

Narratives of maternal emotions: Opening dialogue on working and breastfeeding in multicultural healthcare and working environments

Simona ŞOICA¹

As the voice of medicine continually propagate the ‚breast is best‘ discourse worldwide, in this article we lend our ears to the voices of mothers who struggle to breastfeed after returning to work. We analyse online discussions under the topic Working and breastfeeding on forums from France, Sweden and United States of America. The paper is organised around two strands of research aiming at a complex narrative analysis. Greimas‘ narrative semiotics informs the insight into the narrative structure of the threads (posts and replies). The ‚emotional turn‘ in geographies of maternal and child health illuminates our insight into the narrative substance of the forum discussions. Essentially, the actantial analysis reveals maternal emotions against different cultural, healthcare and working backgrounds, with mothers struggling for the same object, namely breastfeeding after returning to work. Looking through the lens of Hofstede’s cultural dimensions, our underlying aim is to map maternal feeling across different cultures and to reflect on cross-cultural understanding of maternal emotions that may open dialogue in multicultural healthcare and working environments.

Keywords: *maternal emotions, working and breastfeeding, narrative analysis, cultural dimensions*

1. Introduction and background

„Emotions are vital (living) aspects of who we are and of our situational engagement within the world; they compose, decompose and recompose the geographies of our lives” (Davidson and Smith 2009, 443). This introductory statement in the field of emotional geographies also frames the picture of maternal geographies that we attempt to depict in this paper, namely maternal emotions. The ‚breast is best‘ global discourse has challenged maternal feelings worldwide

¹ Transilvania University of Braşov, Romania, s.bucsa@unitbv.ro

and has given rise to particular discourses that emerge against discrete cultural backgrounds.

Essentially, the hypothesis of this research paper is that the microculture of mothers clashes with the national cultures mothers come from and the ‚breast is best‘ medical discourse that animate mothers worldwide motivates mothers‘ emotional responses to breastfeeding after returning to work and shapes their discourse against different cultural backgrounds.

Robinson (2018a) emphasizes the idea that „maternal feeling is precisely born from the excessive clash in spatial registers that motherhood provokes“ (p. 31), with breastfeeding being regarded as an attribute of good motherhood. Scholars followed various research paths in order to reveal maternal emotions that arouse from this spatial and cultural ‚Clash‘. To name a few relevant and inspiring works, Robinson (2018b) carries out narrative research to unveil feelings of pain born from the *Clash* between breastfeeding as an attribute of good motherhood and mother body non-compliance. Boyer (2012) conducts narrative research based on interviews and surveys to bring to light feelings of discomfort, embarrassment or marginalisation born from the *Clash* between women attempting to breastfeed anywhere outside their homes and the so-called threat to public comfort. Rojjanasirat’s (2004) paper is placed in a similar framework to ours, namely working women’s breastfeeding experiences. The researcher does content-analysis based on open-ended questionnaires and reveals feelings of guilt, stress, feeling overwhelmed, under pressure and sacrifice arising from the *Clash* between mothers‘ positive attitude towards breastfeeding, namely commitment, dedication, beliefs in the benefits of breast milk, and the work environment setting.

Maternal emotions arise from the clash between the culture of motherhood and the culture of the countries‘ mothers come from. In other words, in this paper we articulate the maternal feelings born from the *Clash* between the *voices of mothers* who struggle to breastfeed as they are encouraged by the worldwide ‚breast is best‘ discourse and the *voice of the work culture* fed by the cultural rules, norms and values. Thus, the emotional turn in geography and particularly in geographies of maternal and child health illuminates our research. Clearly, as Davidson, Bondi and Smith (2007, 1) concede, „our emotions matter. They affect the way we sense the substance of our past, present and future; all can seem bright, dull or darkened by our emotional outlook.“ The corpus for our research brings to the fore emotional outlooks that occur simultaneously in different parts of the world. We ground our undertaking in Massey’s (2005) perspective on space as „a simultaneity of stories-so-far“ (2005, 9), space as „a cut through a myriad of stories“ (2013) and her concepts of „multiplicity of the world“ (2013, 9), of „the sphere in which distinct trajectories exist“. We take insights into stories on

breastfeeding that occur at the same time in different corners of the world, namely France, Sweden and the United States of America. Women with the same problem, breastfeeding after returning to work, have different emotional responses to breastfeeding depending on their cultural background. This is what our intention in this article is, to unveil three simultaneous stories, in Massey's words, to show the „coexistence of others with their own trajectories and their own stories to tell" (2013, 11) as a step forward to dialogue on working and breastfeeding across cultures emotions being the linking loop across space and culture.

