Baring & Caring for Our Breasts

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Ah, the Breast, the Divine Breast of Cosmic Oneness

by Geraldine Matus

Over thousands of years, the human psyche has developed the archetype of the divine mother through a physical and imaginal relationship to the breast. This archetype is symbolized in many ways, such as the Ancient Egyptian sky/moon goddess known variously as Nut, Isis and Mut, amongst other names. Her written name (cartouche) will often contain the hieroglyph *mena*, which represents the ‘breast’ or ‘moon’. *Mena* symbolizes her connection to the cosmic waters of life thought by Ancient Egyptians to originate in the Milky Way.

Eric Neumann, author of *The Great Mother*, writes that an infant’s first relationship to the breast is mythological and archetypal, for infants initially perceive the world through mythos and archetype (Neumann, 1974). The infant perceives the breast as if it is the great mother archetype, the all-powerful creative and divine cosmic oneness upon whom he/she depends for life. (Be mindful that the development of this archetypal imagination came into the human psyche before baby formula and the fashion of not breastfeeding.) Initially, the infant does not see the real woman to whom the breast is attached; only the divine cosmic source. From the infant’s perspective, to lose connection to the breast is to lose connection with the divine cosmic source. Such disconnection is both painful and frightening. It makes sense that such a deeply urgent relationship to the breast is established in a newborn; for without it, the child would fail to thrive because he/she would fail to be compelled to connect to the breast. The breast is the infant’s primary source of nourishment and emotional comfort necessary for survival and by the power of that need, the infant’s first connection to the divine.

As we develop into adulthood, our imagination and psyche continue to attach new meanings and associations to the idea of the breast that may seem far removed from earlier ones. However, they are connected symbolically, as our evolving relationship to the breast allows us to avert the pain and fear of being disconnected from the Mother – the cosmic oneness. As, adults we engage in relationship, activity, desire for material things, or a particular aesthetic that symbolically, albeit often unconsciously, bring us back to the sense of the nurturance and comfort provided, at one time, by the breast. When, as infants, we do not receive enough time at the breast, both literally and symbolically, we grow up still hungry and necessarily seeking the meaningfulness of the breast in order to survive and feel safe. When we can recognize that hunger and fulfill it from the source of the cosmic oneness, that is often perceived as the Great Mother, then we can be rested from our labours and know that we will survive and thrive.

Best beloved woman, 
at your breasts, I nurse
on eternal milky wisdom mysteries,
that illuminate destiny while enfolded
within your midnight sky belly.

At your breasts
Best beloved woman
All crying stops
To listen to the rhythm of the cosmos.

So I weep, because they said your breast
must be removed, and I imagine
your one breast in a tomb
wreathed to death from its labours, suffer-
ing apart from your essence;
suffering as would I, were I that breast.

So I offer a last supper, before
your breast enters the tomb,
and kiss your breast to rest,
thankful for its labours, wondering,

had I needed it less would it have lived?
had I never known its gifts
would I have lived?

At your breasts
Best beloved woman
All crying stops
To listen to the rhythm of the cosmos.

This poem is a Last Supper for a Breast for all women who have lost a breast to disease, and for the
earth-body whose breast has been much dis-eased by the endeavours of mankind.

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The female breast, more than any other body part, symbolizes the lure and power of womanhood. It is a primary sex organ, capable of arousal even without being touched. Given its intricate network of sensory nerves around the nipple and its visual presence, it may be the ultimate erogenous zone.

All girls and women have something to teach us about the meaning of this important erogenous body part and its centrality for female identity. The inner breast is really composed of two elements. One element is anatomical and physiological. It includes lobes, ducts, fibrous connective tissue, fat and lymph nodes. The second, psychic element, is less apparent and reflects our memories, history, and feelings about the breast. The outer breast also comprises two elements. The first includes a variety of physical sensations that change over time with age. The second interacts closely with the mind and the social self — revealing the nature of our identification with the breast and the images that we want to project with it.

