Clinical Lactation

Official Journal of the
United States Lactation Consultant Association
USLCA
With the Compliments of Springer Publishing Company, LLC

Editorial

Thirty years ago, the research landscape was considerably different than it is today. Research was largely androcentric (male-centered), although, at first glance, it didn't necessarily appear that way. Studies often had only male subjects, yet they were used to make health recommendations for women. Researchers claimed that it was too difficult to study women: Women had too many hormonal fluctuations; they could become pregnant, and so forth. The National Institutes of Health finally stepped in and insisted that researchers include women in their studies. That helped a lot. But it soon became clear that more needed to be done. In the social sciences, the models and methods we used to study people were also often androcentric. Feminist researchers responded to this challenge by developing new research methods that they felt more accurately described the experiences of women. And what they discovered has relevance for breastfeeding researchers and practitioners.

The feminist critique of biomedical and social science research began in the 1970s. The new models of research were ushered in by the era of postpositivism, which changed the epistemology—ways of knowing—of scientists (Eagly & Riger, 2014). "Postpositivism accepts the idea that reality is external and independent of human perception, and something scientists want to understand." However, postpositivists maintain that "all theory and observations are subject to error and bias. This makes it impossible to fully realize the goal of objective description." They address this by discovering that scientists' "mapping of reality is best achieved by deploying multiple methods and hypotheses . . . and by triangulating across communities of scientists who rigorously criticize one another's work" (p. 686). In other words, the best way to understand a phenomenon is to measure it several different ways and subject the results to rigorous peer review.

Qualitative research was developed under this framework. Qualitative studies provide descriptive data but do not necessary produce numbers. "A common feminist theme is that qualitative research allows women's voices to be heard by enabling them to express themselves in their own words" (p. 693). In discussing research, feminist scholars don't rule out quantitative methods, but they note that qualitative studies allow researchers to capture and describe women's experiences of everyday life in a way that quantitative studies do not.

There were some other important changes brought about by feminist researchers. Relationships between researchers and participants become less hierarchical and more participatory. Interestingly, during this time, the *Publication Manual of the American Psychological Association* noted that people participating in studies were no longer "subjects" but were now "participants." Participants were invited to be a part of all phases of studies, from design to implementation. The idea was that both researcher and participant would benefit from being part of the study.

Why This Applies to Breastfeeding Research

There are important implications of feminist research for the lactation field. We have seen many examples of androcentric models that do not accurately describe women's experiences. One example I always use with my students is research on the psychological impact of birth. In the early 1990s, I found only two studies that examined the relationship between depression and birth experience. Both concluded that birth had no impact on women's mental or emotional health. This was in contrast to the many stories floating around (pre-social media) about how women were affected by their negative birth experiences. I also found this to be true in women who I interviewed for my first book. Subsequent research, both quantitative and qualitative, has demonstrated that these earlier studies were wrong. Dead wrong! Women are often deeply affected by their births, and these effects can last for years.

So here's the thing. The researchers in the original birth studies did not talk to women about their experiences. Instead, they coded their data from the charts and only looked at objective factors, such as the length of time that they were in labor and how many interventions they had. What they did not capture was the mothers' subjective experiences of those events. And that's what makes the difference.

Qualitative research would also be helpful to address a current issue: breastfeeding concerns for women with high body mass index (BMI). We have seen, across several studies, lower rates of breastfeeding initiation and duration for women with higher BMI. But we really don't know why this happens. People have floated possible physiological theories, but these have produced inconsistent results. It's likely that a psychosocial explanation will be more relevant. One study, for

Clinical Lactation, 2015, 6(2), http://dx.doi.org/10.1891/2158-0782.6.2.51

example, with a large sample of African American and Hispanic women, found that high-BMI African American women were more likely to breastfeed than the high-BMI Hispanic women. The reason for this difference could be body image. High-BMI African American women are frequently more positive about their bodies than high-BMI women from other racial/ethnic groups.

So what should the next steps be? My recommendation? Talk. To. Them. If we don't understand something, ask the people involved. Researchers may have their ideas, but the participants generally have a better idea of what is going on in their own lives.

Will the "Real Scientist" Please Stand Up?

Feminist research has one more important implication for studying lactation, and that is the definition of "real" science. Some in our field claim that the only "real scientists" are those who study human milk. Because they use beakers and wear lab coats, somehow their work is more scientific than other types of research. It simply isn't so.

Please don't misunderstand me. The research on human milk work is important. But it is, by no means, the only thing that is relevant to breastfeeding. In many ways, it's reductionist. You may know how the breast works and the components in milk that help babies grow and thrive. But this research tells you nothing about the mother's beliefs about breastfeeding, how much support she has, or how she is faring emotionally. It is in these areas that she will trip up. If she decides to quit, it doesn't matter how her great her breasts work or how great her milk is. The baby isn't going to get it if the breast owner (i.e., the mother) decides not to breastfeed.

Dare To Be a Science Chick

I remember visiting a lactation research lab one time. The work they were doing was impressive. But I found myself feeling more and more uncomfortable, and I couldn't articulate why. Then a student in the lab showed us a photo that I think summed it all up. It was a picture of a mother pumping. It was pretty awful. She was very exposed, her shirt open, and sitting with her legs open, hooked up to quite a few tubes and wires—and the picture did not include her head. To me, that said it all. I'm sure the researchers were trying to protect her privacy. But it also becomes an allegory for this kind of research. It was about the breasts—and not the mother.

I propose we claim our heritage and be proud of lactation research that tells the mothers' stories. That type of research can inform later quantitative research. But hearing women's stories should be integral to how we study lactation. And if you think about it, that's the way we do clinical practice. We may know lots of facts and figures, but it's the stories from other lactation consultants, and our own experience, that tell us what to do when we are sitting in front of a mother. There are rigorous, well-established ways to do this type of research. Let's embrace them—and dare to do research like a girl.

Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA
Editor-in-Chief

Reference

Eagly, A. H., & Riger, S. (2014). Feminism and psychology: Critiques of methods and epistemologies. *American Psychologist*, *69*(7), 685–702.

Kathleen Kendall-Tackett is a health psychologist, International Board Certified Lactation Consultant, and the owner and editor-in-chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is editor-in-chief of *Clinical Lactation*, fellow of the American Psychological Association (APA) in Health and Trauma Psychology, past president of the APA Division of Trauma Psychology, and editor-in-chief of *Psychological Trauma*. Dr. Kendall-Tackett has won several awards for her work including the 2011 John Kennell and Marshall Klaus Award for Excellence in Research from DONA International (with corecipient Tom Hale). She has authored more than 370 articles or chapters and is the author or editor of 25 books on maternal depression, family violence, and breastfeeding including *Psychology of Trauma 101* (2015) and *The Science of Mother-Infant Sleep* (2014). Her websites are http://www.uppitysciencechick.com, http://www.breastfeedingmadesimple.com, http://www.kathleenkendall-tackett.com, and http://www.praeclaruspress.com.