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Mother Making: How First Time Mothers Develop a Parenting Practice in Contemporary America

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MOTHER MAKING: HOW FIRST TIME MOTHERS

DEVELOP A PARENTING PRACTICE IN CONTEMPORARY AMERICA

This dissertation, by Stephanie A. Wright, has been approved by the committee members signed below who recommend that it be accepted by the faculty of Antioch University Seattle, WA in partial fulfillment of requirements for the degree of

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ABSTRACT

MOTHER MAKING: HOW FIRST TIME MOTHERS DEVELOP

A PARENTING PRACTICE IN CONTEMPORARY AMERICA

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History has shown, time and again, that parenting practices in America change in the face of important social, political, cultural and ideological transitions. Such influences are often concealed, but nonetheless greatly impact not only the way mothers parent their children but also how they think of themselves in their mothering role. Historical and feminist scholars have helped to elucidate how broad historical legacies and current ideologies, such as patriarchy, capitalism, neoliberalism, and feminism itself, continue to shape dominant discursive understandings about motherhood. Using Interpretive Phenomenological Analysis, eight first time mothers from mostly white, middle class, educated and full time working lifestyles were interviewed to explore their experiences with developing a parenting practice, particularly in the face of numerous saturated cultural influences. Results revealed that participants were most likely to seek advice from close trusted peers, they were unlikely to seek or receive advice from their own parents, they tended to only trust the advice of patient-centered healthcare professionals, and their experiences and understandings of mothering were implicitly shaped by the forces of patriarchy, neoliberalism, and scientism, as well as their own intuitive maternal thinking. This dissertation is available in open access at AURA, http://aura.antioch.edu/ and Ohio Link ETD Center, https://etd.ohiolink.edu/etd

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To my mother, to my grandmother, to my sisters, and to the many mothers I have known who have shown me the numerous faces of 'good' mothering;

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Introduction

The subject of motherhood has captured the attention of writers, artists, poets, and scholars for much of recorded history. Such interest has arguably increased in the modern era, particularly in light of the advent and expansion of the field of psychology. But how do we make sense of something as pervasive and essential to human existence as motherhood?

With specific attention to American society, I hope to contribute to our current understandings of the role of motherhood and the practice of mothering in contemporary society. In particular, I hope to engender a better awareness of how new mothers develop a parenting practice when faced with the barrage of complex and sometimes contradictory social, cultural, political, and psychological influences of contemporary society.

First, I identify how social understandings of motherhood have changed over the past two centuries in the face of important social and political ideological shifts. History has shown us time and again that dominant discourses emerge within various historical frames, typically reflecting the ideals of the white, middle class. These discourses profoundly impact not only the way that women practice mothering, but also how women think about themselves within their mothering roles. I identify four broad historical trends from the past two centuries, and I enumerate how these historical legacies continue to shape the way we understand motherhood today. These include maternalism from the antebellum era, scientific motherhood from the early decades of the twentieth century, custodial mothering in the post world war two era, and intensive motherhood, which has dominated contemporary understandings of motherhood for several decades (Apple, 2006; Bobel, 2002; Hays, 1996; Plant, 2010).

A critical reflection of the history of motherhood in America has significant implications for how we understand parenting practices today. Firstly, it demonstrates the importance of

identifying the social and political ideologies that shape parenting practices within particular historical moments and cultural contexts. Secondly, it acknowledges how the presumed and often taken for granted assumptions of a practice like motherhood, however deeply impacted by one's own physiology, is indelibly bound to the social environment. And finally, it elucidates how concealed these influences can be, even with a practice as demanding, all encompassing, and pervasive as motherhood.

Next, I examine current scholarly research on the topic of motherhood. Of import, I will identify how feminist theory has helped highlight the impact of current ideologies, including patriarchy, capitalism, neoliberalism, and feminism itself on the practice of contemporary mothering. Concurrently, I identify the limited body of academic research presently available that has shed light on how new mothers develop their parenting practices today. I also introduce how women and researchers alike reconcile social understandings and contradictory cultural messages against physiological, embodied, and lived experiences of mothering, as well as how they unwittingly reinforce social and cultural understandings through their own situational, academic, and/or philosophical viewpoints.

