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Sarah B. Muzzy
Consumerism and the Transition to
Motherhood

ABSTRACT

This flexible method study was undertaken to explore the role of consumerism in facilitating women's transition to motherhood. It was informed by 12 women who were expecting their first child and in the second or third trimester of pregnancy. Participants were volunteers from the Boston area who agreed to be interviewed about their experience of the transition to motherhood.

The results indicate that women felt acquiring items for use with their babies served several functions. Specifically, women reported an increased sense of realness regarding the impending birth; feeling more prepared in advance of the baby's arrival; a sense of relief and greater calm in response to feeling more prepared for the baby; and a sense of control during a transition which otherwise leaves women feeling less influence than usual over the course of their lives.

The research also identified eight factors which were present in different combinations in women who demonstrated an ability to resist the social norms of consumerism during the transition. These women still engaged in consumerism, but participated in ways that satisfied their unique situation. The eight factors fall within the three broad categories of social support, independent thinking, and resources. The eight factors identified are: social support from peers, constructive husband involvement, comfort & practice transgressing social norms, recognition of a range of normal reactions

& ways to give care, critical thinking skills, financial resources, family support, and formal education or experience in fields relevant to children.

The study also identified characteristics shared by the participants who did not challenge notions of mainstream consumerism. These women expressed their belief that they felt less connected to their children-to-be than they perceived other pregnant women to feel. For these women consumerism was described in an obligatory way, without an expression of agency with regard to how they wanted to navigate consumer pressures. Based on the study's findings, the final chapter suggests mental health interventions in the form of professionally facilitated prenatal groups with the goal of increasing social support and independent thinking for pregnant women.

CONSUMERISM AND THE TRANSITION TO MOTHERHOOD

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Sarah B. Muzzy

Smith College School for Social Work
Northampton, Massachusetts 01063

2007

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CHAPTER I

INTRODUCTION

This study explores the question: What is the role of consumerism in facilitating women's transition to motherhood? Research on this topic carries relevance to the lives of millions of women in the United States where there are over 4.1 million births a year (U.S. Census Bureau, 2005). This particular study focused on understanding the underlying issues that women on the brink of motherhood are struggling with regarding changes in their identity, responsibilities, and relationships and how they use consumption of material items to navigate the transition.

Specifically, this research investigated the ways women use consumer purchases to prepare for their new roles as mother. Spending on newborns has grown considerably in recent years. Twenty years ago, an estimated \$1 billion (or \$1.8 billion in 2006 constant dollars) was spent annually on maternity related products (Miller, 1986). Sales projections for 2007 have reached \$6.5 billion. If infant/toddler clothing sales are included, present day spending is believed to reach over \$20 billion per year ("Good News," 2004). According to *Money* magazine, typical new parents spend \$6,200 outfitting their baby in the first year of life including common purchases which range from cribs and car seats to clothing and formula (D'Agostino, 2006).

Virtually no research had been conducted to explore how consumerism contributes to women's identity and meaning-making in the face of preparing to have a baby in the United States. The purpose of this study was to further understand and

examine the intra-psychic and interpersonal experiences of women preparing to give birth to their first child and the corresponding role of consumerism. This systematic, qualitative study expands the research on adult women by providing rich, in-depth narratives of their experiences during pregnancy.

It carries useful implications for the mental health providers who work with expectant and new mothers. Understanding how women make meaning and experience their transition to motherhood carries important practice implications in the fields of social work, psychology, and psychiatry. Therapists stand to gain a greater understanding of how women attach meaning to their pregnancies and the transition to motherhood through consumer purchases. Possible treatment implications include greater sensitivity to the strategies women employ in times of significant transition and anxiety, identification of the needs that women seek to satiate with consumer purchases, and additional perspectives on the underlying meaning women attach to purchases.

The intent of the study was to gather information from women that is at once practical, theoretical, and personal and that provides insight for therapist formulation and treatment in cases involving expectant and new mothers and their families. This research may inform interventions in the form of individual psychotherapy, support groups, crisis work, or in assessing women struggling with post-partum depression.

The following chapter explores existing research as it relates to consumerism, life transitions, and motherhood. The other chapters will provide a description of the methodology used to conduct this study, the findings, and a final discussion addressing the implications of this study for future research and social work theory and practice.

CHAPTER II

LITERATURE REVIEW

Since pregnant women have not been previously studied with respect to their purchasing motivations, this chapter presents existing research in several related areas. The first section addresses the role of possessions in identity making. The second section discusses the use of material items in times of transition and the third section presents literature regarding the specific transition to motherhood and how mothers of young children have been found to use consumer purchases in their parenting.

Possessions and Identity

Russell Belk's (1988) theory of the extended self constitutes one framework from which to begin to understand the connections between consumer purchases and identity. It provides a useful perspective from which to examine the experience of pregnant women. The main thrust of Belk's extended self is that materialistic possessions are a reflection of the identity of the possessor. In turn, these possessions contribute to that individual's identity. Belk asserts that "having possessions functions to create and to maintain a sense of self-definition and that having, doing, and being are integrally related" (p. 146). Therefore acquiring new possessions allows individuals agency in presenting themselves in particular ways in the social world.

Erich Fromm (1976) asserted that the idea of "having" rather than "being" helps us to understand the extent Americans are oriented toward the accumulation of material possessions: "if one has nothing, one is nothing" (p. 15). Daphne DeMarneffe (2004)

extends this frame of reference in line with the theory of extended self: “in our having mode, we define ourselves through our property, in which we include not only our material possessions, but also our bodies, our egos, our relationships, our feelings, our experiences, and our problems” (p. 321). DeMarneffe links the slogan “having it all” to modern women’s pursuit of a list of achievements/acquisitions which include job, partner, home, *and* children.

Barbara Rothman (1989) also highlights the way in which women frame wanting a child of their very *own*. Easily confused with the concept of ownership: “they want to have it to *own* it, and they want to have it to, well, to *have* it” (p. 74). This orientation toward “having” a baby is in keeping with the rampant consumer culture in the U.S. Perhaps the arrival of a baby is in some way the ultimate (though most often, homemade) possession.

Beyond meeting basic survival needs, consumption has morphed into a pervasive and powerful social avenue through which individuals strive to “express themselves, display their identities, or create a public persona” (Schor, 1998, p. 57). Juliet Schor (1998) has found that the more materially equipped a person, the more powerful, confident, and socially validated they feel. Paradoxically, individuals placing more importance on materialistic values have decreased feelings of competence and self-esteem and experienced less connectedness to others as compared to those with less of an orientation toward materialistic values (Kasser, 2002). Kasser suggests that materialistic values “are both a symptom of underlying insecurity and a coping strategy taken on in an attempt to alleviate problems and satisfy needs” (p. 42). Seiter (1993) argues that there is no way around it: “all members of modern developed societies depend heavily on

commodity consumption, not just for survival but for participation—inclusion—in social networks” (p. 3). As a result, a form of cultural creativity or meaning-making is attached to people as they make deliberate choices about what they consume and how they portray themselves in the social world.

In summary, pregnant women in contemporary United States society are not immune from the pervasive culture of consumerism. How these women choose to outfit their homes and make purchases in advance of their baby’s arrival serves yet explored functions as it relates to corresponding changes in their identity. The following section will explore how consumer items are used to navigate life changes in identity and social role.

Possessions and Transitions

Given the important role played by possessions in identity-making, it’s no surprise that transitions in individuals’ lives often carry implications for the kind of items they choose to consume. Material purchases can allow for a kind of bridging: “when an object becomes a possession what were once self and not-self are synthesized and having and being are merged” (Belk, 1988, p. 146). In this way possessions may serve a particularly prominent function as people take on new roles in their lives or experience significant changes in their identity. According to Belk, “people seek, express, confirm, and ascertain a sense of being through what they have” (p. 146). Possessions have a particular function to serve in easing life transitions as people strive to “manage their identities” (p. 141).

Studies have been conducted which illustrate many different ways people employ material possessions to manage challenging life transitions. Less secure individuals in

MBA programs are found to rely more heavily on apparel that represents the role they strive to attain after graduation (Wicklund & Gollwitzer, 1982); students transitioning to college tend to place greatest value on possessions symbolic of older relationships as they navigate the liminal period between high school and college (Noble & Walker, 1997); and pre-adolescent girls have been shown to use shopping as a means to manage their transition into teenagerhood (Russell & Tyler, 2005). While significant, these studies reveal an over reliance on studying children and students in efforts to understand phenomenon related to transition and consumer objects (Russell & Tyler, 2005; Noble & Walker, 1997; Wicklund & Gollwitzer, 1982).

Other research suggests that consumer purchases can be used to symbolize simultaneous, sometimes conflicting, aspects of ones identity (Ahuvia, 2005). Certain possessions may act as “a potential solution to an identity conflict” (Ahuvia, 2005, p. 177) by way of creating a coherent self-narrative despite the presence of disparate aspects of ones personality. In one example, a woman is found to use purchases to synthesize binary oppositions which exist within her own gender identity. She owns and cherishes some possessions which are decoratively feminine and others which, to her, embody assertively feminist ideals. In another study, ever-changing configurations of family photos are shown to represent steadfast ideals of family togetherness despite changing casts of family members due to the frequency of divorces and geographic re-locations which occur in many modern, extended families (Halle, 1991). Given the “relatively high degree of uncertainty and confusion” in contemporary life (Russell & Tyler, 2005, p. 234) consumerism appears to thrive.

In instances where group support is not adequately available to individuals experiencing life changes, “possessions may be used to fill the void and facilitate the liminal passage” (Mehta & Belk, 1991 as cited in Noble & Walker, 1997, p. 34). Kasser (2002) suggests that increased accumulation of material items may be sought by individuals when an underlying need exists to obtain the approval of others, to gain a lacking sense of security, more self respect, and to support a desired social identity. Kasser (along with Noble & Walker, 1997 and Wicklund & Gollwitzer, 1982) employs survey collection as the primary means to measure individual’s materialistic-focus in life and determine their corresponding personal traits. While involving large samples, this method of research fails to allow new themes to surface inductively from the actual voices of study participants.

A final weakness of much of the research involves the omissions of gender, race/ethnicity, sexual orientation, and socioeconomic class from the findings and discussion (Russell & Tyler, 2005; Kasser 2002; Noble & Walker, 1997; Wicklund & Gollwitzer, 1982). While samples may be rather homogenous for legitimate reasons, none of the study authors acknowledge this lack of diversity or provide an examination of its implications for their studies conclusions.

Although no published scholarship to date studies the role of consumerism in women’s transition to motherhood, the literature included here suggests ways that possessions are used to mitigate other kinds of life transitions. Research on possessions and transitions suggest that my study may reveal pregnant women utilizing the purchase of baby items to serve myriad functions. Consumerism may serve to facilitate women’s psychological integration of the role of mother by signifying membership in the

corresponding new social group; to manage anxiety about ones capabilities to mother as well as to convince others of this ability; to act as a stand-in for absent sources of interpersonal support and relationships; and in an effort to manage fear of the unknown.

The next section will present research documenting the changes women experience as they become mothers, the social context of modern motherhood, and studies which show how mothers use consumer purchases in relation to their already-born children.

Motherhood, Consumerism, and Identity

Scholars have documented the ways in which the transition to motherhood is multi-faceted and creates significant change in women's lives. When placed within its social context, it can be recognized as far more nuanced than merely the biological creation of an infant (Clarke, 2004). The "transition into the role of motherhood affects nearly all aspects of a woman's life: her identity, priorities, responsibilities, and interactions with the world, including those within her family unit, and toward the community at large" (Vejar, et al., 2006). In fact, motherhood ranks ahead of both marital status and occupation in identity salience hierarchies of women (Arendell, 1999; Rogers & White, 1998; Thoits, 1992).

