 2.1: 2). When Grice insisted that the babies be exclusively breastfed, the nurses "brought bottles each time with the babies because they wanted their babies to get enough liquid" (*LLL News*, 2.1: 2). These nurses clearly felt ownership over the infants and the activities that occurred within the hospital, and they developed an adversarial relationship with Grice.

This adversarial relationship can likely be attributed to the difference between the role of the physician and the role of the nurse in the hospital and the different ways these professionals would likely have responded to this request. Just as the mother's attitude could have a significant impact on the medical advice that physicians prescribed, the mother's attitude had the potential to significantly impact the nursing staff's support, or lack thereof, for the mother's attempts to breastfeed. While physicians attended births and occasionally examined the mother and baby, it was the nursing staff who oversaw the

operations of the maternity ward and the care of infants. They were more likely to be challenged or inconvenienced by changes to normal routine and practices. Another factor that likely affected Grice's experience with the nursing staff was the break-down of the reciprocal relationship between the ethos of the patient and the ethos of the nursing staff. The nurses may have viewed Grice as a problematic, obstinate patient rather than as a mother attempting to act in the best interest of her children. Grice viewed the nurses as territorial and unwilling to allow her to exercise authority over decisions about the care of her children. In the hospital ward, mothers needed to be able to convince nurses that they shared goals and values. LLL suggested rhetorical strategies to help mothers navigate relationship dynamics and sustain agency in maternity wards. The differences between the role of nurses and physicians, as well as the nature of the relationship of the mother and the nurse, required somewhat different rhetorical strategies.

Rather than placing themselves in adversarial relationships with the nursing staff, or beginning their relationships with nursing staff by dictating expectations, *The Womanly Art of Breastfeeding* suggested that mothers attempt to arrange beforehand to have the doctor give orders. The text advised mothers that doctors may grant a request to prohibit bottle-feeding "even if he's lukewarm about breastfeeding, if you ask him to do it. So do ask him about it ahead of time and remind him about it, if he agrees" (*Womanly Art* 54 [1963]). The granting of such a request freed mothers to enter into their relationship with the nurses on more equal footing and allowed them to attempt to build camaraderie with nurses over their shared goal of following the doctor's orders and ensuring that the baby was fed. Nurses had quite a lot of control over the care of infants in the hospital, particularly in hospitals that did not allow for babies to room with mothers; when

breastfeeding mothers had to rely on nurses to bring their babies to them to be nursed, it was in their best interest to have the doctor's orders and to garner the support of nurses through rhetorical means.

While LLL promoted confidence, friendliness, and firmness in scripted interactions with medical professionals, *The Womanly Art of Breastfeeding* taught mothers to consider the values and concerns of their audience, particularly the nursing staff. Physician's orders might help garner nurses' cooperation, but in a busy hospital ward, mothers might still have had to employ rhetorical strategies to ensure that the nurses supported their efforts and followed the doctor's orders. *The Womanly Art of Breastfeeding* suggested a subtle approach to remind nurses of the doctor's orders in the following script:

It won't hurt to mention casually to the nurse that you're glad your baby isn't getting any formula—since you'll be completely breastfeeding him, any formula given now *could* lead to his developing an allergy to cow's milk when it is reintroduced into his diet several months later. The nursing staff may not know this fact about allergies, and through busy forgetfulness, or simply out of the goodness of their hearts, they may think they are doing your baby a kindness by giving him a bottle or two during those first days before your milk comes in. Knowing this allergy fact may help them remember the doctor's orders. (*Womanly Art* 54 [1963]).

This brief script took a subtle, tempered approach to reminding the nurse of the doctor's orders without dictating. Rather than framing the nurse as an adversary, this script framed the nurse as a partner who shared the goal of providing the baby with a good, healthy start in life. The script also encouraged ethos reciprocity between the mother rhetor and the

nurse audience. Mothers who employed this script presented a maternal ethos of caring and concerned mothers who have thoughtfully considered the implications of their decision to breastfeed on the health of their babies, and they were making a syllogistic argument as to why their babies should not receive supplemental formula. If formula supplementation of a breastfed baby could lead to future allergies, then this particular breastfed baby should not receive supplemental formula.

The foregrounding of maternal concern over her baby's health and the logical argument presented in this script could have led to a sense of identification and camaraderie between the mother and the nurse. The nurse could have certainly sympathized with this conscientious mother in her concern over the development of a milk allergy in a nursing baby. The mother's expression of relief that formula would be avoided was a gentle reminder to the nurse that there were legitimate medical reasons for avoiding formula. Nurses at that time would have been in the habit of giving formula to babies, and they would likely have seen fewer breastfeeding babies. This kind of subtle interaction would likely have helped busy nurses moving through their routines to be mindful of the differing needs of the breastfeeding baby. It also reminded nurses that exclusive breastfeeding wasn't solely a progressive fad, but that there were potential health consequences to supplementing a breastfed baby with formula. In invoking the specter of possible negative health impacts, this script aligned the goals of the mother with the goals of the nurse, thus creating a reciprocal relationship between the ethē of the mother and the nurse. The result of such a renegotiation of the relationship between mothers and the nursing staff was that the maternity ward was transformed into a maternal space in which mothers could subtly assert their desires and gain the support of the nursing staff. For

Editha Grice, who clashed with the nursing staff when trying to initiate breastfeeding with her twin infants, this kind of tempered approach might have helped to head off the conflict before it began. While Grice did manage to successfully breastfeed her twins for six months despite the challenges the nursing staff presented, a tempered approach that developed maternal ethos in negotiation with the nursing staff could have helped her avoid some of the early obstacles to breastfeeding.