2. Narrative analysis design and study methods

Our research draws on a body of work from a relatively recent field of research, namely narrative medicine. Narrative medicine, framed within the field of medical humanities, was born from the need „to give voice and dignity to patients' inner experience (Marini 2016, 27), to mediate, to fill the gaps between patients and doctors (Hurwitz, Greenhalgh, and Skultans 2004; Charon 2006; Bleakley 2015), to understand human subjectivity in illness (Wentzer and Bygholm 2013). In this paper we point out that it is not only the health care system that should be improved „by recognizing and respecting those afflicted" and „by nourishing those who care for the sick" (Charon 2006) but it is also the work culture that should be further reformed by enhancing healthy workplace practices (see, for example, Grawitch, Gottschalk, and Munz 2006). Breastfeeding is globally promoted as „an investment in the short- and long-term health of the infant" (American Academy of Pediatrics) but this medical discourse collides with the discourse of work cultures that differs around the world (Hofstede 2010). Therefore, we take narrative research and meta-narratives as described by narrative medicine literature (Hurwitz, Greenhalgh, and Skultans 2004; Marini 2016) in that we use linguistic instruments in order to describe and analyse mothers' breastfeeding experiences and we 'read' the meta-narratives in order to describe the cultural framework within which the stories on breastfeeding and working are portrayed.

Kalitzkus and Matthiessen (2009) distinguish four genres of narrative medicine, namely patient stories, physician's stories, narratives about physician-patient encounters and grand stories to which Marini (2016) adds narratives based on individual stories, those written by family caregivers. We have chosen patient stories and patient-to-patient stories to provide data for our analysis because, we cite Kalitzkus and Matthiessen's (2009, 81) at the point which interests us, "they allow making sense of their suffering and how it feels from the inside". We also highlight grand stories as „in the background of individual narratives there are

always grand narratives of sociocultural understandings of the body in health and illness” (Kalitzkus and Matthiessen 2009, 82)

Taking Bloome’s (2008) views on narrative discourse, we organise the paper around two strands of research. The actantial analysis, developed by Greimas (1966, 1987) informs the insight into the *narrative structure* of mothers’ discourse. Fiehler’s (2002) reflection on the relationship between emotion and language offers a useful bridge to the narrative substance of the narrative analysis. More precisely, in a similar manner to Fiehler (2002) as we shall see later in the paper, we look at discourses articulated by maternal feelings and at maternal feelings that articulate discourses. We thus gain insights into what Bloome (2008, 305) calls “meanings created in the use of the narrative that lie outside the text base”. Looking through the lens of Hofstede’s cultural dimensions and Massey’s perspectives on space, our underlying aim is to map the multiplicity of maternal feeling across different cultures in order to reflect on cross-cultural understanding of maternal emotions that may open dialogue across cultures and in multicultural healthcare and working environments.

3. Data

We have analysed online discussions under the topic *Working and breastfeeding* on forums from France, Sweden and the United States of America. We have chosen ten threads for each country, that is 10 starting posts followed by 15 replies for each starting post on average, which accounts for 486 posts altogether. We used the forums on the site of La Leche League, an international organization renowned for supporting and encouraging mothers all over the world to breastfeed, except for the Swedish online discussions. Although Sweden is part of La Leche League, the Swedish site does not provide a forum for mothers and, as a consequence, we used other forums available on different Swedish sites. We have chosen forums as data for this research due to four reasons. One is that online discussions provide, as Holtz, Kronberger, and Wagner (2012) state, abundant material and natural data with few social constraints; the second is the certain anonymity that makes women openly express their feelings; the third reason is what Pederson and Lupton call „the development of communities of feeling” (2018, 59) in the sense that forums offer a platform for mothers to share their feelings about breastfeeding and working; the fourth reason is that the forums allow us to have access to the layers of space (Massey 2005) and attempt to relate the multiple communities of feelings.