Modern motherhood involves choice in ways inconceivable to women of prior generations. Many women are rearing children later in life thanks in large part to sociopolitical changes which have provided increased access to birth control, higher education, and economically rewarding professions. In turn, more mothers are in the workforce than ever before. It is estimated that "seventy-five percent of all mothers with

dependent children under the age of 18” are in the paid labor force, and “well over half of all mothers of infants are employed” (Arendell, 1999, p. 15).

While contemporary women may be more active agents in the decision to become parents than previous generations, what is expected of mothers has not been significantly altered to accommodate their increased commitment to responsibilities outside the home. Motherhood remains upheld as “the ultimate in relational devotion, affection, and importance” (Arendell, 1999, p. 2) and mothers face pressures to “perform excellently on all fronts, in a job, with their children, with their partner, at the gym, and in the kitchen” (de Marneffe, 2004, p. 10).

The proliferation of choices available to women brings with it “new challenges, as it creates expanded arenas for conflict, indecision, and doubt” (de Marneffe, 2004, p. 11). Motherhood has been found to be negatively associated with psychological well-being, with mothers overall found to be “more depressed, anxious, and less satisfied with their lives than childless women” (Lennon & Rosenfield, 1992; Ryff & Selzer, 1996 as cited in Arendell, 1999, p. 17). The conflicts experienced by mothers is reflected in the literature on mothering which is full of dichotomies: “mothering is a font of personal fulfillment, growth, and joy, on the one hand, and one of distress, depression, and anxiety, on the other” (Ross, 1995 as cited in Arendell, 1999, p. 18).

A significant source of conflict is believed to result from disconnection experienced by new mothers when their reality doesn’t match the dominant culture representations of motherhood which are depicted almost exclusively by positive images. When women experience dissatisfaction or disillusionment with their new role they often

feel isolated in their experience which can add a layer of guilt and shame further compounding their negative feelings (Choi, et al., 2005).

In one study of parents of one year old babies, mothers interviewed “described a loss of autonomy, an overwhelming sense of responsibility, and a sense of doubt about their own behavior” (Waltzer, 1998, p. 178). Another study employing surveys and observation found that women experienced significantly more stress in the first three months of parenting than during the early months of pregnancy (Goldstein, et al., 1996). These findings illustrate the challenges associated with the role of new mother. Given what has already been presented regarding an increase in reliance on possessions during challenging life transitions, this study on pregnant women and consumerism aims to provide an increased understanding regarding the function new possessions serve in women’s lives during pregnancy. The previous research also suggests that purchases may occur after the baby is born (when the real stress begins).

Other existing research documents the ways mothers rely on consumer items to portray themselves and their children positively in the social world. One ethnographic study found that young, single mothers from diverse families of limited socioeconomic means use professional portraits of their children and brand new clothing for their children to present themselves as ‘good mothers’ in a social world which devalues their families based on socioeconomic, racial, and marital status discrimination (Lustig, 2004). Consumerism has also been found to play a prominent role in the lives of a group of middle-class mothers in London who acquire furnishings and apparel on behalf of their children as they literally create space in their homes and families for their growing offspring (Clarke, 2004). These two studies suggest that this research may find pregnant

women who acquire items above and beyond those which will meet an infant's basic needs in part to project an image of themselves as a successful parent, poised with the trappings of a family-to-be.

The marketplace has also been studied as a means for mediating the relationship between adults and their children with parents seeking “to forge connections with their children with consumer goods, bought and given in a certain spirit and with a certain message” (Pugh, 2002, p. 17). One content analysis of toy catalogs identified marketers' efforts to prey on maternal anxiety regarding their employment status to fuel toy sales. Working mothers were targeted to make toy purchases to compensate for their physical absence while full-time stay-at-home mothers were pitched toys with the message that their physical presence is not enough to foster the skills their children will need out in the world without them (Pugh, 2001).

While this collection of research suggests that consumer goods are used by women to prove self-worth, represent their competence as mothers, and show love and care for children (Lustig, 2004), it has a number of overall weaknesses. First there is seemingly little variability in the demographic characteristics of many of the samples. The overwhelming majority of women participating in four of the studies were Caucasian, middle-class, and heterosexual (Clarke, 2004; Pugh, 2002; Waltzer, 1998; Goldstein et al., 1996). While useful in generating understandings of a specific social group of women, it limits the degree to which the findings are generalizable to a larger population. Lustig (2004) and Pugh (2001) offer findings on a fuller range of women's experiences. Lustig interviewed, participated with, and observed teenage mothers mostly of African American and Hispanic racial backgrounds. Pugh focused on numerous toy

catalogs which target the entire range of the socioeconomic spectrum in their advertising efforts.

A review of the literature related to consumerism and expectant mothers provides several avenues of relevance for this study of pregnant women. It suggests that conversations with expectant women regarding the role played by consumerism in facilitating their transition to motherhood may find some of the following themes relevant: women's efforts to portray themselves as 'good mothers' in the social world; consumerism as a relational gesture to foster connection with and demonstrate love toward their expected baby; and to quell anxiety regarding tension between the professional/financial function of paid work and the care giving needs of a new baby.

The next section will outline the specific research methods employed in order to gain a beginning understanding of the experience of women on the brink of motherhood and the ways consumerism is used to facilitate the transition.

CHAPTER III

METHODOLOGY

The question guiding this research is: What is the role of consumerism in women's transition to motherhood? In order to explore this question, a qualitative, inductive study was conducted. Women were asked to reflect on their own personal experiences as they became mothers for the first time and began to acquire items for use with their expected baby. Pregnant women were treated as experts on their own experience by being invited to share their experience without limiting their responses to rigid, pre-selected choices. This process was utilized with the intention to reveal new insight into the function of material items in women's monumental transition into motherhood.

Research Method and Design

In-person interviews were utilized to explore how one aspect of the social world, consumerism, is interpreted and experienced by women as they transition to motherhood. Since little previous research exists on this study question, flexible research methods were employed in order to gather narrative data from participants. Flexible methods are intended to "define, explore, or map the nature of emergent, complex, or poorly understood phenomena" (Anastas, 1999, p. 55).

The use of open-ended questions provided study participants with a platform to "explain their personal thoughts, feelings, and experiences in detail" (Vejar, 2006). Through 12 semi-structured, face-to-face interviews, women were questioned about

aspects of their experience preparing for motherhood. This transition has not been studied before in the context of consumerism. Interviews were determined to be the best tool available to investigate the complicated way(s) in which these socially constructed phenomena relate and intersect with one another.

For the purpose of this study, the terms expectant women, pregnant women, and mothers-to-be are used interchangeably to refer to women who are preparing for the birth of their first biological child. When consumerism is referenced in the context of these women, it is used specifically to refer the purchase or acquisition of items for use with the arrival of their baby.

Sample

Interviews were conducted with 12 pregnant women about their transition to motherhood and consumerism. The specific criteria required for participation in the research were women who, at the time of the interview, were: 1) 18 or older; 2) in their second or third trimester of pregnancy; 3) preparing for the birth of their first biological child; and 4) not currently parenting other children who live in their household half-time or greater.

A non-probability sampling technique was employed in order to maximize several outlets of recruitment for research participants. Given the nine month time frame in which to conduct the study, this method of sampling proved to be efficient. It does come with noteworthy weaknesses. One possible weakness is that all participants self-selected into the study. It was outside the scope of this research to understand possible differences between pregnant women who volunteered to be interviewed and those which were unwilling and did not participate. A second possible weakness is the use of a snowball

sample. Participants were asked for referrals of other pregnant women for possible participation. A snowball technique has the potential to create an insular sample. However in the end, only one participant was referred by another participant, accounting for 8% of the sample. Participants were sought from the multiple sources outlined below in order to minimize dependence on one or two individual's social networks for participant leads.

The recruitment strategy included targeting two groups of women in solicitation of research participants. First, expectant mothers were targeted directly (Appendix A). The study was advertised through two organizations who have some focus on helping women prepare for motherhood. The Isis Maternity Center in Arlington, MA and Healthworks in Cambridge, MA, a fitness center offering two weekly sessions of prenatal yoga, both granted permission for recruitment flyers to be posted. In addition, an announcement was made at the beginning of one prenatal yoga class at Healthworks and flyers with additional information were left for women to consider volunteering. Seventeen percent of the sample drew from prenatal yoga class participants. No participants resulted from the bulletin board posting at Isis Maternity. Permission requested to promote the study in the center's birth/baby preparation classes was denied.

The other significant focus of recruitment efforts involved advertising to people interested in parenting who were willing to identify participants and alert them to the study (Appendix B). This outreach included posting an announcement to popular parenting websites in the Boston area for member's help in identifying women who were pregnant. The sites where permission was granted for recruitment were the Somerville Yahoo! Moms group, the Cambridge Yahoo! moms group, and the Boston Parent's

Network list serve. Forty two percent of participants came from one of these online posting sources. A request for permission to post to a list serve of Boston area providers who included prenatal yoga instructors, doulas, and nurse midwives received no response. There was also no response to a request to advertise the study to the Gay Lesbian Bisexual Transgender Parenting in Greater Boston list serve.

The final source of participants came from referrals made by researcher friends or acquaintances. This accounted for 32% of participants. Word of mouth supplied several participants and in one instance a participant volunteered as a result of an announcement made via email to an informal parents group formed of psychiatry residents and fellows organized by a researcher acquaintance.

Type of Data

Before beginning the open-ended portion of the interview, basic demographic information about each participant was gathered (Appendix C) in order to collect overall descriptive statistics about the sample. A brief questionnaire was completed by each participant soliciting information about their age, racial/ethnic identity, religious affiliation, education level, occupation, socioeconomic status, partner status (and length of relationship if partnered), due date, and sex of baby (if known).

Next the interview was utilized to explore themes identified in the literature as potentially relevant. It gave women the opportunity to speak for themselves regarding the role played by consumerism in their preparations for motherhood.

Data Collection

The data collection plan for this study was approved by the Human Subjects Review Board of the Smith College School for Social Work (Appendix D). Narrative

information was elicited from participants using a semi-structured interview guide (Appendix E). Questions were primarily open-ended so that respondents could discuss their own unique experiences as they related to the themes of the study. Information about pregnant women's activities, feelings, and attitudes were shared. Women were asked to reflect on their experience of pregnancy and feelings of preparedness for the baby's arrival; pressures they face in becoming a mother for the first time; sources of stress through the transition; sources of support and input during their pregnancy; and the use of consumer purchases in the preparation and transition period. These areas of inquiry grew out of previous research on consumerism and periods of transition. In addition they were designed to solicit as much information as possible about the context in which a woman's particular consumer behaviors were occurring.

The first contact with potential participants was almost exclusively through email. At that time any questions women posed were answered and they were provided with an electronic copy of the Informed Consent Letter (Appendix F) in order for them to determine if they met the criteria for participation. If they were eligible and willing to participate, a mutually convenient time was agreed upon for conducting the interview. Participants were given their preference with regard to where the interview would be conducted in order to maximize each participant's comfort and convenience (Dejar, 2006) throughout the process.

Upon meeting for the interview, the informed consent form was completed with an additional copy given to the participant for their future reference. Participants were each provided with a list of Boston-area mental health resource referrals (Appendix G). After participants completed the demographic questions the interview proceeded

according to the interview guide. Interviews ranged in length from 30-60 minutes. In all instances, participants granted permission for the interview to be audio recorded.

