

Chapter 1

EMBODIED CULTURAL DILEMMAS

AN ANTHROPOLOGICAL APPROACH TO THE STUDY OF NIGHTTIME BREASTFEEDING AND SLEEP

One of the main objectives of this book is to show how anthropological ways of thinking can help illuminate points of conflict or tension that are often treated in a simplistic and polarized fashion in popular media. Specifically, while it is tempting to attribute the tensions over nighttime care of babies to conflicts over the ostensible superiority of breastfeeding or formula feeding, or solitary sleep versus co-sleeping, a more thorough engagement reveals that these bodily activities are entangled in a series of sociocultural domains that may not be readily apparent to a casual observer or even to new families attempting to navigate this embattled terrain. My goal is to offer an alternative perspective to these debates and reposition both dominant and more marginal models of nighttime infant care in the U.S. within the context of the rich sociocultural, historical, and interpersonal relations in which they exist. In this chapter, I bring these theoretical concerns to the forefront of analysis in order to uncover the reasons why nighttime infant care constitutes a cultural dilemma in America.

I propose an understanding of breastfeeding and sleep as *embodied*—simultaneously biological and cultural processes that are enacted and experienced through the body. First, I show how seemingly “natural” bodily activities are culturally constituted and fundamentally social, relational processes. This relationality has a specific inter-bodily dimension in the case of breastfeeding and co-sleeping, which involve the coordination and direct proximity of at least two

bodies. Next, I delve deeper into the social relational aspects of the embodied processes of nighttime breastfeeding and sleep by examining how these interactions participate in the making of persons and family relationships (kinship or relatedness, in anthropological terms). I introduce the concept of embodied moral dilemmas as an important site for understanding the reproduction and potential transformation of cultural patterns. In the following section, I extend this discussion to show the multiple ways in which these embodied processes participate in larger political economic relationships that reflect and reproduce different aspects of capitalism. This theoretical framework ultimately enables me to use my ethnographic findings to show how the dilemmas posed by the embodied experiences of nighttime breastfeeding and sleep not only reveal and reproduce existing cultural patterns, but create opportunities for change.

The Embodied Social Practice of Nighttime Breastfeeding and Sleep

Marcel Mauss ([1935] 1973), in his essay "The Techniques of the Body," suggested that bodily "habits" or *habitus* that may seem exclusively biological, such as the way people walk, "do not vary just with individuals and their imitations; they vary especially between societies, educations, proprieties and fashions, prestiges" ([1935] 1973:101). By establishing that "body techniques," or the ways in which people use their bodies, are acquired through socialization, Mauss opened the way for the investigation of bodily practice as a "social fact" (Durkheim [1895] 1982). Mauss's approach is particularly remarkable in its multi-dimensionality, since he considered embodied experiences, the processes by which people acquire body techniques, and their social uses and effects within the same framework. Since Marcel Mauss's seminal essay, considerable attention has been devoted to bodily practices and embodiment in anthropology and related disciplines.¹ Breastfeeding, sleep, and their interrelationships, however, have figured only marginally in these discussions.

Despite the burgeoning literature on embodiment, Talal Asad (1997) argued that anthropology could further benefit from a re-examination of Mauss's original arguments. Asad returns to Mauss's concept of the "habitus," suggesting that through this concept Mauss sought to "define an anthropology of *practical reason*. The human body is not to be viewed simply as the passive recipient of 'cultural imprints' that are 'clothed in local history and culture,' but as the

self-developable means for achieving a range of human objects—from styles of physical movement ... through modes of emotional being ... to kinds of spiritual experience" (1997:47–48). Asad's emphasis helps direct attention to the social, relational way in which people acquire *habitus*, and his emphasis on practical reason opens Mauss's work to diverse analysis that includes a moral component.² To investigate the dilemmas engendered by breastfeeding and sleep, I follow Asad's call and first examine the ways in which these body techniques contribute to differentially enculturated modes of being.

A growing body of literature, written primarily by feminist sociologists and women's studies scholars, focuses on the complex and contradictory embodied experiences of breastfeeding in Europe, North America, and Australia. In these settings, breastfeeding is a body technique learned primarily in hospitals under the supervision of medical personnel and then practiced primarily at home in the first few weeks after birth. Medical supervision then shifts to the baby, primarily through monitoring elimination patterns and weight gain.³ Furthermore, most women in these areas experience breastfeeding as a relatively short-term practice, lasting a few weeks or months, with artificial milk feeding quickly integrated and becoming the dominant mode of feeding by around three months postpartum (CDC 2013a). These studies suggest that while women often expect their embodied experiences to mimic the idealized maternal sentiments depicted in breastfeeding promotional materials, many experience ambivalent, negative, painful, repulsive, and mechanized/disembodied sensations that often lead to cessation of breastfeeding.⁴ There is growing attention to how women experience expressing their milk using breast pumps, which are becoming increasingly important in scientifically managed breastfeeding, especially in cases of premature and ill babies and when women return to work.⁵ Sexual feelings during breastfeeding can be particularly disruptive to the maintenance of the separation between the sexual and nurturing aspects of the maternal body.⁶ At the same time, women can also experience sensual and welcome sexual pleasure, comfort, empowerment, and a sense of closeness and connectedness to their children.⁷ Avishai (2007, 2011) has recently argued that women do not necessarily experience breastfeeding in dichotomous positive or negative frames; instead they may encounter several different, often contradictory experiences at the same time and over the course of the breastfeeding process.

Considerably less attention has been paid to women's experiences of breastfeeding in other cultural settings, albeit with some notable

exceptions.⁸ Perhaps most famously, Nancy Scheper-Hughes (1993) described *nervoso*, a state of stress and anxiety, which left women in a poor Brazilian shantytown feeling spent, exhausted, and unable to make breastmilk for their children—with enormous consequences for the children’s health and survival. Scheper-Hughes’ ethnography remains exceptional both in its attention to the embodied dimensions of experience as well as in its astute historical and political economic analysis. Scheper-Hughes described the appropriation of land for the growing of sugarcane that resulted in the mass eviction of poor people, who used the land as their primary source of sustenance. The poor were then forced to live in shantytowns with little opportunity for earning money for food and with limited access to clean water. The stresses of hunger, illness, and high levels of violence, combined with the promotion of infant formula by Nestlé that followed the path of USAID distribution of powdered milk, led mothers to believe that they were not capable of producing adequate breastmilk for their children. Scheper-Hughes’ work, therefore, serves as an important guide for a social and relational study of embodiment grounded in political economy, which I take up below.

The embodied dimensions of sleep have been gaining recognition thanks mainly to the work of a small number of scholars, most especially historian Roger Ekirch (2005) and sociologist Simon Williams (2011, 2007, 2005; Williams and Crossley 2008) and some others (Steger and Brunt 2003; Brunt and Steger 2008). Ekirch’s (2005) masterful study of the culture of sleep in Western Europe between circa 1500 and 1750 provides a much-needed historical dimension to this work. Through the use of diverse sources, Ekirch shows that early western European experiences of sleep differed dramatically from contemporary Euro-American ones in several key ways, of which I highlight just a few. First, Ekirch shows the widespread polyphasic practice of sleep, wherein sleep took place in multiple chunks, some during the daytime and some during the night. Similar polyphasic sleep patterns are documented in cross-cultural studies, such as in the case of Mediterranean practices of “siesta” and Japanese practices of napping. Second, Ekirch documents the complex social interactions during the night, including sexual relations, interactions with children, and bodily elimination. Ekirch is careful not to romanticize historical accounts of sleep as somehow more “peaceful” or closer to “nature,” showing that nights were filled with many disruptions as well as dangers (including sickness, violence, and fire).

