MILK MATTERS:
INFANT FEEDING RHETORIC IN DR. SPOCK’S BABY AND CHILD CARE

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A Thesis Submitted to the
University of North Carolina Wilmington in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

Department of English
University of North Carolina Wilmington
2010

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ABSTRACT

Dr. Spock’s *Baby and Child Care* is the most popular parenting manual ever written. It is, in fact, one of the most popular books of all time, second only to the Bible in number of copies sold. First published in 1946, the tome has maintained its pervasive influence through a series of careful revisions: its current incarnation, the eighth edition, was published in 2004. Dr. Spock’s cultural significance, both as a celebrity pediatrician and as an iconic brand of child-rearing, is indisputable; as such, the evolution of his advice pertaining to the long-standing philosophical debate over infant feeding practices merits further scrutiny.

Although the scholarly conversation surrounding Dr. Spock’s life and work is lively, this thesis undertakes the first systematic diachronic examination of Dr. Spock’s infant feeding rhetoric across all eight editions of *Baby and Child Care*. The theoretical premise for this rhetorical analysis is grounded in Kenneth Burke’s guilt redemption theory, which supposes that guilt is a key factor in human motivation. Careful readings of the infant feeding information in each edition, considered within the context of their socio-historical moment, find that Dr. Spock demonstrates an abiding concern with guilt redemption in his message framing. Moreover, this research reveals that Dr. Spock was not, as many scholars argue, a pioneer for breastfeeding advocacy, as his rhetoric often falls short of his desired effect.

A key objective for this study is to establish an evolutionary model for infant feeding rhetoric at large, and in so doing, to contribute meaningfully to defusing the ongoing and emotionally charged controversy that situates breastfeeding and bottle-feeding mothers in ideological opposition to each other.
ACKNOWLEDGEMENTS

This thesis represents the culmination of two years of scholarship, and the experience would not have been nearly as rewarding without the fellowship of my peers, especially Megan Hodgson. Sharing this experience saw me through not only the thesis writing process but my entire graduate education—their friendship is invaluable.

I am grateful to all of my professors and mentors in the English Department—every one of them has shaped this project in some way.

Special thanks to my family, who have always been supportive and proud of my academic endeavors. My patient husband, Peter Ess, kept me grounded and showed me what a true partnership is all about.

Finally, my sincere gratitude goes to my committee members, Dr. Colleen Reilly and Dr. Kristen Seas, for their guidance and enthusiasm. And to my intrepid director, Dr. Diana Ashe, who planted the seed for this project, nurtured my love of rhetoric, and reminded me to keep my eyes open for the moonwalking bear.
DEDICATION

This thesis is dedicated to my mother, Anne Smith, who has helped countless mothers and babies, and without whom this project—and I—would never have begun.
Oh, how Dr. Spock could make me feel so guilty!

Betty Friedan, *The Feminine Mystique*
INTRODUCTION

“Dr. Spock” is far more than a proper name for a man who was born in 1903, became a pediatrician, and wrote a book. “Dr. Spock” is now a metonym for a philosophy of childcare that has pervaded Western culture for nearly seventy years. Dr. Spock is an icon, a concept, a controversy; he has been simultaneously praised for saving lives and blamed for unraveling the moral fabric of America. As these contradictions imply, Dr. Benjamin Spock was a complex man: even as he maintained his core values, he continually revised his rhetoric in an effort to assuage his critics and realign his principles.

Through his identities as an author and a public speaker, Dr. Spock was keenly aware of the consequences of his rhetorical choices. What he could not have foreseen—at least in the early stages of his career—was that his rhetoric would create a new blueprint for childcare discourse. When he penned his magnum opus, first published in 1946 under the title *The Common Sense Book of Baby and Child Care*, he knowingly “separated himself from virtually all of the baby books of the past” by “adopting a friendly tone and admitting his opinion wasn’t the final word” (Maier 130). This approach has since become the guiding rhetorical strategy for the genre of childcare manuals.

Dr. Spock’s influence cannot be overstated. In 2004, the eighth edition of *Baby and Child Care* was published. It is impossible to estimate how many new mothers the manual has reached; the number of books sold—over fifty million and counting—cannot account for how many copies were shared or how much of his advice has been transmitted verbally (Knaak 201). The most common analogies used to describe the tome are the truest illustration of its almost sacred value; it is frequently referred to as “‘the bible’ of parents everywhere…the Rosetta stone of parenting” (Maier xii). Indeed, the biblical comparison is more than just metaphorically apt:
Baby and Child Care is “the second highest selling book in history—next only to the Holy Bible” (Knaak 201).

In light of Dr. Spock’s proven cultural relevance, interrogating the content and structure of his rhetoric is a productive course of academic inquiry. And while his famous book addresses nearly every topic pertaining to child rearing, from toilet training to teenage rebellion, I am specifically interested in his infant feeding advice because of its indelible influence within a highly polarized and deeply consequential debate.

Many factors contribute to a woman’s choice to breastfeed or bottle-feed,¹ and she is judged—whether by friends, family, strangers, or herself—on the verdict. Negative perceptions are attached to both practices: mothers who bottle-feed are not providing the best possible nutrition for their children, and mothers who breastfeed are alienating their partners, indecently exposing themselves in public, and de-sexualizing their feminine attributes. It is an impossible situation. How can a woman be expected to make an informed choice when she’s vilified either way?

Over the past century, this catch-22 of Western culture has become intensely magnified and emotionally charged. Breastfeeding advocates see it as a matter of physical and emotional well-being for mother and child, whereas many formula proponents view it as a contemporary feminist issue of corporeal autonomy. However, there does seem to be a common denominator among mothers who breastfeed and mothers who bottle-feed: along with all the uncertainties of motherhood, many women experience acute anxiety, shame, and guilt over the consequences of

¹ The spellings of breastfeeding and bottle-feeding are different depending on the context, but the most common contemporary practice is to treat “breastfeeding” as an uninterrupted compound word and “bottle-feeding” as a compound word with a hyphen. The difference, in itself, is indicative of the semiotic distinction between breastfeeding as natural and formula as artificial. I defer to the common usage, except when I cite other texts that use different forms. Also note that Dr. Spock’s spellings are inconsistent.
their child-rearing decisions, sentiments that may be manifested in different ways. Infant feeding authorities have created strong divisions by appealing to these emotions, which is evident in the information they extend to women.

Because Dr. Spock revised and updated his manual in response to cultural shifts and medical advances, his work offers an evolutionary model for contemporary infant feeding rhetoric. Furthermore, as the fountainhead of the parenting manuals that flood the market, Dr. Spock’s *Baby and Child Care* provides a sufficiently narrow focus for analysis. While the debate may never be fully resolved, a better understanding of how such stark opinions surrounding the breast/bottle controversy are formed could be greatly beneficial in alleviating some of the tension among the stakeholders, especially the mothers and babies who suffer from the dissonance.

The Context of Controversy

In pro-breastfeeding rhetoric, one argument consistently resurfaces: breastfeeding is natural. Women have breasts for a specific purpose, and that is to feed babies. Underlying this reasoning is a sense of exasperation. If nursing is a biological function, like eating, sleeping, and procreating, then why does an argument for formula even exist? This question must be addressed to effectively explore both sides of the debate, and the first step to answering it is to understand how the infant formula industry developed and how the product attained the level of popularity that it has enjoyed for the better part of the past hundred years.

Until the second half of the 19th century, breastfeeding was the only suitable option for the promise of a newborn’s survival. However, as Diane Thulier notes:

> There have always been infants who were unable to breastfeed. These have included infants whose mothers died during birth, as well as infants who were
abandoned or born with oral deformities. Other children not able to breastfeed had mothers who worked away from the home or who lacked a sufficient milk supply. Finally, many infants did not breastfeed because their mothers, for various reasons, made the decision not to nurse them. (85)

This last point is especially interesting, because it indicates that there have always been women for whom breastfeeding was not an appealing choice, even before infant formula was invented.

If the child’s mother was not available, whether she was deceased, sickly, or capitalizing on her class status, wet nurses were called upon to provide sustenance. If a lactating woman was not present, the main alternative to human milk was “dry nursing”—improvised cereals, usually some mixture of animal milk or water with flour or breadcrumbs (Thulier 87). But the infant mortality rates with dry nursing were devastating. A more successful alternative, commonly employed in Europe but not well-documented in America, was using animals such as cows or goats to suckle needy infants (Thulier 87). Clearly, pre-modern infant feeding practices begged for a more viable nutritional supplement.

Enter Justus von Leibig, the “godfather of the formula industry,” in the mid-1800s (Schwab 479). An established pioneer of food technology, von Liebig became interested in breastmilk substitutes when his daughter was unable to nurse her babies. Using his knowledge of organic chemistry and bacteriology, von Liebig concocted his “soup for nurslings” by heating wheat starch, malt flour, and bicarbonate (Schwab 483). “Liebe-Liebig’s Soluble Food” went on the market in 1866, touted as “the most perfect substitute for mother’s milk” (Schwab 483).

Over the course of human history, wet nurses have been a luxury that royal, wealthy, and privileged women have used to symbolize their class status. Wet nurses were often chosen for their physical and intellectual attributes, which for centuries were believed to be transmitted through breastmilk. For a comprehensive history of infant feeding practices since ancient times, see Valerie A. Fildes’ Breasts, Bottles, and Babies: A History of Infant Feeding, cited at the end of this essay.
Barely a year later, Henri Nestlé patented his own brand of infant formula and marketed it in the US. With this act, he successfully initiated a company that would eventually become the largest food corporation in the world3 (Schwab 484).

The connotations of the “formula” moniker are evidence for the allure of the new product during this time period. In his compelling essay, “Mechanical Milk: A Social History of Infant Formula,” Michael Schwab traces the socio-historic factors that contributed to the growth of the formula industry and finds them concurrent with the rise of modernity. The word “formula” itself invokes the image of a scientist in a lab, concocting a manmade substance out of synthetic ingredients. This image was integral to the highly touted “march of progress,” as Schwab explains: “the promise of modernity…was truth and happiness through science, technology, hard work and the production of material goods” (480-1). The invention of formula, then, was evidence of man’s triumph, proof that the human intellect could discover ways to reproduce nature’s perfection. Critical to this assertion was the steadfast promotion of infant formula as nutritionally identical to human milk, even before the biological makeup of breastmilk was fully understood.

As the century ended, another significant social change was taking place that would greatly influence infant feeding practices: the professionalization of medicine. For hundreds of years, mothers had relied upon authoritative female voices in their respective communities for child-rearing advice. However, after the establishment of the American Medical Association (AMA) and the “general trend to establish professional standards” that coincided with the rise of

3 The brand name “Nestlé” is now synonymous with the infant feeding controversy: in the 1970s, their worldwide advertising practices came under fire, culminating in a boycott of Nestlé Products. The boycott was initiated in 1977, suspended in 1984, and reinstated in 1988. It is ongoing as of 2010. Plenty of information is available about the controversy, but a good place to start is Naomi Baumslag and Dia L. Michels’ Milk, Money, and Madness: The Culture and Politics of Breastfeeding, cited at the end of this essay.
modernity, “the scientifically trained male expert emerged to replace the informally trained female practitioner, discrediting her ‘folk’ remedies and ‘superstitious’ knowledge in the process” (Chuppa-Cornell 454-5). In short, professionalized medicine at the end of the 19th century contributed to the destruction of so-called “‘vernacular’ ways of life,” and “Breastfeeding turns out to be such a vernacular way” (Schwab 480).

This is not to say that all doctors immediately abandoned breastfeeding advocacy at this time. Infant mortality was a presiding medical concern; it was an issue that was generally held to be symptomatic of greater social health. Thus, with the objective to reduce infant mortality rates, “the field of pediatrics emerged as a specialty based on the need for expertise in infant feeding” (Thulier 88). Here professional consensus begins to diverge: while many doctors decried commercial formulas, others latched on to the “clean milk movement,” which ultimately led the way (Schwab 485). The discovery of pasteurization dispelled prior concerns about the complications of preparing formula without contamination. Although breastfeeding was still initially encouraged, it was much more quickly abandoned if it was deemed in any way “impractical” or difficult, and “modern women subscribed to the promise of the formula” (Schwab 485).

The invention of infant formula and the field of pediatrics arose from the most altruistic of intentions: saving babies’ lives. Unfortunately, as doctors’ professional expertise became more and more invaluable, and infant formula became more and more accessible, the stage was set for capitalistic gains. Thulier describes the phenomenon: “By the late 1920s and early 1930s, 

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4 Part of the trend toward “professionalization” was the development of specific modes of discourse (i.e., jargon), the use of which would identify and separate the experts from the laypeople. The original denotation of “vernacular,” in this context, indicates the profound relationship that such cultural movements have with rhetoric.
it was estimated that 25% or more of the case loads of general practitioners consisted of directing the routine feeding of infants. Artificial feeding now had significant economic importance to physicians” (88). This realization created an obvious conflict of interest between the physician’s role as an objective medical expert or as an infant formula spokesperson. Over the next several decades, the AMA became one of the most outspoken opponents of uniform breastfeeding advocacy, and condemned legislation such as the Sheppard-Towner Maternity and Infant Protection Act of 1921, the first “federally-funded, social welfare measure ever implemented in America,” which sought to educate new mothers about proper infant nutrition (Thulier 88).

As bottle-feeding was steadily gaining popularity by the 1910s, another movement gathered momentum: first wave feminism (Knaak 198). Feminism and infant feeding have a long and complicated history, and as we shall see later, contemporary feminists are still divided over the issue. But in the early 20th century, most feminists agreed that infant formula was beneficial to the cause, as Thulier notes: “the emancipation of women that began in the 1920s was symbolized by bottle-feeding. By the 1930s and 40s, most independent women viewed breastfeeding as old-fashioned and talked about nursing babies in terms of being tied down” (89). As formula became safer and more affordable, women could legitimately argue for abandoning prescribed domesticity to join the workforce. In addition, as the moral frigidity of the Victorian era thawed, breasts were celebrated as sexual objects rather than as functional milk depots.

After the exhilaration of the Roaring Twenties, American women faced the economic devastation of the following decade. Fears and anxieties of all sorts reached a fever pitch. Although it seems logical that breastfeeding, as a free enterprise, would gain footing during this period, the formula industry held strong. Perhaps one reason that formula was so appealing was
that, unlike breastmilk, formula was “knowable”: it could be measured, assuring anxious mothers that their babies were receiving enough to eat, and its ingredients were quantifiable. While we now know that breastmilk has the remarkable capacity to manufacture antibodies and self-regulate to cater to a baby’s needs, in the early 1900s, this lack of homogeneity rendered it too mysterious to be trusted.

Indeed, a highly relevant development in the decade preceding the Depression was the identification of Vitamins A, C, and D. Though scientists had recognized the physiological benefits of a well-balanced diet for many years prior, they had not been able to isolate and explain the “‘accessory food factors’ that are required only in trace amounts but are indispensable for normal growth and maintenance” (Rosenfeld 682). By 1928, researchers had discovered that adequate amounts of Vitamins C and D prevented scurvy and rickets, respectively. Vitamin D, in particular, was identified as “the sunshine vitamin,” spurring a trend toward the use of sunlamps and other supplements during the winter months (Rosenfeld 683). Vitamins became simultaneously novel and indispensable, which was effectively reinforced through advertising practices. Infant formula, along with a multitude of milk substitutes and powdered additives, promised that babies and children could receive adequate nutrition on a budget.

All of these factors created a perfect storm for the immense popularity of infant formula, a trend that was cemented during World War II. By then, women were already familiar with the sterilization and dispensation of artificial milk. When the war effort required many women (even those not wooed by the early feminist movement) to work outside of the home, commercial formulas were essential and became even more universally accepted. Thulier agrees: “In a sense, World War II helped to bolster what would come to be and still remains a general approval by
society of bottle-feeding. By the 1950s, the truly modernized household included the bottle-fed baby” (89). Indeed, the 1950s witnessed “the height of bottle-feeding’s popularity—over 80% of mothers were feeding by the bottle” (Knaak 198). In the decades since, the infant feeding debate has intensified as breastfeeding advocates seek to reverse the effects of such a skewed imbalance.

