

BREASTFEEDING: REFLECTIVE STUDY IN THE LIGHT OF PHILOSOPHY
LACTANCIA MATERNA: ESTUDIO REFLEXIVO A LA LUZ DE LA FILOSOFÍA
ALEITAMENTO MATERNO: ESTUDO REFLEXIVO À LUZ DA FILOSOFIA

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ABSTRACT

Breastfeeding involves several factors for its full “success”. However, this moment full of experiences different from what the woman had already learned tends to leave her scared, helpless and / or guilty. The objective of this paper is to reflect on breastfeeding in the light of philosophy and its implications for commencement and continuity. Method: a reflection study, based on readings by philosophers such as Heidegger, Ide Pascal, Nerecí and Espinosa, analyzing the philosophical relationship with the practice of breastfeeding, in the face of assistance to postpartum women. The choice of these references emerged to discuss aspects that enable and/or compromise the beginning and continuation of breastfeeding, being divided into two points: Breastfeeding and its nuances; Guilt X Breastfeeding. Conclusion: reflecting on breastfeeding allows professionals to understand the act of breastfeeding no longer as instinctive and natural, but its complexity, in different biopsychosocial aspects, perceiving each woman as a protagonist and her singularities.

Keywords: Breast Feeding; Nursing Care; Prenatal Care; Pregnancy; Philosophy.

RESUMEN

La lactancia materna involucra varios factores para su pleno “éxito”, sin embargo, este momento lleno de experiencias diferentes a las que la mujer ya había aprendido tiende a dejarla asustada, indefensa y/o culpable. El objetivo fue reflexionar sobre la lactancia materna a la luz de la filosofía y sus implicaciones para el inicio y la continuación. Estudio de reflexión, a partir de lecturas de filósofos como Heidegger, Ide Pascal, Nerecí y Espinosa, analizando la relación filosófica con la práctica de la lactancia materna, frente a la asistencia a la puérpera. La elección de estas referencias surgió como una forma de discutir aspectos que permiten y/o comprometen el inicio y la continuación de la lactancia materna, siendo dividida en dos puntos: La lactancia materna y sus matices; Culpa X Lactancia Materna. Reflexionar sobre la lactancia materna permite a los profesionales comprender el acto de amamantar no ya como instintivo y natural, sino su complejidad, en varios aspectos biopsicosociales, percibiendo a cada mujer como protagonista y sus singularidades.

Palabras clave: Lactancia Materna; Atención de Enfermería; Atención Prenatal; Embarazo; Filosofía.

RESUMO

A amamentação envolve vários fatores para o seu pleno “sucesso”, no entanto, esse momento repleto de experiências diferentes do que a mulher já havia apreendido, tende a deixá-la assustada, impotente e/ou culpada. Objetivou-se refletir sobre a amamentação à luz da filosofia e suas implicações para início e continuação. Estudo de reflexão, fundamentada em leituras de filósofos como Heidegger, Ide Pascal, Nerecí e Espinosa, analisando a relação filosófica com a prática do aleitamento materno, diante da assistência a puérpera. A escolha desses referenciais surgiu como forma de discutir aspectos que possibilitem e/ou comprometem o início e continuação do aleitamento materno, sendo dividido em dois pontos: Amamentação e suas nuances; Culpa X Amamentação. Refletir sobre a amamentação possibilita aos profissionais compreender o ato de amamentar não mais como instintivo e natural, mas sua complexidade, em diversos aspectos biopsicosociais, percebendo cada mulher como protagonista e suas singularidades.

Palavras-chave: Aleitamento Materno; Cuidados de Enfermagem; Cuidado Pré-Natal; Gravidez; Filosofia.

INTRODUCTION

Breastfeeding involves several factors for its full "success", but the act of breastfeeding is still seen by society as something natural, instinctive, and easily performed by the mother. In this regard, breastfeeding goes beyond that, since it goes through biological, cultural and social aspects, supporting networks and maternal knowledge about breastfeeding *per se*⁽¹⁾.