Simon Williams (2005) asserts that sociologists have neglected the study of sleep because they considered it to be a time away from social life. Instead, Williams argues that sleep should be regarded as an important social practice that can be examined on three mutually intersecting levels of analysis: the individual/(non)experiential,⁹ social/interactional, and societal/institutional levels. Although Williams' effort to reposition sleep as an important domain of social analysis is foundational, I argue that in the realm of sleep that I describe, the individual/(non)experiential level and the social/interactional levels cannot be separated. More recent sociological research on sleep has shifted toward a more relational perspective that incorporates a life course perspective,¹⁰ and addresses children,¹¹ the burdens and gendered negotiations of nighttime caretaking of children and elders,¹² and couples' interaction in sleep.¹³ My own anthropological approach, drawn from the comparative perspective of shared sleep as a common social practice across many cultures, as well as the anthropological emphasis on social relations through which persons are produced, takes this relationality as foundational. As such, I consider the embodied qualities and experiences of sleep both in the context of and as producers of these social relationships and the personhood of children and parents. This approach also accommodates insights from biological anthropology about the physiological interrelationship of mothers' and infants' bodies during sleep and breastfeeding,¹⁴ incorporating the material qualities of the interactions of slumbering and nourishing/feeding bodies that move between different degrees of awareness.

Thus far, biological anthropologists have undertaken the bulk of research in breastfeeding and sleep practices and have incorporated some ethnographic dimensions to their work.¹⁵ A growing literature examines the interrelationship of breastfeeding and sleep, led by biological anthropologists James McKenna, Helen Ball, and their colleagues. These scholars have drawn on physiological data from sleep laboratories and participant homes, survey and interview data, cross-cultural evidence, as well as non-human primate data and other evidence from studies of human evolution, to argue that the evolution of breastfeeding and sleep are interlinked processes. According to this research, mother-child co-sleeping is a highly adaptive behavior that entails a complex set of physiological relationships between the child's and the mother's body and that plays a critical role in facilitating breastfeeding as well as in the thermo- and respiratory regulation of the infant.¹⁶ These studies document the mutual regulation of sleep, wherein babies' and mothers' sleep is co-

ordinated and mothers respond to subtle cues of babies and breast-feed them without either one fully awakening (McKenna, Ball, and Gettler 2007). Ball and Klingaman's (2007) recent work suggests that breastfeeding mothers who practice bed sharing adopt a specific physical position without any instruction. This side-lying position, with the arms encircling the baby who is facing the mother's breast, creates a sleep environment that maximizes breastfeeding and other physiological contact between the mother and the child, while also protecting the child from external hazards, including those common in western sleep environments, such as pillows and blankets. McKenna suggests that breastfeeding with co-sleeping may reduce Sudden Infant Death Syndrome (SIDS) and has other psychosocial benefits for mothers and children.¹⁷ McKenna, Ball and colleagues have used their findings to challenge prevailing medical advice about infant sleep and have advocated for an integrative approach toward breastfeeding and sleep.¹⁸

Through their integrative approach, these scholars have shown the subtle ways in which bodily interactions are both shaped by and influence their cultural and material environments. Ball and colleagues (2006) have also documented substantial effects of even seemingly minor differences in postpartum sleep arrangements on breastfeeding. They found that infants in the U.K. randomized to sleep in free-standing hospital bassinets breastfed significantly less frequently than infants randomly assigned to side-car cribs attached to the bed or in the bed with an attached rail during their hospital stay. Importantly, those assigned to the hospital sleep arrangements that offered unhindered interaction between mothers and babies had significantly higher rates of exclusive breastfeeding even after sixteen weeks, indicating that early sleep arrangements play an important role in the establishment and maintenance of breastfeeding. These findings, in turn, may also help explain women's reports of insufficient milk, a main reason women stop breastfeeding (Ball and Klingaman 2007). This work provides an excellent example of the ways in which the very biology of human bodies is constituted in particular local circumstances, creating "local biologies" that reflect their cultural, political economic, and historical circumstances.¹⁹

At the same time, there is also evidence that the increase in breastfeeding rates can shift cultural perceptions about sleep practices. Ball, Hooker, and Kelly's (1999) prospective study of sleep arrangements in Britain suggests a similar intended pattern of sleep to Morelli and colleagues' (1992) findings: nearly all parents planned to have their babies sleep in the same room but not in the same bed as them for a

few weeks, followed by moving them to a separate room. Contrary to expectations, however, although very few parents shared a bed with their babies habitually every night, the authors documented that a large number of infants slept with their parents regularly for part of the night or at least occasionally. Thus, co-sleeping was more common than both what parents planned and what researchers expected based on Euro-American ideologies of solitary sleep for children. Significantly, this study also documented the strong association between breastfeeding and co-sleeping (Ball 2003). Both mothers and fathers in the sample reported that it felt “right” for them to bring their baby to bed for breastfeeding and that this practice reduced the fatigue of nighttime feedings (Ball, Hooker, and Kelly 2000). Similar trends have been documented by others (Willinginger et al. 2003; Kendall-Tackett, Cong, and Hale 2010), demonstrating how the very practice of nighttime breastfeeding and shared sleep can have powerful effects in shaping cultural ideologies.

Alma Gottlieb’s (2004) ethnography of the culture of infancy among the Beng in West Africa captures some of these sensibilities from a cultural perspective as she considers the interactions between infant feeding and sleep practices. Gottlieb demonstrates her ethnographic strength in both drawing upon her own experiences of parenting to illuminate a particular domain of life that is usually left unexamined, while simultaneously subjecting her experiences to a rigorous comparative ethnographic analysis that enables her to see both Beng and her own approaches in their full cultural depths. Furthermore, as Gottlieb draws on the work of Margaret Mead, her lens is sharpened by attention to mothers, grandmothers, and other caregivers as well as the children themselves in their interactions. Although mothers are the focus of my own study, Gottlieb’s sensitive approach to children and their social lives informs my work.

In Gottlieb’s account, it is through the comparative analytical framework that we learn about different embodied dimensions of Beng babies’ lives, including their nighttime co-sleeping and breastfeeding. Gottlieb shows that in the context of religious ideologies wherein parents must convince and entice their children to fully leave the afterlife and remain with them, the challenges of nighttime disruptions, including crying and frequent nursing, are addressed in a simple, matter-of-fact way, with little concern. In contrast, Gottlieb suggests that within the context of Euro-American middle-class ideologies, separate spaces similarly convey important values. Gottlieb states, “At the sociological level, the lesson conveyed by a bassinet, cradle, or crib that is placed in its own room at some point in the

infant's first year is in keeping with the American-capitalist morality lesson that individuals ought to make their own way in the world on the basis of their own courage and efforts" (2004:184). Ben-Ari (2008) offers an analysis of some of these middle-class lessons based on an overview of previous ethnographic work and parenting books, which similarly attends to relationships between parents and children and expectations for children's personhood. A full-scale ethnographic investigation of these themes, however, has not been undertaken. My study could be considered the comparative ethnographic investigation of just such an "American-capitalist morality lesson," its confrontation with the embodied experiences of nighttime breastfeeding and sleep, and the transformative consequences for personhood, family relationships, and capitalism.

Making Persons and Kinship through Breastfeeding and Sleep

On the surface, neither infant feeding nor sleep belong to the study of kinship, since they do not figure into mainstream American conceptualizations of relatedness. After all, contemporary Euro-American discourses emphasize breastfeeding solely between biological mothers and their children, people already conceptualized as kin. Furthermore, sleep in this cultural context is considered a time of removal from social life,²⁰ thereby limiting its potential social role. Yet, upon closer examination, these assertions reveal highly specific cultural ideologies about kinship, personhood, breastfeeding, and sleep that limit our conceptualization of these processes. Recent work in kinship studies highlighted the mutual constitution of kinship and personhood; that is, persons are produced through their engagement with others as well as their material surroundings (e.g., houses, food, land, etc.), and kin relations simultaneously arise from these engagements.²¹ Investigations of new reproductive technologies have played a particularly important role in these discussions, since the intersection of global movements of technologies and ideologies with local understandings often reveals previously hidden understandings of taken-for-granted relations as well as new possibilities for making personhood and kinship.²² While breastfeeding and co-sleeping may appear to be rather "old" reproductive technologies, with ancient roots going back to the origins of mammals, the new kinship studies enables them to be viewed as reproductive

technologies that play an equally active role in the constitution of personhood and kin relations.