Consequently, the early postwar period is a watershed moment in the history of infant feeding, providing a logical starting point for this rhetorical study. Although direct contact with pediatricians was the ideal source of infant feeding information, doctors’ visits were not always an option, particularly during the lean years of the Depression. Concurrent with all of the above cultural shifts, “mothers were turning increasingly to child care manuals for guidance” (Thulier 89). Such manuals promised “expert” advice without the financial burden of professionalized medical expenses. The maternal instinct was no longer enough, and women could be spared the embarrassment of admitting ignorance by entrusting their babies’ well-being to these texts. Dr. Benjamin Spock, as an established and revered pediatrician, had just the right mix of professional ethos and colloquial appeal that new mothers of the time would have craved. When *The Common Sense Book of Baby and Child Care* appeared in 1946, it found an eager and receptive audience.

**A Fresh Look**

As with any cultural icon, much has been researched and debated about Dr. Benjamin Spock and his famous work. Several of these studies are important to acknowledge here. In his comprehensive biography *Dr. Spock: An American Life*, Thomas Maier necessarily devotes chapters to the specific messages in *Baby and Child Care* that alternately incited controversy and
adoration. He outlines some of the specific revisions that Spock implemented in subsequent editions. Crucially, Maier provides insight—based on interviews with the doctor himself—into the motivations behind the rhetorical choices that Spock made.

Another, more infamous, analysis of Dr. Spock’s book was originally published in 1975. “Dr. Spock: The Confidence Man,” by Michael Zuckerman, is arguably the most scholarly anti-Spock polemic on record. Zuckerman expresses his bewilderment at the unwavering appeal of a child-rearing theory that supposes that children “have only to learn specific roles and routines, because from the moment they draw breath (and as long as they are not undone by adults) they are creative and caring human beings”; Zuckerman clearly does not hold such an optimistic view of human nature (267). He peppers his analysis with specific phrases from Spock’s text that illustrate Zuckerman’s main argument that “[e]asy indulgence is what the doctor orders,” which has led to generations of spoiled, self-indulgent youths who eventually become materialistic, selfish adults (265). Zuckerman’s essay effectively captures the frequent charges levied against the doctor, and he also reinforces an important concept for my purposes: that under the premise of redemption from parental anxiety, Spock rhetorically manifests guilt.

Other studies describe Spock’s infant feeding advice as a “rhetoric of choice.” In her well-researched book Milk, Money, and Madness: The Culture and Politics of Breastfeeding, Bernice L. Hausman investigates “what kind of discourses support formula feeding in the context of public information that breastfeeding is the best way to feed babies,” citing the ubiquitous

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5 In his biography of Dr. Spock, Thomas Maier states: “Michael Zuckerman…served up the most inventive, and perhaps most insidious, assessment of Spock’s effect on the baby-boom generation.” Maier portrays Zuckerman as the mouthpiece for the frequent “charge of permissiveness” and reports that “such criticism confounded Spock” (410-413).

6 At the time of Zuckerman’s writing, only three editions of Baby and Child Care had been published. In subsequent editions, Spock addresses the criticisms levied against him more specifically and deliberately.
“Breast is Best” campaign of recent years (92). She discusses message framing in several of the most popular childcare manuals (including, of course, *Baby and Child Care*), and she argues that they present a “structure of equivalent choice” between breast and bottle (93). While I certainly agree that Dr. Spock’s rhetoric reflects the “paradox of claiming that breast milk is best for human infants but manufactured infant formulas are fine, too,” I believe that describing the choice as “symmetrical” or “equivalent” is a misnomer, because such framing actually favors bottle-feeding rather heavily.

But perhaps the most relevant study of Spock’s rhetoric to date is Stephanie Knaak’s 2008 content analysis, “Breast-feeding, Bottle-feeding, and Dr. Spock: The Shifting Context of Choice.” Knaak specifically focuses on the infant feeding chapters in selected editions of *Baby and Child Care* in order to explicate what she identifies as the “context of choice”: the discourse that frames breastfeeding and bottle-feeding as equally viable options (197). Early editions of the book, she argues, treat the choice between breast and bottle as just that—a choice—whereas revised editions portray breastfeeding as a moral directive that renders bottle-feeding an absolute last resort, which she believes is ethically problematic.

This study is especially helpful in identifying specific instances of rhetorical revisions in these chapters; however, I intend to offer a different perspective on the changes. Knaak briefly mentions guilt as an understood byproduct of Spock’s messages, but I am interested in the specific linguistic constructions that make it so. Moreover, Knaak’s study implies an intentional authoritarianism in Spock’s book that I am not convinced is warranted; I believe that his changes were made to reflect the most current medical wisdom and cultural trends rather than to capitulate to breastfeeding activists and vilify the formula industry. And finally, I argue that what Knaak identifies as a “directive” in favor of breastfeeding and Hausman identifies as a
“symmetrical choice” between two equal options should actually be interpreted as a rhetoric that confuses more than comforts and that inherently, if unwittingly, favors the bottle.

Indeed, a critical aspect of analyzing Spock’s infant feeding advice is to recognize that his intentions do not necessarily align with his rhetoric. While this does pose a challenge, it also mirrors the paradox of infant feeding rhetoric in general, which instills confusion and anxiety, most often and most effectively, without explicit malevolence. Dr. Spock is himself a contradiction in terms, as he consistently walked a fine line between cultural subversion and conformity. He famously proclaims “Trust yourself, you know more than you think you do,” at the beginning of every edition, which essentially goes against the very reason why the neophyte mother turns to the manual in the first place. What, then, becomes of the mother who may be too anxious to trust her own knowledge? In a noble effort to alleviate maternal anxiety, Spock actually reinforces it. His book then becomes a perfect example of how a rhetoric of guilt does not function only on its negative connotations, but on the theoretical promise of redemption.

Theoretical Approach

Any investigation into the complex relationship between rhetoric, motivation, and human emotion, especially the emotion of guilt, should logically begin with Kenneth Burke. One of his earliest works, *Permanence and Change*, was written in the nascent years of the Great Depression, at the crossroads of modern promise and economic despair: “a time when there was a general feeling that our traditional ways were headed for a tremendous change, maybe even a permanent collapse” (xlvii). Burke found himself in what he describes as a “motivational quandary,” and so began his formal ruminations on the factors that contribute to motivation, a philosophical endeavor that he would pursue for the rest of his life (xlvii). Not coincidentally,
this transformative time period gave rise to the formula industry as evidence of technological triumph, and as Michael Schwab notes, bottle-feeding became “an icon of modernity” (479). The atmosphere of anxiety in which the infant feeding controversy arose is critical to understanding the development of its rhetoric, which, in turn, is best viewed from a theoretical perspective of the same era. Moreover, overarching tenets of Kenneth Burke’s theories provide a canvas for illustrating and synthesizing other elements of this rhetorical study.

Communication, Burke argues, is the source and sustenance of all human action, and action is the manifestation of motives. Therefore, no study of communicative acts can be complete without considering the motives of the actors. Of these motives, Burke specifically identifies guilt as one of the most powerful. Within the dramatistic pentad, his paradigm for human persuasion, the guilt redemption cycle is what drives all of our actions. In other words, the strongest motivating factor in influencing human beings to act is the appeal to our desire to redeem ourselves from our sense of guilt, which we achieve through victimage (cathartic purging of guilt through a scapegoat), mortification (self-inflicted physical and/or emotional punishment), or transcendence (attaining higher moral realms through rhetorical enlightenment).

Here it is necessary to establish a practical definition of “guilt,” an abstract value that can be a rather nebulous concept. In his book The Rhetoric of Redemption, David A. Bobbitt clarifies:

While Burke’s concept of guilt contains the usual meaning of the term as a sense of responsibility or shame for having done wrong, he extends the parameters of the concept. For Burke, guilt is a sort of ontological sense of human anxiety, a feeling of separation from others, or the failure to live up to standards imposed by self and society. (35)
For the new mother, all three aspects of this definition apply: anxiety over motherhood and the responsibilities it entails; separation from others, whether from those intimates who are involved in the child-rearing process or those women who have chosen a different feeding method; and failure to live up to the conflicting standards presented within the infant feeding double bind.

Although it is not a particularly astonishing revelation that guilt is a factor in human motivation, Burke is unique in that he identifies language as the source of guilt. Bobbitt explains Burke’s position: “It is only because we have the capacity to speak of the self linguistically…that we can feel a sense of failure…Without the objectifying, moralizing capacity of language humans could not feel guilt, for there would be nothing about which to feel guilty” (36). It is this “objectifying, moralizing capacity of language” that is especially potent in infant feeding rhetoric, because the issues at hand include the moral judgment of the mother, the objectification of the female body, and the sacred bond between a woman and her child.

In fact, Kenneth Burke was especially concerned with the latter point. Recognized for his ability to “systematize a naturalistic, linguistically oriented, secular variant of Christianity,” Burke often uses biblical allusions to illustrate his theories (Rueckert 133). For Burke, Christian doctrine provides the ideal image of motherhood. He explains: “As regards human motives, the natural, biological, tribal order of human growth would seem to culminate in the emotion of love…It is the realm of the nursing child, the nursing mother…It is the realm expressed in the figures of Madonna and Child” (A Grammar of Motives 122). Additionally, Burke identifies the “nutritional motive” as an important factor in human persuasion. He closely associates food and family, as he states, “nutritive emphasis becomes submerged in a notion of familial consubstantiality” (A Grammar of Motives 31). Here, the feeding ritual between a mother and her infant establishes a connection that approaches the spiritual; the exchange of nutrients thus
becomes emblematic of maternal capability. Further, by Burkean logic, the language that we use to describe and understand such an exchange becomes a contested space, imbued with all the emotional significance that we attach to the act itself.

For Kenneth Burke, studying rhetoric as the source of human motives is not merely an exploratory endeavor. He is certain that it is the path to social stability. He argues that “all types of social order rest on positives and negatives expressed in ‘thou shalt’ and ‘thou shalt not’”; regardless of religious beliefs, human beings find comfort in prescriptive rules of behavior (Duncan xxxv). This absolutism, I believe, is at the heart of the infant feeding debate. Breastfeeding mothers and bottle-feeding mothers perceive each other as ideologically opposed. Such differences cause people to become “remote and strange” to each other, or, in Burke’s terms, to become “Mysteries” to one another (Duncan xxxii-xxxiii). I contend that it is the emotionally laden, guilt-ridden rhetoric of infant feeding that perpetuates this mystification. I also believe, along with Burke, that “there must be some way of transcending this separateness if social order is to be achieved” (Duncan xxxiii). A fundamental motive for this study of Dr. Spock is to clear a path for such transcendence by beginning to demystify the rhetoric of infant feeding.

Perhaps not surprisingly, the degree of separation between Dr. Spock’s rhetoric and Kenneth Burke’s rhetorical theories is slim, and his name is Sigmund Freud. Spock was an early and devoted disciple of psychoanalysis, and he steadfastly believed that it carried valuable implications for child-rearing practices that could eventually create a more emotionally secure and healthy populace. But he also recognized the controversy inherent in the sexually-oriented theory, particularly when children are the subjects. As Maier notes, “Throughout his book, Spock relied on truths he found in psychoanalysis to explain much of the inner drives of children and
how parents should respond to them...[but he] deliberately omitted the name of his biggest influence, Sigmund Freud” (133). Through his signature “simple, conversational tone,” Spock effectively conveyed the fundamental elements of psychoanalysis without alienating his core audience (Maier 126).

Spock was well-versed in the Freudian practice of cathartic psychotherapy, which is where the connection between Freud and Burke becomes apparent. In his clinical experience, Freud identified the “talking cure,” in which “he could construct a body of discourse through which the charge arising in the unconscious could be released” (Killingsworth 4). This “talking cure” precedes Burke’s notion of transcendence, the least common but most ideal method of guilt redemption. Transcendence could quite literally be interpreted as a talking cure, since it involves dialogic interaction in order to attain a higher level of understanding that alleviates the sense of guilt.

With Freudian sensibility, Dr. Spock aimed to rhetorically transcend the inevitable guilt and anxiety that comes with motherhood. He “tried very deliberately to ensure his book’s voice...would remain ‘unauthoritative, uncondemning, and unscolding’” (Maier 130). His intentions are preventative, but, as Burke reminds us, that is an impossible endeavor, because guilt “can be relieved, but not cured; it is inevitable, ubiquitous, and eternal” (Rueckert 132). What remains, then, is to identify how Spock’s well-meaning infant feeding advice constructs a rhetoric of guilt that appeals to maternal anxiety and attaches emotional significance to infant feeding practices.
The Advocate?

The crucial premise in this analysis, as previously mentioned, is that guilt arises from the sense that one is deviating from prescriptive rules of behavior: Burke’s so-called “thou shalt” and “thou shalt nots” of cultural expectations (Duncan xxxv). Working from this premise, guilt is manifested through rhetoric that establishes a normative model of infant feeding. Although Spock does, at times, employ language that is slightly accusatory (and therefore explicitly emotionally charged), he more frequently instills anxiety by virtue of his normative model. It is on the question of normativity that I deviate sharply from previous interpretations of Spock’s rhetoric.

Dr. Spock has been almost universally praised for his “pioneering support of breastfeeding,” his “longtime emphasis [on] breastfeeding,” his “encourag[ing] the trend toward breastfeeding without ever mentioning that he started it” (Maier 378, 445, 402). Stephanie Knaak agrees: “Spock’s major recommendation about method of infant feeding is unchanged over the text’s history. [The book] has always advocated breast-feeding as the preferred method of feeding, particularly during the initial weeks and months of a baby’s life” (203). While it is true that Spock discussed breastfeeding candidly during a time when it was seen as old-fashioned and immodest, and that he continued to update his text to include discoveries about the medical benefits of breastfeeding, the argument for his overwhelming advocacy is flawed. At best, it is based primarily on isolated phrases and decontextualized content. I argue that while Spock intended to advocate breastfeeding, he nevertheless operated on a normative bottle-feeding model; the normative model began to shift in later editions but was not successfully inverted, at least rhetorically, until the 1990s. He was limited by the expectations of his audience, no matter
what his personal opinions may have been. The result of this conflict is a text rife with mixed
signals that inevitably fosters guilt over either choice.

A Note on Structure and Methodology

Each revision of *Baby and Child Care* was conducted with deliberate rhetorical
intentions, some of which Dr. Spock states in his ubiquitous “Letter to the Reader,” some which
he explained to his biographer, and some which can be inferred from shifting cultural norms. In
any case, the very nature of revision indicates an awareness that there was something in the prior
dition that was not working; in Spock’s case, his revisions were implemented to remedy what
was outdated at best, offensive at least, and detrimental at worst. Although there are inferences to
be made from every subtle change across the editions, from comma placement to pronoun usage,
I will focus only on those specific passages that are particularly illustrative and impactful, and
systematically explain how they have been amended, revised, omitted, or moved in ways that
affect the messages about infant feeding.

For each edition, I will first identify the larger cultural trends and historical context that
motivated the revision before moving into the rhetorical discussion. My analysis of the first
edition from 1946 will necessarily be the most thorough, as the analyses of the subsequent
editions will stem from the deviations (or lack thereof) from the original. Specific devices I will
discuss include the use of qualifiers, metaphors, allusions, diction with negative connotations,
leading questions, and, of course, headings and subheadings. These rhetorical choices will
become the scaffolding for a rhetoric of guilt in infant feeding literature.

More broadly, I borrow one of my basic units of analysis from Knaak’s argument, even
though our conclusions differ. For many of her claims, she operates on “the assumption…that the
items listed first, as well as the items discussed in the most detail, represent the
author/publisher’s intended points of emphasis” (204). Indeed, the ordering and re-ordering of
information throughout the various editions subtly but significantly affect the message framing.
However, many—I dare say most—compositions do not place their strongest points of emphasis
only first, but first and last, with the weakest points of emphasis in the middle. Moreover, where
previous research has tended to dwell on only the “Breast Feeding” and “Bottle Feeding”
chapters, it is essential to recognize that there are more than two sections of Baby and Child Care
that pertain to infant feeding: for example, the table of contents, “Letter to the Reader,” and
“What Feeding Means to the Baby” are critical introductions that frame the normative model in
significant ways and cannot be overlooked. When these sections are included, the presentation of
information changes drastically.