4. Narrative analysis

4.1. Narrative structure of forum discussions

Greimas (1966, 1987) introduces the actants as elements of the narrative trajectories of a text and the actantial roles as determined by the position of actants „within the framework of the narrative programme” (Greimas 1987, 119). The French scholar defines the actantial analysis as the process of „assigning each element of the action being described to one of the actantial classes” (in Hebert 2018, 49). The actantial model that Greimas developed in 1966 is regarded as „a tool that can theoretically be used to analyze any real or thematized action, but particularly those depicted in literary texts or images” (Herbert 2018, 49).

In their studies of communication in online patient support groups carried out within the framework of narrative medicine, Wentzer and Byholm (2013, 391) argue that the actantial model makes „a deep semantic analysis possible in order to reveal the deeper motives and purposes, “the desired object” that initiates the groups’ communication and use: the subject’s purpose”.

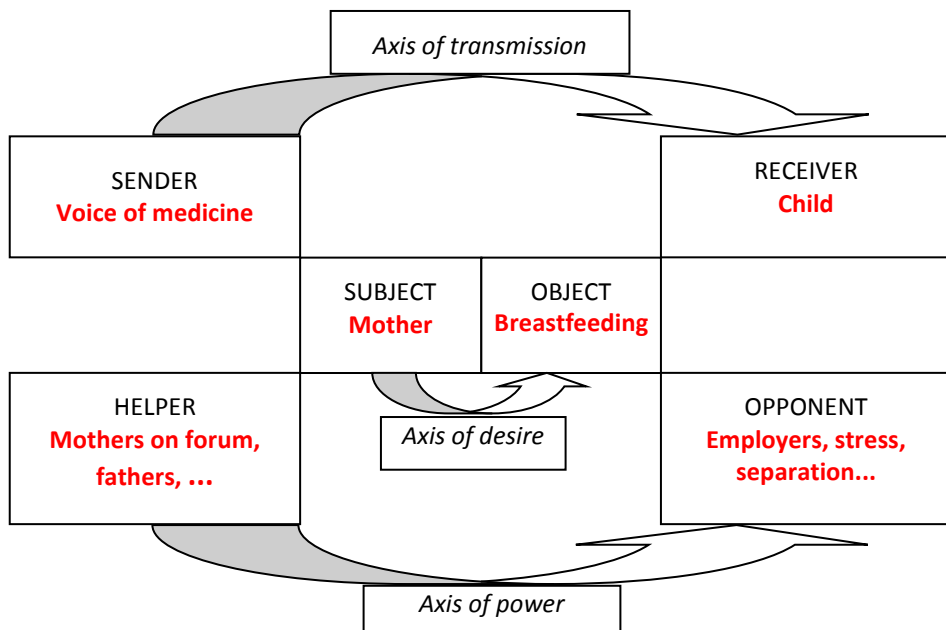


Figure 1. Narrative structure of forum discussions. Greimas’s actantial model

Drawing on Greimas (1966, 1987) and on Herbert's (2018) analysis of Greimas' work we take the six actants divided into three oppositions, each to form an axis of the actantial description (figure 1). The axis of desire: The subject (the mother) wants to be conjoined with the object (breastfeeding); The axis of power: The helper (mothers on forums, fathers, etc.) assists in achieving the desired junction whereas the opponent (employer, stress, separation) hinders the desired junction; The axis of transmission: The sender (the voice of medicine) calls for the junction between mother and breastfeeding and the receiver (the child) benefits from achieving the junction between the subject and object.

In the table below we present the helpers and the opponents that we identified along the narrative trajectories on the three forums submitted to analysis.

