

## How to deal with ambivalence towards breast-feeding

("Der Umgang mit Ambivalenzen gegenüber dem Stillen", Hebammenforum Deutschland, Sept. 2002, S. 596-600 – translated by Natascha and Johannes Weber 2008)

The famous Austrian writer Christine Nöstlinger once told some journalists a story. I remember a part of it dealing with two different situations.

*First situation:* A husband says to his wife at the breakfast table: "I don't feel well at all. I think I'm going to be ill. Perhaps I should call in sick today." To this his wife responds: "Yes, stay at home and relax! I'm sure you'll feel much better tomorrow." He answers rather grumpily: "I cannot stay at home for nothing!"

*Second situation:* A husband says to his wife at the breakfast table: "I don't feel well at all. I think I'm going to be ill. Perhaps I should call in sick today." To this his wife responds: "You cannot stay at home for nothing!"

I am sure you have already realized we are smack in the middle of our subject – dealing with ambivalence, that is.

Supposedly, everyone has experienced similar situations. We try to help somebody to make a decision, for example a mother who can't make up her mind whether she should nurse her baby or not. In situations like these it often happens that despite all our efforts things turn out in an entirely different way than we hope for.

Perhaps this reminds you of how you feel when you are ambivalent about something yourself and someone is trying to influence your decision.

The question that arises now is: What does ambivalence stand for?

### *Torn between two choices*

First of all, ambivalence is perfectly natural, normal and therefore human.

The boy in the thumbnail (picture) is in the middle of an ambivalence conflict. There is someone standing in front of him and the child doesn't know yet how to react. The child is backing off as you can clearly tell by his posture. But the stranger is amiable and doesn't draw any nearer. That's why you can also see a welcoming facial expression on the part of the child, a subtle hint of a breaking smile in his eyes and mouth.

The child is absolutely aware of both impulses. His emotions and his thoughts correspond to his feelings. He is tempted to give in to one impulse and let go of his mother, but then there is another that prevents him from doing so. He experiences the conflict at all levels of his personality, that is to say the cognitive, the emotional and the physical levels. Needless to add that his whole personality is involved in this process.



There are different key stimuli at work here that cause diametrically opposed behaviour patterns. Thus "ambivalence" is defined by biology and ethology.

The word "ambivalence" is of Latin origin. In today's usage it means *simultaneous conflicting feelings toward a person or thing, as love and hate*. "Valere" means "to be strong" or "to have value". Contradictory behavioural impulses are perceptible in an equally intense way. They do have value and are both of considerable importance.

Imagine the above situation developing as follows: The grown-up approaches the child cautiously and then all of a sudden reaches out for the child. The child is forced to make a choice instantly and lets one

impulse prevail over the other.

Ambivalence is part of everyday life. It precedes every good decision. It may even be experienced joyfully. It keeps the parent-child-relationship intact, open and healthy. Ambivalence is a natural part of breastfeeding, too.

It is possible that you look upon my paper in an ambivalent way now. Perhaps you think I am missing the point. In my opinion ambivalence is natural. It keeps relationships alive. As you see, ambivalence interferes with the parent-child relationship basically and essentially and can at times be quite a strain.

The term “ambivalence” as used in psychology deals with a slightly different aspect that is quite as important as the first one. It designates the simultaneous appearance of conflicting ideas, emotions and expressions of one's will with fewer impulses on the physical level and rather vague confusing emotions and contradictory ideas on the emotional and cognitive level.