1946: FIRST EDITION

I have already outlined the trends in infant feeding practices leading up to the debut of
Baby and Child Care, but a few points are worth highlighting. The general American attitude at
the close of World War II was optimistic, with the promise of a stronger economy built on hard
work, modern technology, and rapid scientific advancement. This outlook, along with the influx
of women in the workforce, contributed to the “rapid decline in the prevalence of breastfeeding
in Western nations since the 1940s” (Riordan 11). It is during this time that statistics about infant
feeding began to be assessed more frequently and accurately; as the nation recovered from years
of economic depression and war, tracking and improving the health of its citizens moved to the
forefront of public policy.
Coincident with the year the manual was first published, in 1946 “the proportion of newborns exclusively breastfed at hospital discharge” was only 38% (Riordan 11). This percentage was already remarkably low, but it would continue to decline over the following decades. As Spock set out to provide a manual that addressed the “need for basic information” among new mothers, he was bound by the cultural constraint of the above average rate of bottle-feeding in the US (Maier 124). Even though he believed that breastfeeding was the optimal choice for mother and child, he could not neglect the truth of infant feeding practices, and the rhetoric in this first edition demonstrates his desire to prevent or reduce guilt over both methods.

First Encounters

In any work of non-fiction, the table of contents establishes the structure of the book, indicates which topics are the most discussion-worthy, and sets a tone for the communication to follow. The first heading of Baby and Child Care, which would remain relatively unchanged over the text’s history, is “A Letter to the Mother and Father,” a casual, inviting title that immediately assumes a level of intimacy between the author and his audience. The next chapter, “Preparing for the Baby,” proceeds with the reassuring, though vague, subheadings, “Trust Yourself” and “Things You’ll Need.” Although these statements use the second-person pronoun, implying that the mother is in the driver’s seat (in this edition, the mother is the presumed primary audience), they are actually directives that establish a sense of trust not in “yourself” but in the confident knowledge of the author.

By the time the reader gets to the next chapter heading, “The Right Start,” she is prepared to accept the logical ordering of information the doctor has selected. Nestled in this chapter, after the oddly juxtaposed sections “Circumcision” and “Enjoy Your Baby,” is the reader’s first
encounter with infant feeding rhetoric: “What Feeding Means to the Baby.” After a follow-up section on “Schedules,” the attention turns to the next chapter, “Breast Feeding,” followed by the “Bottle Feeding” chapter.

Both of these latter chapters contain an equal number of subheadings at four apiece, and they are nearly equal in length, although the bottle-feeding chapter is 29 pages to breastfeeding’s 23. More telling, however, is the wording of the subheadings themselves. The first under “Breast Feeding” is “The Value of Breast Feeding,” which immediately casts this method in a positive light and conveys Dr. Spock’s preference on the topic. However, the preference is undermined with the third section, “When the Breast Milk is Insufficient.” The use of the word “insufficient” is still common in medical terminology to refer to milk supplies, but the connotations of the word, particularly for a new mother’s first encounter with breastfeeding information, imply failure and maternal ineptitude. Furthermore, the negative implications could be easily avoided by simply changing the “When” and “is” to the more malleable qualifiers “If” and “seems.” As it stands, the message is that breastmilk is inevitably insufficient and that breastfeeding will be difficult.

The bottle-feeding chapter begins after the previous chapter ends with instructions on “Weaning From the Breast.” The sequencing of these chapters, rather than emphasizing breastfeeding simply because it comes first, instead presents bottle-feeding as the solution to the problems that are inherent in attempting to breastfeed. The subheadings in this latter chapter are much more comforting: “Formulas to Use If It’s Impossible to Consult a Doctor,” which assures the mother that the book offers more convenient solutions for bottle-feeding than for breastfeeding, and “Preparing the Formula” and “Giving the Formula,” which portray formula as
a lovingly prepared gift to the infant. These content headings do change over the various editions, but more subtly than one might expect, as we shall see later.

The next encounter the reader has with infant feeding references is in the “Letter to the Mother and Father” on page one. The letter is essentially a disclaimer, explaining Spock’s organizational choices (“to correspond to your baby’s age”), usage of the male pronoun for the baby (“I can’t say ‘her or him’ and I can’t say ‘it’…I need ‘her’ to refer to the mother”), and deference to the family physician (“Caring for children with only the help of a book is not satisfactory, but it is better than nothing”). Most importantly, Spock emphasizes his prevailing concern with guilt redemption: “Last of all I want to urge you not to worry or decide that you’ve made a mistake with your child on the basis of anything you read in this book (or anywhere else, for that matter).” This early plea resurfaces throughout the manual, and the frequency with which he repeats this sort of language actually creates the opposite effect: the more a person is told not to think of something, not to worry, not to feel inadequate, the more attention is drawn to those negative thoughts. But it is most important to note here that amidst these disclaimers, the word “formula” is repeated four times in three pages, and the word “breast,” or any allusion to breastfeeding, is nowhere to be found. The author uses formula feeding as the default example for instructions on using the book, assuming and reinforcing the prevalence and social acceptability of the method.

A similar phenomenon occurs in the ideologically-saturated section within “The Right Start” chapter, “What Feeding Means to the Baby.” The very first sentence of this section reads: “You might get the idea from the formula slip which the hospital gives you when you take the baby home that feeding a baby is something like chemistry” (23). Spock goes on to assure the reader that even though “formula” may sound complicated, it is really “food…for a human
being” and should not be intimidating. Thus, the first encounter the reader has with any concrete advice about infant feeding not only assumes that bottle-feeding is the method of choice, but goes to great lengths to explain away the negative implications of formula. Formula feeding is clearly framed as the more normal behavior.

This paragraph is followed by one of the only passages that has survived almost untouched through all eight editions of Baby and Child Care, and is therefore worth citing in its entirety:

Think of the baby’s first year this way. He wakes up because he’s hungry, cries because he wants to be fed. He is so eager when the nipple goes into his mouth that he almost shudders. When he nurses, you can see that it is an intense experience. Perhaps he breaks into a perspiration. If you stop him in the middle of a nursing, he may cry furiously. When he has had as much as he wants, he is groggy with satisfaction and falls asleep. Even when he is asleep it sometimes looks as if he were dreaming of nursing. His mouth makes sucking motions and his whole expression looks blissful. This all adds up to the fact that feeding is his great joy. He gets his early ideas about life from the way feeding goes. He gets his first ideas about the world of people from the person who feeds him. (23)

This excerpt represents quintessential Spockean ideology, with clear psychoanalytic derivatives that place as much, if not more, importance on the baby’s emotional security as his physical health. This passage works in two other important ways: first of all, it creates an immense sense of responsibility on the part of the parent to make the most emotionally rewarding choice in infant feeding, which promises guilt if the parent does not choose correctly; and secondly, it
immediately follows the paragraph that has just reassured the reader that formula is practical and acceptable.

It is important to note here that the meaning of the word “nursing” has evolved since this first edition was published. Whereas “nursing” is now used almost interchangeably with “breastfeeding,” this connotative shift is fairly recent. In 1946, “nursing” a baby referred just as accurately to feeding by bottle as to feeding by breast, a signifying practice that Spock consistently reinforces. As such, the first encounter the reader has with concrete breastfeeding information is not until the following section on the next page, and even then it is in negative terms: “The breast-fed baby is naturally going to be slower than the bottle-fed baby in regaining his birth weight, because his mother won’t be able to supply him with much milk until he’s 4 or 5 days old, and even then the milk is apt to come in slowly” (24). Although this explanation is intended to alleviate anxiety over weight gain, it instead creates an image of an underweight baby and an anxious mother who cannot meet his nutritional needs with her own milk. The effect is to discourage breastfeeding altogether; after all, bottle-feeding is easier, already more familiar, and, now, more reliable for the baby’s development. By the time the reader reaches the first relatively encouraging mention of breastfeeding, “Concern about early weight loss…may cause a mother to abandon breast feeding before it has been given a fair chance,” the model of normativity has been firmly implanted (25).

So far, with the exception of the table of contents, the word “breast” has only been used twice in twenty-five pages of text, while the words “formula” and “bottle” appear thirty-three times. On page 26, in the “Schedules” section, the reader finally encounters the first complete image of a breastfeeding infant: “…stop and think of a mother, far away in an ‘uncivilized’ land, who has never heard of a schedule, or a pediatrician, or a cow. Her baby starts to cry with
hunger. This attracts her attention and makes her feel like putting him to breast.” While Spock may have thought that the emphasis on the natural breastfeeding instinct would be comforting, the analogy is instead problematic. First of all, the description of this hypothetical mother, rather than appealing to the commonality that she shares with the reader, instead highlights the “far away” distance and the “uncivilized” lifestyle. “Uncivilized” carries all sorts of negative connotations—uncouth, animalistic, savage—especially in the postwar era of heightened patriotism and Western imperialism. The 1946 American mother, riding the wave of modernity, would likely find this lifestyle unappealing, and perhaps even distasteful or repulsive. Also, the specific mention that she “has never heard of a pediatrician” contradicts the status of professional medical experts, which at the time was ever-increasing; Spock himself reiterates over and over that “the doctor is the one to make the decision and prescribe the formula” and the mother should “resolve to leave the whole matter in the doctor’s hands” (27, 25). In short, the appeal to the “natural” benefits of breastfeeding that Spock frequently invokes does not suit the audience and likely promoted the opposite response from his intended purpose.

The last section in this chapter further emphasizes the dissonance between “natural” breastfeeding and “normal” bottle-feeding with a discussion of the new-fangled “demand” schedules: “Some doctors and parents have been trying the experiment lately of going back to nature…If more and more babies are fed this way, and if it works out well, it may possibly become, in the future, one of the ‘regular’ ways to feed babies” (30). He goes on to explain that this method works “particularly well” with breastfeeding. This passage is contradictory for several reasons. First of all, describing “going back to nature” as an “experiment” poses it as a risky endeavor with uncertain outcomes, an image that is reinforced with the disclaimer “if it works out well.” Further, the qualifier “it may possibly become” allows that it may not work out,
may not become, may not ever be the preferable feeding method. The time marker “in the future” creates a distance that encourages the mother to rationalize that she need not use her baby as a guinea pig for an experimental technique; she should leave that to other mothers who are more comfortable with revisionism. And finally, the use of quotes around the descriptor “regular” highlights the inverted normal/abnormal binary that places formula in the privileged position. This equivocal language constructs the most thorough discussion of breastfeeding in the text thus far, which serves to remind the reader that the decision to breastfeed is a radical departure from socially acceptable behavior.

The cumulative effect of these introductory rhetorical choices is to prepare the mother for a guilt-free infant feeding experience, so long as she chooses the bottle. The final thought that the reader is left with before moving on to the specific infant feeding chapters is that when it comes to schedules, she should choose whatever she likes, “just as long as she is willing to be flexible and adjust to the baby’s needs and happiness” (31). Again, Spock attempts to alleviate anxiety by reminding the mother that there are no absolute right and wrong answers to be found in a book. But a first-time mother seeking guidance would likely find this frustrating, and the reminder that the baby’s needs and happiness come before her own may lead her away from a feeding choice that requires extraordinary vigilance to her own physical condition in addition to the infant’s. This latter point becomes an underlying theme of the following chapter.

Breast and Bottle

The table of contents indicates that the breastfeeding chapter will begin with an explanation of “The Value of Breast Feeding.” But curiously, the first sentence of the section under this promising heading is the loaded question, “Are there disadvantages to breast feeding?”
(32). When such a question is posed as a section heading, we generally expect it to be followed with a yes or no answer. And if we are to accept that Spock was a breastfeeding advocate, we would certainly expect an assertive “No.” Instead, this information follows: “Fewer babies have been breastfed in recent years, especially in cities. The chief reason is that bottle-feeding has gotten to be safe and easy. Another reason is custom. If most of the women in a community use bottle feeding, it seems like the most natural thing to a new mother” (32). The reader does not actually get any information about breastfeeding yet, and has only been offered the suggestion that there are disadvantages. This phrasing also specifically locates the increasing trend toward bottle-feeding in metropolitan areas, which would be quite appealing to the growing middle- and upper-class of this time. Further, the comfort words “safe,” “easy,” “community,” and “natural” (although as we have already seen, the latter is somewhat troublesome) are all used to describe bottle-feeding in the first paragraph of a section supposedly devoted to breastfeeding promotion.

Still, perhaps Spock was preparing for a more impactful “but” to follow and negate these perceptions of formula. Not so. Instead, he offers another loaded question: “Is bottle feeding easier?” This time, however, he answers with a solid affirmative: “It is in two ways. The mother isn’t held down. And she doesn’t have to worry whether the baby is getting enough, because she can put as much formula in the bottle as she wants” (32). Now the reader gets the impression that the “disadvantages” to breastfeeding are that she will be “held down” and that she will “have to worry whether the baby is getting enough.” Both negatives pertain to physical well-being; the first limits the mother, and the second places the baby in peril. Why should the mother sacrifice her own mobility for breastfeeding, which she cannot be sure will even nourish her baby properly, especially since she still has not been provided with any clear advantages of the
method? Guilt is already inherently bound to the breast, as it has only been portrayed as risky for the baby and stifling for the mother.

Yet Spock still does not proceed to his promised topic, “The Value of Breast feeding.” Rather, he draws attention to one of the most troublesome characteristics of breastfeeding, and pregnancy in general, for many uncertain mothers: physical transformation. The discussion continues:

Some mothers shy away from breast feeding for fear it will ruin their figures. You certainly don’t have to eat excessively or get fat in order to make milk. A nursing mother needs enough extra to keep her own body from being depleted by the milk. She does not need to gain an ounce above her regular weight. As for the effect of nursing on the shape of the breasts, I am sure that, in many cases, it causes no permanent change. On the other hand, there are mothers whose breasts have become somewhat flattened after nursing several babies. (32)

He goes on to recommend wearing “a good brassiere” day and night throughout the pregnancy and duration of nursing to minimize stretching, but “the other important thing is for her to keep from getting generally fat…after all, the breasts will sag from becoming too fat even without pregnancy or nursing” (32).

Again, Spock misses an opportunity to assuage the fear of the physical consequences for breastfeeding mothers—that it will “ruin their figures”—with two sentences that do virtually nothing to refute the assumption. The phrase “you certainly don’t have to eat excessively” implicitly suggests the possibility that you will fight the urge to eat excessively even though you don’t have to. Even more confusing, the next sentence expressly contradicts the weak reassurance by reminding the mother that she will at least need “enough extra” (extra what is not
specified—Calories? Protein? Vitamins?) to “keep her own body from being depleted by the milk.” This final warning requires the mother to figure out the perfect balance of nutrients, so that she can keep from gaining “an ounce above her regular weight” while simultaneously protecting her body from a milk supply that has now been likened to an invasive foreign body.

A few paragraphs later Spock returns to the idea of depletion and bodily sacrifice when he addresses another common assumption: “You hear it said that breast feeding ‘takes a lot out of a mother’ in the sense of tiring and weakening her. In most cases this is nonsense” (33). The phrase “in most cases” implies that there are some cases where this is not nonsense. The logic that follows is more daunting: “Of course, a mother has to eat more when she is giving milk to a baby, just as she has to eat more when she goes swimming twice a day…There is no more reason for a mother to feel exhausted after a month of nursing than after a month of vigorous exercise…” (33). Given the cultural priorities of the postwar period, it seems reasonable to presume that the average 1946 mother was not swimming twice daily or exercising vigorously for a month. The comparison here is to a drastic lifestyle change, which Spock further reinforces with the next sentence, contradicting his previous declaration of “nonsense”: “But breastfeeding is exhausting and should be stopped if the mother is losing weight she can’t afford to lose, or showing other definite signs of poor health.” Ultimately, the mother gets the message that she should not attempt breastfeeding unless she is in optimal physical condition, and even then, that condition is likely to deteriorate.