Participant names were not spoken while the audiotape was recording in order to protect their identity.

The interview method may have had a positive impact on the level of detail disclosed by participants in the data collection. The majority of pregnant women who volunteered for the study appeared to provide open and honest accounts of their experience. This may have been related to being interviewed by another woman who was empathic in a face-to-face interview setting. While some women may have been more comfortable revealing their challenges and fears within the context of anonymous research, participant responses indicate the researcher's success in gathering extensive and detailed accounts from women in part through the establishment of a supportive and attuned rapport. The intention behind the study design was that the one-on-one format worked to encourage minimally censored sharing by participants. Another advantage of using interviews as the tool for data gathering is that it allowed the interviewer to observe and follow-up on non-verbal responses, including facial expressions and emotion-infused reactions to interview content.

Participant confidentiality has been maintained by assigning the digital recordings a number and removing any identifying names and locations from the transcript.

Illustrative quotes are used in presenting the findings in chapter four but are reported without connection to identifying information in order to protect participants' privacy. In any instance where a name is invoked in quotes from the interviews, it has been changed to protect participant confidentiality.

The researcher is the sole handler for all data. The recordings and transcripts will be kept for three years, consistent with federal regulations. During this time the recordings and transcripts will be stored on a password protected computer and hard copies of transcripts, consent forms, and demographic questionnaires will be kept in a locked cabinet. After the three-year period has expired, all materials will be kept secured or destroyed. The data is being presented in the resulting thesis publication and may be used for future presentations and publications.

Data Analysis

Demographic information collected at the beginning of each interview is used to provide descriptive statistics regarding characteristics of the sample. Specifically, descriptive statistics are used “as a means for summarizing, and therefore condensing and simplifying, the information provided” (Anastas, 1999, p. 433) regarding the women participating in the research.

A coded content analysis of the narratives has been conducted by thoroughly and repeatedly reviewing the written transcripts of each interview. Transcripts have been reviewed to identify similarities and differences among responses provided by participants to the interview questions. Transcripts have been analyzed to organize interview content into meaningful categories for themes which were specifically addressed by the interview guide as well as for themes which emerged by participants in reaction to the questions.

A spreadsheet was used to capture the relevant data by theme across all participant interviews. Representative quotes are provided to illustrate and substantiate the highlighted themes. Responses have been compared between women to identify

common themes and divergent perspectives. Vigilance has been employed in looking for new and contrary aspects of themes while reviewing the categorized transcripts. This was done in order to prevent researcher bias from neglecting significant differences between responses or overlooking emergent, previously unidentified themes.

While exact replication of the research findings will likely be impossible given the use of the flexible method of interviews and small sample size, reliability has been maximized as much as possible. The themes identified in participant narratives have been discussed with knowledgeable colleagues and the researcher's thesis advisor in order to solicit additional perspectives and feedback in case of unidentified blind spots brought to the data analysis.

Bias

As a white, middle-class, educated, heterosexual, member of a multi-racial marriage, woman of child-bearing age, I will bring a specific perspective to my research and interviews. I have been reflexive throughout with regard to how my own bias may influence and shape the work. The research project germinates from my own observation of the seemingly infinite number of baby strollers, seats, beds, props, toys, clothes, carriers, stimulators, soothers, monitors, wrappers, changing apparatus, registries, and books that many infants born into a particular socioeconomic class have waiting for them upon their arrival.

Discussion

Due to the small sample size, narrow geographic location of participants and selected research design, generalizations will not be possible from the results of this study. Instead, the findings provide an in-depth understanding of some of the issues a

particular group of pregnant women grapple with in their transition to motherhood and the role of consumerism in that process.

The very nature of qualitative, flexible methods makes the role of the researcher a source of possible influence on the research findings. Participant's perceptions of the researcher (and my social identity) may have impacted what they chose to reveal about their transition to motherhood and consumerism. Further, my unique perspective may shape how I have identified and made meaning of themes or divergences in respondents' narratives.

Regardless of certain methodological weaknesses, these findings will nonetheless carry relevance to practitioners of clinical social work and other mental health providers who work with expectant and new mothers. Therapists stand to gain a greater understanding of how women attach meaning to their pregnancies and the transition to motherhood through consumer purchases. Possible treatment implications include greater sensitivity to the strategies women employ in times of significant transition, identification of the needs that women seek to satiate with consumer purchases, additional perspectives on the underlying meaning women attach to spending, and a beginning understanding of the ways that class, race, and education influence the transition to motherhood and influence corresponding attitudes related to consumerism.

CHAPTER IV

FINDINGS

The purpose of this study is to explore the role played by consumerism in women's transition to motherhood. The Findings Chapter will address this question as well as present a set of factors which emerged in the interviews that were found to contribute to women's ability to take a critical stance toward the baby product industry. Eighty-three percent of participants articulated ways in which they see themselves as strategic agents in acquiring items for their unborn baby. These women shared the discomfort they experience in reaction to pressures they feel to buy on behalf of their unborn child. While they all chose to participate in consuming during the transition to motherhood, they differentiate themselves from passive consumers in important ways. These expectant women were reflexive in their decision making and employed strategies to navigate consumerism in a way that reflected their personal beliefs and burgeoning parental values.

Before describing the findings in detail, it's useful to consider the demographic profile of the women who participated in the study. The homogeneity of the study participants make the findings of relevance to women of a particular social group.

Sample Characteristics

Research participants shared several significant characteristics in common. All women were graduate degree holders, in heterosexual marriages, and identified as members of the middle or upper-middle class. Their ages ranged from 28-36 with an

average age of 31 years old. Women had been in relationship with their male partners for an average of 6+ years. Eleven of twelve participants identified as Caucasian while one identified as Hispanic. Sixteen percent of participants were born outside the United States. One was born in England and the other was born in Canada. The foreign-born women moved to the United States to attend graduate school or to accept a post-doctoral position.

Table 1. Demographic Characteristics of Participants

	Mean	Range
Age (years)	31	28 - 36
Length of Relationship (years)	6.3	0.9 – 12
	N =12	%
Relationship Status		
Married	12	100
Ethnicity		
Caucasian	11	92
Hispanic	1	8
Country of Origin		
United States	10	84
Canada	1	8
England	1	8
Socioeconomic Class*		
Working	0	0
Middle	8	67
Upper-Middle	5	42
Highest Degree Achieved		
Graduate Level	12	100
Doctorate Doctorate	6	50
Master's Masters	6	50

*One participant selected two categories.

Implications of Sample on Findings

The characteristics of this sample carry important implications for the findings. First, the postgraduate education achieved by all participants indicates that these women

have invested significant time and resources in their schooling prior to becoming mothers. As a group, they may be more committed to their professional lives than women in the general population. A number of women acknowledged their motivation to participate in the study as a direct result of having conducted research themselves and empathizing with a researcher seeking unpaid participants.

Second, participants' economic resources and, in some cases, their professional autonomy contributed to their ability to spare an hour during their pregnancy to be interviewed for the sake of furthering research. For women whose earnings rely on work compensated by the hour, it may be more difficult to identify free time to meet with an unknown interviewer to discuss their pregnancy. Women from working-class backgrounds were absent from the sample, in part because women who juggle multiple jobs or care giving responsibilities may have less leisure time and be less inclined to volunteer for an uncompensated study.

Also notable is that nine of twelve participants indicated that they had been actively trying to achieve conception prior to becoming pregnant. This intentionality may suggest that this group of women felt particularly ready to become mothers. Their premeditated efforts to conceive a baby presupposes a willingness and ability (financial, emotional, etc.) to bring a child into the world. Of the nine women actively trying to become pregnant, eight had been with their partners for more than three years. The length of these pre-existing partnerships with the father of the baby likely contributed to these women's sense of readiness. Two women mentioned the consideration they and their husbands gave to the prospect of becoming parents without researcher prompting:

I mean I definitely planned the pregnancy and it's something we talked a lot about to figure out when the timing would be the least inconvenient because that was the big shift: realizing that there is no good time.

We've been waiting for awhile to start trying because of medical school and intern year, um, and there was about a year when both my husband and I both felt really ready and I kept saying no, no, we can't. It just won't make sense right now.

As important as it is to review the traits of those participants who have informed the findings, it's vital to acknowledge other voices absent from the sample. Women who were less purposeful in their pregnancies may have been less inclined to volunteer to discuss their life circumstances with a stranger. Women who identify as single were not represented in the sample. Women in less mainstream relationships or who have significant negative feelings associated with their pregnancies may have been more reluctant volunteers for fear of being misunderstood or judged.

The noteworthy lack of women of color in the sample may be related to some of the confounding class-based issues, including scarcity of free time. The recruitment strategies employed may have also contributed to the absence of women of color and women of lower socioeconomic class. Both the pregnancy-supportive establishments where the study was advertised, Healthworks and Isis Maternity, cater to women in prosperous communities who have the disposable income to participate in their fee-based offerings. Both sites are public-transportation accessible, but the maternity center is more easily reached by private automobile. Participation in prenatal yoga or birth preparation classes also requires a certain amount of leisure time that an expectant woman is able to dedicate to focusing on her body during pregnancy.

The other important source of recruitment for the study was online parenting resource/networking groups. The sample suggests that women in white-collar positions with ample internet access may be particularly engaged members of online parenting list serves. Women in other kinds of work environments likely have less access to consistent, high-speed internet access.

The other missing perspective on the role of consumerism and the transition to motherhood is that of women who identify as lesbian, bisexual, or transgender. This study's recruitment efforts did not target members of these communities directly enough to yield participants. This omission is another noteworthy limitation of the small sample size. Understanding the role played by consumerism in the lives of women of less privilege or on the margins of main stream, dominant culture is not directly addressed by this study given the specific participants it attracted. However, understanding the experience of a financially secure, educated group of women may allow some inferences to be drawn about women with less socioeconomic status and privilege. The next section introduces the category of resistance where the majority of sample participants belong.

Resisters

Ten of twelve participants in the sample projected particular confidence in navigating the epidemic of consumerism during the transition to motherhood. In interviews, these women were able to recognize and acknowledge pressures they faced and shared common factors which helped equip them to take a critical stance toward the baby products industry. Members of this group are referred to as resisters for the purpose of this publication. One resister summarized it this way:

The one thing that is very clear is that you go from a wedding industry to a baby industry. That's very clear. . . .I just try not to get, like, sucked into it because I feel like it can, I feel like it's trying to play on insecurity, you know.

The next section will review the pressures described by resisters in the transition to motherhood. This group of women were not immune from feeling certain pressures but were able to identify them and reflect on the tactics they've employed to manage these pressures. Examples of these tactics are included in the presentation of the factors of resistance later in this chapter.

Pervasive Pressures

Women interviewed reported numerous pressures they encounter as they prepare to become first-time mothers. While 86% of the sample ultimately created ways to go about the accumulation of material items for their baby's arrival in a way they felt was their own, even women armed with resistance factors articulated the challenges they felt. Women felt overwhelmed with the number of opinions expressed by others, the number of the infant care decisions they had available to them that have consequences on purchases, the sheer number of consumer options available to choose from, and worry about making the "right" purchase that would both be appropriate for their particular child and signal to others that they were "good" mothers.

