



Clinical. Lactation



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Editorial

A couple of years ago, a good friend of mine, who is high up in the doula world, told me that “lactation consultants are *mean*.” Of course, I argued back. But in the end, I had to agree that at least some lactation consultants do behave quite meanly at times. Some of the most blatant recent examples have been on social media.

This kind of behavior also appears in person. I was once on a board where I witnessed IBCLCs behaving quite badly. One meeting, in particular, sticks out in my memory. I had gone to dinner, but some board members stayed behind. I later found out that once I was gone, the group attacked a lovely fellow board member. After their attack, they walked out and left her sobbing. The incident sickened me, and I seriously considered whether I wanted to continue in this field. How could we possibly consider this behavior to be okay? The victim of this incident was, not surprisingly, quite traumatized. I wish I could say that this was an isolated incident. Unfortunately, I know of two similar attacks. Each of these attacks left a lot of destruction in their wake. And what did they accomplish?

I realize, as I write this, that I'm only talking about a few people in our field. Unfortunately, these few have created a toxic environment, where dissenting voices are shouted down. In fact, one recent campaign actually used those words “We just need to shout louder!” *Shout louder?* In addition, personal attacks are considered acceptable. Is this how we want to treat our colleagues? *Do we really want to be the mean profession?* Doesn't this create a serious credibility problem for us?

The Culture of Bullying

What we have created is a culture of bullying. I have several specific concerns about this.

- First, personal attacks and cyberbullying are toxic, and there are physiological consequences for the victims and bystanders. People are afraid to speak up for fear that they will be next.
- Second, it cuts off our ability to learn new things. How are we to grow and learn if we can't discuss our differences in a civilized fashion? I know there are plenty of things to disagree about, but we need to consider that the person we disagree with is our sister (or brother) in arms. *We're on the same side.*

- Third, and perhaps of most concern, is that we are scaring away our young colleagues. For example, one very keen young colleague was trashed in an online breastfeeding forum. She had a lot to offer our field but quit as a result of what happened to her. It's a significant loss. Another young colleague of mine, also quite keen, refused to pursue an IBCLC. When I asked her why, her response was, and I quote, “Lactation consultants are a bunch of b***ches.” Her husband wholeheartedly agreed. She had been cyberbullied on several occasions and had had enough. Given her experience, I can't say I blame her.

What Nurses Have Learned About Workplace Bullying

Nursing is a field that is now confronting workplace bullying. Here's one description of the effects of bullying in the workplace.

Nurses who survive bullying early in their careers tend to carry their learned behaviors with them. They accept the bully culture as part of the job and eventually choose one of two paths: leave the unhealthy work environment in search of a healthier one or participate in the culture either as a bully or bystander. <https://www.americannursetoday.com/break-the-bullying-cycle/>

These words should be chilling to us. I hope they are. Many of us have become bystanders, where we see people being bullied but don't know what to do about it.

WHO Code and Tongue-Tie

Two topics that some to have taken on a life of their own are the WHO Code and tongue-tie. Both of these topics are critically important, but some of the discussion has gone way too far. We, at *Clinical Lactation*, know these topics are important and that lactation consultants need solid council. So we are going to address them. In this issue, we've reprinted a terrific article by Liz Brooks that is part of the forthcoming book, *Breastfeeding, Social Justice, and Equity* (2017, Praeclarus Press). In this article, she tackles interpretation of the WHO Code. She describes some of the ways that it is misinterpreted and the cyberbullying that has resulted from that misinterpretation.

For the September issue, we have convened an expert panel on tongue-tie. Marsha Walker and I will be editing

this. I hope that we can come to some consensus on what has become a highly controversial topic.

It's Possible to Civilly Disagree

Can we have civil discussions on controversial issues? Yes, we can! I know this from experience. In addition to being a lactation consultant, I am also a psychologist and am currently a member of the board that oversees the Public Interest (PI) Directorate in the American Psychological Association. The PI Directorate is in charge of the committees that address racial/ethnic minorities, sexual orientation and gender diversity, disability, aging, HIV/AIDS, and so forth. There are so many topics that can, and sometimes do, become contentious. What is striking to me is that there is civility in our discussions. Even when we disagree with each other, which happens a lot, there is professional respect. It is refreshing and shows it can be done. We need to make this our goal.

Religion Without Grace

I have also noted that, in some circles, both the WHO Code and tongue-tie have become a religion, but one without grace. Anyone who dissents is an apostate and is cyber-flogged and then shunned. So here's my suggestion. If we're going to have a religion, let's have grace, remembering that these are our colleagues. Or, as the book of Ephesians notes,

Always be humble and gentle. Be patient with each other, making allowance for each other's faults because of your love. Ephesians 4:2

The book of James also offers some good advice.

Understand this, my dear brothers and sisters: You must all be quick to listen, slow to speak, and slow to get angry. James 1:19

Don't Be a Bystander

In the violence field, there is a lot of literature on being a bystander. Bystanders look the other way when there is violence, often because they don't know what to do. Unfortunately, a bystander culture allows violence (including what we are seeing in our field) to flourish. Fortunately, we can all do something about it. We can begin by talking about bullying. Call it what it is. As they say at the airport, if you see something, say something. We can make this behavior unacceptable and create a more favorable working environment for all of us.

On a final note, please remember this: As we are busy firing paint balls at each other, our real adversary, with billions of dollars at its disposal, is picking off our mothers one by one. Does it make sense for us to be fighting each other?

Let's all resolve to bring civility back into our discussions. Everyone will benefit from this approach—including you.

Thank you for all you do for mothers and babies.

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

Editor-in-Chief

Resources for Addressing Workplace Bullying

<https://www.americannursetoday.com/break-the-bullying-cycle/NurseTogether.com>

<http://www.nursetogether.com/stop-nurse-bullies-their-tracks-step-step-guide>

[AMSN.com](http://www.amsn.com)

https://www.amsn.org/sites/default/files/documents/practice-resources/healthy-work-environment/resources/MSM_Thompson-Mar13.pdf

Equity Policy and Art/Culture From PolicyLink

PolicyLink has released a report entitled, "Creating Change through Arts, Culture, and Equitable Development: A Policy and Practice Primer," which provides examples of how equity policies working in tandem with arts and culture strategies are achieving equity goals. The report highlights both promising and proven practices that demonstrate equity-focused arts and culture policies, strategies, and tools across sectors: <http://www.policylink.org/creating-change-through-arts-culture>

Source: USBC



Kathleen Kendall-Tackett, PhD, IBCLC, FAPA, is a health psychologist, IBCLC, and the owner and editor-in-chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is editor-in-chief of two peer-reviewed journals: *Clinical Lactation* and *Psychological Trauma*. She is a fellow of the American Psychological Association (APA) in Health and Trauma Psychology, past president of the APA Division of Trauma Psychology, and member for the APA Board for the Advancement of Psychology in the Public Interest. Dr. Kendall-Tackett specializes in women's health research including breastfeeding, depression, trauma, and health psychology. Her research interests include the psychoneuroimmunology of maternal depression and the lifetime

health effects of trauma. Dr. Kendall-Tackett has authored more than 400 articles or chapters and is the author or editor of 34 books on maternal depression, family violence, and breastfeeding. Her most recent books include *Depression in New Mothers, 3rd Edition* (2017), *Women's Mental Health Across the Lifespan* (2017), and *Psychology of Trauma 101* (2015). Her websites are UppityScienceChick.com, BreastfeedingMadeSimple.com, KathleenKendall-Tackett.com, and PraeclarusPress.com.