Subsequent to this background review, I conduct an in-depth phenomenological qualitative analysis of eight first time birth mothers between the ages of 30–37, who have one child between the ages of seven months and three years old. These mothers were solicited from local online community email list serves, as well as through snowball sampling. Each participant engaged in approximately a one-hour semi-structured interview, wherein they explicated their own personal experience and process of developing a maternal practice. In particular, I identify how these mothers' reconciled contradictory messages and advice about parenting, how they managed outside these influences against their own "gut feelings," and how they experienced

both feelings of vulnerability and/or empowerment at various times in this process. I also discuss the extent to which women's lives continue to be shaped by dominant ideological forces, including patriarchy, neoliberalism, and scientism.

It is my hope that this study will confer significant implications for the field of psychology. As I identify, the field of psychology has had a significant impact on how society thinks about and practices parenting. It has also contributed to and reinforced many of the aforementioned ideologies that have increased women's vulnerability to disempowerment. In doing so, it could be argued that psychology is complicit is producing some of the very pathologies, such as postpartum anxiety and postpartum depression, that it aims to treat. By exploring the development of mothering practices at the individual level, I hope that this study gives insight into possible ways of intervening or contradicting discourses, understandings, practices, and internalized social values that perpetuate the vulnerability that women face in their everyday lives.

Background

The Rise of Maternalism

Rubin (1984) traced contemporary western matrilineal practices to 18th century British feminist writer, Mary Wollstonecraft. In her 1792 publication, *Vindication of the Rights of Women,* Wollstonecraft challenged the status of women as mere property, if not burden, to their husbands (Rubin, 1984). Instead, she advocated for a valued place in society for women, not only as spousal companions, but also as primary caretakers and educators in a child's life. Her message, that children were "innocent" beings in need of direct maternal attention and cultivation, stood in the face of then contemporary bourgeois and aristocratic practices, such as leaving the work of child rearing in the hands servants, community members, or other family members (Tardy, 2000). It also reflected a shift away from the dominance of Christian notions around "original sin," and the emergence of a maternal ideal and domestic ideology that would later influence, shape, and transform the role of the modern American woman (Tardy, 2000).

American women in the antebellum and late Victorian era embraced this new domestic ideal, known as moral motherhood or maternalism (Plant, 2010). For one, the standard agrarian American lifestyle, one which meant that bearing multiple children would equate to more farm workers on hand, was slowly giving way to a more industrialized, urbanized, and service-oriented society (Apple, 2006). As a result, having children became more costly. The subsequent emerging middle class lifestyle, coupled with increased technological advancements in the home (e.g., indoor plumbing & gas ovens), meant women could spend less time on domestic duties and devote more time and energy to their children (Tardy, 2000). Not surprisingly, pregnancy rates began to decline during 19th century; between 1800 and 1900, birth rates for the average white

woman who survived until menopause dropped from 7.04 to 3.56 (Stearns, 2003). In turn, birth control, later entrance to marriage, literacy, and general education amongst women steadily rose.

Historical scholars have long recognized the ideology of maternalism that emerged during this period as an important shift in the lives of American mothers. As Plant (2010) argued, it reflected "the conviction that mothers should bind their children (especially their boys) to the home with 'silver cords' of love in order to ensure their proper moral development" (p. 2). As the guardian of familial morality, motherhood became regarded as a self-sacrificing, civic institution that upheld the moral and national principles of a society. This emergent discourse, equating "mother's love" to the path of virtue and morality, is often regarded as an important first step in the process of enabling women to incorporate into the social, economic, and political realms of society (Plant, 2010). Furthermore, as I intend to show, aspects of this ideology have remained embedded in American understandings about motherhood well into the modern era.