So far, the language in the first two pages of the “Breast Feeding” chapter dwells on the inextricable (and degenerative) relationship between breastfeeding and the body. This portrays breastfeeding as a primarily corporeal issue, which becomes one of the most guilt-inducing, ubiquitous aspects of infant feeding rhetoric. As Hausman suggests, “information about infant
feeding tends to correspond to hegemonic American ideals about infant behavior, maternal behavior, and ideal personhood that value autonomy and an internally developed ability to regulate oneself” (93). In other words, the rhetoric describes breastfeeding as an interdependency between the mother and her infant that reduces her sense of personal autonomy and control over her own body, values which are especially potent in Western cultures. The choice to breastfeed, then, could foster resentment—consciously or subconsciously—from the mother toward her infant, which would certainly lead to shame and guilt.

But for the new mother, perhaps an even more disturbing consequence of the bodily experience of breastfeeding pertains to sexuality. Again, Hausman explains:

The division of breast function into “sensual” and “utilitarian” categories suggests a neat compartmentalization that is not only unusual in embodied experience but indicative of American responses to the female body—a desire to separate sexuality from reproduction, a fear of blurred boundaries between maternity and sexuality, and an attempt to regulate women’s experiences into socially acceptable functions. (108)

This notion of socially acceptable behavior, as I have argued, contributes to guilt over deviating from such norms.

Spock has this advice for the mother who may be grappling with the issue of her breasts as sexual objects: “There are some women who just don’t feel like nursing their babies—the idea goes against the grain. Should they try anyway? I think not. The revulsion against nursing comes from deep inside. It may disturb the mother’s relationship to the child, and do more harm than good” (33). Spock’s preoccupation with the emotional consequences of doing something that subconsciously “goes against the grain” (which, given his psychoanalytic proclivity, we can read
as a euphemism for intimacy bordering on incest) trumps his desire to encourage uncertain mothers to try breastfeeding, which he will later tell us can in fact have positive emotional outcomes. The strongly negative words “revulsion,” “disturb,” and “harm” follow the deliberately vague description of mothers who “just don’t feel like nursing their babies.” Even though the word “sex” is never actually stated, it is the clear subtext for this bit of Spockean wisdom. And in a society founded on Christian doctrine, sex, sin, and guilt are closely intertwined.

Sandwiched between this thinly veiled discussion of sexuality and the paragraph that compares breastfeeding to vigorous exercise is a brief word about breastfeeding and the working mother. Yet again, Spock poses a question: “What about the woman who hesitates to nurse because she has to go back to work?” And again, the answer is not solid or encouraging: “The answer depends on her working hours, and how soon she must go back to the job” (33). He goes on to suggest that she can breastfeed so long as she “only has to be out of the home 8 hours a day” and that, in this case, she would only have to miss one feeding. At the time, breast pumps were a developing technology, but an available technology nonetheless; however, Dr. Spock does not mention the possibility of using a bottle to continue breastfeeding exclusively. In fact, he does not mention the possibility of expressing milk for feeding purposes at all for another fourteen pages. He does, however, offer his first salient endorsement of breastfeeding when he says, “Even if she can’t nurse after she resumes work, it would still be worth while to breast feed the baby temporarily if she has a month or two” (33). Yet there is no clarification as to why it would be worthwhile, especially in light of all the preceding information that portrays breastfeeding as challenging and exhausting. Moreover, even though the word “formula” is not in this paragraph, the practice of formula feeding is implied as the necessary supplement to
satisfy the working woman’s schedule, again highlighting the ease and normativity of the more popular feeding method.

Finally, at the bottom of page 33, and two pages into “The Value of Breast Feeding,” Spock presents his opinion on the “Advantages of breast feeding,” which forms the basis for his lauded position as a pioneer for breastfeeding advocacy. He begins with the straightforward declaration: “Breast feeding is natural. On general principle, it’s safer to do things the natural way unless you are absolutely sure you have a better way” (33). This seems like a logical argument, and Spock likely believed that it was convincing enough. But as I have mentioned, the “back to nature” concept would have been quite misplaced on his audience at this time. Moreover, the logic explicitly contradicts the coeval cultural trends for another fundamental maternal experience: childbirth. With the professionalization of medicine, the evolution of pediatrics and gynecology, and the turn away from home births and midwifery, “do[ing] things the natural way” was becoming more anomalous by the moment. Granted, Spock does emphasize that mothers should be “absolutely sure [they] have a better way” before they turn away from nature, but with the amount of preceding textual evidence in favor of bottle feeding, it would not have been difficult to justify such a choice.

Over the next several paragraphs, Dr. Spock presents the strongest argument in favor of breastfeeding thus far, which clearly portrays his own convictions that it is the ideal choice for infant feeding. The problem is that, at the time, his ideas were mostly theoretical: he believed that the emotional advantages of breastfeeding were as important as the nutritional benefits, but much of his persuasive evidence was yet to be scientifically proven. The textual product then becomes prototypical of the mixed messages that are so characteristic of infant feeding rhetoric.
Spock juxtaposes physiological facts with psychological assumptions, perhaps in an effort to downplay his ideology by weaving it in with biological truths. He notes that breastfeeding helps the uterus contract and return to its normal size; then, without so much as a paragraph break, he states, “From the psychological point of view, it makes the mother feel close to her baby; she knows that she’s giving him something real, something that no one else can give him” (33). A few paragraphs later, he contends: “A big advantage of breast feeding is that the milk is always pure” (34). Words such as “real” and “pure” create hierarchical binaries—i.e., “unreal” or “artificial” and “impure” or “tainted”—and imply these shadow meanings by virtue of their superior position. Now, after so many pages of tacitly endorsing bottle feeding as normative, acceptable behavior, the rhetoric re-casts formula as almost pathogenic. Moreover, the image of purity and ultimate bonding recalls the Madonna and Child and elevates the infant feeding discussion to a new moral plane.

The religious allusion may seem like a stretch, but consider the following passage, which is the last paragraph under “Advantages of breast feeding”:

Suppose you want to breast feed your baby, but don’t succeed. Will the baby suffer, physically or emotionally? No, you can’t put it that strongly…If you make the formula carefully…the chances are great that the baby will prosper from a bodily point of view. And if, when you give him his bottle, you cuddle him in your arms, he will be nourished spiritually, much as if he were at the breast. Mothers…sometimes get the idea that it has been shown that bottle-fed babies turn out to be less happy than breast-fed babies. Nobody has proved that. (34)
The idea that the act of feeding an infant requires spiritual nourishment beyond the mere exchange of nutrients reinforces the sacred image of maternal perfection. The sense of responsibility associated with feeding practices therefore becomes exponentially magnified.

This moral trajectory shift becomes more confusing amidst the ambiguous advice surrounding it. After the hypothetical supposition of a mother who does not succeed at breastfeeding, Spock asks, “Will the baby suffer…?” Besides extending the Christian iconography, the vulnerability inherent in this phrase taps into deep-seated maternal insecurities and fears. Again, by posing this concern as a question, Spock plants the doubt in the reader’s mind. He does refute it immediately by saying, “No, you can’t put it that strongly.” But this response is unsatisfactory, because it indicates that while “you can’t put it that strongly,” it is not an entirely unfounded concern. The rest of the paragraph is peppered with similarly neutralizing language: “If you make the formula carefully…the chances are great that the baby will prosper” suggests that there is a chance that he will not thrive; and the ghost of the word “yet” haunts the abrupt conclusion, “Nobody has proved that.”

The rest of the chapter proceeds in a similar fashion, though it is perhaps not quite so unsettling, with sections titled “The mother can lead a normal life,” “Putting the baby to the breast,” “Balky babies and retracted nipples,” and so on, until the curiously worded heading on page 39, “How to try extra hard.” The facile phrase is somehow reminiscent of an adult encouraging a child to “give it her best shot” and to feel proud of herself no matter what the outcome, which not only allows for the possibility of failure but implies that it is likely. Nevertheless, Spock does address one of the biggest obstacles to breastfeeding that continues to this day, and the advice has therefore remained prominent in subsequent editions: “Breast feeding often fails because it isn’t given a good trial” (39).
The following pages outline tips on how to give breastfeeding a “good trial,” such as avoiding formula, making sure the doctor is supportive, and keeping the milk supply up “When the Breast Milk is Insufficient” (41). This section ends with the advice: “It’s most important during this trial period that the mother take wonderful care of herself, avoid getting tired at all costs, let the housework go to the dogs if necessary, forget about outside worries and obligations…” (42). Not only does the warning “avoid getting tired at all costs” directly contradict the earlier admonition “breastfeeding is exhausting,” but now, the mother must take “wonderful care of herself” and live in squalor. The scene portrayed here is an implausible mixture of irresponsibility and idealism, and a practical woman would not see this as a realistic option.

Although the “Bottle Feeding” chapter technically begins on page 55, the subject shifts to bottle-feeding much earlier, at the end of the “Breast Feeding” chapter. This is because, starting on page 42, the breastfeeding advice becomes a series of instructions on how to use bottles to “supplement” and “complement” breastfeeding, and the information on “Weaning from the Breast” almost solely focuses on how to wean from breastmilk to formula after a few months of trying “extra hard” rather than how to wean completely after long-term breastfeeding. The section headings confirm the hierarchical relationship: “Breast and bottle both,” “How to supplement the breast with the bottle,” “When the breast milk decreases temporarily,” “A relief bottle,” and so on.

Throughout the very specific instructions on how to wean, pump, and express milk, formula information is continually offered as a solution to any problems that may be encountered, complete with measurements, cooking instructions, and variable dilutions. For example, under the four-and-a-half page section “When the Breast Milk is Insufficient,” the
words “formula” and “bottle” appear a total of 66 times, while the words “breast,” “breast feeding,” or “breast milk” appear only 42 times. The effect is that, just as the ordering of the table of contents suggests, formula becomes the panacea for the inevitable difficulties associated with breastfeeding. More subtly, the discrepancy reflects the cultural prohibition against breasts as sexual objects: the repetition of the word “breast” is more discomfiting than the relatively innocuous “formula.”

The waning pages of the “Breast Feeding” chapter follow a similar pattern of offering specific suggestions and encouragement for the “natural” way while providing ready advice for the backup plan. The chapter closes on another discouraging note. Under a section titled “If the baby won’t take the bottle,” Spock suggests several ways that a mother might wean a baby to formula, including reducing feedings and introducing solids. But the last resort is “to stop breast feeding entirely and starve him into capitulation” (54). Although he does admit that this should be “put off till the last, because it is drastic for the baby and for the mother,” the image is indelible and begs the question: Why would a mother choose to breastfeed if she faces the possibility, however remote, of starving her child into capitulation once she is ready to wean?

The new mother reading the manual is now thoroughly enmeshed in the infant feeding double bind: does she breastfeed, and risk her baby’s physical and emotional well-being, or does she bottle-feed, and risk her baby’s physical and emotional well-being? Does she breastfeed, and provide nourishment that “no one else can give,” or does she bottle-feed, and provide “safe and easy” nutrition that is more socially acceptable? At this point, either alternative is a guilt-inducing choice, with the positives weighed more heavily in favor of formula.

As if responding to the seeds of doubt, the “Bottle Feeding” chapter begins: “What is a formula? There is nothing mysterious about formula…Each [kind] has its special advantages”
Again we see the ever-present question structure, but this time the answer immediately neutralizes the negative connotation of “formula”; i.e., the image of a scientist in a lab concocting a substance from unknown chemicals. Not only is formula not “mysterious,” but it is specialized. This language reflects and affirms formula’s status as an “icon of modernity” and a representation of the triumph of man over nature (Schwab 479).

Indeed, the tone and structure of this chapter shifts away from the moral didacticism of the previous one. With the exception of this first paragraph, the chapter is a systematic, detailed instruction manual on the selection, preparation, and dissemination of formula, complete with a two-page reference chart and copious illustrations. As such, a methodical analysis of this portion of the text would become monotonous; in contrast to the other infant feeding information, which situates the methods in ways that reflect ideological implications, the “Bottle Feeding” chapter does not incorporate any discussion of breastfeeding at all and merely reinforces the previously established normative model.

Most significantly, the instructional format of the Bottle Feeding chapter aligns with dominant cultural ideals in the United States, ideals that were coming of age at the time of this edition. As the country entered the Cold War era, “capitalism” became a rallying cry, an ideology that remains to this day. As Hausman notes, “…infant formula ends up as the default choice for infant feeding because figuring out the right one for your baby is a consumer activity (which one should I buy?) that fits into other structures of living in contemporary America” (94). Consequently, the neutral, pragmatic rhetoric in these pages offers a semblance of certainty and a level of comfort that defuses the confusion and guilt of the preceding chapters.
Finally, I would like to highlight one more passage, which appears at the end of the bottle-feeding chapter. Under a section titled “Don’t urge the baby to take more than he wants,” Spock warns:

In the long run, urging does more than destroy appetite and make a thin child. It robs him of some of his positive feeling for life. A baby is meant to spend the first year getting hungry, demanding food, enjoying it, reaching satisfaction—a lusty success story, repeated at least three times a day, week after week. It builds into him self-confidence, outgoingness, trust in his mother. But if mealtime becomes a struggle, if feeding becomes something that is done to him, he goes on the defensive and builds up a balky, suspicious attitude toward life and toward people. (81)

This is the most explicit correlation of formula feeding with emotional consequences, but more importantly, it encapsulates Spock’s attitude toward infant feeding in general. This excerpt reinforces Burke’s idea that “nutritive emphasis becomes submerged in a notion of familial consubstantiality,” and it reiterates the Freudian concern that childhood experiences, even prior to memory formation, have significant and lasting psychological effects (A Grammar of Motives 31). This kind of rhetoric serves to remind the mother that she shoulders enormous responsibility for herself and her child, and that as she navigates the infant feeding minefield, the guilt redemption that Spock so eagerly sought is an illusion. As a whole, Dr. Spock’s first edition establishes the model for infant feeding rhetoric thereafter—including his own—which is subject to the ideological limitations and expectations of the dominant culture, no matter what the author’s intentions may be.
1957: SECOND EDITION

*The Common Sense Book of Baby and Child Care* was an immediate critical and commercial success. 750,000 copies sold in the first year, and by 1953 that number had reached five million (Maier 154, 181). In fact, in the 1950s, “based on the book’s sales, at least one in every five American mothers had Dr. Spock in hand…One poll of more than a thousand new mothers found that 64 percent had read *Baby and Child Care*” (Maier 202). Spock had become a household name, a national celebrity, and a trademark for a new era of child rearing.

Based on the premise that Dr. Spock was a breastfeeding advocate, the rational assumption would be that this avid following of mothers who “referred to their children as ‘Spock babies’ with pride” and “took Dr. Spock’s advice to heart” would lead a trend away from formula feeding (Maier 202). Yet the breastfeeding rates continued to decline steadily, reaching an abysmal 21% in 1956 (Riordan 12). Clearly, there are many other cultural factors that contribute to the infant feeding statistics, and assuming a direct correlation between Spock’s advice and breastfeeding rates would be a logical fallacy. However, it is within reason to argue that the most famous pediatrician in the world did wield some influence in the area. That breastfeeding rates not only didn’t improve, but declined drastically, seems to support my contention that his rhetoric did not achieve his desired effect and that he was unwittingly promoting bottle-feeding.

As his celebrity continued to grow, Dr. Spock became anxious about the literal and unwavering interpretations of his advice, when “he always considered his baby book as a living thing that needed updating to remain relevant” (Maier 206). Perhaps he was also concerned about the diminishing breastfeeding rates. In any case, he published the second edition of *Baby and Child Care* in 1957 with some notable adjustments.
First Encounters

The table of contents in this revision shows significant structural changes. Whereas in the first edition, the “What Feeding Means to the Baby” begins on page 23, now it does not appear until page 49, owing to the many additional headings. The new sections are even more mollifying than before, with titles such as “Parents Are Human” and “Parental Doubts Are Normal.”