USA		France		Sweden	
Helper	Opponent	Helper	Opponent	Helper	Opponent
Pumping bottle	Employer	Caregiver	Stress	Father	Working
Lawyer	Insurance	Father	Self-confidence	Husband	Stress
LLL meetings	Work	Other children	Bottle	Homeplace	Pressure
Caregiver	System	Work	Fatigue	Part-time job	Economy, money
Paced feeding	Baby	colleagues	Work	Pumping from home	Fatigue
Employer	Daycare	Other mothers' messages	Baby frustration	Rest	Other mothers
Relaxation techniques	Separation from baby	Homeopathy	Sleep	Cuddling with the child	Full-time job
	Overfeeding by caregiver	Relaxation with baby	Separation from baby	Partner coming to work place with the baby	Separation Milk production bottle
	Laws	Grand mother	Time	USA pump	
	Stress	Labour code	Father/husband		
	Other mothers	LLL groups	Baby tears		
	Time	Trade unions	Work place		
			Embarrassment		
			Formula milk		
			Money		
			Working conditions		
			Pumping conditions		

Table 1. Helpers and opponents on forums under the topic working and breastfeeding

We notice similarities in all the three countries if we look at opponents, namely stress, separation, economic situation; however, unlike USA and France, in Sweden the employer is not an opponent, on the contrary. Moving the focus at helpers, we see that in USA the helper is represented mainly by non-human actants, i.e. pumping bottle, whereas in France and Sweden fathers for example play an

important role in supporting mothers to fulfil their desire. The caregiver is a helper only in USA and France as women return to work three or four times as earlier as in Sweden, so a helper outside the family, offered by the system fills the picture of the narrative content.

4.2. Emotions on forum discussions

The actantial analysis provide the grounds for the formation of three communities of feelings against three different cultural, healthcare and working backgrounds, with mothers struggling for the same object, namely breastfeeding after returning to work. The actantial model shows how maternal emotions are developed along the three axes of desire, power and transmission.

We draw on Plutchik's (1980) theory on feelings that explains how emotions are developed following a sequence of events:

The occurrence of certain stimulus events, such as a threat by an enemy or the loss of a parent, is followed by a cognition (interpretation) such as 'danger' or 'isolation'. Such cognitions may (or may not) be reflexive and unconscious and will be followed by the introspective feelings such as fear or sadness that we usually think of as emotions (10).

Briefly, Plutchick (1980, 15) states, „stimuli are all important life-related events“, „the inferred cognition are probable interpretations made of these events“, „the feeling states can be weak or strong“. As an illustration our actantial model shows the occurrence of a stimulus event in the life of the main Subject, the mother, i.e. threat by not being able to breastfeed „I am *stressing* out about pumping enough at work. I am literally *exhausted*'. On the axis of power the stress and the fatigue appear as opponents that impede the mother from the desired junction expressed on the axis of desire with the object, namely breastfeeding. The stimulus is interpreted as danger and the feelings of fear subsequently occur.

Plutchick regards emotions as „a complex sequence of reactions“ (1980, 15) and he summarizes the sequence of events that occurs in the development of emotions (table 2).

Stimulus event	Inferred cognition	Feeling
Threat	Danger	Fear, terror
Obstacle	Enemy	Anger, rage
Potential mate	Possess	Joy, ecstasy

Stimulus event	Inferred cognition	Feeling
Loss of valued person	Isolation	Sadness, grief
Group member	Friend	Acceptance, trust
Gruesome object	Poison	Disgust, loathing
New territory	What's out there?	Anticipation
Sudden novel object	What is it?	Surprise

Table 2. Emotions and the sequence of events that occurs in the development of emotions (Plutchik 1980, 16)

In referencing to Plutchick we did not include the behaviour and the effect in the table presented in this paper. The eight categories of emotions represent the emotional framework for our narrative analysis.

4.3. Thematization of emotions

We consider the posts on one thread of the online discussions as utterances that Greimas (1987) defines in terms of relations between the actants (senders, subjects, helpers and opponents) and we also draw on Fiehler's (1990) argument that emotions are interactionally constituted and represent an evaluation. The posts on forum discussions may be regarded as both utterances and a particular type of online interactions that unearth emotions, what Fiehler (1990, 85) calls „evaluative dimension of utterances”.