The scripting of interactions between medical professionals and mothers constituted a rhetorical education to help mothers navigate relationships that could either support or undermine their attempts to establish breastfeeding. Such scripting—which fostered a maternal ethos foregrounding maternal self-confidence, nurturance, and protection of their babies—framed the relationship between mothers and medical professionals as a partnership. It allowed mothers who adhered to LLL’s views and embraced their practices to engage in acts of resistance in such a way that they recognized the ethos of the professionals with whom they were speaking, and thus they were likely to garner the support of the medical profession rather than inspire skepticism or strife. Such scripted interactions helped mothers assert maternal authority and could help them establish maternal space in locations outside of the safe, maternal spaces of the LLL mother-to-mother support group meeting and the home of the mother who had embraced LLL’s paradigm of natural motherhood.

COLLECTIVE RHETORICAL ACTION AND THE BUILDING OF A COUNTERPUBLIC

While the early texts of LLL assisted breastfeeding mothers in developing rhetorical strategies to navigate interactions with the public, particularly members of the medical

profession, the texts also helped LLL to make the transition from a local support group to a counterpublic with an international reach. Both *The Womanly Art of Breastfeeding* and the bimonthly newsletter *La Leche League News* played a critical role in the growth and development of that counterpublic. According to LLL founder Mary Ann Cahill, mothers benefitted from the constant reassurance and reinforcement that the newsletter provided (Lowman, *LLLove* 26). The newsletter, which had 600 subscribers at the time of the May/June 1961 issue (Lowman, *LLLove* 26), served the need of breastfeeding mothers “to be constantly encouraged to hear about other mothers who thought that nursing a baby was worthwhile” (Lowman, *LLLove* 26). In addition to offering such encouragement, *La Leche League News* helped to build a network of breastfeeding mothers and advocates. The newsletter included a number of examples of correspondence in which mothers wrote to say that they had passed on their copies of *The Womanly Art of Breastfeeding*. One mother wrote to say that when she passed on her copy to her sister, she felt as though she had she had lost her “best right hand man” (*LLL News*, 1.6: 1). Another mother claimed that after being ridiculed in the hospital for choosing to breastfeed, she planned to take copies of *The Womanly Art of Breastfeeding* with her on her next hospital visit to “encourage more nursing mothers” (*LLL News*, 1.6: 1). The inclusion of such testimonials in the newsletter showed that LLL’s mother-to-mother support network grew as a result of individual efforts to further the cause of LLL.

Sarah Hallenbeck’s study of the collective rhetoric of nineteenth-century bicyclists shows that even without centrally-organized coordination and guidance, such as that provided by LLL to breastfeeding mothers, counterdiscourses can flourish and lead to a revision of the medical profession’s understanding of the women’s bodies. What is required

for collective rhetoric to make such a transformational impact, according to Hallenbeck, is that the distributed acts of the individual actors be visible and legible and that the widely distributed audience recognize the relatedness of these individual acts and interpret them similarly. For this to work, claims Hallenbeck, “each individual rhetor must align herself with elements of the network in which she operates” (xviii). Such network building can happen in an organic way with dispersed individuals and groups finding one another through shared interests and goals; however, I argue that LLL’s bimonthly newsletter, *La Leche League News*, and *The Womanly Art of Breastfeeding* functioned in such a way as to build a centrally organized network that promoted its ideas and practices and prepared mothers to employ maternal rhetoric in order to resist dominant trends of infant feeding and child care.

While LLL helped mothers develop rhetorical ethos in their own interactions with medical professionals, the organization was also building a counterpublic of mothers who engaged in collective rhetorical action. In her study of the methods that nineteenth-century women physicians used to develop professional ethos, Carolyn Skinner sheds light on the way in which ethos can be collectively developed and deployed (*Women Physicians* 178). According to Skinner, collective ethos formation occurs when “rhetors collaborate on or compete over the characteristics members of that group will demonstrate” (178). Just as women physicians of the nineteenth century collaborated to develop an ethos for women physicians, the authors of LLL’s early texts collaborated with mothers to develop an ethos for the breastfeeding mother. The scripts and models, some of which were the published accounts of the experiences of women who wrote to LLL, were not only an effort to help women develop their own maternal ethos, it also represented a collaborative effort to

develop a collective ethos for the breastfeeding mother in general and members of LLL in particular. By utilizing LLL's models and scripts, the army of mothers who made up LLL's counterpublic gradually changed the medical profession's perception of mothers. Skinner claims that "the ethos choices an individual rhetor makes influence not only his or her immediate communicative situation but also the broader context and the persuasive options available to other potential speakers and writers" (178). Each time that a mother followed LLL's advice and employed maternal ethos and tempered rhetorical strategies that leveraged the cultural code of motherhood in her interactions with medical professionals, that mother was not only renegotiating her relationship with that particular doctor or nurse to create a maternal space in which she could assert maternal authority, but she was also likely opening the door for other mothers to do the same. Gradually, these individual acts of maternal ethos formation shifted the medical profession's view not only of breastfeeding but of the role of mothers in childcare more broadly.

The spread of LLL's counterpublic can be traced through the newsletter *La Leche League News*. The newsletter included published excerpts from mothers, fathers, and medical professionals who wrote to the organization. It also reported on developments within the organization and noted milestones in the organization's spread, such as attention that the organization received in the press. Between 1958 and 1961, LLL received a good deal of attention from local newspapers and small circulation magazines, some of which had ties to the Catholic church. Early on, it was often members of LLL who brought the organization to the attention of these publications. In 1958, the husband of an LLL member wrote an article promoting the organization. It was published in *Marriage Magazine*, "a small Midwest circulation read by young Catholic families" (Lowman, *LLLove*

31). In another such case, a mother wrote to columnist Marcia Winn of the *Chicago Tribune* in 1959 to recommend LLL. Within a week of the letter's publication, LLL received 150 letters from mothers, doctors, and nurses (*LLL News*, 2.2: 3). In 1959, *Ladies' Home Journal* recommended LLL to a mother who wrote to the magazine for advice (*LLL News*, 1.6: 2). In addition to these references to LLL, a survey of issues of the newsletter reveals that by 1961 LLL had been mentioned at least 25 other times by a variety of publications, including the *Child-Family Digest*, *Herald of Health*, *Baby Talk*, *Prevention*, *Family Circle*, *Christian Parent*, *The Chicago Sun-Times*, *General Practice* (the journal of the American Academy of General Practice), and *Infant Foods and Feeding Practices*, a book that attributed a rise in interest in breastfeeding to LLL. The recognition that LLL received from these many publications shows that it was entering into the public conversation on breastfeeding several years before Lee Forrest Hill's 1968 *Journal of Pediatrics* editorial recognized LLL for its efforts to support breastfeeding mothers and restore lost knowledge of breastfeeding.