### ***An old story***

*A mother has recently given birth to a baby. She encounters difficulties with breastfeeding.*

*The baby doesn't latch on.*

*The mother is bent on succeeding and tries hard to keep it on the breast.*

*She knows that breastfeeding is best for her baby.*

*Now she feels herself rejected by her baby.*

*She also fears that her mother who works in the kitchen might pop in just at the moment when she wants to breast-feed her baby.*

*She doesn't want to disappoint the midwife who has tried so hard convincing her of the importance of breastfeeding.*

*She is also tired.*

*Apart from all that she feels exposed and vulnerable.*

This is no uniform experience as with the child on the photo. Thinking, feeling and sensing do not interact and therefore often don't correspond to each other. Such ambivalence is hardly ever experienced as joyful, but almost always as unpleasant. More often than not it is clearly perceptible as an ambivalence-conflict. You can only see the symptoms:

- agonizing self-doubts
- relationship problems
- feelings of guilt
- overprotectiveness
- hidden aggressions
- anxieties
- various physical troubles and diseases

These problems paralyze the ability to make good decisions and, as a consequence, prevent a satisfactory breastfeeding relationship.

Incriminating ambivalence on breastfeeding has a long history.

For many of our mothers, grandmothers and great-grandmothers breastfeeding was connected with negative feelings:

- exhausting childbirths, often one every year
- injuries
- pain

- the colostrum-taboo
- inadequate instructions
- handicapping loyalties
- unrealistic ideas about motherhood
- mistrust in the female body
- social isolation of mothers and
- moral pressure.

Many mothers try hard but soon give up breastfeeding if they are not successful, which often results in disappointment and the feeling of having failed as a good mother.

And even when they try to encourage their own daughters to breastfeed their offspring later in life, they more often than not can't do it really convincingly.

### ***Know-how***

Nevertheless things have definitely changed in the course of time. Birth and bottle-feeding are not life-threatening any more. This means an enormous relief from moral demands, obligations, anxieties and feelings of guilt, which both breastfeeding and non-breastfeeding mothers have experienced during millenniums. Only recently has it been possible to think about breastfeeding and its implications for the mother and the baby in a new way. Women of today certainly are provided with all the basic prerequisites if they want to breastfeed their baby.

Nowadays a large number of people think that breastfeeding is always natural and easy. Sure enough, breastfeeding can be a simple process. But sometimes it is strenuous and difficult. Mothers of today have very high self-demands. The experience with their own mothers that usually doesn't correspond to their own ideas about breastfeeding as well as their surroundings are rarely conducive to breastfeeding.

Knowing about the baby's needs, the benefits of breastfeeding, the consequences of motherly behaviour for the baby's mental and physical health and the mother-child attachment are not enough.

Mothers do need information of *how* breastfeeding works. They are supposed to know what to do if they are hardly successful in their efforts. It will do them a lot of good to know that certain repulsive feelings they experience are quite natural.

It is perfectly okay to react negatively toward too much nearness or failure at first. For mothers it is a relief to hear that motherly love isn't simply always there but that it is possible to bring about the conditions that will allow them to bond with their baby.

Frequently this kind of information is simply not given. As a consequence, women often vainly strive for an ideal of motherly excellence instead of just being what they are. If they don't realize what their own needs and limits are, they won't be able to best utilize their own possibilities and inner resources. That's when it gets difficult to deal with ambivalence.

Ambivalence towards breastfeeding often causes trouble to mothers, fathers and professional helpers. You cannot simply shake off your own past and unfavourable general set-ups in the present.

Breastfeeding involves the whole personality. Everything is tied in together.

### ***Conflicts***

Another example:

*In her pregnancy, a woman hears over and over again that every mother is capable of breastfeeding if she really has a mind to. Contrary to that, she has repeatedly heard from her mother and grandmother that women in her family never really managed to nurse, try as they might: So we are dealing with an already disproven assertion as opposed to self-experienced reality (the woman in question was bottle-fed as a baby).*

Every woman is able to breastfeed	Women in our family are not able to breastfeed
-----------------------------------	--

*The woman wants to breastfeed.  
She wants to succeed at any price.  
She tries to forget the mantra of her family.*