For the "success" of breastfeeding, it is necessary to have empirical knowledge, which makes it possible to understand the new experience. This knowledge is based on the senses, on the impressions received from things, events, and moments, which will altogether provide subsidies for knowledge, but in a superficial way, without connection with one another⁽²⁾.

Evaluating from the biological perspective that involves breastfeeding (BF), it is known that it is an important protection factor for the newborn (NB). It greatly contributes to the reduction of infant morbidity and mortality, diminishing allergic diseases and gastrointestinal problems, improving the immunity of the child through immunoglobulins passed from mother to baby, in addition to breast milk being easily digested for the baby⁽³⁻⁴⁾.

BF brings benefits not only in the first hour of the baby's life, but its practice protects the health of the mother-child binomial, with a reduction of the childhood obesity risk and of the incidence of chronic non-communicable diseases, also preventing approximately 20,000 deaths per

year – in this case, due to breast cancer issue in mothers⁽⁴⁾.

As for the scientific evidence on breastfeeding, it is perceived that, in addition to saving lives, it enables the socioeconomic development of countries. Bearing this in mind, the mission of the Global Breastfeeding Collective (GBC) aims to gather political, legal, financial, and public support, which may allow global policies that favor the increase in rates and encouragement of exclusive breastfeeding (EBF)⁽⁴⁾.

Among the actions that the GBC carries out within the countries, it should be mentioned that it provides mothers with technical, financial, emotional, and public support, so that breastfeeding may be carried out in the first hour of the baby's life, extended exclusively until 6 months of age and continued in a complementary way altogether with healthy eating, up to the child being 2 years old or more⁽⁴⁾.

Assuming that breastfeeding involves the act of offering the breast, it can be inferred that it goes beyond feeding or nurturing the child, as it manages to overcoming barriers, emotions and feelings that involve the formation of the mother-child bond, also expanded into the family context that surrounds them⁽⁵⁾.

Despite its numerous benefits, less than half of the NBs have received BF in the first hour of life (42%) and BF (41%) up to 6 months of life, a scenario far from the one recommended by the global goal for 2030, which eagers to achieve at least 70% of those indicators. Although

approximately two-thirds of mothers continued to breastfeed in the first year of the child's life (71%), this rate drops when we evaluate those who breastfeed until 2 years of age to 45%⁽⁴⁾.

There are several factors that lead to breastfeeding “failure” and contribute to early weaning, as for psychosocial factors such as maternal intention to breastfeed, social support and trust⁽⁶⁾.

Woman's intention and behavior towards breastfeeding may be related to what Gadamer explains about human understanding, inherent to the human being and having its existence based on historicity⁽⁷⁾. The aesthetic experience consists in capturing the “individual, untranslatable and inexhaustible” meaning of breastfeeding⁽⁷⁾. In this regard, breastfeeding is reflected as an individual and untranslatable moment, without losing its essence; as for the inexhaustible, the experiences go through, as each moment will be lived in a unique way.

Considering phenomenology, people are situated according to their anxieties and concerns, providing a beam of light in the face of the range of maternal experiences in this unique moment⁽⁸⁾. At the same time, it enables understanding by observing the changes and adaptations of the “new mother”, showing that her anxieties will determine the new experiences with breastfeeding, whether positive or negative. This knowledge can be divided into categories of reality comprehension, from the moment lived by epistemology to investigate what has been lived⁽⁸⁾.

The mother learns from the new events she faced, and this learning can be positive or negative, enabling a relationship with the tasks and doings that lead to correspondence with what is said and learned. There is no difference with breastfeeding. The mother, full of “knowledge” or even misinformation, is questioned in the face of her ability to breastfeed, learning to think when to look at what captures attention, while favoring a careful thinking⁽⁹⁾.

Therefore, the puerperium can be a troubled period for the beginning and maintenance of BF, full of intense changes and adaptations for the woman, family, and baby⁽⁵⁾. These new experiences differ from what was learned, tending to make the woman scared and bringing up the feeling of impotence or guilt. Moreover, this initial adaptative difficulty, combined altogether with the lack of support, can culminate in complications and lead to early weaning.

In this sense, after twelve years of carrying out home visits and observing the different family contexts and difficulties experienced by women, regarding the beginning, maintenance and continuation of BF, the need to evaluate this theme based on philosophy arose.