Following the publication of *The Womanly Art of Breastfeeding* and *La Leche League News* in 1958, LLL quickly developed into an engaged counterpublic with an international reach. By the time that the Jan./Feb. 1958 *La Leche League News* was published, LLL's founders had received correspondence from mothers, doctors, and nurses in 36 states, the District of Columbia, Canada, Germany, England, Austria, and South Africa. Frequently, letters arrived in higher than average numbers as a response to publications (*LLL News*, 1.5: 1). After a mother wrote a letter to the syndicated column of physician Harold T. Hyman, published in the *Lacrosse Tribune* of Lacrosse, Wisconsin, LLL received over 100 letters, 50 of which were written in direct response to the article (*LLL News*, 1.1: 4). In May

of 1960, LLL received over 800 letters following the publication of the article in the *Family Circle* (Lowman, *Revolutionaries* 46). Much of the correspondence that LLL received was from mothers who shared their successes and struggles with breastfeeding. Some mothers reported positive interactions with medical professionals while others reported disappointing experiences with the medical establishment. Medical professionals also wrote to offer praise for the work of the organization. This correspondence shows that LLL's employment of maternal rhetoric in its advocacy for breastfeeding and natural motherhood, as well as the rhetorical education that LLL offered to mothers, was making an impact.

One Oklahoma mother, who also happened to be a physician, wrote to express her view of the critically important nature of LLL's support: "I am a doctor and a nursing mother, and I want you to know that without the help of *The Womanly Art of Breastfeeding* my baby would have been a bottle baby" (*LLL News* 3.3: 4). She closed her letter with a request to purchase two additional copies of the text. Such stories illustrate the way in which the horizontal network that LLL had been building through its textual outreach intersected with and transformed the medical profession, which under scientific motherhood had been constructed as a vertically oriented, top-down authority. Through individual interactions with breastfeeding mothers who were successful in large part due to the support of LLL, the medical profession's view of breastfeeding and the role of mothers in decisions about childcare began to evolve. While there had been some breastfeeding advocates in the medical profession prior to LLL's founding, the increasing demand for breastfeeding support began to change the medical profession at the local level,

and these micro-transformations began to reshape the medical profession at the macro-level.

While the correspondence published in *La Leche League News* showed that the organization's counterdiscourse was spreading rapidly and impacting the medical profession, the record of sales of *The Womanly Art of Breastfeeding* were also impressive. Within six months of the printing of *The Womanly Art of Breastfeeding* in the fall of 1958, LLL had sold all of the 1,000 copies that had been printed (Lowman, *Revolutionaries* 17). These initial copies were sold primarily to mothers, but medical professionals also purchased copies. One obstetrician ordered a dozen for his patients, a former chaplain ordered six copies to be sent to a Colorado hospital, and natural childbirth groups also purchased copies (*LLL News*, 1.5: 1). In 1960, LLL printed another 5,000 copies. Over a period of three years, LLL sold approximately 17,000 copies of the original edition of *The Womanly Art of Breastfeeding* (Lowman, *Revolutionaries* 44). The second edition of *The Womanly Art of Breastfeeding* was published in 1963, around the same time that *Reader's Digest* published "They Teach the Joys of Breastfeeding," the chapter of Karen Pryor's book *Nursing Your Baby* that focused on LLL. In part because of the attention that the *Reader's Digest* article received, LLL sold 10,000 copies of the second edition of *The Womanly Art of Breastfeeding* in the first two months following its publication in 1963 (Lowman, *Revolutionaries* 47).

An additional measure of LLL's success was the increasing frequency with which members of LLL were sought out for their expertise. Between 1958 and 1961, LLL's founders had been asked to speak for such audiences as the National Health Convention, Rosary College, Young Christian Workers, the Illinois Committee on Maternal and Infant

Health, and the South Suburban Childbirth Education Association (*LLL News*, 1.1, 2.4, 2.6). That the founders of LLL were invited to speak for such groups shows that not only was its counterpublic expanding, but it was growing in prominence as well. LLL's effort to frame maternal experience as a source of knowledge and authority on matters of infant feeding was having an impact on public and medical perceptions of breastfeeding. In fact, some professionals with an interest in breastfeeding chose to travel to the Franklin Park area specifically to meet the founders of LLL and learn from the organization. In 1959, four nurse-midwives traveled from Ottawa, Canada to spend time with LLL. They took the knowledge that they gained from their meeting with LLL and incorporated it onto their childbirth classes (Lowman, *Revolutionaries* 36). In 1964, *The American Journal of Nursing* published an article that examined the efforts of LLL from a nurse's perspective. Janet Iorio, Assistant Professor of Nursing at Seton Hall, explained that she and other nurses spent time with an LLL group. The mothers who had shared their experiences caused the nurses to realize that mothers were often confused by inconsistent medical advice, and in response, the nurses established guidelines for clear and consistent advice regarding breastfeeding (Iorio 119). This account shows that not only were some nurses willing to support breastfeeding mothers, but that they were also willing to establish new policies and routines in order to do so. This willingness of nurses to better accommodate breastfeeding mothers by changing policies and procedures was a step toward the transformation of the maternity ward into a maternal space where breastfeeding mothers could assert their wishes and receive support from nurses.