The Age of Scientific Motherhood

By the turn of the 20th century, a powerful combination of sociopolitical events spawned a new focus on children, chief among them being the women's rights movement. As demands for equal rights and improved working conditions for women working in industrial complexes reached critical mass by late 1800s, so too did the increased attention towards child welfare. This included a growing awareness for the poor conditions of abandoned children living in public almshouses and private institutions, as well as those in child labor. Consequently, this new focus on the role of women and children, owning largely to middle and upper class materialist activists of the era, generated new public policy. The creation of the U.S. Children's Bureau in 1912 meant not only regulation for the working conditions of children, but also an official public organization charged with distributing information on proper child rearing methods (Sears,

1975). In 1914, the bureau released the first edition of *Infant Care,* a booklet containing "expert" advice to parents. Issues ranging from bathing, to clothing, to character development, to a near fever-pitched attention to germ theory and child hygiene standards became the new "problems" of childhood.

To that end, the growing scientific and medical establishment at the turn of the century became a deeply embedded partner in the new discourses regarding motherhood. With recent discoveries in disease causing microorganisms and early advances in immunization in the 1890s (e.g., diphtheria anti-toxin), physicians swiftly took advantage of their new position in society as experts not only to good health, but also to proper infant health care (Apple, 2006). Child-rearing advice manuals began to flourish in American social terrain, and with them, a host of consumer products and parenting techniques followed suit. In fact, even the most mundane tasks of daily childcare, including holding and bathing became fodder for the curious and conscious mother. Subsequently, middle class mothers embraced their new roles as consciously informed scientific consumers, a phenomenon that Apple (2006) coined "scientific motherhood."

The changing cultural makeup of America at the turn of the 20th century also contributed to this new attention to parenting. Traditional, religious, and communal values from previous centuries—and from other countries of origin—were becoming increasingly absent in the rising middle class family. Coupled with changes in family structure, which included reduced birthrate, the decline of live-in domestic work, and the decline of co-habitating extended family (e.g., grandparents); parents had less support and fewer buffers between themselves and their children (Stearns, 2003). As Stearns (2003) aptly suggested, "This could easily contribute to the sense that children had problems—partly reflecting the fact that parents had more problems with them" (p. 45).

As a result of the growing dominance of the medical establishment, a new type of child "expert" emerged during the early 20th century, representing another powerful sea change in the American landscape. Owing to the growing professionalization of the field of psychiatry and psychology, scholars like William James, G. Stanley Hall, Earl Barnes, and John Watson started what is often referred to as the child study movement. As Stearns (2003) explained, "Its premise involved a belief that scientific principles had never been applied to the study of children and that people were therefore amazingly ignorant about what children were like" (p. 40). These new self-proclaimed experts offered their perspectives on childhood, which served as the scientific basis for a number of "new" parenting techniques. With respect to infants and babies, these included a resistance to maternal overindulgences, such as affection, co-sleeping, or even holding "in excess," in favor of strict training methods, such as rigid schedules around sleeping, playing, and eating (Cable, 1975; Hays, 1996; Stearns, 2003). Age-old wisdom passed down from parent's parents was less available and suddenly called to question, maternal instincts were now synonymous with old wives tales, and childhood behavior shifted from "innocent" to replete with dangerous impulses (Hays, 1996). Subsequently, a proliferation of experts staked their claim on this new model of child rearing, which would later become synonymous with Watsonsian behaviorism. As an example, one prominent pediatrician, Dr. L. Emmett Holt, released *The Care and Feeding of Children* in 1894, as well as dozens of editions up until 1934. His methods were described as follows:

> Babies under six months old should never be played with, and of kissing the less the
>
> better. Rocking was forbidden, and so were pacifiers. Should the child attempt to pacify
>
> himself by sucking his thumb, pasteboard splints must be applied to his elbows to prevent
>
> him from bending his arms, and at night his hands must be tied to his sides. Tots must

understand that mealtime is not for fun and games. Mothers must permit no levity at this

solemn occasion, nor any playing with food, and she must see to it that children eat

what is given them, and all of it. (Cable, 1975, p. 166)

The advent of child rearing experts and manuals also accompanied an increased

popularity for baby products. By the mid 1910s, stores began creating separate infant

departments and local and national events, such as National Baby Week, became popularized

(Lemus, 2013). Physicians were often asked to speak at store events and a host of new "must

have" products entered the consumer terrain, such as newly popularized baby garments, baby

soaps, and baby blankets. Suddenly, consumption of baby products indicated a women's

"readiness for motherhood" (Lemus, 2013, p. 183). This new consumer commodification of

motherhood would overly dominate motherhood well into the modern era.