But the most conspicuous change is that the cursory section “Things You’ll Need” now warrants its own bold heading, “Equipment and Clothing,” which begins on page 26. Under the subheading “Equipment that May or May Not Be Necessary” is the subheading “Formula Equipment.” The separation of these as discrete categories implies that “Formula Equipment” is a necessary purchase. And now, the word “formula” is the first mention of infant feeding in the table of contents; the “Infant Feeding” chapter is listed five sections and eighteen pages later, and the “Breast Feeding” chapter is pushed to the second page.

That said, two subtle but important changes are evident in the “Breast Feeding” section. “The Value of Breast Feeding” is pluralized to read “The Values of Breast Feeding,” which places emphasis on the multiplicity of benefits, and the heading “When the Breast Milk Is Insufficient” now reads “When the Breast Milk Seems Insufficient.” This latter change is especially significant: the absolute verb “is” has been scaled back to “seems,” which implies that an insufficient milk supply is not an understood condition. However, the slight modification indicates that the author was aware of the problems with the original form, yet he still did not change enough (i.e., “When” and “Insufficient”) to clearly indicate that problems with milk supply are the exception, not the rule. Moreover, a new section follows this one, titled “Special
Problems of Breast Feeding,” which further highlights the difficulties inherent in the feeding method.

In the “Letter to the Reader,” Dr. Spock trims his use of “formula” from four to two instances, when he explains that the “Formulas for Emergency Use” section includes only “2 formulas instead of 11, on the suggestion of 100 pediatricians whom I consulted by mail.” Here, not only is formula the author’s first specific mention of infant feeding, but the reduction in numbers from 11 to 2 portrays the method as less complicated than before, and the reference to the 100 other pediatricians lends more ethos to his advice on the topic.

The next encounter with infant feeding rhetoric is the “Infant Feeding” chapter, which was originally bundled under “The Right Start” heading. The section begins with “What Feeding Means to The Baby,” which is unchanged for the first few pages and perpetuates the normative model of formula feeding and the anxiety of maternal responsibility over the decision. However, it does appear that Spock recognized the poor choice he made with his “uncivilized mother in a far away land” analogy that was meant to dissuade the reader from maintaining strict feeding schedules. Instead, he recalls “mothers and doctors [who] dared not feed” the babies for fear of disrupting the schedule, and laments, “I think it was harder still on the mothers, who had to sit listening, biting their nails, wanting to comfort their babies but not allowed to do so. You don’t know how lucky you are to be able to be natural and flexible” (52). Although he abandoned the extreme example from the first edition, Spock still cannot resist inserting the word “natural” in the discussion, pairing it with “flexible,” which is a much more subtle and effective way to make “natural” seem appealing.
Another change to this “Schedules” section highlights Dr. Spock’s belief in self-demand feeding, and the example remains (if abbreviated) in every subsequent edition. He discusses the scientific evidence for the success of flexible feeding schedules:

The first experiments were carried out by Dr. Preston McLendon and Mrs. Frances P. Simsarian…They wanted to find out what kind of schedule a baby would establish if he were breast-fed whenever he seemed hungry….Since that experiment led the way, in 1942, there has been a general relaxation in infant feeding schedules, which has had a wholesome effect on babies and parents. (53)

This is a significant revision because it offers a normative model of breastfeeding for the first time, and quite early in the chapter. Dr. Spock just as easily could have said “fed” instead of “breast-fed.” Also, the image of a (presumably) American woman breastfeeding in the context of a scientific experiment bridges the gap between the appeal to science and technology and the appeal to nature.

Providing this experiment as evidence also removes and neutralizes the problematic passage from the first edition that describes the “experiment of going back to nature” as risky and untested, a slight possibility for the distant future. Although these small changes are not enough to undo the normative formula feeding model that has already been established in the text, they do demonstrate Spock’s desire to amplify his breastfeeding advocacy.

The following section is labeled “Misunderstandings about self-demand.” I draw attention to this segment because the tone demonstrates Spock’s exasperation with misinterpretations of his advice. He offers this scenario: “In a group of mothers talking about schedules, one will say in a superior tone, “My baby is on self-demand,” and another will answer rather indignantly, “Well, mine isn’t!” When parents act as if a schedule is a matter of belief,
like a religious or political conviction, it seems to me that the real point has been lost” (54, emphasis in original). This hypothetical conversation between catty women reappears in the 1968 edition, but is noticeably absent thereafter, when the author became concerned with removing sexist language from the book. The comparison of feeding choices to religious and political convictions aptly illustrates the ideological chasms that cause mothers to become mysteries to one another. And although this example does not explicitly address the breast/bottle distinction, it may be interpreted as Spock’s expression of his opinion on the topic, since he correlates self-demand more closely with breastfeeding. Thus, the follow-up sentence, “The main purpose of any schedule is to do right by the baby,” can be read as his manifesto on choice in infant feeding and his attempt to reduce the emotional fallout from such decisions.

Another interesting change is that there is now more prefatory material that juxtaposes breastfeeding and bottle-feeding before those specific chapters are introduced. A new heading, “Giving the Feeding,” discusses questions and concerns about both methods and attempts to lend equal coverage to both. However, the wording still inherently favors formula. For example, the first section is “Refusal to nurse in later months”; the act of refusal conveys a negative image of a stubborn, and hungry, infant. The last paragraph under this section is no more encouraging:

An occasional baby will decline to take the breast during the mother’s menstrual periods. He can be given formula during those days. It will be necessary for the mother to express the breast milk manually to relieve the fullness and to keep the supply going. The baby will resume the breast when the period is over and will usually be able to revive the breast milk supply if the mother rapidly eliminates the bottles. (59)
Again, the author specifically identifies formula as the supplement for breastfeeding, which excludes the option of expressing milk for feeding purposes. This is even more curious considering that the very next sentence advises manual expression, but only to “relieve the fullness and keep the supply going.”

But the last sentence is the most problematic. The qualifier “usually” suggests the possibility that the milk supply could dry up indefinitely. Moreover, the verb “revive” is a corporeal metaphor that connotes bringing the milk supply back from the brink of death, which, since it recurs with the menstrual period, will need resuscitating every month. Such an image of hardship is less than appealing, especially for the new mother. And finally, the admonition that such a revival will only occur “if the mother rapidly eliminates the bottles” creates a sense of urgency; coupled with the lack of specific instruction on how to do so, the phrase only fosters anxiety over breastfeeding.

Breast and Bottle

The first conspicuous change in the “Breast Feeding” chapter is that the loaded question “Are there disadvantages to breast feeding?” has been completely removed, as has the follow-up question “Is bottle feeding easier?” The passage that describes bottle-feeding as “safe and easy” and a “custom” that may seem “like the most natural thing in the world to the new mother” has been moved so that the first information the reader encounters in this chapter actually pertains to breastfeeding. Now, the chapter begins with the declaration, in bold, “Breast feeding is natural” (63). The benefits are expanded, and although the information about “the mother’s figure” and other physical consequences of breastfeeding are still present, they have been moved into less prominent positions.
The daunting analogy of breastfeeding to “a month of vigorous exercise” now reads “…there is no more reason for a woman to feel exhausted from breast feeding than from a vacation on which she is taking a lot of exercise in the form of walks or swimming” (66). Inserting a “vacation” makes breastfeeding superficially more appealing, but this revision feels contrived; worse, it alienates working class readers who may not be able to afford vacations. Finally, in this section Spock removes his 1946 directive that a mother who is losing weight should stop nursing altogether, instead recommending that she “should consult her doctor promptly” (66). These revisions clearly demonstrate that the author was aware of the issues with his breastfeeding advice in the first edition; nevertheless, many contradictions persist.

The most significant changes in this chapter directly pertain to Spock’s thematic concern with guilt redemption, which, as we have seen, often backfires. On page 66, Spock writes: “Some women, usually because of the way they were brought up, feel deeply uncomfortable at the prospect of breast feeding—it may seem too immodest or animal-like. If such a feeling is strong, I think it is preferable for a mother not to try, no matter how much she wants to do right by the baby” (66). This passage starkly differs from the 1946 wording, which spoke of a “revulsion that comes from deep inside” that “may do more harm than good.” The reasoning is more specific, as well: what was once “women who just don’t feel like nursing” because “the idea goes against the grain” is now described as women who “feel deeply uncomfortable” because it is “too immodest or animal-like.” But such specificity, rather than explaining away the problem, instead emphasizes the immodesty and animalism that render breastfeeding socially unacceptable.

The “if” statement, previously worded as “Should they try anyway? I think not,” now allows for more choice with the insertion of the word “preferable.” However, the phrase “no
matter how much she wants to do right by the baby” creates a lose-lose situation, aggressively promoting breastfeeding as the only way to “do right” but warning that her emotional discomfort outweighs the baby’s physical needs. Instead of revising his language to create more positive outcomes, Dr. Spock merely exchanges blatant psychoanalysis for passive manipulation, further contributing to the mixed messages surrounding infant feeding.

The original passage that deifies the nursing mother and speaks of the importance of spiritual nourishment is unaltered. A new heading, in bold, draws more attention to the segment, claiming “There are other ways to show affection, too,” but the juxtaposition is misleading.

Indeed, Spock belabors the point in an interesting addendum to the 1946 version:

To put it in other words, there are hundreds of ways in which a mother shows her devotion to her baby and builds his trust in her. Breast feeding is one way, and a very good one, but certainly not essential. Giving flowers is one way a man may show his love for his wife. But no sensible wife who has other proofs of her husband’s love will despair just because he’s not a flower giver. …I give it this emphasis because there are conscientious young women who, as a result of what they’ve studied or heard, set their hearts on being able to breast-feed. Then, if it doesn’t work, they feel that they have deprived their babies and failed as women. This great build-up of the importance of nursing is not justified by the facts, and the reaction to lack of success is unnecessarily hard on the mother and, indirectly, on the baby. (67)

This well-meaning advice attempts to alleviate guilt over not “being able to breast-feed” with a colloquial analogy. Although the husband and wife metaphor appeals to the pervasive nuclear family mentality of the 1950s, it is still a weak comparison; the exchange of nutrients, as I have
argued, is a far deeper familial obligation and expression of love than a husband giving his wife flowers.

This reassurance is also hypocritical. Dr. Spock refers to young women who have their hearts set on breastfeeding because of “what they’ve studied or heard.” But he neglects to acknowledge that “what they’ve studied or heard” could have come straight from the pages of *Baby and Child Care*. Consider this passage under “The Values of Breast Feeding” just a few pages earlier:

> A woman doesn’t get to feel like a mother, or come to enjoy being a mother, or feel the full motherly love for her child just from the fact that a baby has been born to her. …she becomes a real mother only as she takes care of her child….In this sense breast feeding does wonders for a young mother and for her relationship with her baby. (64)

The real/artificial binary reappears, but now it specifically refers to the breastfeeding mother rather than the feeding method alone. What conclusion can a young mother be expected to draw, if not that by resorting to formula she has deprived her baby and failed as a woman? Given the context, Dr. Spock’s later justification for bottle-feeding rings hollow. What’s more, he continues for two paragraphs, insisting that “failure in breast feeding should not be a matter for self-reproach” (67). The repetitive attempts at guilt-redemption have one of two outcomes: Spock has either protested too much and strengthened the new mother’s resolve to breastfeed, making it that much harder for her to forgive herself if she can’t, or he has effectively negated all of his prior advocacy by highlighting the emotional anxiety attached to attempting to breastfeed. Either way, the rhetoric promotes rather than reduces guilt over infant feeding choices.
The rest of the chapter progresses with several additional sections that encourage breastfeeding, such as “Don’t throw away your confidence” and “Don’t let friends discourage you.” The section “When the breast milk seems to decrease later” ends with the declaration: “…the combination of a mother lacking confidence in her ability to breast-feed and the availability of bottles of formula is the most efficient method of discouraging breastfeeding” (81). While this information is certainly intended to promote breastfeeding and effectively addresses the cultural constraints surrounding the practice, it still presents the new mother with a difficult choice. Throughout the text, she is constantly reminded that breastfeeding is an uphill battle, and that it is likely she will be ostracized and find herself utterly alone with her decision.

The struggle continues with the new section, “Special Problems of Breast Feeding” (86). In his effort to fully cover the medical aspects of breastfeeding, Dr. Spock lists such problems for five pages, with graphic subheadings such as “Pains during nursing,” “Sore or cracked nipples,” “Distended breasts; areolar engorgement,” and “Caked breast and breast abscess,” which become progressively more painful. Although these are real medical issues that warrant discussion, no such similar listing appears in the “Bottle Feeding” chapter that specifically addresses the health consequences of formula-feeding, such as engorgement for the mother and digestive problems for the infant. The lack of symmetry recalls the preoccupation with the physical sacrifice required of the breastfeeding mother.

Perhaps not surprisingly, the “Bottle Feeding” chapter is relatively unchanged from the first edition. It still begins with the assurance that “there is nothing mysterious about formula,” and it still reads with the neutral, instructional tone. The only noticeable differences are that some of the original headings are now emboldened or split into smaller segments. In fact, across all eight editions, this chapter changes primarily to suit the latest developments in the formula
industry, rarely to reduce the emphasis on the feeding method. Whereas Spock constantly struggles to carefully construct his breastfeeding rhetoric, the bottle-feeding rhetoric is less tricky; such equivocation frames the messages about infant feeding throughout the text and inevitably translates to the reader’s perception of the methods themselves.

1968: THIRD EDITION

The years between the second and third editions were tumultuous for the United States in the 20th century. Dr. Spock was still a celebrity, and during this period, he used his celebrity for political purposes. Spock became increasingly concerned about the threat of nuclear war, and he devoted much of his time and energy to working for nuclear disarmament. He became an outspoken opponent of the Vietnam conflict; for this reason, he campaigned vigorously for Lyndon B. Johnson in 1964. When Johnson did not fulfill his campaign promises, and instead escalated the US involvement in Vietnam, Spock felt betrayed and ashamed (Maier 247).

After this betrayal of trust, Spock spent the latter half of the 1960s as a political activist for war opposition and civil rights. He found an ally in Dr. Martin Luther King Jr.—in 1968, Spock was very nearly a vice-presidential candidate on a third-party ticket with the reverend (Maier 283). Amidst this cultural turmoil, and coupled with his clear political inclinations, Spock became an easy scapegoat for the resistance to authority and bold defiance that the youth of America exhibited. In 1965, The Wall Street Journal wrote: “Proxy-father-by-book to a whole generation of young Americans, the doctor now finds himself being portrayed as the Pied Piper—leading, or misleading, these same young Americans into antiwar protest” (qtd. in Maier 253).
Another relevant cultural development during this decade was the birth of second wave feminism. In 1963, Betty Friedan published *The Feminine Mystique*, sparking a new era of women’s liberation. In the book, she castigates Dr. Spock for reinforcing cultural norms that relegate women to domesticity and for perpetuating women’s reliance on a patriarchal system that venerates the male expert. Friedan’s criticism may have been the first time that Dr. Spock was an explicit target for the feminist movement, but it was certainly not the last. What is most interesting to note about this development is that these initial murmurings did not seem to influence his 1968 revision at all; it would not be until the fourth edition that Spock began to take feminist criticisms to heart, when the charges of sexism had reached a dull roar.

This period also boasts the 20th century’s lowest rate of breastfeeding initialization at hospital discharge: a dismal 18% in 1966 (Riordan 12). Yet the third edition of *Baby and Child Care* does not reflect a heightened awareness of this fact or a desire for even stronger breastfeeding promotion. Perhaps Dr. Spock was frustrated with his inability to thwart his critics; perhaps he was tired of being misinterpreted; perhaps his new identity as an activist usurped his role as a doctor; at any rate, the infant feeding rhetoric in the second revision of *Baby and Child Care* is the least revisionary of any of the editions.