Every woman is able to breastfeed	
-----------------------------------	--

*Breastfeeding turns out to be very strenuous.  
The infant doesn't suck properly so the midwife offers the mother a nipple shield. A friend, a breastfeeding expert, warns her about the nipple shield. Without it the baby will not suck properly. The friend comes every day, brings a cake, but doesn't say a word about the nipple shield any more. The mother feels the pressure caused by her friend's silent disapproval. She does her best. She tries again and again to latch on the baby. The baby loses weight. When the midwife recommends formula feeding, the mother suddenly realises that her mother's and grandmother's dictum of their family being unable to breastfeed – an attitude she initially rejected has now become reality:*

	Women in our family are not able to breastfeed
--	--

A further example:

*A woman in childbed is being looked after by her mother.  
Many years ago the mother herself was left entirely alone after her two childbirths.  
Now she wants to give her daughter what she missed in those days.  
The newborn is crying.  
The young mother picks up the baby and wants to nurse her.  
She is well informed and wants to breastfeed.  
But now her mother enters the room and has a close look around.  
Years ago she didn't breastfeed and now she is waiting for what is going to happen.  
The young woman feels uneasy.*

Her conflict is very typical for the lying-in period. Women don't want to refuse their mother's affection and become again their mama's little girls. At the same time they know that they cannot develop a breastfeeding relationship this way.

Some young mothers experience their relationship with the midwife, the surgeon or a children's nurse in a similar way. They feel looked after and enjoy it. But at the same time those helpers do things that are not compatible with the atmosphere a young mother wishes for herself and her baby.

*So the loyalty to the attachment figure begins to compete with the loyalty to the baby. It is also possible that the loyalty to the partner contradicts the loyalty to the child and breastfeeding.*

loyalty to the attachment figure	loyalty to the baby
----------------------------------	---------------------

*The woman in question tries to concentrate on the baby. She endeavours to call everything to her mind she has learned about breastfeeding during her pregnancy. While doing so she is hardly aware of the conflict that is struggling within her. But her husband knows it. He asks her mother to go home.*

	loyalty to the baby
--	---------------------

*That hurts her deeply.  
Eventually the young woman advocates her mother with her breastfeeding story.*

*She fails just like her mother did. Breastfeeding is very unpleasant for her and so she resorts to a supplement.*

loyalty to the attachment figure	
----------------------------------	--

In the last two examples the ambivalence conflict turns out to be a silent fight between the young mother and the attachment figure. Factors that weren't welcome or were downright ignored at the beginning prove to be the winners in the end. Afterwards nobody really knows exactly why things turned out the way they did. Didn't everyone try to the best of their ability to succeed?

### ***Simply let things be***

So much for the difficulties that have to do with ambivalence towards breastfeeding and their effects on the mother and her baby.

Now I am going to expand on the following: How can we handle ambivalence towards breastfeeding – no matter what it looks like and whatever the cause?

Probably it has become clear by way of the examples above that ambivalence – as soon as it appears – concerns ourselves, that is, the helpers, too. The simple fact is that we ourselves grope in the dark as well. We may have high expectations, we may be anxious to fail, uncertain about how to proceed, but we assume that our job is to help. Perhaps we are qualified and know how to deal with breastfeeding problems.

On the other hand the atmosphere is depressing. Perhaps we are aware of the hidden conflict. But we don't know exactly what is blocking the mother.

Even so, we become active, make offers, strain ourselves to ease up the situation. That takes time and energy. It is certainly disappointing if, despite all our efforts, breastfeeding doesn't work.

We have gained a lot of new knowledge in the field of research and therapy, which can ease the burden for us helpers.

Perhaps you have experienced a situation with a mother, where you invested much time, energy and effort. Now find out about the effect the following sentences have on you.

1. Whether a woman wants to breastfeed or not is entirely up to her. It is important though, that she, her husband and her baby are comfortable with the decision.
2. Finding oneself facing quandaries are part of every decision-making process. It's natural taking one's time to consider all possibilities before making a choice.
3. Ambivalence towards breastfeeding has its authorization, value and sense. It isn't important to know why it is there but how it is to be handled.
4. The body knows more than the conscious mind even if it causes "problems". Physical difficulties with breastfeeding are often a sign that something important hasn't been taken into consideration.
5. The need for attachment is existent in every baby as well as in every mother. It is existent in every non-breastfeeding mother, too.