Much like our menstruating bodies, which try to survive the battlefield of popular culture, our breasts are fighting for recognition and respect. They are confused about what is imagined and what is real and have difficulty separating the normal and the natural from the ideal. When we look at ourselves in the mirror, what do we see? Do we see ourselves in relation to our own values or do we respond to our bodies in terms of the male-driven, commercialized image of the body? Do we see the nourishing, life-giving breast or do we see the inadequate breast that fails to live up to a perpetually nubile playboy image. Our breasts feed our babies, but they also feed advertisers, fashion designers and male fantasies. In fact, breasts take on such a multitude of roles, it is no surprise that we often don’t have a sense that they belong to us. The way in which our culture views our bodies has profound effects on our physical and emotional health and quality of life.

For many women, the conflict between the internal and external breast leads to a process of disconnection and neglect. Many of us spend more time and money on the cosmetic aspects of our breasts than we do on monitoring our breast health. The current surgical epidemic of breast alteration bears this out. When we disconnect from our internal nature and get swept away by cultural brainwashing about what constitutes the ideal feminine form, we silence and betray our true selves. The challenge of health educators and advocates is to help women transform their relationship with their breasts and the whole of their bodies by developing body consciousness and facilitating body ownership, self-confidence and security. In order to liberate our breasts from a culturally warped prism of perfection, we need to find a new paradigm for breast perception.

The contemporary breast is in crisis. It cries out for attention, dignity, love and respect. Women must learn to stop warring with their bodies and learn to love them unconditionally. Paradoxically, it is often breast cancer that serves as the wake-up call to rescue the breast from its distorted status. As one woman said: “Amazon women in Greek mythology removed a breast to become master archers and warriors; similarly, we must remove the shackles of breast ideology.”

Ten years ago, Christiane Northrup wrote: “The organs that identify us as female are vulnerable in our culture and wounded by our culture. The culture will change when enough of us change.” Unfortunately, this change is nowhere in sight. The breast as a neurotic symbol of consumption and objectification is more disturbing than ever. Like the rest of the female body, our breasts are waiting to be owned, honored and accepted. They are waiting to come home.

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Credits: Susun Weed, Christiane Northrup, Eve Insler.
I have vague memories of my mother’s breasts. As a nursing toddler, I had named them, “Pom” and “Ee”. In my mind, the breasts were something totally distinct from my mother although I certainly had noticed that she was always there when they were and I must have (mustn’t I have?) known they were attached.

As an adult, this concept of breasts strikes me as bizarre and unusual. Now that I have nursed my own toddlers, I know that the child’s notion of the breasts as a separate entity was not unique to my toddlerhood. Neither are special words or names for breasts and nursing.

The similarities are striking. My children much adored and appreciated my breasts. Months after weaning, my two-year-old son happened to see me changing and called out excitedly: the “nonnies”, greeting my breasts as long-lost friends and insisting on hugging them. Hadn’t he known they were under my shirt all along? Didn’t he know they were a part of my body just like my ears and my fingers? Apparently not.

I know many adults worry about possible sexual connotations or confusion when mothers nurse into toddlerhood but I have found that there is almost no similarity between a young child’s view of breasts and an adult’s. What surprises me is how consistent the toddler view of breasts seems to be from child to child.

Most nursing toddlers have a special word that encompasses nursing, breast milk and breasts. I “nonnied” at naptime. “More ‘po.’” “Why doesn’t Daddy have ‘mama more’?” “Ba all gone, switch sides.” These are just a few examples of what a nursing toddler might say. The special words can be used as nouns or verbs and in any tense the child is capable of conjugating.

The sense that the breasts are something separate from the mother also seems to be constant between children. Although even relatively young babies grasp that only their mothers can nurse them, the breasts themselves are perceived as distinct entities.

My second child, who is now two, refers to my breasts as the “nonnie” and the “switch side nonnie” (the one she nurses on second). She pats them and hugs them and even kisses the “nonnies” to amend for having bitten them. No apology is made to me — just to my breasts.

Another nursing mother told a story about her young son knocking on the bathroom door as she was bathing, asking if she was in the tub. Then, after a moment, he added, “Are the ‘nanas’ in there too?” All the mothers listening found this hilarious; both the thought of a woman bathing without her breasts and the fact that we had all had similar experiences with our own children were cause for great mirth.