The relevant information in the table of contents is virtually identical to the 1957 edition. The “Letter to the Reader” still begins as always, but the first encounter with infant feeding rhetoric has been slightly modified. Spock notes that he has added “new ideas that proved workable, such as the feeding of formula at room temperature or even as it comes out of the refrigerator [and] prepared, sterilized formula in bottles that can be thrown away after the feeding…” (2). The normative model of feeding remains, only now it is described as easier and more portable than before; and again, the word “breast” does not appear in this section at all.
But the overall tone of the letter reveals a more somber Spock, who explains that the reason for this revision is to remedy the “child-centered viewpoint” for which he had been so heavily criticized. He responds: “But the reason why…we haven’t taught our children their place in the world and their obligation to it is that most of us have not been at all clear about our own place in the universe or about the meaning of human existence…” (2). This philosophical tangent illustrates the existential dilemma that preoccupied Dr. Spock during this time, as he both shoulders and reverses the blame for the perceived problems with the new generation of Americans. The point is, at the time of this revision, Spock had bigger concerns than breastfeeding advocacy; the most compelling aspect of this edition is not what has been omitted or altered, but what is untouched. In fact, throughout the rest of the third edition, there are no revisions to the infant feeding information that are worth mentioning.

In the time period between 1957 and 1968, when cultural mores were transforming, when feminism was resurfacing anew, and when breastfeeding rates were steadily dropping, Dr. Spock’s infant feeding rhetoric remained stagnant.

1976: FOURTH EDITION

The 1970s were a pivotal decade for the infant feeding debate and a formative period for breastfeeding advocacy. There was a growing sense of outrage against the formula industry, primarily because of their aggressive marketing techniques in third world countries, where poverty and unsanitary water conditions led to high infant mortality rates associated with formula feeding (Baumslag and Michels 154). Although the medical benefits of breastmilk were already identified, these events led to a heightened awareness that formula was not nutritionally equivalent and could even be harmful in some instances. For the first time, the government took
an interest in monitoring the formula industry, which, along with an increase in grassroots movements working for breastfeeding promotion, qualifies the 1970s as “The Era of Activism” for the infant feeding debate (Baumslag and Michels 154).

The most significant government overture during this time was the 1974 establishment of the Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as WIC (Thulier 91). The program was conceived to lower the infant mortality and morbidity rates in the United States, and it directly serves the low-income segments of the population who are at the highest risk (Baumslag and Michels 178). A fundamental goal of the WIC program is breastfeeding promotion, but over the past several decades, the agency has had its share of controversy related to their use of goods and services from formula companies.\(^7\)

A more effective means of breastfeeding promotion was the ever-expanding, non-profit support group, La Leche League. In 1958, a small group of mothers came together who believed that shared experience, not cold medical advice, was the best way to succeed at breastfeeding. In 1964 they officially became La Leche League International (LLLI), and by the 1970s, behind the success of their manual *The Womanly Art of Breastfeeding*, LLLI had grown into the largest breastfeeding support network in the world (Ward 22).

La Leche League has often been mischaracterized as a feminist group. In fact, LLLI is firmly grounded in “traditional Christian beliefs about the essential differences between men and women,” thus causing “a reciprocal feeling of suspicion between feminists and La Leche League” (Thulier 90). Thulier explains that “breastfeeding [w]as one of the central dilemmas of feminism” because “one might see bottle-feeding as freeing women from the demands and restrictions of lactation, or, on the other hand, as imposed on women by formula manufacturers

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\(^7\) See Baumslag and Michels, 178-180.
depriving them of a unique womanly experience” (90). Nevertheless, the feminist mantra of empowerment and female autonomy inevitably had a “dramatic and positive effect on breastfeeding rates” (Thulier 90).

All of these factors add up to a culture of breastfeeding advocacy that did not leave a lot of room for an aging male doctor. As previously noted, Spock had already been criticized for his complicity in patriarchal oppression. But in the 1970s, the criticism would become personal. In 1971, driven by his disillusionment with the Vietnam War, Dr. Spock was campaigning as the long-shot presidential candidate for the People’s Party. One of his stops on the trail was the National Women’s Political Caucus in Washington, DC (Maier 353). Rather than the warm welcome he had expected, Spock was met with silence and outright scorn. One of the organizers was none other than Gloria Steinem, who explained, “‘I hope that you understand…that you are considered a symbol of male oppression, just like Freud’” (Maier 353, emphasis in original). This public humiliation was a major impetus for the third revision of Baby and Child Care, and it is evident throughout the text.

By the time he would have been putting the finishing touches on the 1976 edition, Dr. Spock’s political aspirations had evaporated, and his role as a physician, first and foremost, was restored. His interest in guilt redemption was revitalized, only now he was concerned with redeeming himself in the eyes of the women he had always sought to help. He was no longer shouting into the wind with his breastfeeding beliefs; indeed, the 1970s marked the first upswing in rates since such statistics were recorded, and by 1975, breastfeeding initialization in hospitals was approaching 40% (Riordan 13). He had a different audience and a different perspective, and the fourth edition of Baby and Child Care is proof.
First Encounters

Although the table of contents is unchanged, the “Letter to the Reader” no longer mentions anything about infant feeding. Now, Spock includes a separate section following the letter, entitled “Why This Revision of Baby and Child Care,” in which he states: “The main reason…is to eliminate the sexist biases of the sort that help to create and perpetuate discrimination against girls and women” (xix). Thus, the most noticeable change is the restructuring of pronoun usage throughout the text. Though this does not significantly alter the infant feeding rhetoric, it does demonstrate Dr. Spock’s effort to appeal to a new generation of young mothers, which makes his message more accessible.8

The “Infant Feeding” chapter begins on page 79. The information about the “formula slip” has finally been removed, which reduces the number of times the word “formula” appears on the first page of this chapter; however, the last sentence of the first paragraph is “If there’s more in the bottle than she feels like, let her stop when she wants to” (79). The normative model of bottle-feeding is still present, if slightly diluted.

Another omission is from the “Schedules” section: Spock’s previous observation that rigid schedules were “harder still on the mother, who had to sit listening, biting her nails” followed with the conversational “you don’t know how lucky you are to be able to be natural and flexible” is gone, likely because the image of a nervous, nail-biting woman was deemed too politically incorrect. However, the omission also removes the “natural and flexible” descriptors that served as subtle support for Spock’s “nature is best” view.

8 It is interesting to note that Dr. Spock was more heavily criticized for his default male pronoun usage than his female counterparts. The 2004 edition of LLLI’s Womanly Art of Breastfeeding states, unapologetically, “We appreciate and applaud the fact that babies come in two genders, but in this book, we refer to baby as ’he’, not with sexist intent, but simply for clarity’s sake, since mother is unquestionably ‘she’” (xiv). The wording is almost identical to Spock’s explanation in his first three editions, which he felt obligated to remedy in 1976.
Yet the next chapter features a revision that deliberately attempts to reduce the normative model of feeding. Still discussing the benefits of flexible scheduling, the previous editions state: “…the serious diarrheal diseases almost disappeared. The chief factor was the pasteurization of milk in the commercial dairy, but care in preparing the formula and better refrigeration helped, too.” In 1976, the second half of the latter sentence is removed, ending at “dairy.” Thus, Spock acknowledges that formula feeding was once the preferred method of feeding—it is inherent in the image of the commercial dairy—but he eliminates the more specific and pleasant-sounding “care in preparing the formula.”

As I mentioned earlier, this edition does not feature the imaginary catty conversation between the women fighting about their preferred feeding schedules, which was a blatant sexist characterization. Instead, the author transitions right into the paragraph that begins “The main purpose of any schedule is to do right by the baby” (82). But the last sentence from the previous editions has been removed, which read “Otherwise the parents won’t be able to do a good job with him in other respects.” This omission is one example of several such revisions, which significantly reduces the guilt imposed through this type of language. Dr. Spock’s book is traditionally peppered with these reminders that childrearing skills are inextricably bound to the emotional health of parents and children alike; the removal of some of these admonitions suggests that he was aware of the anxiety-inducing standards he imposed through his well-meaning advice.

The rest of the chapter proceeds relatively unchanged from the previous edition until the section “Getting Enough and Gaining Weight” (89). The second paragraph under this heading reads: “If your baby is showing some of these signs of dissatisfaction and is on a formula, it is time to get in touch with your doctor to see about an increase.” This straightforward statement is
significantly abbreviated from the 1968 version. Before, the paragraph continued for four more sentences, explaining, “…you don’t have to wait this long” to increase the formula, and included more specific advice on how to consult “the formulas in this book.” The effect of this length adjustment is that the subsequent paragraph about the breastfed baby is given more attention and appears more detailed. The reader no longer has the formula feeding advice for this topic at her fingertips; she must instead consult the doctor. On the other hand, the breastfeeding advice is complete and does not require a consultation, which portrays breastfeeding as the more user-friendly method.

Breast and Bottle

The first section in the breastfeeding chapter no longer reads “Breast feeding is natural.” It now declares “Breast feeding is valuable in a number of ways” (93). This modification is interesting for several reasons. At first, it appears to be an unusual choice for this edition; against the backdrop of the cultural movements of the ’70s, it would seem that Spock’s “back to nature” argument would be more warmly received. One explanation for changing the language could be that he wanted to place even more emphasis on the increasing number of proven benefits of breastfeeding. But perhaps a more clever strategy was to appeal to those mothers who would still not immediately identify “natural” as being more beneficial. Exchanging the adjective “natural” for “valuable” now characterizes breastfeeding as a possession for the mother to share with her infant, not as a biological endowment of the female sex. Along the same lines, repeating “valuable” just under the larger heading “The Values of Breastfeeding” immanently appeals to the capitalistic predilection for material goods.
A more radical change to this section is the last paragraph:

Fewer babies have been breastfed in the 20th century—all over the world. But in recent years, breast feeding has been on the increase in America, particularly among women who have attended college. This is partly due to the new knowledge about the physical and emotional advantages, partly to the general respect, among the young, for nature and the desire to do things the natural way. (94).

This passage contains several compelling rhetorical choices. First of all, we can now clearly see that the change to the heading was intended to broaden the audience and not to obfuscate Spock’s belief that “the natural way” is the best way. Secondly, Dr. Spock specifies that the women leading the trend toward breastfeeding are youthful and college educated. This is largely positive, as youth and intelligence are highly valued attributes. However, it also suggests that the women who have made a different choice are uneducated and behind the times, which strongly instills guilt in the mother who has chosen to bottle-feed. And finally, recall that in previous editions, this segment reminded the reader that bottle-feeding was the more popular method, preferred by city-dwellers, “safe and easy,” and so on. Now, there is absolutely no mention of bottle-feeding, and the reader is told that breastfeeding is “on the increase.” Thus, the normative model of infant feeding in Baby and Child Care begins to shift.

Other negative rhetoric associated with breastfeeding has been similarly revised. Although Spock still explains that some women “feel deeply uncomfortable about breast feeding—it may seem too immodest or animal-like,” now he does not suggest that such women should not even try. He simply leaves it at that. This does remove the previously discouraging advice, but it also reads like an incomplete thought, which, of course, it is. The reader gets no
explanation, reassurance, or guidance about what these feelings could mean and what should be done about them. And now, he supplements the point with an equally confusing observation in the next paragraph: “Quite a few fathers, including some very good ones, object to breast feeding—they can’t help feeling jealous. Then the mother has to use her best judgment” (96). This instills worry that the choice to breastfeed favors the baby over the partner and might create difficulties in the relationship, specifically sexual tension; this also invokes the “division of breast function into ‘sensual’ and ‘utilitarian’ categories” that is so problematic in infant feeding rhetoric (Hausman 108).

Another significant omission is the section that was labeled “There are other ways to show affection, too” in previous editions, which promoted the idea of breastfeeding as spiritual nourishment while attempting to reassure the bottle-feeding mother that she is not (necessarily) depriving her child of emotional stability. This section, which was nearly a full page, has been completely erased. Although, as I have argued, there were inherent contradictions in the messages that the original passage presented, it was nevertheless Spock’s effort to reduce guilt for the bottle-feeding mother. Now, those mothers get no such justification. Spock’s newfound silence on the subject begins to shape what Knaak identifies as his breastfeeding directive.

Indeed, for the first time, breastfeeding garners more positive attention, with the addition of such subheadings as “How often can you nurse?” which makes breastfeeding sound like something to anticipate with pleasure rather than dread. Incidentally, this phrase also illustrates the connotative shift in the word “nursing,” which is now closely associated with the breast. Then, on page 107, the reader encounters Spock’s most flagrant condemnation of bottle-feeding to date: “The doubt about sufficiency of milk supply is common in the new mother, who has had no proof yet of her adequacy in our upside-down society which considers bottle feeding normal.
and makes breast feeding the exception.” He finally explicitly states what he could only hint at before: that formula is, in effect, abnormal. Additionally, the phrase “upside-down society” is kairotic for this edition, as the country was undergoing a process of upheaval on many levels. In this brief comment, Spock conveys his exasperation with the infant feeding issue; and this time, his tone had the potential to proselytize rather than alienate his audience.

As for the “Bottle Feeding” chapter, there is a minor but interesting change worth noting. The chapter does not begin with the question, “What is a formula?” Instead, the author launches right in to his list of “Various Milks” (130). The former section has not been eliminated; it has simply been moved back a few pages. But the answer to the question is no longer “There is nothing mysterious about formula,” which counteracted the negative connotations of the word. Now, the answer is “Most are a mixture of cow’s milk, water, and sugar” (133). This change makes formula seem less alluring, and the qualifier “most” insinuates that some formulas do not follow this recipe and are, in fact, mysterious. However, the rest of the chapter proceeds as expected. As in previous editions, Spock does not mention breastfeeding again; the chapter is still an instruction manual for formula preparation and relatively emotion-less, and a lengthier analysis here would not provide any additional insight.

Overall, the revisions to this fourth edition are influential and demonstrate Spock’s increasing effort toward more aggressive breastfeeding advocacy. Nevertheless, it is important to remember that much of the original text still stands, and although these changes do begin to adjust the normative model of infant feeding, they do not yet revolutionize it.
In 1978, the American Academy of Pediatrics (AAP) issued a statement that, for the first time, “acknowledged formally that feeding babies breastmilk had some advantages over formula feeding” (Saha 62). This statement confirmed what breastfeeding advocates had been certain of for many years prior, but the official recognition from a professional organization as influential as the AAP was monumental. Then, in 1981, WHO and UNICEF issued “The International Marketing Code of Breastmilk Substitutes,” an “international standard…that recommends that member governments restrict advertising and sales promotions of breastmilk substitutes” (Baumslag and Michels 164). The code was adopted with overwhelming support from the 119 member nations, with the exception of the US, who, “concerned with the effects of such a code on business, cast the lone dissenting vote” (Thulier 91).

Another critical development for infant feeding practices during the 1980s was the emergence of “a new allied health care profession of skilled lactation consultants” (Thulier 91). This profession was the offspring of La Leche League’s ongoing effort to establish “uniform standards of competency” in order to provide better trained and experienced specialists who could counteract the male-dominated medical field’s propensity for formula promotion (Thulier 91). In 1985, the same year that the fifth edition of Baby and Child Care was published, the first International Board Certified Lactation Consultant (IBCLC) exam was administered (Riordan 32).

By this time, the breastfeeding rates that had begun to rise in the 1970s kept climbing, and in the mid-1980s, “52 percent of women initiated exclusive breastfeeding in hospitals and 17

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9 As of 2009, there were 17,000 IBCLCs in 75 countries worldwide (Thulier 91).
percent persisted in exclusive breastfeeding at six months postpartum” (Riordan 12-13). This seems like an impressive statistic, considering how low the rates were in the previous decades. But it was still far short of optimal. In 1978, the United States Public Health Service issued its *Healthy People* report, which included “one objective…that 75 percent of women should breastfeed at hospital discharge and 35 percent at 6 months,” a goal that has still not been met some thirty years later (Riordan 19).