Over the years, we realized that women do not give up on breastfeeding easily, and this decision is part of a painful process, full of guilt and grief. Women question themselves about several aspects, including their maternal capacity.

We hope that this study can help health professionals who work directly with mothers,

during the breastfeeding period, to understand the range of feelings that go through the beginning and continuation of breastfeeding.

The objective was to reflect on breastfeeding in the light of philosophy and its implications for commencement and continuation.

METHODOLOGY

It is a reflective study, based on readings by philosophers such as Heidegger, Ide Pascal, Nereci and Espinosa, analyzing the philosophical relationship with the practice of breastfeeding, under the assistance to the puerperal woman.

The choice of those references emerged as a way of discussing aspects that allow and / or compromise the commencement and continuation of breastfeeding. From this perspective, nursing stands out as it seeks and works with care through practice, transcending maternal care not only from the physiological point of view of breastfeeding, but using reflections from BF integrated with issues that are not often addressed, such as philosophy, which will explain the proposed phenomenon.

RESULTS

The resulting reflections were presented in two thematic axes: Breastfeeding and its nuances, and Guilt X Breastfeeding.

BREASTFEEDING AND ITS NUANCES

Breastfeeding is not simple. Experiencing this period is a great challenge for everyone –

mother, father, baby, and other family members. Observing the facts from the phenomena makes it possible to analyze those that are inserted in a moment. This careful assessment of the natural facts makes it possible to discover which are the forms of maternal behavior that can lead to early weaning⁽²⁾.

Phenomenology allows knowing certain human phenomena, understanding what is not evident, and revealing knowledge that generates reflection culminating in changes⁽¹⁰⁾.

From this perspective, women feel charged as soon as they become pregnant, as the pregnancy is rooted in concepts and fears, but the search for information minimizes suffering or doubts. However, they do not always get the results they are looking for, making it difficult for them to adapt in the postpartum period.

The woman starts her pregnancy thinking about breastfeeding and how it will happen. This thinking makes her imagine events that occurred and experiences of other people as if they were her own. Thinking, before anything else, culminates in anticipating facts and leading to different feelings about what will happen⁽⁹⁾.

Heidegger illustrates this new reality as an awakening of the concept or idea, forcing the mother to express this purely intelligible concept⁽¹¹⁾, but at the same time like the request for help, due to the fear of what will come and is unknown.

Bearing in mind the premise that the woman has the intention and desire to breastfeed, the act becomes conscious and focused on

someone or something; in this case, keep the AME⁽¹²⁾. Her body, now dedicated to breastfeeding, cannot prevent her mind from thinking (while the maternal mind cannot determine the body)⁽¹³⁾ that, to make this adaptation possible, the support network must participate, supporting the mother's decision and choice, understanding those new adaptations.

However, there is information that could clarify doubts and "concepts" that women seek. Because having information does not mean that you have knowledge, knowing something does not necessarily mean that there will be a change in attitudes, so the decision to perform BF relates to the act of breastfeeding⁽⁵⁾.

The use of theoretical references to understand the complexity of the phenomenon of breastfeeding can be a strategy for those who assist postpartum women. For expanding the look beyond the technique, perceiving the woman as a fragile being -either by the hormonal issue or simply by not understanding the changes in her routine, rooted in work overload-, will enable a new vision of assistance, understanding the relationships between existing phenomena and facts⁽¹⁴⁾.

In this way, comprehending initially passes through understanding. In a hermeneutic perspective, human beings understand one another or simply make an interior and relational movement with another one, seeking acts of understanding or "consensual agreements"⁽¹⁴⁾.

For Ide Pascal, every time we find an "ignorance", the best way to improve and reduce

it is to orient towards knowledge, taking the general or so-called universal vision to a more particular notion of events⁽¹⁵⁾. As for Espinosa, there are three genres that involve understanding: imagination or opinion, rational science through common notions and proper ideas, and intuition. The understanding of the first genre is seen as the sole cause of "falsehood", while the second and third genres are true⁽¹³⁾.