Women were confronted with a multitude of opinions expressed by the people in their life and felt overwhelmed by the number of decisions to make about how to care for their child:

I know nothing about the stuff you're suppose to buy and everyone has 8 million opinions, um, so in that way I felt really unprepared and still do. . . . I think the biggest pressure that I feel is from the outside world in terms of like what it means to be a mom, what it means to be a working mom, and everybody has a million opinions about the whole thing and seem to have no qualms, just laying it out

there on me. . . . If you are going to work, if you're not going to work. If you are going to breast feed, if you're going to bottle feed. If you're going to use a Baby Bjorn or a sling. Um, how much weight you're gaining, like how well you take care of yourself. Just all kinds of things that other people seem to have very strong feelings about. I have strong feelings about, too, but I feel like I'm being judged and I don't know if I really am. I feel like most people, nobody's ever said anything to me out of maliciousness, like everybody wants to be helpful and give advice, but I feel a lot of pressure to sort of fit into what other people are saying and I have a hard time figuring out between all of that other stuff what I actually feel.

Decisions about baby care then had consequences for decisions about what items they would acquire in advance of their baby's arrival. Trying to determine work plans, sleeping arrangements, and infant carrying strategies in advance of the baby's arrival seemed to infuse baby purchases with additional meaning and stress. Women expressed feeling overwhelmed by the volume of choices available to them with regard to baby purchases:

I think products are where I'm least prepared in terms of being a mom. What you even can buy, what's out there. It's just very overwhelming. I mean we've gone into Babies R Us and were like: "my god, I need to get out of here." It was very overwhelming. We went into one before Christmas time and we were just like there are just so many choices and we were like we don't even know how to begin. We often go into stores with a sense of what we want so I think we'll do some research before we even start looking so then we can narrow it down and be like "these are the five we are looking at" and then look at those in the store. Otherwise you get, it's like hard to know even where to start.

Women felt pressure to make the "right" choices: "There is a crazy amount of choices and you worry you're not making the right choice. . . . what's going to happen if you make the wrong choice which is sort of silly but it definitely is there." At times, the "right" choices seems to have more to do with the image women project of themselves as mothers than how well a particular item will serve their infant. One woman shared how

overwhelmed she became when going to register for baby items for the first time and the anxiety she felt in her desire to get it “right.”

So we go to Babies R Us to register and I had already done the research on the big items and really almost had a nervous breakdown in the store. It got to the point where my husband seriously had to have an intervention. He was like “Laura, just look at me. Just look at me.” And it was so overwhelming with all this stuff and they give you this list. These are the things you *need*. I mean *need* like five crib sheets and eight wash clothes and you go to the aisle for the crib sheets and there are fifteen different kinds of crib sheets that come in eight different materials and seven different brands. It’s like who’s sleeping in all of this? And why do I have to [pause] I felt this sense that I had to do it *right* and I had to do it *now* and if I didn’t do it *right* and I didn’t do it *now* somehow I’d like totally mess up. . . . I think there is so much that is infused into the stuff that you buy, the clothes that you buy, the toys that are in the house but somehow projects what kind of parent you are and in a way how *good* of a parent you are and that, I think, that brings me the most stress.

Underlying this woman’s desire to get it “right” is her sense that she is being judged based on what “stuff” she has in her possession for use with her baby.

The next section will consider the functions served by consumerism for women in the transition to motherhood.

Consumerism and the Transition to Motherhood

Women articulated a range of feelings associated with acquiring items on behalf of their unborn baby. The majority reported the acquisition of baby paraphernalia in advance of their infant’s arrival to be helpful in facilitating the transition to motherhood.

Responses suggest four primary functions served by the acquisition of baby items. Women articulated an increased sense of realness regarding the impending birth; feeling more prepared in advance of the baby’s arrival; a sense of relief and greater calm in response to feeling more prepared for the baby; and a sense of control during a transition

which otherwise leaves women feeling less influence than usual over the course of their lives.

Most prevalent in women's descriptions of the function served by consumerism is an increased sense of realness regarding the impending birth of their child that comes with the acquisition of baby items. One woman expresses it this way:

I think it's going to make it feel that much more real, like it's definitely happening. . . it's stuff we're going to own, but to actually have it in the house, I mean especially before the baby is even there is exciting, it's sort of like builds the anticipation a little but it's definitely going to be weird and seeing this teeny tiny little hat arrive for us in the mail was like 'whose head fits in that?' So yeah, I think it's going to bring it to another level just of how close this is to actually happening.

Another woman shares her experience of creating physical space for the baby at home:

This [baby] room. . . shows me and my husband have taken, you know, it takes a lot of time to fix up the room and we've taken the energy and time out of our hectic schedules and we're doing this and as we're making slow baby steps to it right now. It's like: "This is good, this is good." But once we get the rug and everything set up it will definitely feel a lot more real. . . . the things I buy make me more emotionally prepared and connected to the idea of the baby. That this is real and happening in a few months. . . . there is something so abstract about having a baby that the only way, not the only way, but it makes it easier to imagine having one when there is stuff around you know, and seeing like newborn clothes and how tiny they are and realizing that I'm going to have something that tiny in the house like really soon.

For many women, purchases leave them feeling more prepared for bringing their infant home. The physical presence of baby clothes, furniture, and gear helped women feel more prepared for the impending arrival of their baby.

I mean each time I buy something that I feel is kind of for like the immediate care of the baby I feel like it makes me feel a little more like now the baby is closer to being able to come home or something.

In the words of another woman:

I want the room to be ready because that signifies to me so much, you know that we could go into labor next month and be okay when we come home. Not like you need the room, but I think it will [pause] it will definitely make me feel much more prepared even though I don't think I ever would have thought I'd say that because it seems very, not shallow in a bad way, but it seems very superficial. Just because you have a room doesn't mean you're ready but I think when I'd see the room I'd feel more emotionally like, even more so.

A number of women referenced their belief that if they felt as ready as they possibly could with regard to material preparations they could relax more and be more comfortable with accommodating the baby's arrival, whenever that might be.

I mean buying stuff now does kind of make me calm down a little or having the stuff ready makes me feel a little more relaxed about it. . . . I do feel once we have everything on my list of things we need to get before the baby comes I'll feel much calmer.

For another woman, "having stuff" she's been gifted by friends and family doesn't leave her feeling more prepared, but she does report feeling more calm:

Having this stuff doesn't make me feel more prepared but it does make me feel a little more calm because I feel like, you know, there isn't this huge list of things that I need to buy and have to have ahead of time, like we'd be okay if the baby arrived.

For a number of women, purchases allowed them the sensation of exerting some control over an aspect of the transition to motherhood. For women used to having control over many different aspects of their life, the experience of pregnancy and childbirth was often experienced in contrast. Some women acknowledged this difference and accompanying discomfort. For them the arena of purchases offered an avenue of control that felt absent in other aspects of their pregnancy. One woman shared:

I think it's something tangible about, like I don't feel like there's much I can do to prepare for the baby, but setting up a nursery feels like even if it doesn't matter that much it feels like it's something I'm doing to get ready for the baby. . . . I feel like there's not much that I can control.

This participant also wondered about what unique needs or personality her child would exhibit. Picking out furniture and gear allowed a sense of having some influence on the otherwise unknown future:

I have no idea what she'll be like. Is she going to be fussy? What's she going to look like? Um, is she going to be really easy and sleep all the time or will she never sleep? Will she feed okay? Will she not? There are a lot of things I think I'm kind of terrified of or are just really unknown and it's just going to be how she is um and I think even though, I think a little bit of a false sense of security at least provides some kind of just what I said tangible way that there are some things I can control.

The next section will describe the factors which support resisters' approach toward consumerism.

Women's ability to resist the social norms of consumerism

The research identified eight factors, which were present in different combinations, in each woman's life and contributed to her ability to resist the social norms of consumerism during the transition to motherhood. They fall into three broad categories: social support, independent thinking, and resources. Each factor plays a role in women's overall confidence in navigating the transition to motherhood and also plays a direct role in supporting these women's ability to be proactive agents in how they engage consumer pressures while pregnant.

Of the ten resisters, four exhibited 5 of the 8 factors, five exhibited 6 factors, and one participant exhibited 7 resistance factors during the interview. Women were not specifically asked about all 8 of the factors since these factors were identified through coded content analysis at the conclusion of the interview phase of research. Hence, it is possible that individual women may have had additional factors not captured in their interview that would result in higher resistance scores.

First, the role of social support in women's ability to participate in consumerism on their own terms is presented.

Social Support

For the purpose of this research, social support refers to two primary sources: women's perceived support from peers and from husbands. Interviews indicate that these relationships provide important sources of confidence for pregnant women navigating the endless number of consumer options available to them and their unborn baby. Many women with social support from their peer group and husbands also mentioned using the internet as a resource. However overall, participants with people in their lives who were available for conversations and support seemed to rely less heavily on websites for advice.

Factor 1: social support from peers. Pregnant women identified important members of their social networks as they reflected on their efforts to acquire items they wanted to have before the birth of their baby. Friends, siblings, and colleagues who were new parents themselves were most often cited as helpful to expectant women. One participant described how the pressures she feels in becoming a mother have compelled her to seek out women who have recently experienced the transition:

Talking to other women who are new moms who are also in the same position in life and how they are dealing with it and what tricks they have so just seeking, I guess, a lot of support professionally and personally.

Support from peers in similar life circumstances contributed to facilitating expectant women's decision-making during the transition to motherhood in four significant ways.

First, supportive peers provided practical information on product research they had conducted during their transition to motherhood which participants reported utilizing

to save themselves significant time and energy. In one woman's experience friends' trusted input allowed her more time to focus on other, non-material aspects of the transition:

I don't have the time or really the interest to read a 20 page chapter on the best high chairs so it's been so great because they can be like "this highchair is great for this, not so good for this, but depending on what you want it for, here's this" or "here you have my highchair and now get a supplemental one that's smaller and you can take it in the car" so just because they just provide the information that I know I need but I don't really have. . . the time. Now I may have the time but I'm not quite, I still have so many other things I want to think about, that I'm not quite ready to read about highchairs.

Another participant describes how she used a colleague's trusted opinion to narrow the myriad choices she faced when considering infant seats:

My manager at work just gave birth in July and so, um, she and I are pretty close so I hear all the details of what I'll need. Right down to "make sure you get this accoutrement when you", say the vibrating seats, "make sure you get this kind of vibrating seat because it has 4 speeds versus this one that has only two." So that's the kind of product research that's really nice to not have to do.

Second, supportive peers provided first-hand advice regarding purchases based on what had worked well for them and their growing family.

I do have one friend from college who has two kids, she's had her second baby and she's been the most helpful I would say in terms of being supportive and not offering so much advice as telling me, asking me how I feel and then telling me what it was like for her and so she's the only person I probably feel comfortable asking like what kind of baby chair did you get? What kind of breast pump did you buy? Did you use a Baby Bjorn or did you use a sling? What do you think? She's been great for that.

Women with access to supportive peers also received valuable information on mistakes not to repeat:

It's really been people who tell you what you need kind of thing. Like I've asked friends and they've said and looked at their registries and kind of looked at a couple different people's and then asked what they registered for that in the end

they were like “I totally didn’t need this.” Or “I wish I would have registered for this.” So that’s kind of how I’ve found out through friends. . .

Third, being able to consult with women in participants’ social network that share similar values and who had also been through the process of preparing for a newborn’s arrival provided participants with emotional support in exercising resistance to consumer pressures. Some participants were warned outright about the pressures expectant women can face in the marketplace:

I’ve been warned by more than one person about the whole sort of baby industry, like the wedding industry. They sort of swoop in on the first-time parents that walk into Babies R Us and hit you with a three page list of all the stuff that you absolutely have to have. So, I’m going to appreciate having the input of people who have actually done it.