In order to track down the emotions across utterances in each thread we appeal to the thematization of emotions proposed by Fiehler. Out of the four practices in the thematization of experiences and emotions that he delineates, namely „verbal labelling of experiences and emotions, description of experiences and emotions, designation or description of the events and circumstances relevant to the experience and description or narration of the situational circumstances of an experience” (1990, 87), we have chosen the description of experiences and emotions and as a linguistic mean the experiential declarative formulas that Fiehler (198, 88) describe as „expressions that define what occurs in their scope as experience or emotion”.

For example, „I am so excited to breastfeed” (USA) unveil the feeling of anticipation; „I am stressing out about pumping enough at work” (USA) unveil the feeling of fear; „I'm out of options and is very frustrating” (USA) unveil the feeling of sadness.

4.4. Mapping of maternal emotions

In the following tables (3, 4, 5) we present an example of the development of emotions along the forum threads the main axes of the actantial model, namely the axis of desire – mother wishing to breastfeed, and the axis of power – helper and opponent helping or hindering the mother in achieving the desired junction, with the axis of transmission in the background, the voice of medicine and the child.


How to keep increasing milk supply while at work – 6 posts, 3 belong to the main subject	Helper	Opponent
S1 – Stimulus event: threat “I am <i>stressing</i> out about pumping enough at work. I am literally <i>exhausted</i> ” – Feeling: Fear 		Stress, fatigue
Communication behaviour influences the emotionality of the interlocutor		
S2Helper – Stimulus event: group member: “Many moms find various <i>relaxation techniques</i> ”; “Stressing out is not good; “let’s make sure baby is not being overfed at daycare”; How long are the separations each day? – Feeling: Trust	Relaxation techniques	Overfeeding Daycare Stress separation
S3Helper – <i>Smiley face</i> with all the above – Feeling: Trust		
S1 – Thanks for responding – Feeling: Trust		
S2Helper – I think your baby is being <i>overfed</i> at daycare. This is a common problem and there are a few <i>ways to approach</i> it [...] Teach daycare <i>paced bottle techniques</i> – Feelings: Fear, Trust	Paced feeding	overfeeding
S1 – I have always felt a little like he’s <i>overeating at daycare</i> . – Feeling Fear ; “The rule of thumb is very helpful” – Feeling: Trust		Overeating at daycare

Table 3. Development of emotions along forum threads (USA)

Absence and tears - 13 posts, 4 belong to the main subject	Helper	Opponent
S1 – Stimulus event: threat “I feel helpless”; Feeling – Terror/Fear ; “My heart is broken because I need to go to work” – Grief	father	work
S2Helper – “I am reading your helplessness” – Grief, Trust		
S1 – “Baby’s tears break my heart” – Grief		Absence of mother
S3Helper – How courageous you are! – Admiration , “it is a question of adjustment” – Trust		fear
S1 – “I would have liked to take parental leave but it is not possible financially” – Anger		Income, salary
S3Helper – “I’m impressed by your strenght”– Admiration		
S4Helper becomes a subject in need of help – “I have a similar experience to share” – Trust “My baby needs his mother and nothing else can comfort him” – Grief “My husband is sending pressing messages to hurry up home” – Anger		Mother working Father
S5 Helper – “I am in the same situation” – Trust “My husband doesn’t make too much of an effort” – Anger “I feel helpless” – Grief		Tears husband
S6Helper – “Create a space for the child to feel confident” – Trust	SOS parentalite PEP magazine	
S5Subject – “I’ll try to talk about it with my husband. If he doesn’t succeed in putting him to bed, we’ll sleep with the baby” – Anticipation		
S1Helper – “We got used to the routine”, giving advice – Joy “I should have stayed at home at least the first year. This is our regret” – Sadness	husband	work

Table 4. Development of emotions along forum threads (France)