During prenatal care, delivery and postpartum, unexpected experiences can be minimized when family knowledge is combined with scientific knowledge. By guiding and clarifying maternal doubts, in these different contexts, the professional allows the universal aspect of their knowledge to be reduced until it becomes particular in the face of facts, leading to the commencement and maintenance of BF, and minimizing the guilt that the woman feels when she gets frustrated with difficulties.

Observing this understanding, the truth of the idea can be given when there is a logical chain in the system of ideas, and not just in its extrinsic correspondence to its object⁽¹³⁾. Considering that the family already has knowledge about the period of pregnancy, childbirth and postpartum, which can interfere with the decision to start and continue breastfeeding, this knowledge can be adapted to scientific knowledge through guidelines.

The pregnant woman about to experience breastfeeding faces a world of imaginaries which she has not yet lived, but Heidegger says that the thinkable is what makes one think, and that is

related to what one proposes to think, while it deviates from what is thought by man⁽⁹⁾. However, this act of thinking and distancing from reality, imagining what has not even happened yet, transports the mother to a place not lived and causing suffering, due to external experiences that are not hers.

For Ide Pascal, the foundation of common knowledge is linked to the senses. When starting from her sensitive knowledge, the mother combines her intelligence, apprehensions, fears, and anxieties regarding breastfeeding to her singular object, in addition to extracting a concept that seems to be universal, but confusing⁽¹⁵⁾.

Therefore, it is like what Espinosa thought when he formulated the concept of attribute, being a complete description of the substance that does not exclude other descriptions or definitions, neither separate from one and the same thing⁽¹³⁾.

Corroborating what Heidegger said, the thought present in the pregnant woman's imagination, returning to the BF, takes a measure that changes her own way of being, perceiving and experiencing. Thus, this thought reflects what is present in her experience, allowing the mother to deliver her imagination without even questioning the possibility of the non-occurrence of other experiences, but only as a truth that will not necessarily be hers⁽⁹⁾.

GUILT X BREASTFEEDING

In the Online Dictionary of Portuguese Language¹⁵, the word “guilt” comes from the Latin *culpa*, defined as “a painful feeling of those who regretted their actions”, also considered as a “reason that gives rise to something bad”⁽¹⁶⁾. From this perspective, thinking about the conflicts experienced by mothers, we will reflect on the emergence of guilt that compromises the commencement and continuation of BF.

During pregnancy, there is a phenomenon of images “bombing” that contain breastfeeding women, full of smiles, wrapped in expectations, and demonstrating possibilities sometimes not achieved. Those pro-breastfeeding campaigns include women, but exclude difficulties, failures or even those with some impediments to breastfeeding, such as mothers with the Human Immunodeficiency Virus (HIV/AIDS)⁽¹⁷⁾, because they do not feel represented, causing them a mixture of happiness with the arrival of the baby, and guilt for not being capable of breastfeeding.

Heidegger adds that the faculty of perceiving is called reason⁽⁹⁾. When the woman perceives herself as “the only one promoting the best food”, she feels overwhelmed and guilty when she is unable to perform. It happens because her dream of breastfeeding began to be idealized in childhood with dolls, and not being able to breastfeed evoke negative feelings, in addition to the weight of not feeling represented in pro-breastfeeding campaigns.

Thus, campaigns to encourage breastfeeding show the discourse that breast milk

is desirable and ideal for children's health, inducing the woman to feel as the "only" ones responsible for its commencement and continuation. However, in society, not only childbirth, but BF is valued and instituted as a responsibility and even a "duty" of women, which contributes to the imagination of breastfeeding as a sociocultural and historical process⁽¹⁷⁾.

The "definition", brought by Heidegger, consists precisely of what a thing is, from its nature through its essence. Therefore, a speech or a set of words are seen altogether with what the thing effectively is. For us to define anything, we will need words that make sense for what we are going to and want to say⁽⁹⁾. This can be seen when the mother mentions her desire to breastfeed, but in practice she is unable to do so due to the lack of a support network or a prenatal guidance.