Meanwhile, Dr. Spock was working through his fourth revision, which would become the lengthiest edition to date; however, “most of the new sections concentrated on contemporary family problems and social issues,” not necessarily heightened breastfeeding advocacy (Maier 402). Indeed, the culture of breastfeeding promotion was increasingly becoming gender exclusive. Dr. Spock was certainly aware of his need to stay relevant, as evidenced with his most ambitious addition to the 1985 version: a co-author, Dr. Michael B. Rothenberg. Spock carefully selected his collaborator based on their shared values, as he wanted to “make sure the book remained accurate and up-to-date for the rest of the century” (Maier 400). Another important development in Spock’s personal life was his divorce from Jane Spock and remarriage to the much younger Mary Morgan, a card-carrying feminist, whom he credits with helping him “fine-tune his message for a new generation of Americans” (Maier 400). The result was the “40th Anniversary Edition” of *Baby and Child Care*, with the byline “Newly Revised and Updated for the 1980s.”

First Encounters

Although the language and structure of the table of contents is unchanged, Dr. Spock’s first mention of either method of feeding is, for the first time, the word “breast.” The prefatory
section “Why This Revision,” in which he details his reasons for collaborating with Dr. Rothenberg, follows his usual pattern of drawing the reader’s attention to the new areas of emphasis: “There are expanded sections on breast-feeding for the working mother and the new role of fathers in childbirth” (xii). Not only is this the first time he mentions breastfeeding in these early pages of the text, but it is the first time that the pages do not include the word “formula” at all.

The “Infant Feeding” chapter begins the same way it always has, with the assurance that “A baby knows a lot about diet. …If there’s more in the bottle than she feels like, take her word for it” (80). The next mention of a specific method is also familiar: “Good-sized babies who get formula from the start usually begin to gain it back in 2 to 3 days, because they can drink and digest well” (81). However, an important omission from this paragraph is the sentence, “Breast-fed babies are naturally going to be slower than bottle-fed babies in regaining birth weight, because their mothers won’t be able to supply them with much milk until they’re 4 or 5 days old, and even then the milk is apt to come in slowly.” For the first four editions, this was the first mention of breastfeeding, and it was in a negative sense. Now, the first mention is Spock’s favorite injunction, “Concern about the early weight loss…may also cause [the mother] to abandon breastfeeding before it has been given a fair chance” (81). This is a subtle but significant shift that changes the ordering of information and the perception of breastfeeding; however, formula feeding is still the default example, which is one of the consequences of retaining so much of the original wording from the first edition.

The next notable revision occurs on page 88:

Occasionally, the baby will decline to take the breast during the mothers’ menstrual periods. They can be offered the breast more often during those days. It
will be necessary for the mother to express the breast milk manually to relieve the fullness and to keep the supply going. Babies will resume their usual breast-feeding when the period is over and will be able to revive the breast milk supply. No longer does Dr. Spock suggest that the baby “can be given formula during those days.” In fact, supplementing with formula is not even mentioned. And although the verb “revive” remains, and thus the problematic corporeal metaphor, the qualifier “usually” has been removed to provide more assurance that the milk supply will not be permanently affected.

But this revision is also an excellent example of how, in the effort for more stringent breastfeeding advocacy, such rhetoric promotes guilt. The insinuation here is that the mother should not be concerned that her baby may not eat well for five to seven days of every month; she should be more concerned that she breastfeeds exclusively. It would have been quite simple to include one or two additional sentences here that would describe supplementing with formula as an option if it would make the mother more comfortable. Instead, one method is completely removed in favor of the other. This either/or mentality is typical of infant feeding rhetoric, and it is even more confusing considering that Dr. Spock goes to great lengths in other parts of the text to address the supplementary and complementary uses of formula.

As if to compensate, on the next page Spock states: “If your baby is showing some of these signs of dissatisfaction and is on a formula, it is time to add an ounce to each bottle” (89). In the previous edition, his recommendation was to consult the doctor, not to go ahead and add an ounce; the result is that the mother can now resolve this problem with ease. Thus Spock negates any anxiety that he might have instilled in 1976.
Breast and Bottle

This edition marks an interesting return to the complicated cultural perception of breasts. In the past, Dr. Spock has danced around the topic with euphemisms and phrases like “[nursing] becomes definitely pleasurable for the mother.” Now, he follows with this passage: “Many nursing mothers say that the pleasure sensations that they feel in their breasts and in their genital region while they are nursing are very similar to the sensations they experience during sexual excitement. Some women feel confused and guilty about the similarity in these sensations because they don’t realize that they are entirely normal” (93). This is certainly an important amendment toward guilt redemption; Dr. Spock has never before included such an honest sexual discussion. One can only imagine how many mothers may have given up on breastfeeding because of their shame over such a sensation. However, the backlash is that mothers who are very modest, or who are uncomfortable with blurring the boundaries between the sensual and utilitarian function of their breasts, would be further discouraged from attempting the feeding method.

Along the same lines, Spock also amends his statement about fathers who “object to breast feeding” because “they can’t help feeling jealous.” Now he continues, “Many other fathers feel great pride in their wives’ nursing their babies.” And he even takes it a step further, noting “Some mothers and fathers are embarrassed by milk leaking during lovemaking, while others find this quite arousing” (93). His apparent purpose in including this information is to encourage open communication between partners to prevent any of these feelings from causing problems in the relationship. But the language still enforces the troublesome form vs. function binary. By continuing to categorize the father’s feelings as jealousy over the possession of “his” sexual objects, Spock misses an opportunity to encourage the father to reconsider what is “normal.”
And the image of milk leaking during sex serves as an overt reminder that breastfeeding is an impediment to the mother’s physical autonomy.

This is not to say that these issues should not be addressed in the text; on the contrary, it is a progressive step toward disrupting the social stigmas associated with breastfeeding. But such topics must be treated gingerly, and the discussion merits more than a couple of cursory paragraphs if it is to be successful. Furthermore, the very next section, “The mother’s figure,” has been virtually untouched since 1946, which means that the concerns about physical transformation and its effect on female sexuality are still very much present, expressed from an antiquated perspective of gender performativity.

As much as Spock clung to his original wording, he still doggedly worked to keep his text relevant. For example, the section on “The working mother” still begins the same way it did in 1946, with the question and answer, “What about the mother who hesitates to nurse because she has to go back to work? [It] depends on her working hours and how soon she must get back to the job” (96). However, Spock adds a two-page list of “suggestions given to me by experienced mothers who have nursed after going back to work” (97). Now, the mother who chooses to nurse can access concrete advice that does not require her to sacrifice her career.

On page 107, the section previously labeled “How to try extra hard” has finally been changed from that condescending phrase to read “How to give breast-feeding a fair trial”:

You hear of women who want to nurse their babies but don’t succeed. People talk about how complicated our civilization is and how it makes mothers too tense to nurse. There’s no doubt that nervousness works against breast-feeding, but I don’t think most women are nervous. Breast-feeding most often fails because it hasn’t been given a good trial.
This passage has survived verbatim through all five editions of Baby and Child Care; it is not until the seventh edition that the wording is even slightly altered. While this may be one of the most convincing examples of Spock’s early advocacy of breastfeeding, it is also illustrative of another one of his favorite themes: that mothers who do not succeed at breastfeeding are, essentially, weak. On more than three different occasions in the infant feeding sections, Dr. Spock makes such assertions about the mother’s self-confidence and insecurity and how it impedes her ability to nurse. But such rhetoric tends to break down more than build up; moreover, the reader is again reminded that breastfeeding is an uphill battle as she is cast as the defendant in a trial that will judge her decision.

The rest of the infant feeding information progresses in familiar fashion, so that formula feeding, as always, is presented as the solution to the many problems associated with breastfeeding. Again, the bottle-feeding chapter is systematic and instructional; besides providing some updated information about preparation temperatures and sterilization, it has not been revised in any manner worth mentioning. But this edition does contain several significant strides toward portraying breastfeeding as normal in a culture that does so in theory far more than practice. As Spock continued to work with various co-authors in the forthcoming editions, his strict adherence to so much of his original text began to dissipate.

1992: SIXTH EDITION

In the late ’80s and early ’90s, the Reagan era marked a return to conservative ideals and a valorization of the “march of progress” reminiscent of earlier decades. Even with the increasing public awareness of breastfeeding’s health benefits, the rates that had been steadily
climbing over the last several years—peaking at 52% exclusive breastfeeding in hospitals in 1985—dropped to 43.5% in 1990 (Riordan 13).

Not coincidentally, federal intervention became more emphatic at this time. In 1990, the US Department of Health and Human Services officially launched their “Blueprint for Action on Breastfeeding,” which “was and remains a national plan for breastfeeding based on education, training, awareness, support, and research” (Thulier 92). In the same year, WHO and UNICEF developed the Innocenti Declaration, which “restated the importance of breastfeeding for maternal and child health” and established specific goals for supporting and promoting breastfeeding worldwide. Then, in 1991, the same multilateral organizations launched the Baby Friendly Hospital Initiative, “to encourage specific hospital practices in all countries that promote exclusive breastfeeding” (Riordan 23-24).

However, as is often the case, declarations from such international organizations meet strong opposition in industrialized countries such as the United States, where “the artificial milk industry…is powerful enough, both financially and politically, to avoid regulation” (Riordan 24). Indeed, considering the overwhelming evidence in favor of breastfeeding that was available to the public, the success of formula marketing was a major contributing factor to the well below average breastfeeding rates.

Meanwhile, in 1989 Spock released his highly anticipated autobiography, Spock on Spock: A Memoir of Growing Up With the Century. It was not a critical success (Maier 443-4). Nevertheless, the publication validated his longevity as a cultural icon. And, now in his late eighties, the famous doctor’s health was failing. He began to follow a strict macrobiotic diet,

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10 According to Riordan, as of 2005, “the United States has only 33 hospitals (of 16,000 worldwide) designated as having achieved baby-friendly status” (24).

11 See Hausman, previously cited, and Baumslag and Michels, previously cited, for extensive evidence for the pervasive influence of the formula industry.
which seemed to improve his constitution tremendously. His “renewed interest in diet and nutrition caused him to reappraise some old advice,” and his stance on cow’s milk was one of the most prominent reversals (Maier 446). This revelation certainly affected his infant feeding rhetoric, as cow’s milk is the main ingredient in infant formula; as a result, the sixth edition of Baby and Child Care contains some notable revisions.

First Encounters

In the table of contents, that pesky heading, “When the Breast Milk Seems Insufficient,” has been removed and replaced with “How the Nursing Pattern Gets Established” and “How You Know the Baby is Getting Enough.” These sections did exist in previous editions, but this is the first time they are given prominence in the TOC. The latter was also revised from the leading question “How do you know whether the baby is getting enough?” to the firm declaration, thus disallowing the possibility that the infant will not get enough nourishment from breastfeeding. And, as before, the prefatory information from the author contains one reference to the “expanded and updated sections on breastfeeding” and no mention of formula at all (xvi).

The “Schedules” section contains two additions that are worth noting. First, in the discussion of the common “stretch of fretfulness…in the early evening,” Spock inserts: “During these hours, the breast-fed baby is happy if she is continually at the breast, crying if she is put down. A bottle-fed baby may act hungry but not eat much if offered the bottle” (100). This advice is somewhat paradoxical, depending on the audience’s point of view. On one hand, the breastfed baby is “happy” and easier to placate, while the bottle-fed baby acts “hungry” and more ornery; in this sense, breastfeeding is more appealing. But on the other hand, the breastfed baby makes more of a physical demand on the mother, “crying if she is put down,” another
reminder of bodily sacrifice. Spock still gives both methods equal treatment, and he is still sending mixed signals.

The other addition is less diplomatic: “Breast-fed babies on average eat more often than bottle-fed babies because breast milk is digested more easily and quickly than cow or soy formulas” (101). This is perhaps the most salient example of Spock’s personal dietary preferences working their way into the text. In previous editions, he attributed this phenomenon of more frequent eating to the inconsistency in the amount of milk the breasts produce in a given feeding, as opposed to the bottle-fed baby, who enjoys a quantifiable amount each time. Now, he has removed the element of insecurity and “insufficiency” and replaced it with a specific health benefit for the baby, which clearly favors breastfeeding.

Under the heading “Getting Enough and Gaining Weight,” a passage that was revised in the 1985 edition goes a step further toward breastfeeding promotion. In that version, the first paragraph, which discussed discrepancies in weight gain between infants fed by the different methods, omitted the mention that breastfed babies are slower to gain weight. Now, not only does Spock reinstate this fact with a positive spin, but it is the first sentence under the heading, usurping the default formula example. The passage now begins: “Breast-fed babies will gain [the weight] back as soon as their mother’s milk comes in. Good-sized babies who get formula from the start usually begin to gain it back in 2 or 3 days…” (107). Now, the qualifier “usually” paired with formula has a negative impact, because the breastfed baby appears to have the more certain outcome.
Breast and Bottle

The section “How to Give Breastfeeding a Fair Trial,” which was once very small, with the patronizing title “How to try extra hard,” boasts a large bold heading and spans four pages. There is also a new heading for “Community Resources for Nursing Mothers,” such as La Leche League. And the troublesome title “The mother’s figure” has been changed to “The mother’s breasts during pregnancy and nursing” (120-21). Although the latter change is slightly less superficial, the content of the section remains untouched.

“The Working Mother” enjoys extended treatment this time. Here, the answer to the question “What about the woman who hesitates to nurse because she wants to go back to work?” no longer “depends”; now, “If you’re able to make the special effort that’s needed to get support for your breast-feeding, at work and at home, working and breast-feeding can succeed, no matter what your schedule or situation” (126). However, nursing still requires a “special effort” and exceptional “support,” which makes it seem like working while breastfeeding is analogous to running a political campaign.

The section “Getting Started at Breastfeeding” is also more extensive than ever, including advice on “Finding a comfortable position and getting the baby ‘latched on’” (128). Similarly, the later section, “Special Problems During Breast-feeding,” deliberately qualifies some of the previously unpleasant descriptions; for example, “Distended breasts, areolar engorgement” is now simply “Engorged breasts,” and “Biting the nipple” is now “Biting the nipple (when the baby gets teeth)” (143-44).

However, there is one new heading that is more of a step backward than the author likely intended. He writes, “There are several patterns of behavior in the early weeks of nursing that complicate the mother’s job and may nearly drive her mad” (137). What is especially interesting
is that this is a bold subheading, and it is one of the longest in the book. The following sentence reads, “However, the chances are that the baby will outgrow these inconvenient patterns in a few weeks, no matter how you handle them.” Spock clearly wants to alleviate anxiety over such frustrating behavioral issues, but the rhetorical impact is to assure the mother that breastfeeding will be complicated and frustrating to the point of madness.

In every edition of *Baby and Child Care*, Dr. Spock experiments with the organization of information, such as consolidating headings, breaking sections apart, and moving points of emphasis. Most of these do not have a significant effect on the meaning. However, in this edition, there is a notable exception. The section “Manual Expression and Breast Pumps” now comes before the information on how to supplement and complement breastfeeding with the bottle. The change serves to remind readers that bottles and formula are not necessarily synonymous, and that the baby who needs to feed from a bottle can still have breastmilk. Moreover, the subheadings in the “Breast and Bottle Combinations” section have been changed from “A relief bottle is all right” and “A relief bottle” to “An occasional bottle is all right” and “Introducing the bottle” (150). The former two headings had been the same since 1946. By removing the word “relief,” which connotes rest and salvation, Spock is able to address the necessary topic without implicitly promoting formula.

And finally, in the “Bottle-Feeding” chapter, Spock inserts a warning against formula marketing strategies: “Some commercial formula manufacturers have begun advertising their products directly to parents, through mailings, samples, and magazine advertisements. Never change to one of these formulas without consulting your doctor” (158). The injunction conveys his awareness of the controversy, but it also indicates, however subtly, his disdainful opinion of the corporate interests at work. Nevertheless, the chapter remains much as it always has: a
comprehensive, pragmatic discussion of the ins and outs of formula use with no mention of, and thus no comparison to, breastfeeding.