Another woman was given a list of items to acquire by a friend to preempt her reliance on the reportedly overwhelming Babies R Us Buying Guide:

There’s a friend who was pregnant and had her baby in December and it’s her second and she’s been super-useful. I mean most of her advice I really definitely feel like I trust. We have the same kind of philosophy. . . . she provided me with, I don’t know if she had it before, but this huge list of stuff we needed and good advice so that was just so useful. I don’t need to go from these Babies R Us things which I think tell you that you need all this stuff that you don’t need. So um, that’s been great.

Participants were reassured to hear that fewer baby toys did not have a negative impact on their friends’ babies:

She’s been really helpful because they all sort of have a similar lifestyle in terms that they don’t go shopping a ton and they, um, they just don’t have a lot of stuff for the baby. I mean they have all the big things but they don’t like go out and get tons of stuff so it’s helpful to see that their baby loves the same 20 toys that it has and you know, seems very happy. They have all this stuff and the baby doesn’t even use so much of it and so that’s been helpful to hear and so, yeah, that’s been helpful.

Another participant appreciated learning from a respected friend of a reasonably priced stroller that works well despite not being the fanciest that money can buy:

I have a friend who recommended a stroller who is very, um, low-key. She doesn't get caught up in a lot of consumerism so she said: "here's a stroller that's very mellow, it's not very expensive. It doesn't have a lot of bells and whistles, here's what I'm recommending."

Finally, participants with peers who were new parents in their lives often became the recipients of second-hand baby items which gave them a head start on acquiring gear for their own unborn child. Women expressed their appreciation for the generosity of others and their awareness of the money they were saving as a result:

You'd be amazed at how many people want to give you books, toys or books or loan you them. . . . I found that with the people in my lab, obviously they can see I'm pregnant, random offers for things come. I've had three offers for car seats, two cribs we could have had, all this stuff. So I mean we've saved so much money. Even got a breast pump. So I mean we've saved so much money. . . . I mean we must have saved thousands of dollars with all the second-hand stuff.

A number of participants commented on how fortunate they felt and how they have yet to purchase items themselves as a result: "since my sister-in-law has kids she's given us quite a lot of clothes um, so we have friends who have given us things um, we haven't bought anything ourselves yet." Another woman expresses her gratitude: "We are getting tons from a lot of friends and families so we don't need that much. We're lucky."

For one woman, having access to a supportive network of peers gave her encouragement to shop for second-hand items:

One friend of mine has two small children and has been very active in her mother's group and they've really forged a friendship among these eight women and they still meet every week and they are a great source of information already and also, um, get advice that way and a lot of people said again, you don't need to definitely, or necessarily, go into some place like Babies R Us. There are a lot of good used places around for second-hand stuff. There is Craig's List, there are particular thrift stores that have good bargains and things like that so again, I draw

heavily on their experience. By myself, I would have no idea and I'd have to start going online and looking at consumer reports or something.

Factor 2: constructive husband involvement. Many women resisting mainstream consumerism spontaneously mentioned their husband's constructive involvement in the context of the transition to motherhood. Supportive husband involvement came in a number of forms and not necessarily in the realm of making purchases. Involved husbands lent important emotional support to the pregnant women identified as resisters in the study. In contrast, they were noticeably absent in the interviews with women who were not creating their own ways to participate in consumerism for their expected baby.

Husbands were engaged in conversations with their pregnant wives about their parenting intentions:

I would say to be a good parent maybe my husband and I maybe talked more specifically about some issues like how are we going to do this and that and you know, things we definitely don't want to do or things maybe our parents did that we didn't like or did like that we'd like to do the same.

We're both excited about having the baby and the fact that we both have a good sense of how we want to raise a child and how we plan to discipline and plan on raising children in general I think to me is the less stressful of having baby.

Two husbands spontaneously referenced by participants were on the docket to provide primary care for the couple's infant within the first six months of the baby's life:

He's a professor, so he doesn't really need to be at work like every day so he can like prepare classes and write grants and do all these things from home so this will basically allow me to go back to work and finish my things here and then in the fall he has to go back [to Canada] for sure and I'm hoping I'm ready to go back as well um, if I have, if I stay one more month and it will give me a publication, I'll stay.

My husband is thinking about staying home, too, or instead of me and so we're not sure exactly how we're going to do [that] because he's in school. . . he will be looking for jobs but if he doesn't find one he really wants or that's [worth] moving for [pause] if we don't decide we might move, then he would stay home

because I like my job and [have] a good job schedule with summers off, you know, holidays off and stuff, too.

Another participant articulated the positive impact she's felt from conversations with her husband about how their lives will be impacted by a baby:

My husband and I had talked a lot about all the different ways this was probably going to change our life and affect our life and how we wanted to be with a child. But I guess since finding out that we were pregnant, those conversations have taken on a new meaning, obviously, because it's realer now. So I feel like we've done a lot of good work around how we are going to negotiate our families and each other and physical space and things like that that made me feel much more prepared.

Lastly, husbands were mentioned in the context of their efforts to educate themselves about parenting: "both me and my husband have been reading a lot about pregnancy and now we've started reading, me more, about um, childcare and also child rearing." While the examples shared by participants do not pertain directly to consumerism, they do illustrate the ways in which many resisters in the study had the benefit of emotionally supportive, hands-on husbands as they became first-time mothers.

Independent Thinking

The next three factors cluster under the subheading of independent thinking. Women most successfully navigating consumer pressures referenced a number of factors present for them which contributed to their ability to acquire baby items in a purposeful manner. The factors illustrating independent thinking are comfort and practice transgressing social norms, recognition of a range of normal reactions and ways to give care to a child, and critical thinking skills.

Factor 3: comfort & practice transgressing social norms. Many women who shared their intentions to be resisters in the face of consumer pressures and expectations

provided examples and explanations of how they are able to transgress social norms.

One woman shares the ways she comes up against other people's opinions about what's involved in purchasing clothing for her unborn baby:

People will recommend stores that are really expensive to go baby shopping in and, you know, we've already started shopping for the baby but it involves going to thrift stores and buying nice little clothes there for like \$1.99. For us, that's just how we are anyway about life and our own clothes and different things. We don't spend a lot of money in general. To me, it's just not worth it to buy a \$40 little onesie that the baby is going to wear for two months but so people have been suggesting places to go shopping and I don't mention that I don't go there.

This woman exhibits a certain level of comfort with her decision to buy second-hand baby clothes and references her own practice regarding clothing spending in her and her husband's life. She chooses to participate in consumerism on behalf of her baby in a way that is familiar and reflects her own values and pre-pregnancy practices. This same woman also finds herself the target of people's assumptions about the kind of space she and her husband are readying for their baby:

And a lot of people have been asking 'oh, do you have a baby room ready?' and stuff and we have a one bedroom apartment so we joke that the baby will, like, be in a drawer. I mean it really will have to be in our bedroom by us, you know, but that's an issue [for some people]. It's like: "well, no I don't." You know, it's not a big deal. People understand but people have that expectation that you're going to have a crib and a whole changing station and all the paraphernalia that comes with having a baby already after the birth and um, we're sort of like, we'll wait and when we move to a bigger place we'll start shopping cause, you know, we both feel like the baby doesn't need tons of equipment for the first couple months of life. It doesn't need a gym, and ah, lots of toys. . . . we just need sort of the basics, somewhere for it to sleep and a stroller and a carrier and that's about it.

In a non-consumer example, another participant shares her reaction to co-workers' judgment about her decision to know the sex of her baby before delivery:

I work at a hospital and some of the nurses were like "oh, you're one of those people who want to find out the gender of the baby." They were like "oh you shouldn't do it, it's such an exciting surprise" and dadadadadah. Basically you

just like sit there and listen to the person and are like, listen to why it was important to them not to find out, um, but I knew inside of myself that it was something that I wanted to know and was excited about it. . . . you just sort of have to listen and be like whatever.

This participant is able to hold on to her own excitement and desire to know the sex of her baby. She shares this instance when asked if there had ever been a time in her pregnancy when what she was thinking and feeling was different from what people around her were saying and doing. She's aware of this disconnect but manages to tolerate the social pressure and judgment expressed toward her.

Even though participants displayed confidence in navigating consumer and other pressures of motherhood many are still challenged by aspects of it and feel unequipped at moments. As expressed by one woman:

I've always been a non-conformist. To be a female scientist you have to. As a teenager you have to deal with liking science and having people think it was kind of weird. Even from an early age I like mathematics and there aren't that many girls whose favorite subject is mathematics. You have to be slightly contrary. I tend to not like to do what people think I should do to some extent. But yeah the first time I went to Babies R Us I had to leave right away. I was like "whoah."

This participant acknowledges that even though she has had years of experience being 'slightly contrary' in her educational and professional life, shopping for her unborn child inspired feelings of being overwhelmed and less certain of herself. Like other resisters, she is able to acknowledge her reaction to consumer pressures and then makes peace with a way to go about acquiring items for her expected baby that works for her.

Factor 4: recognition of a range of normal reactions & ways to give care. The recognition that there are multiple healthy ways to experience the transition to motherhood and provide care for a child surfaced as a resistance factor. One participant

is aware of feeling different from other expectant women but takes solace in her belief that there is no one way to prepare:

I feel sometimes that everyone around me that is pregnant is much more into baby mode and baby [inaudible] whereas I'm trying to be a bit more [pause] I'm definitely preparing for it and like emotionally thinking about it and contemplating it but I'm not as, um, hyper-focused, I guess. Not that one is right and one is wrong.

For another participant, confidence came from expressed comfort with accepting that they couldn't possibly have everything figured out in the transition: "I think it's normal to have questions so I think I have a pretty realistic perspective of what to expect."

Being accepting of other people's differing decisions reflected one woman's confidence in her and her husband's ability to make one of many possible appropriate decisions for their baby's care:

I mean everybody lives their life differently and chooses to raise their children differently and I think especially since I work in schools and I work with a lot of families you just sort, you know, not everyone can stay at home and I think you have to respect that. . . . it's just so judgmental and everybody, you know, it's their child and they have the right to make decisions about how to care for it as long as it's being cared for and not neglected but as long as, you know, it's their decision. . . . I'm trying to respect everybody's decision and you have to recognize that not everyone can make the same decision and some people might wish they could stay home but can't afford it.

Women shared their reflections on people in their lives with different opinions and approaches and how they reconcile contrary input with their own reality:

The challenge for me is to remind myself that people are always going to have their own opinions and beliefs and just like I have my own opinions and beliefs and I just have to do what I think is right for me and my family and I trust that I'm doing the best that I can and that I can change my mind at any time. I'm not going to ruin my kid's life.

I think because she and I are so different we'll have very different approaches to motherhood. It's interesting to kind of share and take her advice but also think "I have to do things a little differently."

For this same woman it's been particularly helpful to hear about a spectrum of experiences within her social network of new mothers. This provides preemptive validation that however she reacts to her baby's arrival, she'll be experiencing something within the range of what is normal:

Another thing is helpful, too, is um, is funny is just the wide range of advice and input. What's very helpful about that is that I have one friend who literally said to me "I feel like I'm finally doing the job I've always wanted to do" after she gave birth. Her life was just transformed and then I have another friend who is like "And once the baby finally starts talking, then the fun starts." You know, it's like there are so many different perspectives and experiences and types of advice and conflicting advice that it's like hey, it's okay no matter what happens. It's helpful to understand there is a range of possibilities.