The attention that LLL received from magazines and newspapers, the significant amount of correspondence that LLL received, the spread of LLL groups, the sales of *The*

Womanly Art of Breastfeeding, and subscriptions to *La Leche League News* show that LLL's counterdiscourse struck a chord with mothers and some members of the medical profession. While correspondence from mothers sometimes reported disappointing responses from their attempts to gain the support of medical professionals, many more mothers wrote to report positive responses. The horizontal network of breastfeeding mothers was growing, and the vertical network of the medical establishment was beginning to take notice.

THE IMPACT OF LLL ON DOMINANT PRACTICES AND SOCIAL NORMS SURROUNDING INFANT FEEDING AND MOTHERHOOD

LLL's face-to-face meetings and textual outreach in the 1950s and early 1960s produced a counterpublic that would profoundly alter the medical profession in the coming years. While it is difficult to quantify LLL's precise impacts, an examination of large-scale trends in the rates of breastfeeding and changing attitudes of the medical profession toward the mother's role in decision-making suggests a significant correlation between the advocacy of LLL and the shift away from the dominant attitudes and practices of scientific motherhood.

LLL continued to grow rapidly and garner the attention of the medical profession and the public more broadly throughout the 1960s, and it contributed to a gradual increase in the rate of breastfeeding. In the 1950s, when LLL was formed, the breastfeeding rate had fallen a great deal. According to a data published by the National center for Health Statistics, prior to 1950, 58.9% of women in the United States had breastfed their first child; in the period of 1956 to 1960, that number had fallen to 43.1% and was on a

continuing downward spiral (Hirschman, et al. 11). Thanks largely to LLL's influence, the trend was eventually reversed. By 1980, the breastfeeding rate had risen to 55% (Eckhardt and Hendershot 410). Trends in demographics of breastfeeding mothers also changed, perhaps in part due to the fact that LLL's efforts were aimed primarily at white, middle-class mothers. According to Lindsay Gartman Baker, in the 1940s a significantly larger percentage of black mothers breastfed their babies (25). At that time, breastfeeding was associated with mothers of low socioeconomic status who could not afford breastmilk substitutes. By the mid-1960s, for the first time since breastfeeding trends had been recorded, white women-initiated breastfeeding at a higher rate than did black women, and highly educated middle-class white women breastfed at a higher rate than any other demographic (Baker 25). Barker attributes this changing trend to the availability of information and support amongst these different demographics (Baker 25). This trend aligns with the nature of LLL and its philosophy of natural motherhood. LLL was founded by middle-class white women who had the ability to focus the bulk of their time and efforts on the care and feeding of their children; economically disadvantaged women and working mothers were not as well-served by LLL's attitudes and philosophy. LLL's counterpublic was comprised chiefly of white, middle-class women who could devote themselves to the alternative paradigm of mothering offered by LLL and had the social and economic leverage to employ the rhetorical strategies that LLL taught in their early texts.

While LLL's model did not serve all mothers equally, it was critical to the success of breastfeeding mothers who were in a position to benefit from its support. In her 1971 dissertation *The Relationship of Information and Support to Behavior: The La Leche League and Breastfeeding*, social psychologist Alice Kahn Ladas set out to uncover the impact of

LLL's model of breastfeeding support on mother's attempts to breastfeed. Ladas studied responses to interviews and questionnaires regarding the breastfeeding experiences of two disparate groups of first-time mothers: members and non-members of LLL. Ladas found that access to either information about breastfeeding or access to breastfeeding support did separately contribute to a higher rate of success amongst breastfeeding mothers; however, the highest rate of success of breastfeeding mothers resulted from access to both information and breastfeeding support as was provided under LLL's model (Ladas 2). This study showed that LLL's method of offering information and support may have had a significant link to an increase in the rate of successful breastfeeding mothers; thus, the organization undermined the bottle-feeding practices of scientific motherhood.

While the contributions of LLL's counterpublic played a significant role in the rate of mothers initiating breastfeeding, LLL's challenge to scientific motherhood also shifted the attitude of the medical profession toward mothers more broadly. According to Rima D. Apple, physicians in the 1970s felt that they were being pushed by social trends to involve mothers in the decision-making process (Apple, *Perfect Motherhood* 143). The baby boom ended in approximately 1960, and as birth rates declined, hospitals, as consumer businesses, found that they needed to increasingly accommodate the desires of mothers to draw them to their maternity wards (Apple 143); thus, hospitals purposefully set out to offer an environment that allowed mothers to exercise maternal authority and create maternal space in the maternity ward. LLL's counterpublic, the natural childbirth movement, the counterculture of the 1960s and 1970s (Apple 143), and medical studies affirming the importance of a close physical connection between mothers and babies in the

immediate post-partum period (Martell), hospitals had to increasingly accommodate mothers' decisions regarding medical care and create family-centered environments.

LLL itself became a well-respected authority to which the medical profession turned for information on breastfeeding, and eventually, LLL and the medical profession officially partnered to better support breastfeeding mothers. In 1973, LLL held its first Physicians' Breastfeeding Seminar, which the American Medical Association surveyed in order to decide whether or not to grant accreditation to LLL for the purpose of providing continuing education credits to physicians who attended the seminar (Lowman, *LLove* 64). One physician reportedly asked LLL to continue the seminars because there was "noplac[e] [sic] else for doctors to get this kind of information" (Lowman, *LLove* 64). Marian Tompson was doubtful that LLL would receive accreditation, saying "After so many years of being outside the establishment, I just couldn't believe that they would accept us" (Lowman, *LLove* 64); however, the AMA did indeed grant LLL accreditation following that initial physicians' seminar. This achievement marked a major milestone in LLL's growing influence on medical professionals.

The ability to take a tempered approach to advocacy and rhetorically occupy the middle-ground is likely what led to the rapid growth of LLL and to the increasingly widespread embrace of its views and practices. A little over a decade after LLL's founding, Lee Forrest Hill, President of the American Board of Pediatrics was admonishing the medical profession for letting breastfeeding fall out of favor on its watch and praising LLL for reviving the practice (Hill 162). It's not likely that LLL would have had such successful outcomes if they had adopted a more militant style of resistance to medical authority and discourse.