Can you pump at work? – 9 posts, 4 belong to the main subject	Helper	Opponent
S1 – Stimulus event: sudden novel object, I would like to continue breastfeeding after 6 months’ – Surprise “we share parental leave equally and I will be at home the first 6 months and my husband then 6 months” – Anticipation	Father/ husband	
S2Helper – “Consider taking nine months... you will feel stressed” – Fear “Dad brings the child to your job’– Trust	Unemploy- ment rate Father	Stress pressure
S3Helper – “I’m breastfeeding when I’m at home after work and at night”– Trust “I have to stop breastfeeding her but it’s soooo cozy!” – Joy		
S4Helper – “I don’t understand mothers who rush back to work”; “rather eat noodles every day than stress my baby that way. A child needs her mother” – Anger		Mothers – S1 becomes opponent
S5Helper – “Why not stay home a little longer?” “the little one gets emotional tears” – Anger		
S1 – “Thank you for constructive answers (the first two) – Trust “I follow the recommendation of the WHO... I have such a stimulating job... Think the kid may get used to breasts sometimes, bottle sometimes” – Anticipation	WHO	
S6Helper – “half-time job was stimulating, I had fun at work, but without missing so much time with the children”– Trust, Acceptance	Half-time job	
S1 – “Good suggestions... Maybe I’ll try to pump out” – Anticipation	pumping	
S6Helper – “It will be alright” – Trust	pumping	

Table 5. Development of emotions along forum threads (Sweden)

Fiehler’s (1987) remarks that patient-doctor are emotionally pregnant conversation type. The types of narratives that we have considered are also emotionally charged. Following Fiehler’s reasoning, we notice that initially the emotions motivate the main subject, that is mother’s communicative behaviour and then her communicative behaviour modifies the emotions of the interlocutors along the axes of the actantial model. Our sense of being mothers and of breastfeeding is continually modified, supported or hindered as the culture of motherhood clashes with the national cultures.

The prevailing feelings of subjects (mothers) on the online forums are anger and fear in USA, grief and fear in France and anticipation and sadness in Sweden. In the following lines we look through the lens of Hofstede in order to map maternal feelings in different cultural backgrounds.

5. Concluding remarks

5.1. The 'clash' between motherhood culture and national work culture

In a similar conceptual vein to Buda, d'Hautesserre and Johnston (2014), albeit a different area of research, we do not analyse emotions from a psychological perspective but we show how mothers from different cultural backgrounds discursively respond to emotions stirred up by the same situation, that is breastfeeding after returning to work. Mackian (2004, 616) posits that „experiences that challenge us emotionally are spatially, temporally and socially situated”. To her remarks we add that these experiences, such as breastfeeding, are also culturally situated.

Hofstede's (2010) studies on cultural dimensions have influenced cultural and discourse studies over the last decades. In this research we associate the cultural dimensions with the meta-narratives that “consider the grand narratives of society, history and ideology within which our individual life stories are enacted” (Hurwitz, Greenhalgh, and Skultans 2004, 10). Therefore, mothers' discourses of anger, fear, grief, anticipation or trust take shape against national cultures that represent the stimulus in the development of emotions. We have considered three cultural dimensions, i.e. power distance, individuality and masculinity.

The American news website Business insider (2017) indicates that the French law provides mothers with 112 days of maternal leave, Swedish mothers have the right to 480 days and the United States of America does not have a law to cover parental leave. Following the same source, we remark the statistics provided, namely 20% of Swedish women return to work 12 months after childbirth, 80% of French women work within 9 to 11 months after birth and 70% of USA women return to work within a year of their first birth. These data complete the cultural picture provided by Hofstede (2010, Hofstede Insights) and also explains the Clash between the motherhood culture, which is similar in all the three cultures, and national cultures which differ in each country.

According to Hofstede (2010), the power distance index scores inform us about dependence relationship in a country, with emotional distance small is small-power-distance countries and large in large-power-distance countries. The indices are 68 in France, 31 in Sweden and 40 in United States of America. The following examples illustrates the Clash between mother's communities of feelings and the national cultures.

'The manager and the doctor told me I shouldn't talk with the Human Resources on this issue... three months is enough for breastfeeding' (mother from France) – The feeling of anger is born from the large distance between the mother

and the employer, from the pressure exerted by the authority, by the “emotional dependence on what the boss says and does” (Hofstede Insights).