Nereci shows that facts are seen as phenomena, verified in their nature, and used as material for science. This observation is like an attentive consideration of the facts, starting from the discoveries of the forms of behavior and their causes⁽²⁾. Therefore, breastfeeding is not just the act of putting the baby to drink mother's milk, going beyond demonstrating maternal and family behavior, handling, and speech.

The fact that the mother, whether she has medical conditions that prevent BF -like HIV/AIDS and human T-lymphotropic virus (HTLV)- will cause physical-organic changes, such as the visible and felt breasts throughout the

female body, and mental health effects, for instance: sadness, suffering, pain and guilt⁽¹⁷⁾.

The understanding of cause and effect depend on other people and phenomena, as the aforementioned effects need to be analyzed altogether with their causes. On the other hand, things are self-dependent, but also self-conceived⁽¹³⁾. Thus, when the mother understands the existence of factors that prevent breastfeeding and / or contribute to its discontinuation -as cause and effect-, there is a reduction regarding the feeling of guilt experienced by so many women.

The disruption of the breastfeeding dream causes psychological suffering. It works as if the mother denied the best available food, depriving the child of all the benefits that happen to be known, reinforced, and disseminated in the media as "the best medicine for the health of the child"⁽¹⁷⁾.

Thinking in the correlations of cause and effect -when breastfeeding, and subsequently feeling guilty-, it is possible to understand more broadly the motor cause, which is a more efficient way in doing it. In this regard, a cause is everything that is thought to be of one thing dependent on another, "both in its being and in its becoming". This definition responds to precise criteria that serve to discover and evaluate the concepts contained in the texts, as well as to elaborate others⁽⁹⁾.

This line of reasoning, from the perspective of the maternal desire to breastfeeding, and not being able or capable to breastfeed due to some impediment, is also part

of listening, evaluating what consent is, especially what it should become as an issue. Heidegger shows that the thoughts that go around a questioning in this case may be the “can and get” or “I can't and I deny the best to my son”⁽¹¹⁾.

When we question it, we are making a connection with our thoughts. Furthermore, when we manage to formulate the thought, depending on how and if it manages to listen to the consent, we arrive at the essence of language, verbalizing through speech what is in its essence⁽¹¹⁾.

Now, this lack of representation and language belongs to the “mysterious landscape”, according to Heidegger, which is in evidence - even in a poetic way- when the “saying delimits the source full of destiny of language”⁽¹¹⁾. If we don't know what our discourse is for, we can exclude something without even being aware that we exclude it. However, deep down the excluded being understands what he was, but he cannot properly express his feeling.

Feelings, due to the underrepresentation of women, lack of support or even widely disseminated guidelines, repressing, and suffocating the dream and desire to breastfeeding. Even understanding that her serological status or complications with the course of breastfeeding make BF's continuation unfeasible, the woman does not receive the appropriate reception, whether through advertisements or from the health team. However, this act of not breastfeeding, to maintain the health of the child, forces the woman to seek self-defense from a

system that excludes her, suffocating her desire⁽¹⁷⁻¹⁸⁾.

Therefore, when mothers cannot/can breastfeed, they seek health care, and feel the embarrassment evidenced by the teams' unpreparedness, in trimming women who are unable to breastfeed, leading to a painful experience⁽¹⁷⁻¹⁸⁾.

CONCLUSION

The aforementioned reflections on breastfeeding in the light of philosophy and its implications for BF's commencement and continuation allows health professionals to understand the act of breastfeeding no longer as instinctive and natural, but inside its complexity, in its various biopsychosocial aspects, perceiving each woman as a protagonist that has singularities.

No experience can be seen as the same as the others. Women may even have nipple fissures, breast engorgement or mastitis, but the experience for each one of them is unique, singular, and specific. Thus, health professionals need to take ownership of maternal concepts and anxieties, to support and include them in the system that accompanies them. The act of not being able to breastfeed is perceived as conflicting, because even those unable to BF because of health conditions feel the desire to breastfeeding, due to the very construction of motherhood and femininity.

Thus, not starting or stopping the lactation process are difficult decisions, full of feelings of

sadness, guilt, anger, and especially frustration, as it does not only involve the woman, but it also embraces the health of the baby and the family.

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