Upon watching my son nurse, my sister likened my breasts to a favorite stuffed animal. I’m afraid she wasn’t far off.

Freelance writer Maria Almli studied fertility awareness with Katie Singer and continues to be fascinated by the subject. Maria lives in Minnesota with her husband, Charles, and their children: five-year-old Solomon and two-year-old Nova, who still enjoys nonnie.
Ayurveda, a traditional healing system of India, offers ways to positively relate to and care for our breasts. Ayurveda describes three doshas or energy types: Vata, Pitta and Kapha. Each is essential to maintain body function. The doshas express in balance, excess or deficit. At birth, we are set at certain levels for each energy type. We are in balance when our current condition is in sync with this initial constitution.

Breasts are primarily made of fatty tissue (Kapha) and ducts, which have the potential for milk production as well as for sexual stimulation. When the hormonal dance of pregnancy and childbirth comes to fruition in the breast-feeding of a child, the breasts are finally mature and stabilized on a cellular level. This is why absence or disruption of childbearing (including breastfeeding less than one year) increases breast cancer risk. Unstable cells are more easily confused than are stable ones by toxins, traumas, radiation and other initiators of cancer.

Ayurveda relates breasts to Kapha dosha and the plasma tissue level. Balanced Kapha is about nourishing, stability, fat, the chest, love. Imbalanced, it relates to stagnation and tumor growth. Plasma, which nourishes the whole body, is very changeable because it is fed directly by digested food substances and influenced by recent dietary intake and digestion. Inflammatory conditions indicate too much “fiery” Pitta foods: spice, citrus, caffeine, excess oil or tomato. Fluid retention indicates too much earth and water — Kapha food — dairy, or too much cold, salty, heavy or fatty food. Dehydration, emotional overload, or too little nourishment (Vata excess) stresses tissue. Pesticides and other chemicals in foods may settle in the fat of the breasts. Imbalances can, over time, confuse the cells — the Ayurvedic definition of cancer. Balanced eating for your dynamic, individual needs and healthy digestion will keep breasts balanced and toxin free.

Good circulation of blood, lymph and energy nourishes and cleanses the breasts. Muscles massage and move the lymph when they contract and relax, but muscles do not cover the breasts. This leaves them more vulnerable to stagnation (excess Kapha).

Because of this, it is advisable to massage the breasts to stimulate circulation. Ayurvedic tradition encourages daily self-massage of the whole body. After bathing is a great time. It only takes a few, pleasurable minutes. Use about 1/4 teaspoon of sesame, almond or coconut oil per breast. Massage several cycles with the flat of your fingers in a circular motion from the outer lower quadrant of the breast, across the bottom of the breast towards the midline, around, up, and back outward along the top towards the underarm. This direction encourages lymph movement and cleansing. Regular massage affirms and contributes to the health of your breasts, while allowing you to notice any changes in your breasts. Breast massage is particularly helpful for reducing the congestion and cysts that accompany fibrocystic breast disease. Maintaining a balanced diet, avoiding caffeine and using breast-balancing herbs also helps.

Last, but not least, in breast self-care is the importance of loving our breasts. Over time, the fashionable breast waxes and wanes between Marilyn Monroe and Twiggy. Meanwhile, women have every different type of breasts. Our own breasts continue to change throughout our life and our fertility cycle. Loving our breasts means knowing them, accepting them for what they are and giving them what they need to be healthy.

Terra Rafael is a Registered Midwife and student of the Justisse Holistic Reproductive Health Practitioner program. She offers women holistic health care through her practice, Wise Womanhood, in Boulder, Colorado.

Vata is dry, light, expansive, rough, cold, changeable, subtle and quick. Governing motion, Vata rules neurological communications, movement of the digestive system, urinary control, sexual ejaculation, menstruation and childbirth. Its “seat”, or place in the body where it is more predominant, is the colon/pelvic area. Vata can be over stimulated by a lifestyle of irregular eating and sleeping, too much change and/or excess of its qualities.