It's undeniable that LLL contributed significantly to the shift away from the strict top-down model of scientific motherhood in which mothers were expected to act as obedient adherents to the advice of physicians. By crafting texts that helped mothers develop the rhetorical strategies to navigate interactions with medical professionals and create maternal space, LLL eased the path for breastfeeding mothers. While tempering their acts of resistance could not ensure that their audience would support their efforts, the development of maternal ethos made the revolutionary activities of LLL mothers more palatable. Through the employment of maternal ethos in individual acts of resistance, members of LLL's counterpublic of breastfeeding mothers participated in a collective ethos building project that compelled change in the medical profession and in perceptions of women's roles.

CHAPTER V

CONCLUSION: "WE CAME WANTING TO LEARN THE ART OF BREASTFEEDING. WE FOUND A WAY OF LIFE."

In her 1976 examination of the modern experience of motherhood, *Of Woman Born*, Adrienne Rich critiqued the institution of motherhood as a social construction that "ghettoized and degraded female potentialities" throughout recorded history by investing all women with "magical powers" for the purpose of controlling them (13). While the institution does not reflect the reality of the lived experiences of mothers, it has still shaped their lives in significant ways (Rich 42). This institution, claimed Rich, had caused harm by placing strict expectations on mothers as a form of social control, but it failed to reflect the reality that motherhood is a unique relationship between each woman and child. Rich called for the destruction of the institution of motherhood and expressed hope that women would be able to break away from the violence done to women and children under the strict confines of the institution:

What is astonishing, what can give us enormous hope and belief in a future in which the lives of women and children shall be mended and rewoven by women's hands, is all that we have managed to salvage, of ourselves, for our children even within the destructiveness of the institution: the tenderness, the passion, the trust in our instincts, the evocation of a courage we did not know we owned, the detailed apprehension of another human existence, the full realization of the cost and precariousness of life. The mother's battle for her child—with sickness, with poverty, with war, with all the forces of exploitation and callousness that cheapen

human life—needs to become a common human battle, waged in love and passion for survival. But for this to happen, the institution of motherhood must be destroyed. (280)

Even within the confines of the institution of motherhood, according to Rich, mothers had been able to rebel in some ways by experiencing powerful emotions, trusting in their instincts, and finding courage within themselves.

The ideology of scientific motherhood, the dominant ideology of motherhood in the early twentieth century, caused the kind of institutional violence against mothers and children that Rich so despaired of in *Of Woman Born*. The ideology of scientific motherhood made it difficult for women to trust their instincts and experience maternal tenderness and passion. It discounted maternal instinct, relying instead on strict prescriptions for the care and feeding of children. The mother-child bond was hampered by the ideology, as the routinely prescribed advice was to avoid frequently holding the infant in order to encourage independence. While some mothers struggled under the confines of scientific motherhood, a few pushed back, as did the founders of LLL.

At a time when mothers had lost confidence in their ability to make sound decisions about the care of their own children and were discouraged from developing strong mother-child bonds, the founders of LLL rebelled by breastfeeding, nurturing strong mother-child bonds, and developing their own ideology of natural motherhood to counter scientific motherhood. LLL resisted the dominant practices of childcare and infant feeding that had been popularized under scientific motherhood, but the founders of the organization realized that for such resistance to be successful, mothers needed a supportive network around them, and they needed practical advice to navigate the challenges of breastfeeding

and practicing an alternative paradigm of mothering in a social climate that did not support these efforts. Through the development of a counterpublic, LLL was able to help many women restore what they had lost, including autonomy, trust in oneself, and self-confidence; thus, two decades before Rich's *Of Woman Born* was published, LLL had embarked on an effort to combat the strict, confining institution of scientific motherhood and help women regain some of what had been lost to them.

While the organization successfully challenged the oppression of mothers by scientific motherhood, paradoxically, as explained in the introduction of this project, much of the criticism leveled at La Leche League by feminist scholars has highlighted the way in which the organization required domesticity of mothers and discouraged mothers' active involvement in the public sphere. Bernice Hausman observed that feminists "warily approach League as an ideologically suspect organization with rigorous social controls over the women who become involved with it—much like a cult" (161). Even those scholars, such as Hausman, who acknowledged the significant role that LLL played in shaping the history of infant feeding and recognized that the organization could, and did, empower some mothers, view it as a paradoxical organization that constrained mothers while empowering them. This "bounded liberation" (131), according to Christina Bobel, both empowered mothers while it also constrained them within the realm of domesticity.

This dissertation project confirms feminist scholars' assessment of the paradoxical nature of the organization, but it also illuminates the way in which the organization's rhetorical power resided in leveraging the position of mothers on the margins as disciplinary outsiders by rhetorically foregrounding traditional values associated with motherhood and arguing that their status as outsiders provided them with experience-

based knowledge that was vital to success in breastfeeding. In effort to help mothers assert their maternal authority, LLL helped mothers transform their homes into maternal spaces that operated as safe enclaves to practice an alternative paradigm of motherhood and reject status quo practices, such as bottle-feeding.

While LLL did empower some mothers to resist dominant trends in mothering, create maternal space, and breastfeed successfully, over its history, the organization has marginalized mothers who were not white, middle-class homemakers. Women of color, single mothers, lesbian mothers, working mothers, and bottle-feeding mothers are among those who did not fit into LLL's model of the ideal mother. Because they could not take on the maternal role prescribed in LLL's paradigm of natural motherhood, which LLL promoted as good mothering, these mothers were framed, through exclusion, as inadequate. The organization's problematic messaging, exclusionary practices, and paradoxical nature have been discussed by other feminist scholars; therefore, this dissertation focused primarily on understanding an unexplored aspect of the organization—the way in which LLL's employment of maternal rhetoric empowered mothers and led to a shift in the medical profession's understanding of breastfeeding and its related practices. The success of LLL's maternal rhetoric and the collective maternal ethos that its counterpublic developed depended largely upon the social positioning of its target audience of white, middle-class homemakers.