Janet Carsten (2004) astutely described how anthropologists have tended to set up a dichotomous analysis of Western, Euro-American bounded conceptions of personhood and kinship determined by biology against non-Western notions of personhood that are constituted through relations.²³ Indeed, historical and ethnographic research in Euro-American settings demonstrates that what is understood by “biology,” “biogenetic substance,” or “shared blood” is far more complex than it initially appears.²⁴ Carsten argues that such dichotomies derive from the reliance on legal and philosophical constructions of personhood and kinship instead of closer ethnographic study. Carsten acknowledges that both bounded individualism and biogenetic kinship have a strong presence in everyday lives in the West, but that careful ethnography reveals that these ideologies co-exist with other, more relational and processual ones.²⁵

Viewed in this light, breastfeeding and sleep provide a heretofore-unexplored perspective on American person- and kin-making practices. Moreover, in the context of historical changes that have nearly eliminated and thoroughly transformed its practice in the U.S., breastfeeding may be quite a new reproductive technology for women who lack the cultural knowledge to facilitate it. Together, these perspectives suggest important possibilities for the exploration of kin- and person-making through the new/old reproductive technologies of breastfeeding and sleep. Let us consider these arguments in further detail.

Cross-cultural studies indicate that breastfeeding can play a critical role in establishing kinship relations. Katherine Dettwyler (1988), for instance, shows that women in Mali in a patriarchal setting are not considered related to the children to whom they give birth until they breastfeed them. Those women who do not breastfeed their children risk forfeiting their maternal relationship. Milk kinship is well known in Islamic settings, where women who nurse children become related to them and the children who breastfed from one woman become milk siblings who cannot marry.²⁶ On the island of Langkawi in Malaysia, breastfeeding is one component of an intricate set of feeding relations—including feeding food cooked at the hearth and nourishment gained from the mother’s blood during pregnancy—through which children are incorporated into kin groups.²⁷

The historically documented instances of closeness between wet-nurses and children, as well as concerns about the passing on of a wet-nurse's undesirable characteristics through the act of breastfeeding,²⁸ suggest that in the past breastfeeding has also played an important role in the construction of kinship and personhood in the United States. These sentiments linger in contemporary concerns about emotional states being passed on to children through breastfeeding. Recently, some women in the U.S. and in similar settings where wet-nursing has been replaced by formula feeding have returned to the practice of nursing one another's babies and/or sharing their breastmilk (Pleshette 2008; Eats on Feets). There are hints in the emerging literature that some of these exchanges are conceived of in terms of kin relations both among women and among women and children, such as in the case of "milk mamas"—a term used by some to refer to women who have shared their milk with children other than their own biogenetic offspring. Donating breastmilk can also be a part of the process of forging a form of relatedness to children who receive this milk—some women describe that they feel a special emotional bond to the children who are recipients of this milk, even if the recipients are constructed in their imaginations because meeting the children is not a possibility. Once relatedness is no longer simply assumed as given but as made, the tensions surrounding nighttime breastfeeding and sleep offer similarly important opportunities for investigating the role that these embodied processes have in the configuration of kin relations and the production of persons.

Although the social characteristics of sleep are well documented historically and across cultures, the role of this sociality in producing persons and relatedness and its relationship to nighttime breastfeeding has only been given attention in select ethnographic settings.²⁹ Cross-cultural comparisons reveal that in most cultures children sleep with adults (usually mothers) and siblings.³⁰ Sleep plays an important role in forging and reinforcing kin as well as community relations.³¹ For instance, Caudill and Plath (1966) argued that in Japan children are considered separate beings at birth that need to be brought into kin relations through the act of sleeping together. In this case, co-sleeping produces important kin ties as well as a social, interrelated person.³² Although pediatric advice in Euro-American cultures has emphasized the importance of solitary sleep in the last 150 years, there is considerable diversity even in these cultures in parent attitudes and practices of infant sleep.³³ For instance, frequent room sharing has been documented in Italy (A. Wolf et al.

1996), and bed sharing into the school years is common in Sweden (Welles-Nystrom 2005). Ethnographic studies also document the prevalence of the close interrelationship and matter-of-fact acceptance of night-nursing and co-sleeping.³⁴ In many settings when children are weaned, often when the mother is pregnant with the next child, the child moves to sleep with another adult or sibling.³⁵ The relationship between breastfeeding and sleep in Euro-American settings has not been adequately explored in ethnographic studies, but is also variable and includes bed sharing practices.³⁶

The U.S. stands out as one of the only places surveyed where there are particularly strong cultural prohibitions against co-sleeping and even against babies staying in the same room with parents.³⁷ Here, solitary sleep practices also seem to play a significant role in shaping the personhood of children and their relationship with parents, but with a different goal in mind—to produce a self-reliant, “independent” child.³⁸ Despite the prominence of pediatric advice that condemns co-sleeping, there is evidence that some American cultural groups adhere to alternative ideologies of sleep.³⁹ Abbott’s (1992) study of Appalachian families in Eastern Kentucky, for instance, documents a long history of socially valued bed sharing and room sharing that remained in place at the time of her research. Abbott argues that these practices play an important role in producing a sense of connectedness and belonging in the community. African Americans also practice higher rates of proximal sleep and bed sharing with children, and, in this case, the cultural value of independence is not opposed, but instead emerges through a sense of community (A. Wolf et al. 1996). Nonetheless, the ethnographically documented relationship of breastfeeding and co-sleeping seems mostly absent in these examples. Abbott does not discuss breastfeeding in relation to sleep arrangements, and among African Americans bed sharing often takes place without breastfeeding.⁴⁰ Viewing these findings in a historical context, it appears that the domains of proximal sleep and breastfeeding have become culturally separated in most of the United States.

Comparative studies provide insight into the difficulties nighttime breastfeeding poses for established norms of sleeping in the United States. In Morelli and colleague’s (1992) study of middle-class American mothers and Mayan Guatemalan mothers, the latter co-slept with their children until weaning, while most of the U.S. women did not feel comfortable with feeding their babies in the parental bed. Among American breastfeeding mothers, nighttime feedings were considered disruptive and inconvenient, and mothers

diminished or discontinued them by six months of age. These findings may reflect the particular historical moment when breastfeeding was once again becoming more common but was practiced in new sociohistorical circumstances of prevailing solitary sleep practices as well as highly scheduled feedings (see chapter 2).

The sexual relationship between parents and the fear of potentially incestuous sexual relations between mother and child is one documented aspect of kin relations that also appears to play a role in avoiding co-sleeping and breastfeeding.⁴¹ In many other settings, postpartum sex taboos prohibit sex between spouses during the period of breastfeeding.⁴² During lactation, sexual relations with a man may be associated with harming the child through “spoiling” or the “drying up” of the mother’s breastmilk.⁴³ Euro-American concerns about breastfeeding and incest, however, appear to depart from those in other cultural settings, and are partly fueled by the sexualized perception of breasts.⁴⁴ Co-sleeping when combined with breastfeeding appears to reinforce the incestuous potential of breastfeeding, especially when practiced beyond the first few months of the child’s life. Crook’s (2008) historical study, for instance, documents Victorian-era English concerns about the incestuous intermingling of working class bodies in shared sleeping spaces. He argues that these moral concerns about inappropriate sexuality between parents and children was a major motivation for designing housing that provided separate bedrooms for children that were also segregated by sex. In England as well as in the United States, shifts in marital relations toward a prioritization of romantic love to the exclusion of children may have played an important role in the development of these concerns (J.H. Wolf 2001; Abbott 1992). Finally, the spread of Freudian psychoanalytic frameworks highlighted problematic sexuality in personal development, especially in relation to familial interactions, leading to growing concern about the potential witnessing of sexual acts in the parental bed and consequent incestuous Oedipal fantasies (Lozoff, Wolf, and Davis 1984; McKenna and McDade 2005).