Factor 5: critical thinking skills. Participants' ability to recognize that their own situation is uniquely their own and then evaluating other people's opinions and decisions accordingly involved applying critical thinking skills. One woman expressed her own thought-process when considering input about baby gear from her sister-in-law who maintains a different lifestyle than the participant and her husband:

A lot of people have been helpful but we found a lot of people give us opinions that don't necessarily apply all that much just because their way of life or situation, like for example, my sister-in-law has a lot to say and I respect her opinion and she's been helpful but at the same time, like, she has a mini-van and she lives in the suburbs. She doesn't really quite understand that we have a car that is as small as a mini and we don't actually drive all that much. She tells us good things but we have to sort of apply what she's telling us to us. And it's been like that for a lot of people that have told us things. We sort of have to take what they tell us and think: does that apply? Does that not apply?

For another woman, applying critical thinking to evaluate purchase options includes considering the criteria of cost, safety, and her family-specific needs:

The stress will just be what do we really need and when you haven't been the parent before you don't really know. And also, the more stressful thing is that, while we're probably not buying the crib, how safe is it? I mean, you can spend \$300 at Babies R Us or \$1800 at this Bandini Land on Route 9 and where's the

happy medium between the two? And what's best for the baby? So it's really, I think the stress comes from what do we really need but also what's safe and what's going to be the best for us.

Another participant takes a pragmatic approach to the baby industry with reliance on her values to guide her:

I think a lot of that [purchasing] gets down to what you understand to be your baby's basic needs. Um, and again we have the baby industry that would like you to believe there are way more needs than there actually are. And I think a lot of that depends on, you know, what sort of outlook you have about, I guess, materialism for lack of a better word. And how much you like to shop and things like that.

Participants applied critical thinking skills when being strategic about who in their life to approach with specific issues. This allowed women to receive validating input on the unresolved issues in their preparations for motherhood. For instance, one participant articulated her desire to consult a particular friend on the topic of her childcare dilemma but not about childbirth and delivery:

I ask more questions of people who I know are going to have a similar perspective as me, you know, like my friend in Minnesota I asked her a lot about childcare but I didn't ask her about birth because I know her birth idea was really different than what I wanted so it didn't really help me to ask a lot about the decisions that she made in terms of how to have the baby but then to talk about childcare. Like some people I know that we share the same opinions about things with them and I ask them about stuff.

Prior experience having made important purchases before lent confidence to some pregnant women as they grappled with making significant purchases for the baby: "I mean we've bought big things before, you know, we had a house in Minnesota. Compared to buying a house this is nothing, it's easy. We're pretty good at researching and figuring out what we want."

Another woman actively reminds herself that she's capable of applying critical thinking to purchases and has a record of making good decisions:

Remembering, like you know, I know how to make decisions for myself about important things in my life and I make good decisions so there is no reason this should be any different and I think having a little crisis around all of this baby buying stuff and realizing that part of it was that somehow all of those pressures made me feel less competent and less confident in my whole ability to literally buy things but I think in a bigger picture to be a parent. That that isn't true. It doesn't have to be true for me in that way.

Resources

The final three factors of resistance capture the ways in which pregnant women's access to resources can support a critical posture toward mainstream pressures of consumerism. Resisters benefited from access to financial resources, family support, and formal education or experience in fields related to child development, child care, education, or mental health.

Factor 6: financial resources. Ample financial resources allowed participants the luxury of not having to be too focused on affordability when it came to making consumer purchase decisions. One woman reflected on her appreciation of her financial situation when making purchases on behalf of her unborn child:

I'm sure we'll be able to handle it financially. . . . I can imagine if I, I mean, if you're someone who is more sort of struggling financially, I imagine it might induce, in itself, a lot of anxiety. Like, "how are we going to afford this? It says we need all these things and we can't afford all those things." And you know, how are you going to choose? You know, what you are going to get? Um, so I can imagine, like so much in life, if you are faced with those stressors all the time then it would just induce more anxiety. As opposed to somebody like me who you know, number one definitely, well, with the help of friends and just my own, you know research and things, can probably discern what I do need and what I don't comfortably. I can probably acquire without negative consequence, you know I don't have to turn down the thermostat to buy a crib.

For a number of women, the ability to be critical, prudent consumers in advance of the baby came with the knowledge that if they realized after the baby's arrival that they needed more items they could afford to purchase them with ease later:

I keep reminding myself that there are plenty of people around the world who have babies who don't have a lot of stuff. It's not that if I don't have whatever "it" may be that I'm unfit to have a child or I'm unprepared and also it's not like if I have the baby and don't have enough stuff I can't go out later and buy more. I think that was part of my stress too, that I had to have it all ahead of time but you know, I'm going to figure out what I need as I go. I know I have the essentials covered so now I feel like really it's fine.

Factor 7: family support. Women expressing criticism of the baby industry often acknowledged the benefits they reap from generous and financially comfortable extended family members. For some pregnant women, family members offered to purchase furnishings and/or gear for the baby:

A lot of the big expenses I feel like were paid for by other people which has been really nice and then tons of clothes and little toys and stuff from my sister so we actually haven't spent a ton on that either so I mean, let me think, I have a lot of books, um, and then we bought some little things I mean probably so far we've spent like less than \$500 so far which has been really nice.

Other women expected to receive smaller but still valued and useful gifts:

I think we'll get a lot as gifts, especially being first child in everybody's family. I think we'll have people excited to buy baby stuff and so I think we'll be getting a lot of gifts. . . . Our families are both into books. So I think we'll get a lot of books, and toys. So we aren't really buying too much of that stuff.

For one participant, the generosity of family members fulfilled virtually all of the items they believed they would want in place before their baby's arrival. In this instance, second-hand items passed on to she and her husband left them with nothing additional to acquire:

We have a bassinet that is Brian's great-grandmother's which is [an] incredible family heirloom, um, and um, we have received so many hand-me-down baby

furniture. We received a crib, um, with a stroller, car seats, pretty much everything, a changing table, that we need we've already received so we have a lot of that stuff and that's so incredible, that people have been so generous and you know, it's been wonderful but I don't think that there's anything that we need to have, always wanted to have this or we'll need to have this when the baby arrives that we don't have.

Factor 8: formal education or experience in relevant fields. Education and relevant work experience served women who were resisting full-blown consumerism of baby items in several ways. Participants reported that it was helpful in having a better sense for what motherhood would entail, it increased their feelings of preparedness through practical skills, and certain kinds of education contributed to their own knowledge of child development. These specific benefits allowed women to have a skeptical stance toward consumerism. In these instances they were more able to rely on their own experience and knowledge in the transition to motherhood rather than on messages they received from the marketplace.

One woman's previous experience providing childcare contributed to her belief that she has a realistic view of motherhood. Her mother communicated that this was different than her sister's who had been trying to conceive for years and had not previously worked as a nanny:

I've been a nanny a lot and worked with a lot of kids and often worked with newborns and when you're not the mom, I think it's very, as my mom always says, different when you're not the mom. But because I've done even a lot recently, I'm like "Oh my god. It's so much work" and I'm not so much caught up in the, sometimes I think the myth, not the mystical, but the mysticism around having this baby. So my mom says while my sister was like trying for two years and then she got pregnant and she had glorified the good things and kind of not thought about some of the other things, my mom said "you're preparing yourself for the worst and you're going to be so happily surprised because you're not knowing that you're going to feel actually. You're just thinking about the way in which your life will change, you know."

An educator finds confidence in her knowledge of child development which contributed to her readiness to become a mother:

I feel like I know, I mean I studied child development so I know about kids even though I'm realizing what I don't know about babies but I felt like, you know, sort of good about where I was in my life and ready to take on, tackle motherhood.

A school psychologist reflects on how she places greater value on the interaction a child receives from parents over the clothing it's outfitted in. She acknowledges that this value is different from the perspectives of some parents, and credits in part, the education she received in earning her Ph.D. to her views:

A lot of people, I think, are much more into the material goods make a good baby whereas, I don't know, I'm not into that, you know. It's all about how you interact as a parent with the child and how you stimulate the baby in terms of exposing it to life and I don't think you need a specific toy to do that. I mean there is some material things that I think are important. Like books are important but it's just because I'm pretty educated and I place a value on that and that's something in general I wish all kids had more of that I know is not a priority for all parents. As an educator, I notice that is a big factor is that some people when they get ready [to have a baby]. They only think of clothes and they don't think of how to stimulate their child.

Another woman believes coursework contributed to her conscious awareness about consumerism and that her family of origin's values placed less importance on materialism than on other things:

I think being a little bit more educated, in general, about consumerism and these kind of things helps you know what it's like and maybe something through some of my social work classes or sociology that, you know, I feel part of it is just education and how I was raised and kind of caring or not about certain things.

The next section will explore the experience of the two sample participants who did not exhibit resistance to consumerism in interviews.

Outliers

Sixteen percent of the sample did not express a critical stance toward the baby industry and did not exhibit particular confidence in acquiring items for their baby on their own terms. The two women who demonstrated more passivity in the face of consumerism exhibited one resistance factor each in contrast to the five to seven exhibited by each of the resisters.

The first woman expressed anxiety in the interview with respect to purchases. We sat in an immaculate, fully-furnished, recently re-modeled nursery space. The only factor of resiliency she had in her favor was financial resources. She was also the only participant in the study expecting twins.

When discussing the stroller purchase she had recently made she described feeling an increase in anxiety upon having it at home. The purchase highlighted a disconnection for her between the image she had of how mothers look strolling with their new babies and the image the new stroller conjured up of herself:

It [getting the stroller] didn't evoke any feelings in terms of "oh my god this is real". . . . the feelings it evoked was "oh my god, this is enormous. I can't believe I'm going to be using this." It sort of freaked me out just to think I'm going to have to manipulate this stroller through the city. When you see other moms with these cute little, single strollers, it just looks so easy.

This participant identified having no social support in the form of recent new mothers and indicated her feelings of isolation in this regard:

I don't have many friends with kids yet. Um, I've gotten most of my information online. . . . Which is strange. I'm 33 so you'd think that I'd have a lot of friends who have kids. One of my close friends has a kid but she's almost six so not that helpful. . . . I do have so few friends with babies, I'm not around babies very much so maybe if I had more babies in my life it would feel a little more real. But, it's almost like we're doing all this for some sort of imaginary entity.

She did not exhibit comfort going against social norms, in fact she expressed anxiety at not fitting her mental image of a new mom. She reported feeling detached from impending motherhood and made no outright mention of the role of her husband with respect to her pregnancy or her babies. This expectant woman also believed that her experience is not like that of other women's, which may have contributed further to her sense of isolation:

I would think that a lot of moms-to-be spend a lot of time thinking about what kind of mothers they are going to be and I mean I definitely have those thoughts but I don't have a lot of those thoughts. I think just because it does seem so unreal [pause] still that it just doesn't feel like part of my reality yet. . . . It [getting materially prepared] just feels like something I know I have to do in preparation before they arrive. But it doesn't feel, I don't feel that sort of connection or that sort of leap to the next step of actually doing it because I'm having the babies. If that make sense. I don't know. It just feels very separate. . . . I think other people may have an easier time envisioning, you know, they have the crib, like, sort of putting the baby in the crib and sort of what that means for them, for you know, this new life they are entering into. Um, but I haven't felt that.