The history of LLL's successful advocacy for breastfeeding and its own philosophy of natural motherhood provides evidence that counterpublics can be a highly effective solution to the problems posed by disciplinary gatekeeping and gendered spatial segregation. Counterpublics often develop in enclaved safe spaces, which Fraser calls

“parallel discursive arenas” (67). A review of LLL’s early organizational history and an analysis of its early textual outreach reveals the way in which changes in dominant practices and discourses can develop as the result of the collective rhetorical activities of counterpublics. Each chapter of this dissertation has corresponded to a stage in the development of a counterpublic that would eventually intersect with and transform the medical profession’s understanding of and attitude toward breastfeeding and the role of mothers in decision-making.

The earliest stage, the development of the parallel discursive arena of the local mother-to-mother support group, witnessed the establishment of the organization and the development of LLL’s counterdiscourse, including its philosophy of natural motherhood. This stage began when mothers who had faced similar struggles with their attempts to defy dominant practice and breastfeed came together in a maternal space with the intention of offering one another mutual support. They recognized that support, or lack thereof, had played a significant role in their attempts to breastfeed, and they wanted to offer that support to mothers within their local area in a more formal and organized way.

While this domestic mother-to-mother support group provided a practical solution to the issue of lack of knowledgeable support, and it provided a safe maternal space for the founding mothers to share and compare their experiences, it also functioned in a manner similar to the feminist consciousness raising groups that developed in the later 1960s. In sharing and comparing their experiences with childbirth and breastfeeding, the mothers who attended those initial LLL meetings were able to analyze the dominant discourse around infant feeding and childcare and identify the ways in which a local mother-to-mother support group could address the failure of the medical profession to accommodate

the needs of mothers. Some of the founders had opted to give birth at home and had discovered that the private space of the home could better accommodate the needs of the unmedicated birthing mother than could a hospital maternity ward. Through their conversations about childbirth and breastfeeding, the members of LLL were able to analyze more deeply what drew each of them to the decision to breastfeed and seek out a natural childbirth, and as a result of these conversations, LLL developed a philosophy of natural motherhood. In stark contrast to the model of scientific motherhood, the philosophy of natural motherhood understood mothers to be intuitive about the biological and emotional needs of their children. LLL's founders believed that the mother's natural intuition and confidence in one's mothering had been harmed by the expectation that good mothers follow strict prescriptions for the care and feeding of their children. The establishment of the initial local mother-to-mother breastfeeding support group within a maternal space was a rhetorical action to this harm posed by scientific motherhood. The sharing that took place within the maternal space of the mother-to-mother support group validated maternal experience as a source of knowledge and as grounds for mothers' authority over the care of children. LLL believed that babies had unique needs and that attentive mothers who practiced a natural approach to motherhood would develop a strong understanding of their babies' needs by developing close mother-child bonds. The safe maternal space of the LLL meeting enabled the organization to develop the philosophy of natural motherhood that assumed that mothers had an instinctual understanding of their children's needs and a desire to meet those needs; thus, natural motherhood framed mothers as the logical authority over the care of their own children. In the maternal space of the LLL meeting, where babies and children were welcome, not only did new mothers benefit from the

knowledge and support of experienced mothers, but they also witnessed the benefits of the strong mother-child bond that was the result of breastfeeding and a more responsive, natural approach to motherhood.

The second significant development in LLL's evolution as a counterpublic involved the broader recruitment of mothers through the distribution of *The Womanly Art of Breastfeeding*, a text aimed at sharing LLL's philosophy of natural motherhood and offering a textual alternative to the face-to-face model of mutual support. The challenge of translating the work of the face-to-face support group into text was complex, as the information shared in the meeting was only one aspect of the dynamic that made the face-to-face group successful in providing support and restoring confidence in maternal ways of knowing based upon experience and communal sharing. Camaraderie, an egalitarian sharing of experience-based knowledge, and visual models of successful nursing and mothering under the paradigm of natural motherhood were aspects of the local, face-to-face meeting that were more difficult to translate. In the attempt to communicate these elements to a widely distributed audience, LLL used a variety of rhetorical strategies: it created a maternal ethos for the organization by associating the founders with elements of the cultural code of motherhood; it aligned the philosophy of natural motherhood with the Biblical figure of Eve, thereby making an appeal to logic and associating natural motherhood and maternal instinct with morality; it characterized the organization not as a group of more experienced mothers supplemented by a medical advisory board but as a friendly neighbor who wanted to share the knowledge she had gained from her experience; it targeted an audience made up of only mothers who were already inclined to breastfeed, thereby appealing to like-minded women with similar, though perhaps unexplored,

attitudes toward the dominant paradigm of scientific motherhood; and it leveraged the cultural code of motherhood to convince both the mother and the father to make practical changes in the home that would transform the home into a private maternal space.

Instruction in creating a maternal space involved not only a material rearrangement of the home but also a restructuring of family dynamics and re-evaluation of the primary role of wife and mother inside of the home. Kaye Lowman, the author of the organizational histories *The LLLove Story* and *The Revolutionaries Wore Pearls*, described the impact of LLL's seven founders and their philosophy of natural motherhood in this way: "They have changed our lives, these seven women who founded La Leche League. We came wanting to learn the art of breastfeeding. We found a way of life" (Lowman, *LLLove* 75). LLL's model of natural motherhood was certainly a significant shift away from the status quo. Rather than focus on domestic chores, a marker of maternal identity in the 1950s, LLL encouraged mothers to concentrate on the development of the bond between mother and child, particularly in early infancy. *The Womanly Art of Breastfeeding* employed rhetorical strategies to convince mothers that a restructuring of the home, with less focus on domestic chores, a stronger focus on the development of strong family bonds, and a supportive husband acting as an engaged co-parent, was necessary and beneficial. The text also modeled rhetorical strategies that women could employ in negotiations with husbands in order to garner their support. Yet, rather than challenging the gendered division of labor in reimagining roles within the home, LLL reaffirmed it by emphasizing the unique, nurturing role of the mother and her maternal biology. The biological essentialism inherent in the organization's philosophy and its reaffirmation that the home is the appropriate place for mothers served to alienate some mothers and resulted in much criticism from feminist