Contemporary ambivalence about shared sleep arrangements to facilitate nighttime breastfeeding, therefore, is not simply the product of changing medical advice, but rather reflects tensions between different cultural-historical models for the negotiation of kin relations between parents and children and for the socialization of infants into culturally acceptable persons. Each of these models carries a moral dimension that is not only buttressed by arguments, but also a sense of what “feels right”—sentiments that are deeply felt

on a visceral level but are nevertheless tied to cultural ideologies. As new parents navigate the practical, bodily challenges of nighttime breastfeeding and sleep, they must also navigate the moral dilemmas raised by the very experiences of these intercorporeal relations.

Embodied Moral Dilemmas and the Potential for Transformation

Kinship scholar Michael Peletz (2001) has suggested that moral contradictions and ambivalence are not only central to the construction of kin relations, but also serve as excellent entry points for studying the emergent properties of human sociality.⁴⁵ Moments of ambivalence and their negotiation reveal the dynamic intersections of different domains that produce uncertainty, contestation, and potential change. Anthropologist Jarrett Zigon's (2011a, 2011b, 2010a, 2010b, 2009, 2008, 2007) recent work on moral personhood draws on Mauss's concept of the *habitus* to anchor these moments of tension and ambivalence in the lived body, highlighting moments of "moral breakdown" (2008:165) when a person is confronted with a particular situation that propels her to reflect upon and objectify largely unconscious, "embodied dispositions."⁴⁶ The challenges of nighttime breastfeeding and sleep offer an example of such moments of moral breakdown that are articulated in the bodily discomfort new parents experience with this aspect of nighttime care, which then offers them an opportunity to rework their moral (and ultimately larger cultural) framework for interacting with one another.⁴⁷

Within the study of reproduction, there are many excellent examples of similar moral challenges, especially surrounding the new reproductive technologies. For instance, Rayna Rapp's (1999) work on amniocentesis examines the "moral breakdown" engendered by the new technologies of amniocentesis that force women to consider their fetuses in terms of statistical calculations of risk for genetic diseases and ultimately make decisions about whether they will terminate their pregnancy via abortion. Rapp's study stands out for its careful and wide-ranging consideration of the moral uncertainties entailed in every level of negotiating amniocentesis—by the laboratory, genetic counselors, physicians, and mothers themselves—while paying close attention to how these moral ambiguities are negotiated in culturally specific ways structured by social class, education, race and ethnicity, and gender. Rapp describes the participants in her study as "moral pioneers"—exploring the moral quandaries generated by emerging prenatal testing technologies. I suggest that the new biomedicalized frameworks for breastfeeding and infant sleep generate similar dilemmas that are sometimes con-

sidered matters of life and death, making parents and children in my study into moral pioneers as well.⁴⁸

The negotiations of moral ambivalence about nighttime breastfeeding and sleep have far-reaching implications.⁴⁹ My study provides insight into how parents confront the dilemmas posed by the “novel” process of breastfeeding as well as related difficulties in configuring family sleep arrangements, and it documents these negotiations over the course of an entire year after birth. I argue that, in navigating these dilemmas over time, parents and their children ultimately reconfigure personhood and kinship in substantial ways and push against some of the boundaries of local-global political economic relationships.

Reproducing Capitalism, Remaking Embodied Inequalities

An important aim of the book is to show that the bodily processes of nighttime breastfeeding and sleep not only participate in the reproduction of certain kinds of bodily habits and social relations within families, but that they also reproduce capitalist ideologies and systems of inequalities. Breastfeeding and related sleep practices take place in a society that is integrally linked to global capitalist systems of labor, production, and economy. Within this system, families participate in capitalist labor practices that attempt to maximize the labor potential of workers and make only minimal accommodations for women’s reproductive labor, contributing to gendered inequalities in both the paid labor realm as well as in the household.⁵⁰ More subtly, capitalism is woven into the fabric of everyday life through space, time, and consumption practices.

Below, I highlight how breastfeeding and related sleep practices are part of biomedical approaches to the body that are themselves constituted by gendered capitalist ideologies, and how women’s and families’ abilities to negotiate the challenges of these bodily processes reproduce inequalities along racial and class lines. Second, I show how breastfeeding participates in global neoliberal capitalist systems both through breastfeeding promotion and through the growing interest in the biocapital of breastmilk.

The Embodied Reproduction of Inequalities

In her book “The Woman in the Body,” Emily Martin⁵¹ (1987) famously described the powerful ways in which metaphors of the

body as a machine, and women's bodies as deficient versions of male machine-bodies requiring constant regulation, have permeated our understanding of menstruation, childbirth, and menopause. Martin showed that these metaphors have material consequences in the biomedicalized approaches toward each of these bodily processes that result in the authoritative regulation of women's bodies, dehumanizing medical treatment, and an alienation of women's bodies from themselves. These consequences are experienced differently across divisions of social class and race, with poor women of color facing the compounding effects of oppression. At the same time, Martin also observed instances of struggle, contestation, and successful subversion of these power structures. For instance, she noted how some women evaded medical intervention in childbirth and how others responded with anger when they were mistreated by physicians or nurses. Martin was hopeful that through these experiences of oppression women could also gain a critical perspective that might be able to challenge the dominance of this capitalist system of biomedicalization that governs women's reproduction. Martin's work has been extended by other scholars to breastfeeding, most notably by Fiona Dykes (2005), who showed how the capitalist metaphors of "supply" and "demand" governed hospitals' approach to breastfeeding and was ultimately internalized both by midwives and by new mothers. These capitalist systems of understanding often undermined women's ability to breastfeed and contributed to their sense of being a failed machine, unable to meet the production quotas required of them. Furthermore, both Dykes (2009) and Millard (1990) address the importance of the clock in providing the temporal framework for these capitalist approaches to women's (and children's) bodies, providing benchmarks against which bodily indicators (e.g., milk production, number of minutes per feeding) are measured (see chapter 7).

Robbie Davis-Floyd's (2004) study of U.S. childbirth practices originates from a symbolic anthropological framework that lacks close engagement with political economic dynamics, but, when considered in relation to Martin's work, adds another important dimension to understanding women's lived experiences of highly capitalistic forms of medicine. Davis-Floyd's study, first published in 1992, examines how the cultural values of technology, science, patriarchy, and institutions embraced by what she terms the "technocratic model" of childbirth are communicated through biomedical practices. She argues that these practices ultimately constitute a rite of passage that transforms women into mothers. Later work has taken

up this theme for the production of fatherhood as well. These studies have clear implications for how persons are constructed through embodied relations in capitalist systems.

Davis-Floyd's study, similar to my own, focused on middle-class mothers and built on Martin's insights about middle-class mothers' internalization and acceptance of patriarchal capitalist biomedical systems of reproduction. In fact, Davis-Floyd found that most of her participants believed that routine medical interventions in childbirth were not only acceptable, but necessary and beneficial. Only a minority of women struggled with these approaches, and even fewer delineated contrasting ideologies of childbirth. Although Davis-Floyd was not very optimistic about the potential of these alternative ideologies to subvert the technocratic model, she did note the presence of a group of women who recognized some of the problematic aspects of the technocratic model and hoped that through similar recognitions (and concerted activism) more holistic models would gain greater ground. When she revisited her earlier work in the second edition of the book (Davis-Floyd 2004), however, she found that many biomedical interventions had become significantly more acceptable (e.g., induction, epidural analgesia, Cesarean section) with the expansion of a humanistic model of medicine, wherein women are treated in a less obviously authoritarian fashion and there is a much greater emphasis on increasing women's comfort. In the next chapter, I explore the historical roots of this process whereby biomedical approaches to all aspects of childbearing have become normalized, arguing that wealthier women throughout this history were important agents in bringing about these changes. Furthermore, similar to Davis-Floyd, I document the differential ability of white middle-class parents to negotiate, contest, and subvert mainstream biomedical approaches in childbearing. Throughout the book, using the frameworks of stratified reproduction and intersectionality that I lay out below, I return to Martin's fundamental political economic concerns about how these middle-class parents' relatively successful ability to navigate the challenges of nighttime breastfeeding enables them to participate in the reproduction of privilege.