The other study participant who did not exhibit resistance to the consumer baby industry was the only participant of color though she shared a similar education level, marital status, and age with the other study participants. Also of note is that she was one of two women in the sample who volunteered that she had not planned on getting pregnant at this time in her life. Her less-than-enthusiastic response to her pregnancy was palatable throughout the interview. Here she describes how her emotional reaction to the pregnancy differed from most of the people in her life:

I think people were very excited immediately. I don't know I was excited, um, my supervisor at work whose a male actually expressed my feelings exactly. They just had a baby a year ago and he was like "people are going to tell you that they're excited and they're going to be so enthusiastic and you might not feel that way at all." And I'm like, "that's true." And I didn't feel I could admit that. And he was like "you don't know what it's going to be like. You can't fathom

yourself being a parent.” And I’m like “that’s exactly how I’m feeling.” I’ve always been single so being a parent, I don’t know how I feel about that.

The resistance factor this expectant woman had in her favor was social support from peers. She mentioned that she has sisters who are mothers and live out-of-state, one who is planning to visit near the time of the birth:

My sisters both have kids but that was like 5 years ago. Um. But um, my youngest sister is a great mom and I’m actually having her fly up so she can be here. So I can be: “okay, you can take care of everything.”

She self-selected middle class on the demographic questionnaire but finances did sound as though they are an area of stress in anticipating the birth of the baby. She shared that prior to finding out she was expecting a baby she and her husband had moved to a smaller, one-bedroom apartment, ostensibly to save money. When asked how much she estimates they will spend on baby items, she replied in a way that indicated some anxiety:

We’ve avoided that. We’re still calculating it. It’s so hard to sit down and calculate all this. I don’t know. But I know it’s going to be more than just daycare. The cost of daycare around here is like \$300/week on average. I don’t know. We’re trying not to think about that. We’ll be doing that in the next week or so.

The participant did mention her husband (a medical resident) as involved in the transition. However it was not in ways that felt constructive to her:

The one thing I’m worried about is my husband. Like I said my husband is a doctor-to-be and he’s paranoid. So I’m like “are we going to be at the emergency room more than we should be?” . . . I’m going to let my husband choose the pediatrician since he’s like “they have to be Harvard trained” and [inaudible] I’m not even going to look into it then.

The two outliers had in common greater reliance on impersonal sources of information about their pregnancies and the transition to motherhood than the resisters.

The internet played a big role in the first outlier's experience.

I've used the internet a ton. It's a great resource, at the same time it's a little overwhelming because what I think what people used to do was go to a store and the store would have three different strollers and they'd get one of the three strollers, but now there is like 8 million strollers out there and it's a little overwhelming.

She reports relying completely on the web to research and purchase her first stroller:

I did it all online, I think I probably started out doing a search for tandem strollers. I think I had heard about the brand I got, the Peg Prego, and just did some research on it to get other people's opinions and then I'm on two list serves, the Garden Moms list serve which is South End moms and then Mass Mothers of Twins.

Unfortunately, she regretted her first purchase so decided to purchase an additional stroller for her twins due to concerns about her first stroller not getting through her front door:

I sort of went back and forth for awhile because the stroller that we did get, it's just that it's enormous. I didn't know if it made sense to get something that big, but I did. And I didn't see it before I got it. I got it off an internet site so it was even bigger than I expected it to be. It's pretty enormous and doesn't fit through our entry way.

The second outlier mentioned several sources of information that have helped her decide what to acquire for use with her baby including free samples of products given to her at her obstetrician's office and "the infinite amount of websites." While resisters did name the internet as a source of information in the transition to motherhood, unlike the outliers, it was often in the context of having people in their life to whom they could turn to directly for personal accounts and experiences.

These two women expressed their belief that they felt less connection to their children-to-be than they perceived other pregnant women to feel. At the same time they didn't have readily available avenues of support to either help bolster them or allow them to appreciate how many other women feel similarly.

Conclusion

This chapter has described the characteristics of the research sample; described the pressure women feel to make care decisions and purchase items for their baby; articulated the functions served for women in acquiring items in advance of childbirth; described eight factors which contribute to some women's ability to participate in consumerism in a way that resists its pervasiveness, yet satisfies their needs; and reviewed characteristics of the two participants who were not challenging consumer pressures during the transition to motherhood.

The following discussion chapter will explore what the pressures felt by a group of well-educated, financially stable, married women and the resistance factors many employ can begin to tell us about the experience of other women. Specifically, the benefits of social support, independent thinking, and resources will be examined as avenues for resistance to consumer pressures. The discussion chapter will also address the implications of these findings for improving support to women who are becoming first-time mothers, regardless of their socioeconomic class, ethnicity, sexual orientation, or education level. It will compare the results of this study to the literature review and propose recommendations for future research.

CHAPTER V

DISCUSSION

The purpose of this study was to explore the role of consumerism in women's transition to motherhood. This chapter will compare key findings of the study to existing literature, review the strengths and limitations of the study design and outcome, suggest directions for future research in this area and discuss implications for social work practice.

Major Findings

The findings suggest a number of ways in which expectant women use the acquisition of baby items to facilitate this particular transition. Three of four findings regarding the functions served in acquiring baby items are supported by previous related research on consumerism. The fourth finding, regarding the acquisition of material items as an arena where women becoming mothers may exercise some influence and control, is not previously articulated in literature on the topic of consumerism. Significant connections between previous literature and the other three study's findings follow.

Expectant mothers referred to feeling increased "realness" regarding their impending life change by accumulating baby items prior to the baby's actual arrival at home. This is supported by the literature which suggests that the acquisition of new possessions allow their owners altered expressions of self in times when one's self-definition is changing (Belk, 1988). Women reported feeling more prepared for their baby's arrival by having items for the infant within reach and poised for use. Previous

research suggests that possessions can offer a solution to identity conflicts by providing a material bridge between one's current self concept and previously un-embraced identities (Ahuvia, 2005). As women became more physically equipped for their role as mother they felt more prepared and by extension a sense of relief and greater calm about the anticipated transition.

Previous literature suggests that less secure individuals are more reliant on projecting an image of success (through accessories) while navigating transitions than peers who are more confident (Wicklund & Gollwitzer, 1982). This is reflected in the experience shared by the two outliers in the study who did not share any sense of questioning their participation in consumerism on behalf of their expected babies. They each expressed a belief that they felt less connection to their children-to-be than they perceived other pregnant women to feel. Previous research has shown that when women experience disillusionment with the new role of mother it often leads to feeling increased isolation and subsequent guilt and shame (Choi, et al., 2005). The women who felt less secure about their changing identities in the study may have felt more compelled to present themselves as mother in the social world. One way to do this is by accumulating material goods which convey to others (and themselves) that they will be good parents.

In addition to the functions served by the acquisition of baby items, the study findings identified eight factors which were found to contribute to women's ability to resist mainstream consumerism. While all participants were found to engage in consumerism during the transition to motherhood, 83% of pregnant women interviewed exhibited some degree of a critical stance toward consumerism and articulated their efforts to participate in acquiring items for their baby in a way which suited their

individual situation. The study found women's ability to reject aspects of mainstream consumerism in the transition to motherhood to be the result of supportive social networks, an ability to think independently, and access to resources. The findings suggest that a woman's approach to consumerism during pregnancy may reflect aspects of their underlying psychological health.

The role of social support in aiding women's ability to resist consumerism is not surprising given Tim Kasser's previous research (2002). He suggests that individuals placing more importance on materialistic values have decreased feelings of competence and self-esteem and experience less connectedness to others as compared to those with less of an orientation toward materialistic values. According to Kasser: "psychological health depends in part on whether we feel close and connected with other people, and on whether we can give and receive love, care, and support" (p. 61). He views an orientation toward materialism as both a symptom of insecurity and a coping strategy employed in an effort to manage difficulties and satisfy needs.

The role of independent thinking in women's ability to navigate consumerism on their own terms offers a logical cluster of resistance factors given developments in consumer marketing in recent years that target expectant and new parents. Susan Gregory Thomas (2007) argues that the age zero to three consumer market "is a rapidly growing industry manned by a battalion of specialized and sophisticated advertising firms; child psychology researchers, often funded by companies interested in building a consumer base of very young children; and cross-marketing campaigns that deliberately intertwine educational messages with subtle commercial ploys" (p. 4). Given the market forces pregnant women are up against, it makes sense that the factors which make up the

theme of independent thinking influence a women's ability to resist full-blown participation.

Study Strengths and Weaknesses

The qualitative design succeeded in allowing for the identification of new themes to emerge about consumerism and the experience of pregnant women. The eight factors enabling resistance to consumerism offer a new framework to understand how expectant women, and perhaps other individuals in transition, can feel more confident in navigating consumer pressures.

This study attracted participants which mirrored the populations previously studied with respect to consumer attitudes and behaviors. The majority of women identified as white, heterosexual, and with middle to upper middle socioeconomic class backgrounds. While the sample does not reflect a cross-section of expectant women in the United States, this research contributes to a better understanding of a particularly privileged group's experiences and vulnerabilities. It does, however, also allow us to begin reflecting on what the transition to motherhood and consumer pressures bring for other less-privileged women.

Interviews found that even these well educated, financially stable women armed with resistance factors felt conflicted and overwhelmed when confronted with pervasive pressures to make purchases on behalf of their expected babies. Women felt overwhelmed by the number of decisions to make about how to provide care for their infant, the number of consumer options available to them, and expressed worry about making the "right" purchases that would both serve their child well and signify that they were "good" mothers.

What does this mean for women with fewer financial resources? They may feel greater pressure to acquire as many baby items as possible before the baby's arrival because their fixed budgets do not accommodate unplanned purchases as easily as wealthier women's may. Poorer women also may not have the perspectives shared by the resisters in the study who cite work/professional experience and having multiple informed perspectives as helpful in empowering them to be critical of consumer pressures and conduct themselves accordingly. Less financially comfortable women also may not have the benefit of resource rich family and friends who offer gently used second hand items or purchase gifts to support the expectant mother's preparations.

Lustig (2004) found that women of lesser socioeconomic status have particular investment in accumulating the trappings of mainstream culture for their children, in part to present themselves as 'good mothers' in a world which devalues them and their families based on socioeconomic, racial, and marital status discrimination. Future research is necessary, but the literature and findings of this study begin to suggest the painful irony that the very women most compelled to accumulate items for their baby's arrival may be least able to afford them.

Future Research

Future research should seek to understand the experience of groups of women who were not a part of this study's sample. The experience of pregnant women of diverse socioeconomic classes, racial identities, sexual orientations, and those women who do not have the benefit of advanced degrees needs to be researched and included in the literature on consumerism and the transition to motherhood. The unique challenges

facing less privileged women need to be identified and articulated in their own voices through future inductive research relying on flexible methods.

Previous literature and the findings of this study suggest unchecked consumerism as a possible indicator of underlying psychological distress. While resisters did participate in purchasing for their expected babies, they did so in ways that were reflective and more deliberate. For the outliers, purchasing was seen as a *de rigeur* component of the transition to motherhood. Given the sense outliers expressed of feeling disconnected from their expected baby and perceiving themselves to feel differently than other pregnant women, along with the absence of multiple resistance factors held by the other participants, their obligatory purchasing may be symbolic of some effort to compensate for other needs not being met in their lives.

Further research will be needed to determine whether having women's social needs met and independent thinking abilities bolstered would allow women to not turn to consumerism as a way to manage difficult feeling states or to fill other voids in their life. Understanding how the focus on consumerism may be interrupted is considered in the next section which addresses possible practice interventions based on this study's findings.

Implications for Social Work Practice

The benefits of social support, independent thinking, and resources were documented to play important roles in women's ability to express resistance to consumer pressures. While women's financial circumstances are not easily impacted by mental health interventions, increasing social support and fostering independent thinking skills are aspects of expectant women's lives in which clinicians can play an important role. A

group designed for prenatal women could be used to provide both psycho-education and social support to women going through the transition to motherhood.