scholars; however, for the founders of LLL, the home was a site of liberation from the oppressions of the medical establishment during childbirth and in the post-partum period. Additionally, for the members of LLL, the mother-to-mother support group had been a site of maternal empowerment, so in composing *The Womanly Art of Breastfeeding*, LLL not only aimed to offer support to women who wished to breastfeed but also to persuade mothers to resist the status quo and practice a more natural approach to motherhood in the maternal space of their homes. Just as the local mother-to-mother support group had operated as a “parallel discursive arena” (Fraser) for the development of LLL’s counterdiscourse, the maternal space of the home provided a safe enclave in which individual mothers could practice maternal agency. In assisting mothers in creating these maternal spaces, LLL developed into a horizontal network comprised of an army of mothers who were well-versed in LLL’s philosophy of natural motherhood and well-armed with the rhetorical and practical tools necessary to create their own safe enclaves in which to embrace and practice an alternative paradigm of mothering.

The third stage of the development of LLL as a distinct counterpublic involved its interaction with the dominant public. Just as LLL used textual outreach to persuade mothers to adopt LLL’s philosophy of natural motherhood and provided them with the rhetorical means and practical advice to do so within their own homes, LLL used texts such as *The Womanly Art of Breastfeeding* and *La Leche League News* to provide mothers with the rhetorical training necessary to move out into the public and effectively engage with and resist the dominant discourse in a tempered way that foregrounded concepts and values traditionally associated with motherhood. Much of these efforts at rhetorical education in LLL’s early publications were focused on helping women navigate interactions

with medical professionals in the hospital in the immediate post-partum period. LLL offered scripts that helped mothers craft maternal ethos that relied on what Ryan, Myers, Jones described as an “ecological mindset” (11) in order to renegotiate the balance of power between mothers, physicians, and other medical professionals. Additionally, LLL’s counterpublic of breastfeeding mothers engaged in a project of collective ethos formation that would gain the attention of the medical profession and prompt the profession to revise its understanding of breastfeeding and of the capacity of mothers to take a more active role in making decisions about childcare.

Carol Mattingly argues that the use of a tempered approach to activism by members of the Women’s Christian Temperance Union made the rhetoric more acceptable to a broad public than an approach that blatantly challenged the status quo (21). I argue that LLL was rhetorically savvy enough to teach mothers to develop a maternal ethos grounded in ideals associated with the cultural code of motherhood and that paid respect to expertise and subtly framed the expert’s knowledge as grounds for resistance to the status quo. The scripts that LLL provided to readers modeled audience awareness and the adaptation of maternal ethos for varying audiences within the medical profession. These scripts helped mothers renegotiate and re-frame relationships with medical professionals, and in so doing, these mothers employed maternal ethos to carve out maternal space within physical spaces controlled by the dominant public, in this case the medical profession. In this way, LLL prepared its horizontal network of mothers to interact with the dominant, traditionally top-down medical profession in such a way that caused no affront to the profession but instead began to reshape both the practices within the gendered institutional spaces of

medicine and the medical discourse surrounding infant feeding and the role of mothers in making decisions about their children's healthcare.

While I explore the three stages of development of LLL's emergence as a counterpublic (formation, spread, engagement with the dominant public), I do not mean to suggest that the building of counterpublics happens in defined and distinct stages. In the period I examined, primarily 1956-1963, the spread of LLL through textual support and engagement with the dominant public occurred simultaneously. Much of the foundational scholarship that explores the nature and development of publics (Habermas) and counterpublics (Fraser) does so primarily through an abstract exploration of the theory of their trajectory and their impacts. This study of LLL provides an overview of the way in which a particular counterpublic grew from the idea of a small group of individuals and then spread in such a way as to intersect with and alter dominant discourse and practices around infant feeding. Following the 1960s, LLL continued to develop a stronger and larger counterpublic by reaching out to mothers, offering them support and education, and preparing them to engage rhetorically with a dominant public that may not have been prepared to understand or accommodate its philosophy and practices. Eventually, LLL no longer operated as counter to the dominant discourse on infant feeding but was instead accepted as an authority on the issue of breastfeeding by the medical profession.

One implication of this study is that the field of rhetorical studies should more closely examine the paradoxical messaging of conservative organizations that seems to constrain as much as it empowers. Scholars such as Carol Mattingly, Lisa Shaver, and Charlotte Hogg have explored the way in which conservative women have used the rhetorical means available to them to advocate on behalf women and improve their lives

when more radical approaches may have failed. This dissertation builds on their work by suggesting that conservative rhetorical strategies employed by women's organizations can lead to rapid and radical change in dominant views of women and their roles. LLL has long been regarded as a paradoxical organization, simultaneously empowering and disenfranchising mothers, and there is incontrovertible evidence that this was sometimes the case; however, a closer examination reveals that the paradoxical nature of LLL and its rhetoric was perhaps the key to its success. As Lindal Buchanan explains in *Rhetorics of Motherhood*, maternal rhetorics are paradoxical, as their power lies in tapping into those ideas and concepts that we traditionally associate with motherhood in order to authorize activities that might otherwise be deemed as too controversial or revolutionary to be acceptable (5). In LLL's case, its ability to harness elements of traditional motherhood and use them to subvert understandings of what it means to be a good mother was its rhetorical strength.