In their introduction to the pivotal volume "Conceiving the New World Order: The Global Politics of Reproduction," Faye Ginsburg and Rayna Rapp (1995) outlined their goal to reorient the study of reproduction to the center of anthropological theory. In this effort, the authors identified one major research direction as the study of "stratified reproduction," which they defined, following Shellee

Colen, as “the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered” (1995:3). The framework of stratified reproduction encompasses close attention to the structural as well as cultural and political aspects of inequalities and has been adopted widely in the study of reproduction.⁵² The concept of stratified reproduction dovetails with theories of intersectionality that argue for an integrated examination of the effects of class, race, and gender and their complex, interactive effects in daily life. Leith Mullings and colleagues (Mullings and Wali 2001; Mullings 1997; Schulz and Mullings 2006) have been particularly important in promoting this perspective to address the multiple, compounding dimensions of oppression on health.⁵³

Together, the above works provide a frame for considering the production of inequality in the practice of breastfeeding and related sleep practices that I develop in greater detail in chapter 2.

The inequalities in these realms that are most pertinent to this study are the racial disparities in breastfeeding and SIDS rates. Although the rate of breastfeeding among African Americans has been increasing and recently made significant gains (Wright and Schanler 2001; Grummer-Strawn and Shealy 2009; CDC 2013b), African American women in 2008 still initiated breastfeeding at significantly lower rates than white U.S. women (58.9 percent compared with 75.2 percent) and these rates diminished to 31.1 percent (v. 46.6 percent) at six months and 12.5 percent (v. 24.3 percent) at twelve months postpartum (CDC 2013b). Furthermore, considerable variation exists among states, with lower rates of breastfeeding among African Americans in Southeastern states (CDC 2010c). These disparities contribute in substantial ways to poorer health outcomes among both mothers and children (Phillip and Jean-Marie 2007; CDC 2010c, 2012). The lack of breastfeeding may also play a role in the disproportionately higher incidence of SIDS among African American babies, who die of SIDS at twice the rate than their counterparts (Hauck, Herman, et al. 2003; McKenna and McDade 2005; U. S. Department of Health and Human Services 2011). An examination of the roots of these racial disparities in breastfeeding rates, as well as the often problematic public health campaigns that aim to reduce these disparities, will serve as a comparative analytical frame for investigating the practices of the primarily white, middle-class participants in my study.

While the framework of intersectionality has been traditionally used to explore the compounding effects of multiple sources of op-

pression for African American women, I suggest that it can also be employed to highlight the construction of privilege for white middle-class families.⁵⁴ Although I will argue that stigma surrounding the practice of breastfeeding and related sleep practices extends into privileged social groups, white middle-class parents' ability to navigate this stigma and other obstacles make their breastfeeding possible. In turn, these families materially benefit from the embodied health consequences of this privilege.

With regard to the racial aspects of this privilege, John Hartigan's research (1999, 2005) shows that the racial category of whiteness can be both marked and unmarked, depending on people's ability to follow middle-class gendered norms. Comparative studies of breastfeeding confirm that white working class women indeed have a more problematic relationship with breastfeeding due to various factors, including more hostile and demanding work environments as well as differences in family support for breastfeeding.⁵⁵ The implications of the complex intersections of race, class, and gender, such as those followed in Hartigan's (2005) work on "white trash," however, have yet to be adequately explored in relation to infant feeding and sleep practices. In the case of my participants, together with wealth, education, and predominately heteronormative family relationships, their whiteness constituted part of a constellation of privilege that enabled them to breastfeed and negotiate complexities that arose from this practice.

Hartigan's research points to some of the hidden class dimensions of cultural constructions of "whiteness." Sherry Ortner (2005) has argued that the concealments of the dynamics and effects of social class are pervasive both in popular U.S. discourses as well as in the social sciences.⁵⁶ Attention to social class informs my discussion of the history of childbirth, breastfeeding, and sleep (see chapter 2) and contributes to the documentation of the diversity within the "middle class" and differences in families' abilities to raise their children according to their desires. Furthermore, my research provides insights into how parents' ideals for how to raise their children are themselves shaped by middle-class cultural norms and consumption practices. For instance, I describe the selection of a home, as well as the furnishings deemed necessary for purchasing prior to the baby's arrival,⁵⁷ and the class-based differences in the selection and use of maternity services, with a special focus on childbirth education classes. Using the insights of scholars of consumption and material culture, I argue that these material practices not only con-

stitute class, but also have important implications for the relational constitution of personhood⁵⁸ (see chapter 3).

Global (Bio)Capitalism

So far I have focused on the analysis of political economic relations, reproduction, and inequality in the specific local context of the United States. Yet, the capitalism that infuses my study is of a decidedly global character. Collier and Ong (2005) trace the origins of global forms of capitalism in Max Weber's writings, wherein he argued that although capitalism arose out of a very specific cultural context of ascetic Protestantism, it ultimately became a global phenomenon through "decontextualization and recontextualization, abstractability and movement, across diverse social and cultural situations and spheres of life" (2005:11). Collier and Ong argue that such global phenomena converge into "global assemblages" with other heterogeneous elements that enable their perpetuation across a variety of domains (2005:13). Multinational economic treaties, industry regulations, and state policies can all constitute global assemblages that sustain global political economic relations and enable the continued reliance on capitalist forms of economy. My participants in the American Midwest participate in these global assemblages through various means, most clearly through their employment in multi-national corporations, their consumption of goods produced through networks of multi-national corporations, and their political activities, as well as through the less obvious ways in which they engage with state policies, laws, and administrative regulations (e.g., budgetary policies that are linked to complex global relations). Some of these less apparent linkages have become somewhat more visible through the recent global financial crisis, especially in media analysis that highlighted the relationship of mortgage financing practices, banking systems, and global financial markets.⁵⁹ Ong and Collier's (2005) volume also highlights the study of technoscientific global assemblages and their relationship to human bodies as a particularly fruitful area of study.⁶⁰

Within studies of globalization, scholars have devoted attention to the rise and impact of neoliberal economic reforms.⁶¹ Collier and Ong describe neoliberalism as a highly mobile global form that has been incorporated into diverse global assemblages (2005:13). Originating in the U.K. and the U.S., neoliberal reforms involve new fiscal policies that have undercut social welfare initiatives while putting increasing responsibility on individual citizens to succeed in a "free market" en-

vironment that is in fact structured by corporate interests.⁶² These policies have had a profound influence on the practice of capitalism and have resulted in creating greater global inequalities.⁶³

A major insight that neoliberalism scholar Nikolas Rose (1996, 2007) has made, drawing on Michel Foucault's work, is that neoliberal regimes do not simply bring about profound changes in how the economy is structured but that new forms of governance ultimately restructure the relationship of the state and its citizens. The shift in national and international approaches to health from a focus on disease to the maintenance of health through optimal practices has been a major part of this transition. Public health initiatives rely on bureaucratic state apparatuses that collect statistical data about various "risks" to health. Citizens are provided with guidelines so that they can make informed decisions about avoiding or minimizing these risks. By internalizing these forms of governance, citizens cultivate "technologies of the self" through which they apply internal monitoring and regulation and ultimately become morally responsible for their health. Rose argues that such technologies of the self have led to a growing focus on the body and its biological characteristics and have fundamentally transformed how people understand themselves. The intense focus on the body, or "somatization," is paralleled and enhanced by biomedical research that aims to improve health and create new possibilities for living (as well as products and profits, as we will see below).