“Dad can come to work to breastfeed the baby” (mother from Sweden) – The feeling of trust arose from the fact that in Sweden the “communication is direct and participative” and the Swedish style is reflected in “hierarchy for convenience only, equal rights, superiors accessible, coaching leader, management facilitates and empowers” (Hofstede Insights).

,And should I wait to say something to the new employer after being hired or before? I don't want them to not hire based on that (mother from USA) – The feeling of fear that a mother from USA has contradicts the organization of American companies, where “hierarchy is established for convenience, superiors are accessible” (Hofstede Insights). This story might be influenced also by the high masculinity index USA has, namely 86, which also influences women's attitude towards breastfeeding-working relation.

The American “can-do” and “live to work” mentality influences mothers'. And yet, the mother instinct tells a different story and authorizes a different discourse, of grief – “I feel like my baby and I just got a good rhythm going with breastfeeding and now I'm going back to work” – and of anger – “I worked really hard to establish my supply and this is very discouraging after getting back to work”. In the US, the voice of medicine propagating breastfeeding is the strongest and women seem to struggle a lot to become good mother. We notice a clash between the voice of medicine and the real possibilities for mothers to achieve their goal. An approach sympathetic to ours has been published on an American parenting site, AlphaParent. The authors critically comment on the fact the American masculine society harms breastfeeding and end the article in a critical and ironic manner, “Apologies to Swedish border control, who will now be flooded with a barrage of crunchy American moms seeking to emigrate” (AlphaParent 2016), which emphasizes the prevailing feeling that we identified on the American forums, namely anger.

The Masculine index for Sweden is 5 and for France 43. As Hofstede insights indicate “A high score (Masculine) on this dimension indicates that the society will be driven by competition, achievement and success and a low score (Feminine) on the dimension means that the dominant values in society are caring for others and quality of life”. The low index in Sweden explains the feeling of anticipation or joy that mothers' experiences: ,I do not have to start working, but sometimes I have to get started (anticipation), ,I had fun at work, but without missing out too much time with children'(joy). France registers an average index value but the distinction that Hofstede insights makes is very interesting: “The upper-class scores Feminine

while the working-class scores Masculine”. This explains the discourse of sacrifice and grief belonging to probably an upper-class mother: “I do this for my little girl” (sacrifice), “I think my baby and my mother suffer” (grief).

Another cultural dimension, Individualism, is said to pertain “to societies in which the ties between individuals are loose: everyone is expected to look after him- or herself and his or her immediate family” (Hofstede 2010, 92). All the three countries are individualist, with the following scores: France and Sweden 71 and USA 91. This cultural dimension emphasizes the cultural clash between motherhood culture, which is similar in all the countries, and the national cultures. This clash gives rise to feelings of grief - If I could, I would stop working and stay with my baby until she is ready. But I can’t (mother from France), fear - ,Have your children been sad when the breast has disappeared and gone to work? (mother from Sweden) or anger - It is the society which expects moms to rush back to workplace’ (mother from USA).

Interestingly, despite cultural differences, the women from all the three countries share more or less the same feeling: fear, grief, surprise, anger and trust.

In Sweden, the cultural characteristics assist in achieving the junction between the mother and breastfeeding, whereas in France and especially in USA the cultural characteristics hinder the achieving of the object, that is breastfeeding.

Carrying out an analysis in maternal emotions moves our understanding and interpretation of the world forward. Our sense of being mothers, of breastfeeding is continually (re) shaped by how we feel (see Davidson and Milligan 2004).

Looking at maternal emotions through the lens of Hofstede’s (2010) cultural dimensions may help us reflect on cross-cultural understanding of motherhood culture and, furthermore, looking through the lens of Massey (2005, 2013) may help us reflect on “a new geography constructed out of the relations we have with each other across the globe” (Massey 2013). By thinking of space in terms of multiplicity of relations and by connecting the “communities of feelings” (Pedersen and Lupton, 2018) we may attempt to open dialogue across cultures and in multicultural healthcare and working environments.

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