Another way that this dissertation contributes to feminist rhetorical scholarship is that it problematizes the notion that only women's full and equal access to disciplinary sites of knowledge can affect change in the beliefs and practices of a dominant public. Gendered spatial segregation is generally thought of by feminist scholars as a barrier that limits women's ability to affect change and challenge the status quo. It is for this reason that Daphne Spain argues that the marginalization of women by disciplinary authorities can only be fully and effectively challenged when women have full access and equal involvement in disciplinary centers of power (5). A number of feminist rhetorical scholars have explored the rhetorical strategies that women have historically used to authorize their entrance into male dominated professions and thereby reshape those professions.

These scholars have explored the way in which women have used the rhetorical means available to them to argue for their full and equal participation in disciplinary or professional spaces, frequently after lengthy, or even multigenerational, efforts (Wells; Enoch; Skinner; Buchanan; Mountford; Applegarth; Moseley). For example, both Skinner and Wells explore the entrance of women physicians into the medical profession in the nineteenth century, and as Skinner explains, once women gain access to male-dominated locations and positions of authority, they still may not be viewed as equals and must develop ethos, sometimes from their marginalized positions, to argue that they have authority and expertise.

Equal access to positions of authority along with equal respect and influence on disciplinary knowledge is, of course, the ideal; however, if change is only to occur from advocacy and agitational activities that take place from within the discipline, change may be delayed for a significant amount of time. As Sarah Hallenbeck reveals in *Claiming the Bicycle: Women, Rhetoric, and Technology in Nineteenth-Century America*, the collective rhetorical activities of laypersons can prompt a discipline to revise its understanding and practices. In its early history, LLL sparked a similar laypersons' movement by developing a counterpublic of breastfeeding mothers. As this study of LLL suggests, counterpublics and their associated counterdiscourses that begin on the margins of a disciplinary discourse are able to intersect with the dominant discourses and eventually transform them.

In addition to providing an example of the way in which counterpublics can shape dominant discourse, this study also reveals the significant relationship between the gendering of space and the rhetorical tools that are available to aid the rhetor in the development of ethos. This project builds on the work of scholars such as Spain, Jack,

Enoch, Mountford, and Johnson who have explored the rhetoricity of gendered space, such as the WW-II era factory (Jack), and the way in which women have been pulled into and pushed out of public life, as well as feminist scholars such as Skinner, Reynolds, and Ryan, Myers, and Jones who argue that ethos is a social construct that is co-constructed and negotiated. I argue that more attention should be focused on the role that physically gendered spaces play in the development of women's rhetorics. The means through which marginalized rhetors are able to renegotiate relationships and assert agency in physical locations where they are disadvantaged disciplinary outsiders, such as breastfeeding mothers in the maternity ward, are also an underexplored area of feminist rhetorical scholarship.

I call upon my fellow rhetoricians to delve more deeply into the rhetorical affordances of feminine gendered spaces, particularly maternal space. Traditionally, the home has been viewed as a space of constraint, but for the founding mothers of LLL and many members thereafter, the home had the potential to be an empowering maternal space that offered respite from the constraints that the medical profession and society more broadly placed on mothers and their bodies. Mothers were able to carry forward the self-confidence and sense of authority that the maternal space of the home offered and take it out into the world, employing maternal rhetoric and negotiating a maternal ethos that enabled them to carve out maternal space within the gendered institution of medicine.

Maternal space, which is created through mothers' beliefs, values, and activities, offers a lens through which rhetorical scholars can examine women's underappreciated, everyday activities as rhetorical action and activism. Studying the way that women create maternal space can shed light on the way that women empower themselves and assert

agency as they go about their everyday lives, both within and outside of the home, while also potentially improving the lives of other women through their efforts.

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APPENDIX
COPYRIGHT PERMISSION

4/16/2020 Old Dominion University Mail - Permission to Replicate Woman/Mother Continuum Table from Rhetorics of Motherhood



Jenny Moore <jmoor090@odu.edu>

Permission to Replicate Woman/Mother Continuum Table from Rhetorics of Motherhood

Lindal Buchanan <lindalb689@gmail.com>

Fri, Apr 17, 2020 at 8:05 PM

To: Jenny Moore <jmoor090@odu.edu>

Cc: LINDAL J BUCHANAN <LJBUCHAN@odu.edu>

You have my permission to reproduce the Woman/Mother continuum in your dissertation, Jenny.

Best,
Lindal Buchanan

On Apr 17, 2020, at 7:16 AM, Jenny Moore <jmoor090@odu.edu> wrote:

Dr. Buchanan,

I am writing to request your permission to replicate the table titled "The Woman/Mother continuum" which was included on page 9 of *Rhetorics of Motherhood*. Would you mind if I replicate this table in my doctoral dissertation entitled *Leveraging Maternal Rhetoric, Space, and Experience: La Leche League's Emergence as a Counterpublic?*

Thank you for your consideration.

Best Regards,

Jenny Moore

Ph.D. Candidate

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Figure 4. Copyright permission from Buchanan, Lindal. "Permission to Replicate Woman/Mother Continuum Table from *Rhetorics of Motherhood*" Received by Jenny Moore, 17 April 2020. Email.

VITA

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Selected Presentations

- “Where ‘The Revolutionaries Wore Pearls’: The Subversive Use of Maternal Space And 1950s Domesticity in the Counterdiscourses of La Leche League International.” *Feminisms and Rhetorics* 2019, Coalition of Feminist Scholars in the History of Rhetoric and Composition, November 2019, James Madison University, Blacksburg, VA.
- “Promoting ‘Mothering through Breastfeeding’: Shaping Medical Discourse and Maternal Practice through La Leche League’s Mother-to-Mother Support Group.” 2018 Virginia Colloquium on the Rhetoric of Health and Medicine, June 2018, George Mason University, Fairfax, VA.
- “Making a Case for Maternal Agency: Exploring the Rhetorical Invitation to Partnership and Confidence in Early La Leche League Publications.” *Feminisms and Rhetorics* 2015, Coalition of Feminist Scholars in the History of Rhetoric and Composition, October 2015, Arizona State University, Tempe, AZ.