Although my description highlights the unequal power relations between the state and its citizens, a key insight of Rose's work is the active participation of people within these regimes. Indeed, Rose and Novas's (2005; also Rose 2007) discussion of biological citizenship⁶⁴ emphasizes that people use these new biomedical technologies of the self to suit their own needs and realize their hopes for their own lives as well as those of others.⁶⁵ For instance, as Marcia Inhorn has shown (2010, 2003), the growth of infertility treatment clinics in the Middle East is motivated by couples' deep-seated desire for children. At the same time, there are other economies of hope involved in these processes, including the profit-seeking hopes of multinational corporations. Both public and private bodies—including government research institutions, universities, pharmaceutical companies, and biotech companies—participate in the extraction of value from biological materials, contributing to the development of "bioeconomies" and "biocapital" (Rose 2007).⁶⁶

The implications of the global assemblages of neoliberal capitalism and biocapital have only recently begun to be explored in repro-

duction, and much less so in the realm of breastfeeding and sleep.⁶⁷ There is growing scholarship on neoliberal discourses of “risk” and moral responsibility in breastfeeding promotion efforts that I describe in subsequent chapters.⁶⁸ While I find these contributions valuable in many respects, I suggest that they do not adequately address other ways in which neoliberal regimes intersect with infant feeding practices. For instance, there are important indications that discourses of “risk” simultaneously portray breastfeeding as a way to reduce the risk of maternal and child illness, but also as contributing to increased risk by perceived inadequacies in women’s ability to produce breastmilk that sufficiently nourishes children, by making possible the transmission of infection (particularly HIV) and environmental and pharmaceutical toxins to infants, and by violations of moral norms of sexuality.⁶⁹ In chapter 4, I show in greater detail how even as breastfeeding is increasingly promoted in public health, and not breastfeeding is becoming unacceptable in some circles, pervasive stigmatization of breastfeeding remains. In that chapter, I highlight how the cultural ambivalence toward breastfeeding, wherein breastfeeding is simultaneously perceived as a moral value and a source of moral danger, is internalized in the very bodily experiences of breastfeeding.

Furthermore, the neoliberal systems of the production of biocapital have not figured into the above discussions that emphasize the negative consequences of breastfeeding promotion efforts. I argue that this is a significant oversight in light of the deep historical connections between biomedicine and capitalism as well as extensive research on how global assemblages that facilitate biocapital follow in the footsteps of colonial legacies and make the world’s poor significantly more vulnerable to exploitation.⁷⁰ It is increasingly apparent, for instance, that the recent scientific valuation of the properties of breastmilk has tremendous commercial implications. These new developments build on earlier systems of commercial wet-nursing as well as the more recent rise of the infant food industry, which has successfully marketed commercial substitutes for breastfeeding derived from cow’s milk, and more recently soy beans, since the late nineteenth century.

First, commercial wet-nursing for fees ranging up to \$1000 per week has made a recent reappearance in some wealthy circles (Stearns 2010; Nathoo and Ostry 2010). Second, there is growing interest in the marketing of human breastmilk for mothers who cannot or decide not to breastfeed (Shaw 2010). Technoscientific innovations increasingly enable multinational pharmaceutical companies to pro-

vide products that mimic various properties of human breastmilk. For instance, formula companies have recently added genetically engineered components to infant formula based on growing knowledge of the composition of breastmilk (Institute of Medicine 2004). Furthermore, other companies, such as Prolacta, have exploited the global humanitarian discourse of charity to solicit breastmilk donations for African orphans, most of which is then used to design expensive nutritional supplements sold to hospitals for premature and ill babies (Hassan 2010). Finally, researchers in China recently reported (Gray 2011) that they have successfully inserted human genes into cows so that they can produce milk with “the same properties as human breastmilk.” The report includes quotations from the scientific report of this research, including the following: “Our study describes transgenic cattle whose milk offers ... similar nutritional benefits as human milk” and “The modified bovine milk is a possible substitute for human milk. It fulfilled the conception of humanising the bovine milk.”

The commercial exploitation of the biological properties of breastmilk illustrates one of the consequences of the complex interaction of the global assemblages of capitalism and technoscientific biomedicine. The human bodies entailed in producing the knowledge and technologies necessary for this research are erased in both the case of manufacturing infant formula with genetically engineered components and in the case of transgenic cows producing “human-like” milk. Furthermore, the product that has now been transformed into a commodity has been reconfigured both as a triumph of technological innovation and simultaneously “renaturalized” to make it appear more human (e.g., the “humanization of bovine milk”) (Collier and Yanagisako 1987; Hassan 2010). The products of this research participate in furthering already deep inequalities with wealthy consumers purchasing “human-like” milk while poor women are neither supported in breastfeeding nor can afford safe alternatives. Moreover, the focus on breastmilk as a biomedicalized and commodified “product,” as Barbara Katz Rothman (2008) cautioned, extracts the substance of breastmilk from the context of the breastfeeding relationship and erodes the actual practice of breastfeeding for all families.⁷¹

Room for Change?

The above discussion of capitalism sets the stage for my investigation of breastfeeding as a privileged practice that constitutes an important part of certain models of personhood/parenthood that parents can “choose” to consume and that ultimately reinforces and enhances

unequal capitalist social structures. At the same time, I also show that the dilemmas posed by the embodied, relational practices of nighttime breastfeeding and sleep disrupt many interrelated dimensions of capitalist forms and practices—from biomedical approaches to women's and children's bodies, the gendered organizations of the family, and the cultivation of parents' and children's personhoods and relationships with one another, to the organization of spatial and temporal regimes underpinning labor practices, and the interests of multinational pharmaceutical companies that market infant formula.

Conclusion

In response to the reductive, polarized portrayals of breastfeeding and nighttime infant care in mainstream U.S. media and the relative absence of ethnographic investigations of these issues, my study provides an in-depth, longitudinal, and relational view into families' negotiation of nighttime breastfeeding and sleep. While much of my study focuses on the intricacies of embodied interactions entailed in nighttime breastfeeding and sleep among a small number of middle-class participants, throughout the ethnography I employ a comparative lens using cross-cultural, historical, and intersectional studies to provide a broader view of how these bodily practices participate in cultural models of personhood, relatedness, and unequal political economic systems. Using this framework, in the following chapters I examine the historical and sociocultural origins of how nighttime breastfeeding and sleep became embodied cultural dilemmas in the U.S. I then use the moments of moral ambivalence that arise from these dilemmas in my own ethnographic study as a guide to reveal how the embodied relational practices of breastfeeding and sleep both reproduce and transform persons, family relations, and even certain aspects of capitalism.⁷² Ultimately, I hope that these theoretical insights, coupled with close ethnographic study, can contribute to a richer understanding of nighttime breastfeeding and sleep in this setting.

Notes

1. See Bourdieu 1977; Foucault 1990; Martin 1994, 1987; Scheper-Hughes and Lock 1987; Lock 1993; Csordas 2002, 1994, 1990; Turner 2008; Young 2005 for some key examples.