Probably none of your problems have been solved by now. But perhaps you feel less responsible. Maybe you have become less involved in the conflict as before. This means that you have retired into yourself and are therefore sufficiently detached from the problem now. You have perhaps come to terms with yourself and now have the calmness to be simply there and let things be.

### ***Encounter with the Unknown***

Sometimes mothers and their babies only need (more) time. We know from ethology that the encounter with something unknown is often ambivalent. Ambivalence may only be experienced in a relatively safe and calm atmosphere. Think again of the ambivalent child in the photo. If you push him, he will keep to what is familiar to him. He wouldn't dare to try out something new.

Childbirth always involves feeling unusual bodily sensations and experiencing uneasiness with the baby that is, after all, still a strange being. The woman is about to take on a new role as a mother, a new relationship develops and life changes completely.

Many mothers start breastfeeding their babies immediately after they are born and enjoy it. Others can't cope with so much closeness. It's too early. Their feelings signalize something different. They need more time.

That doesn't mean though that you should take the baby away.

For such women it might be a good solution to have the baby near them, preferably on their belly – however without the pressure to act immediately. That way they have time to watch their baby quietly, perhaps touch it and gradually get to know it.

Perhaps they also need time to feel their discomfort consciously. Pain, exhaustion, sadness and the impulse to withdraw: all these should be perceived if they are there.

Given enough time and peace the newborn gets a chance to unfold its innate instincts. The baby "knows" what it needs and stimulates the maternal abilities with its confidence and naturalness. That way we strengthen a system that is able to work independently.

If the mother is willing to get involved, the effects will be clear and lasting. Barriers will disappear. Now the mother-child relationship will work, both on the inside and the outside.

However, sometimes it is not quite so simple. Remember the examples I have given above. I have described various ambivalence conflicts. And all of them are stories of one and the same woman in one and the same breastfeeding relationship!

That's how multiform ambivalence towards breastfeeding can be.

### ***Playing with Ideas and Imagination***

It is certainly less important the way things work than how you handle them.

Young mothers often find themselves engaged in inner dialogues as for example:

"I want to have some distance to my baby. I think the baby dislikes me." – *"You mustn't think so. Try harder."*

"I feel tired and exhausted." – *"Are you crazy? You should be happy!"*

"I'm afraid I cannot breastfeed!" – *"Forget this nonsense!"*

"My mother's affection is welcome." – *"Don't get involved! It's dangerous."*

"My mother's presence disturbs me when I'm nursing the baby." – *"You are impertinent."*

*Don't you see how hard she is trying to help you? "*

Ideas and impulses are judged, devalued, pushed aside and forbidden. The result is obstruction, insoluble problems and – to put it in rather extreme terms – sometimes real states of war.

We cannot change what is there. But we can change the way we handle it. It is possible to simply think the various ideas through, to express them, to hold them in high esteem, to play with them and to look for solutions that are acceptable to every member of the conflict.

The woman in my example dealt with her breastfeeding problem afterwards. Her huge paralyzing ambivalence conflict – breastfeeding or not – with all the related responsibilities

and its far reaching consequences turned out to consist of many single tiny behavioural impulses, triggered off by specific stimuli. She was able to play with the various impulses and possibilities in her imagination. Two ideas were new and quite relieving for her:

The first idea was to accept her mother's well-meant affection; and the second to ask her mother to leave the room when she was breastfeeding.

It is justified and important to respect one's own limits, to move away from unpleasant feelings and to look for solutions which feel good, no matter if they fit into one's own value system or not.