A professionally facilitated group could welcome women who are without access to new parents to consult with about the transition to motherhood. It would provide space for women who may not have supportive friends, siblings, or colleagues. A group could offer pregnant women access to other women who are in a similar situation for the benefit of social support, learning about a range of experiences during the transition as well as different strategies used to navigate the transition. For women without partners or for women without supportive partners, a group could also play an important role in helping navigate pregnancy, childbirth, and the accompanying anxieties and questions.

Independent thinking could be cultivated through education and consciousness-raising. Specifically, a group for expectant women could address each of the three resistance factors identified as elements of the independent thinking theme in the study. A diverse mix of guest speakers could represent new mother's range of reactions to having a baby and discuss an array of baby care arrangements in order to reinforce that there is a range of normal reactions to becoming a mother and ways to provide care for an infant. Reading assignments and presentations by facilitators could also be integrated in order to make sure multiple perspectives are represented.

A short-term group may not be able to give women a tremendous amount of practice transgressing social norms but it could serve as a platform from which women can begin to see their social world differently. Facilitators could encourage members to identify social norms and explore the ways in which these norms are culturally constructed. A discussion of how norms are reinforced through a multitude of forces,

including powerful corporate interests, could help expectant women forge awareness of how they are targeted for the delivery of specialized marketing messages.

The other way in which a semi-structured group could cultivate independent thinking for women is by helping members to develop their critical thinking skills. This could be fostered through self-assessment exercises designed to encourage women to evaluate their own, unique situations and consider their options accordingly.

Study participants who had work experience or formal education in fields related to children felt like they had a better sense for what motherhood would entail, increased feelings of preparedness due to knowledge of practical infant care skills and child development. These factors allowed resisters to rely more heavily on their own experience and knowledge in the transition to motherhood rather than on messages they received from the marketplace. Education offered in a prenatal group setting could be specially designed to increase women's competence and confidence around becoming a new parent.

The other notable potential benefit from such a group is the impact that changes to expectant mothers' behaviors regarding consumerism may have for the eventual development of their child's consumer habits. Juliet Schor (2004) indicates that children who have less involvement in consumer culture tend to be psychologically healthier. She has concluded that increased levels of consumer involvement "result in worse relationships with parents, which also leads to increased depression, anxiety, lower self-esteem and more psychosomatic complaints" (p. 170).

In conclusion, this study has implications for improving support to women who are becoming first-time mothers, regardless of their socioeconomic class, ethnicity,

sexual orientation, or education level. The roles of social support, independent thinking, and resources have been identified as key attributes in women's ability to resist mainstream consumer pressures.

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Are you in your 2nd or 3rd trimester of PREGNANCY?

If you are preparing for the birth of your **FIRST biological child** you have an important perspective to share.

Women available for 1-hour interviews are sought as part of a Master's Thesis project through Smith College School for Social Work.

Interviews will be scheduled at a time and place convenient to you. All interview content will be kept confidential.

Thanks for considering participation!

Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369	Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369	Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369	Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369	Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369	Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369	Transition to Motherhood Interview Sarah Muzzy smuzzy@smith.edu (617) 243-2369
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Appendix B



Welcome, sarah_muzzy [[Sign Out](#), [My Account](#)]

sarah_muzzy · sarah_muzzy@yahoo.com | Group Member - [Edit Membership](#) | [Start a Group](#) | [My Groups](#)

bpn · Boston Parents Network

Mon Jan 8, 2007 2:09 pm

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Hi Everyone,

I'm recruiting participants for my research on women's transition to motherhood. I'm interviewing women who are in their 2nd or 3rd trimester of pregnancy with thier first biological child. Interviews will take approximately 1-hour and will be scheduled at a time and place most convenient for women. All interview content will be kept confidential.

While I imagine the Boston Parents Network is mostly populated with people who already have children, my hope is that you will consider forwarding my note to any women you know who is expecting their first baby.

Yahoo! Groups Tips

Did you know...

Want your group to be featured on the Yahoo! Groups website? [Add a group photo to Flickr.](#)

Many thanks!
Sarah Muzzy
Somerville, MA

Smith College School for Social Work
[sarah_muzzy@...](#) or [smuzzy@...](#)
(617) 243-2369

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Transition to Motherhood Study

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Appendix C

Demographic Questionnaire

1) Interview #:

2) Date of birth:

3) Race/Ethnicity:

African American

Asian

Caucasian

Hispanic

Native American

Or, specify:

4) Religion:

5) Please list any degrees earned & institutions attended beyond high school:

6) Occupation:

7) Please select the socioeconomic class which best describes your situation:

Working Class

Middle Class

Upper-Middle Class

8) Relationship status:

Single

Married

Committed Relationship

Dating

Divorced

Widowed

9) Length of time in current relationship, if partnered:

10) Due date and sex of your baby (if known):

Appendix D

Human Subjects Review Board Approval

December 7, 2006

Sarah Muzzy
35 Montrose Street
Somerville, MA 02143

Dear Sarah,

We received your materials and your new referral list. All is now in order and we are glad to give final approval to this very interesting study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Jennifer Perloff, Research Advisor

Appendix E

Interview Guide

1. How do you feel about becoming a mother? Any other feelings— positive or negative?
2. Has there ever been a time in your pregnancy when what you were thinking and feeling was different from what the people around you were saying and doing?
3. Upon finding out you were pregnant, how prepared did you feel to become a mother? On a scale of 1-5 with 1 representing “Not at all Prepared” and 5 representing “Extremely Prepared.”
4. How prepared do you feel today using the scale?
5. How do you account for this change in your feelings of preparedness? Or do you have thoughts on what could be helpful for you in your efforts to feel more prepared?
6. What pressures do you face in your life as you become a mother for the first time?
7. Have these pressures compelled you to do anything in particular? [How have you dealt with it?]
8. What kinds of activities have you been engaging in to prepare for having a baby?
9. Have you begun to acquire any items you want to have for the baby’s arrival?
10. If no, tell me about your plans to begin or your reasons for waiting.
11. Are there people in your life whose opinions have been particularly helpful to you as you prepare and acquire items for your baby?
12. What are their relationships to you
13. How have they been helpful?

14. Are there other sources of information that have helped you to decide what to acquire for use with your baby?
15. What are they?
16. How much have you spent, or estimate you will spend, on baby things?
17. Are you registered anywhere or do you plan to be?
18. Do you anticipate that there will be a baby shower in your honor?
19. Can you give me an example of a major purchase you have made or plan to make on behalf of your expected baby?
20. How did you determine to buy one of these in the first place?
21. Given all of the choices you have available to you in terms of baby items you could buy, how did/will you begin to evaluate which one to purchase?
22. Who in your life was involved in your decision?
23. How did you feel, or think you will feel, once you had made the purchase?
24. Did you feel any stress in the process of acquiring this item?
25. Based on what you've shared regarding purchases, let's think back to the question I asked earlier about preparedness. How do you feel your purchases have influenced your preparedness?
26. I asked earlier about the pressures you feel with regard to becoming a mother. Do you think that purchasing items in preparation for your baby has any impact on the pressures you mentioned feeling at the beginning of the interview?
27. Any questions for me or thoughts on your mind?

Appendix F

Informed Consent Form

Dear Participant:

My name is Sarah Muzzy and I am a graduate student at Smith College School for Social Work in Northampton, Massachusetts. I am conducting a study on women's transition to motherhood by interviewing women in their second or third trimester of pregnancy. The study is being conducted in partial fulfillment of the Master's of Social Work degree at Smith College School for Social Work. The information you share with me may also be used in future presentations and publications on this topic but is being gathered specifically for my thesis research.

Nature of Participation

You are being asked to participate because you are a woman who is 18 or older, in your second or third trimester of pregnancy with your first biological child, and do not currently parent other children who live in your household half-time or greater. I will ask that you sit for an interview that will be conducted in English which will last approximately 60 minutes. You will be asked to share your unique perspective on the preparations you are making for your expected baby, your perspective on motherhood, the challenges and joys you've faced during this time. I will ask you to provide some demographic information at the beginning of the interview. This should take no more than 5 minutes to complete and will include information about your age, racial/ethnic identity, religion, education, length of time living in the Boston area, occupation, socioeconomic class, relationship status, and due date of your baby.

My interview with you will be audio recorded for future reference. Confidentiality will be kept by assigning the digital recordings a number and removing any identifying names and locations from the transcript. I will not use your name while the recording is on so that you will not be identified by name in the audio recording. Some illustrative quotes may be used for publication, but will be reported without connection to your identifying information to protect your privacy. I may contact you after the interview to seek your feedback on the observations and conclusions I make as a result of placing the experiences you share with me in the context of the other aspects of my research. I will be the main handler for all data including recordings and transcripts. Any person assisting me with transcription will be required to sign a confidentiality agreement. I will keep the recordings and transcripts for three years, consistent with federal regulations. During this time the recordings and transcripts will be kept on a single password protected computer and hard copies of transcripts, consent forms, and demographic questionnaires will be kept in a locked cabinet. After the three-year period has expired, all materials will be kept secured or destroyed.

Risks and Benefits

There are some potential risks of participating in this study. The interview may include questions which highlight difficult issues that you are facing as an expectant mother. If at any time during the interview you do not want to answer a question, you have the right to refuse to do so. You may tell me if at any point you'd like to stop the interview, take a break, or skip a question. I will honor those requests without repercussions to you. I will provide you with referral sources in case you decide you would like to speak to someone further about any of the topics raised in our interview.

Participation in the study may also bring some benefit to you. It will allow you an opportunity to share the excitement and challenges of pregnancy and the transition to motherhood with a person interested in understanding your situation and the changes you are experiencing. My hope is that your participation will help to educate mental health professionals by providing them with a better understanding of the transition to motherhood. Your experiences will be shared in a safe and confidential format. There will be no financial benefit for participating in this study.

Informed Consent Procedures

Participation in this study is voluntary and you may withdraw from this study at any time during the interview or immediately after the interview. You have the right to withdraw from the study at any time until March 15, 2007, when the report will be written.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant:

Date:

Signature of Researcher:

Date:

If you have any questions or wish to withdraw your consent before March 15, 2007, please contact:

**Sarah Muzzy
Smith College
Box 7754, 1 Chapin Way
Northampton, MA 01063
Phone: (617) 243-2369
E-mail: smuzzy@smith.edu**

Please keep this copy for your records so you can contact me in the future.

Appendix G

Boston-Area Referral Sources

The Social Work Therapy Referral Service

(617) 720-2828

(800) 242-9794

<http://www.therapymatcher.org/>

“The Social Work Therapy Referral Service is a free, confidential telephone referral service. We provide professional, personalized counseling referrals matched for location, specialty and insurance or fee requirements.”

Women’s Mental Health Collective

61 Roseland Street

Somerville, MA 02143

(617) 354-6270

www.wmhc.org

“Since 1970 the Women’s Mental Health Collective has been providing psychotherapy to a broad community of people in the Somerville, Cambridge, and greater Boston, Massachusetts area. We see psychotherapy as a relationship in which exploration of one’s inner life and interpersonal world can take place, creating possibilities for self acceptance and change.”

Program for Psychotherapy

Macht Building

The Cambridge Hospital

1493 Cambridge Street

Cambridge, MA

Intake Line: (617) 591-6033

“The Program for Psychotherapy provides access to affordable, long-term insight-oriented psychotherapy to a diverse population in the surrounding towns and local university communities.”