2. See this volume and Crossley 2007 for a recent sociological discussion of Mauss's work in sociological investigations of embodiment.
3. See Whitaker 2000 for an Italian example.
4. Beasley 1996; Britton 1998; Blum 1999; Murphy 1999; Schmied and Barclay 1999; Stearns 1999; Schmied and Lupton 2001; Van Esterik 2002; Shaw 2004; Bartlett 2005; Dykes 2005; Kelleher 2006; Avishai 2007, 2011; Crossley 2007; Gatrell 2007; Hausman 2007; Burns et al. 2009; Johnson, Williamson, et al. 2009; Stearns 2009; Bartlett and Shaw 2010; Johnson, Leeming, et al. 2012.
5. Avishai 2011, 2007, 2004; Stearns 2010.
6. Campo 2010; Traina 2000; Hausman 2003.
7. Schmied and Lupton 2001; Bartlett 2005; Avishai 2007; Avishai 2011; Stearns 2009; McBride-Henry and Shaw 2010.
8. See Maher 1992 and contributions therein; Scheper-Hughes 1993; Zeitlyn and Rowshan 1997; Gottlieb 2004; Mabilia 2005; Gottschang 2007; Hashimoto and McCourt 2009; Liamputtong 2011; Tsianakas and Liamputtong 2007; Yimyam, Morrow, and Srisuphan 1999.
9. Here Williams is negotiating the lack of conscious awareness of some of these embodied aspects of sleep.
10. Williams, Meadows, and Arber 2010.
11. Williams, Lowe, and Griffiths 2007; Wiggs 2007.
12. Bianchera and Arber 2007; Arber and Venn 2011; Arber et al. 2007; Venn et al. 2008; Burgard 2011.
13. Meadows et al. 2009; Meadows et al. 2008.
14. McKenna, Ball, and Gettler 2007.
15. McKenna, Ball, and Gettler 2007; Ball, Ward-Platt, et al. 2006; Klingaman 2009; Worthman and Brown 2007; Worthman 2011; Ball 2009; Ball and Volpe 2012.
16. McKenna 1986; Mosko, Richard, et al. 1996; Mosko, McKenna, et al. 1993; McKenna, Thoman, et al. 1993; McKenna, Mosko, and Richard 1999, 1997; Richard and Mosko 2004; McKenna, Ball, and Gettler 2007; Gettler and McKenna 2011.
17. See above references, and also McKenna and McDade 2005.
18. Ball and Klingaman 2007; Gettler and McKenna 2010; Ball and Volpe 2012.
19. Lock 1993; Lock and Nguyen 2010.
20. S. Williams 2005.
21. See Carsten 2004 for a detailed discussion.
22. Franklin and McKinnon 2001.
23. See also Carrithers, Collins, and Lukes 1985.
24. Feeley-Harnik 2001; Weston 2001; Heath, Rapp, and Taussig 2004.
25. For instance, in her own work on Scottish adoptees, Carsten (2004) found a sense of incompleteness and longing for the kin from whom they were separated (2004:103–107). Carsten argues that these sentiments indicate "a notion of personhood where kinship is not simply added to bounded individuality, but one where kin relations are per-

- ceived as intrinsic to the self ... [a] sense that something was missing in their own personhood" (2004:106–107). Sallie Han's (2009a, 2009b, 2013) research on pregnancy in the American Midwest follows precisely this line of work, showing how middle-class fatherhood is constituted through a variety of kin-making activities, including working on the house and the nursery in preparation of the baby's arrival and engaging in "belly talk"—reading, singing, and talking to their baby-in-the-making in the womb, while touching and caressing their partners' bellies.
26. Dettwyler 1988; Khatib-Chahidi 1992; Parkes 2001.
 27. Carsten 1995, 1997, 2004. See also Zeitlyn and Rowshan 1997; Wright, Bauer, and Clark 1993; Lambert 2000.
 28. Golden 1996.
 29. Worthman and Brown 2007; Worthman 2007.
 30. Barry and Paxson 1971; A. Wolf et al. 1996; Jenni and O'Connor 2005; McKenna, Ball, and Gettler 2007.
 31. Caudill and Plath 1966; Whittemore and Beverly 1996; A. Wolf et al. 1996; Yang and Hahn 2002; Gottlieb 2004; Worthman and Brown 2007.
 32. See also Ben-Ari 1996 on Japanese naptime.
 33. Ball 2007; Ball and Volpe 2012.
 34. Super and Harkness 1982; Morelli et al. 1992; Dettwyler 1988, 1995; Gottlieb 2004.
 35. Morelli et al. 1992; Whittemore and Beverly 1996.
 36. Ball, Hooker, and Kelly 1999; Ball and Volpe 2012.
 37. M.F. Small 1998; Ferber 2006; McKenna, Ball, and Gettler 2007.
 38. McKenna, Thoman, et al. 1993; A. Wolf et al. 1996; Keller and Goldberg 2004; McKenna, Ball, and Gettler 2007; Worthman 2011.
 39. See Ball and Volpe 2012 for a recent review.
 40. Willinger et al. 2003; McCoy et al. 2004.
 41. Lozoff, Wolf, and Davis 1984; Shweder, Jensen, and Goldstein 1995.
 42. Gottlieb 2004.
 43. Yovsi and Keller 2007; Yovsi and Keller 2003; Mabilia 2005.
 44. Dettwyler 1995; Stearns 1999.
 45. Several key tensions underlie current anthropological debates (Heintz 2009; Sykes 2009; Lambek 2010; Zigon 2008; Faubion 2011) concerning distinctions in terminology and theoretical assumptions about "morality" and "ethics that warrant attention in my own analysis. First, as Heintz (2009) points out, morality is associated with Durkheim's work, which many have argued tends to collapse categories of the social and the moral, and overemphasizes social rules. On the other hand, the terminology of ethics tends to be associated with Weber as well as with terminology in moral philosophy, which many find too abstract and overly focused on rational thought as opposed to action. Heintz uses the term morality, following Beidelman's (1986) direction, to reflect the construction of ways of being and distinctions between right and

wrong through social interaction. Jarrett Zigon (2008, 2007) also employs morality for his larger analytic project, but incorporates ethics within that scheme via Foucault, who distinguishes between a set of rules (morality) and a person's capacity to act on oneself (ethics). Others have found the terminology of ethics more useful and veer away from using morality altogether. For instance, Michael Lambek (2010) draws on Aristotelian notions of virtues to argue for an ethics that neither replicates the rigid objectification of social rules nor removes ethics from the realm of action, which would duplicate mind/body dichotomies. Lambek gives a more subtle reading of Durkheim as well, acknowledging both his totalizing tendencies as well as his recognition of struggle, ambivalence, and conflict (2010:12). Lambek sees Weber's (1958) use of ethics as especially helpful for understanding how particular orientations toward the world in one cultural and historical setting can spread to others, in this case facilitating the rise of a certain form of capitalism. At the same time, he finds that in articulating these orientations, Weber presents an overly dichotomous model of rationality and nonrational "affectual, traditional or habitual orientation" (2010:24). Lambek advocates for a(n Aristotelian) modification via MacIntyre and argues for an understanding of a concept of tradition that is "an historically extended, socially embodied argument, and an argument precisely in part about the goods which constitute that tradition" (MacIntyre 1984:222 cited in Lambek 2010:24). Similar to Beidelman and Heintz, I employ the term "morality" and "moral dilemmas," rather than ethics, in order to emphasize the social construction of morality. At the same time, my take on morality is similar to that of scholars who articulate theories of ethics. In particular, I resonate with Lambek's notion of ethics due to his emphasis on the construction of ethics in and through social praxis, his attention to agency and conflict, and his argument that ethics takes place at the intersections of conscious/unconscious, reflexive/embodied experience. Furthermore, I share Lambek's concerns about the lack of ethnographic grounding in Foucault's work that makes his concepts too easily applied across domains and ethnographic settings without adequate examination of the local circumstances. Finally, while I do not accept Zigon's sharp distinction of the ethical from other aspects of morality, I find his work useful for elaborating the embodied dimensions of a morality that strongly resembles Lambek's concept of "ordinary ethics."