### ***Farewell with a good Feeling***

Eventually I'd like to add one last story to the three stories about breastfeeding above:

After three months' nuisance with the nipple shield and supplement feeding the mother had an experience that she describes as the happiest moment of her breastfeeding relationship:

*During a long car ride with her husband the baby starts to cry. It is obvious that the child is hungry. The mother is alarmed. She not only forgot to prepare a feeding bottle but also stowed away the indispensable nipple shield. There is only one thing she can do: offer her many times disdained bare breast. And this time the baby takes the breast and sucks strongly and powerfully for the first time in its life! Although there is hardly any milk in the breast, the baby falls asleep satisfied.*

That isn't the ending yet. After that entirely unexpected experience – the first really joyful deep breastfeeding contact to her baby, the mother brought the innumerable vain attempts to breastfeed to an end. When she telephoned me and told me about her decision – she lived in a city far away from us – it wasn't easy for me to accept it.

However, the mother felt that it was essential to say goodbye to the breastfeeding relationship in good cheer. A real farewell in the sense of attachment can turn out well only when it is connected with good feelings. That is very important when you try to wean a baby.

Now relaxed about it the mother was able to build up a deep attachment to her baby. She nourished her baby with the feeding bottle but nevertheless she "nursed" her baby – in a wider sense. She was able to answer her baby's needs sensitively and understandingly, because she felt good about it herself.

This is not the ending either, because there was still some melancholy about not having been able to breastfeed. Quite easily and without any effort she managed to establish a breastfeeding relationship to her second baby, to nurse it for a long time and to wean it with a good feeling.

So all was well in the end.

### **References**

- DORNES, Martin: Der kompetente Säugling, Die präverbale Entwicklung des Menschen, Geist und Psyche, Fischer Taschenbuch Verlag, Frankfurt a. M. 1993
- EIBL-EIBESFELDT, Irénäus: Die Biologie menschlichen Verhaltens, Grundriß der Humanethologie, Piper, München Zürich, 3. Erweiterte Auflage 1995
- FISCHER-MAMBLONA, Helga: On the evolution of attachment-disordered behaviour, Attachment & Human Development, Vol 2 No 1, April 2000 8-21
- HENZINGER, Hans: Arbeit mit dem Zielmodell des NLP in der Stillberatung, Rundbriefe der LLLÖ 1995/96
- HENZINGER, Ursula: Stillen (Eine Kulturgeschichte der frühen Mutter-Kind-Beziehung), Walter-Verlag, Zürich 1999

- HENZINGER, Ursula: Die ersten Augenblicke mit dem Neugeborenen. Schönes und Tröstliches aus dem Schatz der Verhaltensforschung. Artikel für die "Webfamilie" im Internet: <http://www.webfamilie.at/artikel158.html>
- LENK, Wolfgang: Arbeit mit (Persönlichkeitsan-)Teilen. 15. Intern. Kongress f. Hypnose, München 2.-7. Oktober 2000
- RIGHARD, L, ALADE, M.O.: Effect of delivery room routines on success of first breast-feed. Lancet 1990; 336: 1105-07.
- WIDSTRÖM, A.-M., RANDSJÖ-ARVIDSON, A.G., CHRISTENSON, K. u.a.: Gastric Suction in Healthy Newborn Infants, Effects on Circulation and Developing Feeding Behaviour, Acta Paediatr Scand 76: 566-572, 1987
- WIDSTRÖM, A.M. et al.: breastfeeding – baby's choice. Film, LIBER Distribution, 16289 Stockholm

Author:

**Ursula Henzinger**, Dipl. Päd., human ethologist (<http://www.mve-liste.de>), married, mother of four children, author of a cultural-historical book about the early parent-child-relationship: *Stillen. Die Quelle mütterlicher Kraft*. Walter 1999.

Ursula Henzinger  
Obere Dorfstr. 81  
A – 6336 Langkampfen  
Tel: 05332/88208  
email: [ursula.he@gmx.net](mailto:ursula.he@gmx.net)  
<http://www.geburt2000.here.de>  
<http://www.zoe-tirol.here.de>