Although the revisions for this 1992 edition are far short of a massive overhaul, they are significant enough that they succeed in portraying breastfeeding as the more normative behavior, at least in theory. It is fair to say that this edition marks Spock’s most successful breastfeeding advocacy to date. However, enough guilt redemption exists for both methods that this shift should not be misconstrued as a directive that limits the mother’s choice; formula feeding still receives exceptionally thorough treatment, and breast and bottle are still frequently juxtaposed. His rhetoric is still cautious enough that he does not aggressively promote breastfeeding; although he is clearly an advocate for the method, he is no more radical than the expectations of his audience.

1998: SEVENTH EDITION

In the years between the sixth and seventh editions, the breast/bottle controversy grew, as “many states had to enact legislation so that mothers could breastfeed in restaurants and other public places” (Thulier 91). Although breastfeeding was supposed to be the more medically acceptable feeding method, the lag in cultural acceptance for the practice certainly impeded a significant rise in rates. The controversy over breastfeeding in public continues to be an issue, which only reiterates the difficulty our culture has with disentangling the biologic and sexual functions of breasts.

Nevertheless, 1997 was a watershed moment in the history of infant feeding. The AAP released a new policy statement on breastfeeding that year, which included this assertion:
Human milk is uniquely superior for infant feeding and is species-specific; all substitute feeding options differ markedly from it. The breastfed infant is the reference or normative model against which all alternative feeding methods must be measured with regard to growth, development, and all other short- and long-term outcomes. Epidemiological research shows that human milk and breastfeeding of infants provide advantages with regard to general health, growth and development, while significantly decreasing risk for a large number of acute and chronic diseases. (qtd. in Saha 62)\(^\text{12}\)

Even though the cultural model of normativity was still in flux, this strongly-worded statement from the premier pediatric organization represented a deliberate attempt to stabilize the model by establishing breastfeeding as the ideal method; moreover, it issued an unprecedented mandate for infant feeding advice. A year later, the breastfeeding initiation rate in hospitals was a reported 64% (Riordan 19).

The official public support for breastfeeding allowed Spock to amplify his position more than ever. He and Dr. Rothenberg parted ways, as the “heir apparent…wanted more money for the extra work involved in a new edition” (Maier 452). The new coauthor was Dr. Steven Parker, but Dr. Spock called in additional consultants and colleagues to contribute to the project; as a result, “the question of who would be his successor, the one to carry on his legacy, remained very much open (Maier 453). The seventh edition would be his last: the same year it was published, at the age of 95, Dr. Benjamin Spock passed away.

\(^{12}\) Since 1997, the AAP has revised this wording, though negligibly. The latest version is available at aap.org.
First Encounters

The most noticeable change to the table of contents is that the ubiquitous “What Feeding Means to the Baby” has been moved so that it follows the specific infant feeding chapters. This structural experiment apparently did not work out, because it returns to its original position in the next edition. Concurrently, the umbrella heading “Infant Feeding” now reads “Breast- and Bottle-Feeding,” in a larger, bolder, font than ever before; “breast” now has primacy in the text, and the two methods are intentionally discrete. As for Spock’s prefatory material, he again emphasizes that “there are expanded sections on breast-feeding,” and now, as the second sentence of the section, it garners more attention.

Breast and Bottle

Interestingly, the chapter title “The Values of Breast-Feeding” is restored to its 1946 singular state, “The Value of Breast-Feeding” (105). Although this is an incredibly subtle shift, its very subtlety bespeaks its rhetorical import. Spock originally pluralized the phrase in order to express the numerous advantages of breastfeeding to an uninformed audience. But in the 1998 socio-historical context, the reversion to the singular form suggests an abstract conception of “value”; that “value” is something intangible, unquantifiable, and inviolable, and that breastfeeding is therefore inherently sacrosanct.

Under “How to Give Breast-Feeding a Fair Trial,” Dr. Spock supplements his explanation for “factors that make a big difference” for successful breastfeeding with this advice: “Success is increased greatly if mother and baby start breast-feeding in the first hour when the baby is ready, if the baby nurses frequently during the first five days, if the baby is allowed to latch on to the areola by herself, and if there is continuous rooming-in from birth on” (107). This
addendum is a clear product of the recent policy initiatives, particularly the Baby-Friendly Hospital initiative; the standard practice for decades prior was to whisk the baby away immediately after birth so the mother could rest. Coming from Dr. Spock, such advice would have been critical for improving breastfeeding rates, as many hospitals still do not encourage rooming-in in the hours after birth unless the mother specifically requests it.

This edition also provides more helpful information for the breastfeeding mother about diet and positioning. On page 114, just after the section “The mother particularly needs to take good care of herself,” there is now a two-page chart of calcium requirements and dietary sources of calcium, complete with serving sizes and preparations. In the information about positioning and getting the baby to latch on, this edition, for the first time, provides illustrations. The bottle-feeding information has always had abundant illustrations for instructional purposes, whereas the breastfeeding information only had two rather awkward drawings of manual expression methods. The new visual cues show a happy, comfortable mother breastfeeding her infant—a normal, natural act.

To drive the point home, Spock provides his most specific denunciations of formula to date, with the AAP policy statement to back him. On page 110, discussing “Why some mothers give up after a good start,” he writes, “Her anxiety makes her feel sure that the bottle is the answer. And the trouble is that the bottle is always available. Probably she was given formula directions or packs of prepared formula when she left the hospital (‘just in case’).” The parenthetical phrase is a rare instance of sarcasm in Spock’s tone, indicating to the reader that formula should be avoided, but also intimating that formula companies are not to be trusted. Formula feeding is thus elevated to a new level of guilt: now the choice is associated with dishonest practices.
Spock is less smug, but more effective, in undermining formula with a new introduction to the “Bottle-Feeding” chapter: “Not so long ago babies were raised on infant formula as a matter of routine. Today we know that there are real health benefits to mother’s milk and that formula should be used only when breast-feeding is not an option” (141). Again, this declaration was made possible with the support of the AAP. But most importantly, it represents the fulfillment of the new normative model of infant feeding. Now, although the rest of the chapter remains practically identical to its previous incarnations, the mother who follows the formula feeding instructions is primed for guilt as she deviates from the method that Spock has depicted as the more acceptable behavior.

There is one more small revision worth noting. On page 125, in the midst of his discussion about establishing a milk supply, Spock ruminates: “It is no wonder that in the first few days the breasts sometimes become too full or that sometimes there isn’t enough milk to satisfy the newly hungry baby. Still, the system is generally efficient, much better than you or I could design.” The allusion to a greater plan, a master design, has clear religious implications, recalling the “spiritual nourishment” of earlier editions. Perhaps Dr. Spock was waxing philosophical as he faced the end of his life. But what is certain is that this brief sentence encapsulates his awe and respect for the feeding method that he attested to throughout his career, even when medical and cultural practice did not, and therefore his rhetoric could not sufficiently express it.

2004: EIGHTH EDITION

The infant feeding debate has taken on new dimensions in the 21st century: the stakes are higher, the guilt deeper, for the mother who chooses formula. In 2004, the US Department of
Health and Human Services launched the National Breastfeeding Awareness Campaign, a public service project designed to “increase breastfeeding rates to 75%, to target African American women and first time mothers, and to encourage exclusive breastfeeding for 6 months” (Merewood and Heinig 140). Even before its initiation, the campaign was controversial because of its unprecedented approach to breastfeeding promotion. Rather than focusing on the benefits of breastfeeding, this project uses a “risk-based” message:

The benefits based message of breastfeeding has been interpreted to mean that breastfed infants are “healthier” than “normal” infants, akin to an athlete being more fit than an average healthy person. By this reasoning, formula-feeding is accepted by the public as “normal,” and breastfeeding is an ideal that may be achieved only by a select few. With a risk-based message, we are insisting that something that well-intentioned mothers do every day is causing harm to their children. (Merewood and Heinig 142)

This sharp denunciation of formula has become the prevailing attitude about infant feeding over the past decade, which has only served to intensify the ideological divisions among breastfeeding and bottle-feeding mothers.

Which brings us to the most recent edition of Baby and Child Care. The new co-author, Dr. Robert Needlman, faced the challenge of updating the manual while respecting his predecessor’s legacy. Some of the concerns for this revision include contemporary issues such as “risks and benefits of vaccines and children’s responses to terrorism,” but the primary reason listed on the book cover is to include “the latest research, approaches, and techniques” for breastfeeding.
For the most part, Dr. Needlman stays true to Dr. Spock’s format, wording, and intentions, with only a few conspicuous modifications. For instance, the “What Feeding Means to the Baby” retains almost all of the original wording, including the psychoanalytic passage that highlights the emotional consequences of feeding choices, the commentary on the mother’s figure, the sexual feelings associated with the breast, and so on. An interesting choice Needlman made was to isolate and highlight several such passages that have survived all the revisions, which he labels “Classic Spock.” The idea is that these are the sections that remain relevant, and probably always will.

One important change is to the introduction of the “Breast-Feeding” chapter, which begins with this passage:

When commercial infant formulas were developed, they were advertised as the “scientific” way to feed a baby. But in the last twenty years, science has found just the opposite…Certain chemicals in breast milk may be important for optimal brain development. Newer (and very expensive) formulas now include some of those chemicals, but breast milk contains so many different substances that no formula manufacturer can completely reproduce it. A number of scientific studies have even shown that on the whole, breast-fed babies are a little smarter than formula-fed ones. It may be that breast milk itself improves brain development, or it may be that the women who choose to breast-feed are smarter on average, so their babies are, too. (242)

This revision perfectly illustrates how infant feeding rhetoric has evolved since 1946, and it captures the current state of the discourse. Not only are mothers who choose to breastfeed smarter, but their babies will be smarter, too. And of course, since the formula-fed infant will not
achieve “optimal brain development,” the implications are terrifying, and the guilt over the decision—or necessity—to use formula is immanent.

This passage also addresses the “scientific” appeal of formula, and appropriates it in the name of breast milk by citing the “scientific studies” that support breastfeeding—a 180-degree shift in perspective since the first edition. And finally, the author even alludes to the “mystery” of breastmilk, which “no formula manufacturer can completely reproduce.” Breast milk is now perceived as a living thing, and what was once unknowable and not to be trusted is now celebrated as a miracle elixir beyond human understanding.

CONCLUSION

This study is the first of its kind in that it traces the evolution of Spock’s infant feeding rhetoric, and accounts for the socio-historic context, across every edition of Baby and Child Care. The result, I hope, is a new perspective on the man, his book, and its role as a prototype for infant feeding rhetoric.

Spock has been a misunderstood and controversial American icon, and I believe that a large part of the reason is that he was a political activist during a volatile and highly polarized era. Many people, to this day, write him off as an ideologue—and in many respects, he was. But when it comes to infant feeding, he tried very hard to maintain a neutral stance, to the point that he may have confused new mothers more than he offered concrete reassurance. In theory, he was an early breastfeeding “advocate,” but he was constrained by the cultural trends that rendered his rhetoric inadequate for that purpose. He was, after all, a child of a Victorian mode of parenting—and admittedly so—a background entrenched in modesty and patriarchy that inevitably influenced and limited the extent of his “revolutionary” views.
As I have argued, the rhetoric of guilt in infant feeding is contingent upon a normative model, and the idea that there are commandments for prescriptive rules of behavior. In *Baby and Child Care*, what has been traditionally understood as Spock’s early and ardent breastfeeding advocacy was not what his rhetoric accomplished. Neither was it an equivalent presentation of choice: it was a normative model of bottle-feeding that exhorted mothers to choose formula. As this normative model began to shift in medical and activist discourse, so did Spock’s rhetoric.

Initially, in the 1946 edition, Dr. Spock clearly favored normative bottle-feeding practices even as his professional and psychoanalytic training led him to believe in breastfeeding as the healthier decision. But after that, it is impossible to unequivocally state whether he influenced or reflected cultural trends: American culture is as much a part of Spock as Spock is a part of American culture. I would even contend that his actual influence on feeding statistics is slightly overrated, as his breastfeeding advocacy becomes more amplified in the 1990s, *after* significant policy initiatives, and as breastfeeding rates were on the rise. But, although he gradually distanced himself from formula, he never completely abandoned his concern with guilt redemption for both methods; this overriding premise generates the mixed messages that define contemporary infant feeding rhetoric. What is most important is to understand his role in shaping this rhetoric, a mode of discourse that is inextricably bound to emotion and thereby perpetuates ideological divisions.

**Projections for Future Discourse**

As pro-breastfeeding rhetoric has become more and more fervent, more and more risk-based, and thus more and more judgmental, the infant feeding debate is in the midst of a severe backlash from its minority voices. The popular media has taken up the issue; for example, in
1998, a highly controversial episode of Chicago Hope aired in which a young mother faces criminal negligence charges after her infant dies from starvation. In her determination to breastfeed, she refused to supplement her insufficient milk supply with formula (Bentley, Dee, and Jensen 306). The idea that formula has been demonized to the point of a dangerous dogmatism has become a rallying cry for resistance to breastfeeding’s rapidly advancing hegemony.

Though it would be easy to use the formula companies as scapegoats for this resistance, they are not solely responsible. As I have mentioned, the breastfeeding versus bottle-feeding controversy has long been a point of contention for certain feminist camps, and they represent the most recent and vocal opposition to what they see as an oppressive normative model. In an April 2009 article for The Atlantic, Hanna Rosin likens breastfeeding to Betty Friedan’s vacuum cleaner—the “obligatory prop for the ‘happy housewife heroine’”—and laments, “it was not the vacuum that was keeping me and my 21st-century sisters down, but another sucking sound” (1). She, and many other women like her, see breastfeeding as a slippery slope toward lopsided parental responsibilities and arrested career development. Moreover, Rosin argues, the benefits of breastfeeding are grossly overstated, and the “national obsession with breastfeeding as a liquid vaccine” has contributed to the high emotional stakes of infant feeding choices. She concludes that “it seems reasonable to put breast-feeding’s health benefits on one side of the ledger and other things—modesty, independence, career, sanity—on the minus side, and then tally them up and make a decision” (2). This point of view may very well be characteristic of the next stage of the infant feeding debate.

Indeed, in the frantic effort to reverse low breastfeeding rates and battle formula marketing, breastfeeding advocates may have alienated some of their desired audience. Many
educated upper-middle-class American women, once the primary purveyors of the “breast is best” mentality, appreciate the independence and physical autonomy that formula feeding promises. And no one appreciates a guilt trip.

So what does this mean for the future of Baby and Child Care, and, by default, the future of infant feeding rhetoric? One possibility would be to scale back some of the claims about breastfeeding’s superiority: although the benefits of breastfeeding are very real, they need not be expressed in such hyperbolic and absolute terms. Another possible solution would be to return to a rhetoric that is mother-centered rather than baby-centered—that is, the mother’s health and emotional well-being should be the first priority and should be described as such; guilt is certainly magnified when motherhood is conflated with martyrdom. The bottom line is that there will always be mothers who make the decision not to breastfeed, or who, for various reasons, cannot breastfeed; no matter how small that percentage may be, a 100% breastfeeding rate is not realistic. And as we are still far away from completely dissolving the troublesome form/function binary, for breastfeeding mothers, universal cultural acceptance is still only a distant possibility.

The question seems to be, then: is it worth the emotional consequences for infant feeding gurus to continue to espouse rhetoric that is rife with mixed messages and guilt-inducing language? Or, perhaps the better question to ask: is this even avoidable?

I am not convinced that it is. Clearly, Dr. Spock sought to avoid guilt at all costs, and he still inevitably incited it. The underlying context and socio-historic factors that contribute to this rhetoric are deeply embedded. However, we can continue to examine, dissect, and discuss this rhetoric. We can look at other influential sources of infant feeding advice, trace their motives and linguistic techniques, and isolate the problematic passages. Such research will further demystify the rhetoric of guilt in infant feeding, and it can continue the effort toward a rhetorical
transcendence that may begin to heal some of the ideological divisions within the breast/bottle controversy. As I have said, Dr. Spock is the fountainhead: he is only the beginning. But the rhetoric of guilt that has been articulated here can provide a useful foundation for future research on the topic.
Works Cited