Pitta is hot, oily, sharp, moist, fluid and sour. Pitta governs digestion, assimilation and metabolism on cellular, tissue and systemic levels. Mental processing of experience is also ruled by Pitta. Its seat in the body is the solar plexus, relating to liver, spleen and small intestine. Pitta excess comes of too much spice, over ambition and competitiveness, criticism and anger.

Kapha is heavy, cold, moist, stable, sweet, soft, sticky, dull, smooth. Kapha governs the integrity and lubrication of the physical matrix of the body. Its seat is the chest, thus its importance to the breasts. Too much food with these qualities or a sedentary lifestyle will result in a Kapha imbalance.

For more information on Ayurveda see: www.wisewomanhood.com/ayurveda_summary.htm.
Dear Woman to Woman,

My doctor suggested at my annual exam that I have breast thermography as a screen for breast cancer. I am 54 years old and know that I am at an age where breast cancer is a concern. However, I have avoided mammograms because of the radiation and I feel unsure about what breast thermography is. I do not want to do anything that will harm my breasts.

Unsure

Dear Unsure,

The breast thermogram is a test procedure that pictures the infrared radiation (heat) emitted from the body. The test takes about a half hour and does not expose the breasts to radiation. The thermogram provides an assessment of overall breast-tissue-cell activity. Abnormal breast tissue creates an increase in blood supply, which shows up as hotter than surrounding cells.

Breasts in the Morning Light
Courtesy of Terra Rafael.

The thermographic image shows the contrast between normal and abnormal breast tissue. A breast thermogram can detect tissue changes long before they become serious disease processes, which makes it an important tool for preventative care. It is often used as an adjunct to a mammogram.

Breast thermograms are particularly useful for women with breast tissue that is hard to read with a mammogram – those who are premenopausal (under 35-40 years), have fibrocystic breasts, are pregnant or lactating, have breast implants, or have especially large or small breasts.

For more information, explore the website of the International Academy of Clinical Thermography: www.iact-org.org. See the site of Dr. Ralph Moss for information on alternative cancer therapies: www.ralphmoss.com/ and search within the site for the “moss report”: Mammography, Biopsy and the Detection of Cancer.

Dear Woman to Woman,

I am a new breastfeeding mom. My little one, Mahinda, is just a few weeks old. My nipples are often very sore and sometimes get cracked and very tender to suckle her. Do you have any suggestions?

Tender to Suckle

Helpful Hints:
1. Expose your nipples to air, when possible, to dry them.
2. Use nipple shields that wick moisture away from the skin or use nipple domes (breast shells).
3. Traumeel homeopathic arnica ointment (by Heel) is very helpful and is not harmful if ingested.

Dear Tender to Suckle,

Preventing sore nipples is the first step. Make sure Mahinda is latching onto the nipple correctly, is suckling properly, and is positioned properly. This is best learned one-on-one from someone skilled in breastfeeding techniques. There are often lactation consultants associated with health clinics who will come to your home and help you develop the right technique to prevent sore nipples. Larger communities generally have La Leche League leaders who are specially trained to help women successfully breastfeed www.lalecheleague.org/. Soreness associated with poor latching, sucking or position is most noticeable as the baby latches on and tends to improve as the baby nurses. For details on how to properly position and latch the baby onto the nipple see the webpage, www.keepkidshealthy.com/breastfeeding/guide/sorenipples.html.

A bacterial or fungal infection may also cause sore and cracked nipples. The pain associated with an infection will be present both during suckling and between feedings. Have your health care provider or lactation consultant examine you for an infection.
**Women’s Health Conference: Passion and Poetry**

The diagnostic benefits of menstrual cycle charting and attitudes toward fertility awareness and menstrual suppression were among many vital topics presented and discussed at last summer’s Women’s Health Conference at Parksville, Vancouver Island. Organizer Lisa Leger, a Justisse Holistic Reproductive Health Practitioner who works in Parksville, reports that the conference also covered reproductive disorders, osteoporosis, body image, skin care, cancer prevention and sexuality.

Naturopathic physicians, fertility awareness educators, massage therapists, clinical counsellors, pharmacists, scientists, students and social activists were amongst the participants.

The women who attended conveyed the matter of woman – body and soul – not only through traditional presentation and discussion but also through drama, poetry and belly dancing:

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