46. Zigon (2008) argues for a multi-dimensional model toward morality that distinguishes between institutional, public discursive, and embodied dispositional domains. In Zigon's view, "embodied dispositions" (2008:164) of morality resemble Mauss's concept of the habitus in that these are largely unconscious, unreflexive ways of being that enable people to make moral decisions without having to think about them. Moments of "ethical dilemmas" (2008:165) engage all three different dimensions of morality and ultimately lead to transformations of per-

- sonhood. While each of the three dimensions of morality constrain this process, a person's interactions with these realms reconfigures them as well. In this sense, through their social relationships, persons are continually "working" on themselves while also remaking public discourses and institutions. Although I will not adhere to the schematic distinction between morality and ethics, I find Zigon's effort to produce a relational, interactive, and processual perspective on morality that integrates the corporeal realm compelling and helpful for my own purposes.
47. In Zigon's (2011) own ethnography in Russia, people infected with HIV through injecting drugs participate in rehabilitation programs run by the Russian Orthodox Church and cultivate ethical stances through which they attempt to rework themselves as moral persons. Zigon describes the unanticipated larger consequences of this process of ethical labor, wherein the newly acquired moral qualities of personhood make participants more compatible with and better integrated into the neoliberal state to which the Church stands in ideological opposition.
 48. Many examples of "moral breakdown" and ensuing ethical debates discussed by Zigon, including the ethnographic example from Rapp's work I cited above, are prompted by ethical dilemmas that arise from new regimes of biopolitics that I described in the previous section. Zigon's own approach is significantly more ethnographically grounded and elaborated than that of Nikolas Rose's in his articulation of "somatic ethics" and attends to a wider range of moral issues, some of which intersect with neoliberalism in specific ways. This broader scope, together with the greater attention to the specific local elaborations of morality, makes Zigon's orientation more useful for my own purposes. At the same time, Rose's use of "somatic ethics" seems less invested in the analytical separation of ethics from other modes of morality, and on that specific point I support Rose's direction.
 49. Michael Peletz (2001) has shown that, while moral contradictions and ambivalence in kinship was long recognized and documented, recent work in kinship studies has developed a much more sustained interest in these issues.
 50. Following Rubin (1975), Collier and Yanagisako (1987), Yanagisako (2002), di Leonardo (1987), Creed (2000), and others, I anchor my analysis of political economy in the everyday negotiations of kinship. These scholars insist that the gendered dynamics of kinship are foundational to understanding the division of labor and economic interrelationships that lead to inequalities both within and beyond the household. Recent scholarship, such as Jessica Smith Rolston's study of mining in the American Midwest (Smith 2008; Rolston 2010), has highlighted the ties between household and wage-labor economies through the simultaneous gendered production of kinship both at home and at work.
 51. Martin (1994) has since documented how shifts in capitalist regimes of labor toward an emphasis on "flexibility" are also associated with dif-

ferent understandings of the body, specifically the immune system. The notion of “flexible bodies” remains to be explored in depth in the realm of childbirth/breastfeeding.

52. See Browner and Sargent 2011 for a recent discussion.
53. Mullings’ analytical approach, originating from a historical materialist tradition associated with the writings of Karl Marx and infused with critical perspectives on gender and race, has served to illuminate complex problems, such as the issue of poor birth outcomes in Harlem (Mullings and Wali 2001) and other similarly challenging issues. In a similar vein, drawing on ethnographic insights from her work with the Syracuse Healthy Start Program, Sandra Lane (2008) has shown how the daily experience of structural violence produced by systematic discrimination and a multitude of social, economic, and environmental inequalities ultimately results in the devastatingly high infant mortality rates seen among the children of poor women of color in Syracuse. Complementing these approaches, Dorothy Roberts’s (1997) work, originating from close study of American law, addresses the intimate interrelationship of reproduction, forms of production, and political power. Roberts’s focus on the practice and consequences of slavery highlights the central role that controlling captive women’s reproduction played in producing more slaves who in turn provided the labor (both reproductive and other forms of labor) that sustained the institution of slavery. Furthermore, Roberts’ comparative historical analysis demonstrates the wide-ranging legal controls that continue to seek to regulate black women’s reproduction after the value of their reproduction diminished once slavery collapsed. Finally, Khiara Bridges’ (2011) recent work has combined insights from anthropology and law to paint a complex portrait of pregnancy as a site of racialization. In Bridges’ research at a large public hospital in New York City, pregnant women on Medicaid were subjected to intensive state surveillance and were grouped together as a racialized, “at-risk” population despite their diverse racial and ethnic origins, social circumstances, and practices and beliefs. Through their interactions with the staff, who were themselves a racial and ethnically diverse group and who often cared deeply for their patients, they experienced systematic stereotyping and discrimination.
54. Indeed, in Bridges’ work above, racialization of pregnancy at Alpha Hospital was constructed through comparison with the neighboring Omega hospital that did not accept payment with Medicaid, and therefore served predominately white, wealthier patients.
55. Blum 1999; Murphy 1999, 2003; Gatrell 2011.
56. Ortner draws on her ethnography of the trajectories of the Weequahic High School class of 1958 in New Jersey as well as other sources to elaborate upon Marx’s pivotal insights about the relations of production in capitalism. Based on her findings, Ortner concludes that class continues to play a foundational role in the production of social differ-

ence and inequalities in the U.S. Ortner examines the concept of class at length and shows how the folk category of the “middle class,” which includes the majority of Americans, includes considerable fragmentation resulting from economic changes in late capitalism that have significantly widened the gap between wealthier and poorer Americans. These inequalities are concealed by the strategic use of “middle class” to reduce stigma associated with certain forms of labor (labeled “blue collar” or “working class”) and to avoid being labeled as overly wealthy (“upper-middle” or “upper” class). In her analysis of the class of ’58, Ortner demonstrates the virtual disappearance of the working class, the considerable shrinkage of the middle of the “middle class,” and the expansion of the professional-managerial “upper-middle” class. While the members of the class of ’58 have moved up compared with their parents, these trends, coupled with the simultaneous expansion of poverty and inequities, reflect the erosion of possibilities for others. Ortner argues that while similar trends have been observed elsewhere, in the U.S. the growth of inequalities is hidden by cultural ideologies about opportunity and moral responsibility for success.

57. Layne 2000; Clarke 2004; Han 2009, 2013; Taylor 2000.
58. Miller 2001, 1998, 1987; Layne 2000, 1999.
59. See, for instance, Krugman 2010.
60. Although Lock and Nguyen (2010) do not employ the terminology of “global assemblages,” their characterization of biomedicine dovetails with Ong’s and Collier’s discussion. Lock and Nguyen point out that biomedicine was, in fact, global from its early history, through its historical role in colonialism. They demonstrate that biomedicine played a critical role in responding to the threats of colonial epidemics, infertility, and hunger, resulting in an increasingly biologized understanding of these phenomena that could be managed through bureaucratic interventions. The authors suggest that global biomedicine continues to carry these historical legacies within itself in the postcolonial world, resulting in the perpetuation of global inequalities.
61. Collier and Ong 2005; Edelman and Haugerud 2005; Ferguson 2010.
62. See also Collins, Williams, and di Leonardo 2008.
63. Rose, O’Malley, and Valverde 2006; Rose and Novas 2005; Rose 1996; Navarro 2007; Collins, Williams, and di Leonardo 2008.
64. Rose’s concept of biological citizenship draws upon and expands Petryna’s (2002) analysis of the consequences of the Chernobyl nuclear disaster in Ukraine as well as Rapp and colleagues’ (Rapp 2001; Heath, Rapp, and Taussig 2004) discussion of “genetic citizenship” in the context of prenatal testing technologies.
65. Rose is building on Sarah Franklin’s (1997) use of “hope technologies” in her work on assisted reproduction in the U.K. and Carlos Novas’s (2006) discussion of the economies of hope.
66. Rose asserts that the production of “biocapital” and the circulation of new technologies that facilitate it engender moral dilemmas and ethical

debates that have been primarily regimented through the field of bioethics and institutionalized within biomedicine and state administrative policies. But Rose contends that these debates extend far beyond the field of institutionalized bioethics and belong to the larger field of “somatic ethics” because they concern how we comprehend and negotiate our “corporeal existence” (2007:257). Rose builds on Weber’s famous phrase “the Protestant ethic and the spirit of capitalism” to coin “somatic ethics and the spirit of biocapital” (2007:252–259) in order to demonstrate that intrinsic link between the moral and ethical questions that arise from navigating new regimes of biocapital and the emergence of biocapital itself. See also Franklin and Lock 2003 and contributions therein.

67. Although see Wolf-Meyer 2008 on sleep.
68. Blum 1999; Murphy 2003, 2000, 2004; Kukla 2006; Lee, Macvarish, and Bristow 2010; Lee 2011, 2008, 2007; Knaak 2010; J.B. Wolf 2011, 2007.
69. Hausman 2010, 2011.
70. Cohen 2005; Petryna 2009; Bharadwaj 2010.
71. The commodification of breastmilk has important implications for breastfeeding in the U.S. as well, which I address in greater detail in chapter 2.
72. Abu-Lughod 1990.