Not surprisingly, old world practices such as bedsharing, wet nurses, and breastfeeding

were steadily replaced by more modern maternal practices such as leaving a baby to cry

themselves to sleep in cribs and separate rooms, and utilizing infant milk formulas on strict

feeding schedules. Hospital birthing became increasingly popular as well, particularly between

the Great War and World War II (Apple, 2006). Here again, impressionable young mothers—

who would often remain in maternity care for two-three weeks at a time—were heavily

influenced by the medically based childcare standards of rigid schedules and hygiene routines.

The tenets of scientific motherhood dominated the American cultural terrain with

increasing fervor in the first several decades of the twentieth century. What began as a large-

scale communal effort to ameliorate high infant and maternal mortality rates was now resulting

in harsh accountability directed towards individual mothers (Apple, 2006). With an increased

understanding of the environmental and communal factors that contributed to disease, public

health campaigns now stretched beyond literate, middle-class mothers, directing their aims and blames towards working-class, immigrant, and minority mothers. Furthermore, the World War I mobilization of troops resulted in a new public understanding of the impact of early childhood nutrition and health on the later health and well being of soldiers (Apple, 2006). Public health campaigns gradually shifted their attention away from the threat of disease and towards the threat of maternal ignorance. For example, early milk stations, which provided adequate, safe milk for infants in cases where breastfeeding was unavailable or inadequate, increasingly gave way to well-child clinics, and mothers were warned, scrutinized, and even chastised if a medical provider did not adequately supervise their maternal practices. Data analysis of public health surveys from the 1930s revealed that while some variation of engagement with the medical establishment existed—for example, white middle class women were more likely to read child-care pamphlets and consult with physicians, while African American mothers were more likely to attend clinics and consult with nurses—the vast majority of mothers surveyed demonstrated a strong and consistent reliance on expert opinions over traditional sources of advice (e.g., friends and relatives; Apple, 2006). Scientific motherhood was now the dominant maternal ideal.

Plant (2010) argued that the establishment of scientific motherhood resulted in the repudiation of the late Victorian moral motherhood and the emergence of an anti-maternalist strain. Women reformers of yester-year played an important role in the development of scientific motherhood. The maternalist influence on motherhood was eventually usurped by new professional experts (i.e., mostly white men), and sentimental ideals of mothers' love were replaced with biological understandings of motherhood and irrational mother-blaming sentiments. Plant (2010) surmised that this shift partially reflected a social backlash, namely, male resentment over women's changing gender role (e.g., the vote, increased employment

opportunities, increased sexual freedom). However, modernists of the era also espoused a biologically based view of motherhood, regarding maternal superiority and overprotective parenting as psychologically destructive. As Plant (2010) described:

> When criticizing mothers, they also frequently attacked stringent moral prohibitions on sexuality, sentimental expressivity in popular culture, and sometimes even xenophobia and knee-jerk patriotism, all of which they associated with white, middle-class matrons. (p. 11)

Whether or not these sentiments were accurate, they reflected the increasing incorporation of maternal blaming into the dominant discourse, a phenomenon that would be legitimized for decades by the field of psychology.

Post-War Motherhood: The Custodial Era

By the 1940s America had become an increasingly mobilized society, particularly in the wake of job-seeking migration during the Great Depression, and later in the wake of World War II relocation and displacement. As millions of American men were called to fight overseas, women across classes, even those who had not yet experienced public employment, had unprecedented opportunity to leave the domestic sphere to enter the workforce and experience the benefits of a living wage.

But as the war came to a close, families were faced with a transitioning cultural terrain in the form of sprawling suburbanization. Stearns (2003) argued that the popularization of suburban lifestyle reflected three important cultural shifts: (a) an increased concern for the perils of urban life, (b) an increase in parental anxiety, and (c) an increased belief in vulnerability of childhood. Not surprisingly, women were called once more to return to their culturally conscripted domestic roles. As Tardy (2000) argued, "When World War II was over . . . the question arose as to how

to get women to return happily to their places in the home" (p. 439). What followed would once again transform the nature of motherhood for the average American women.

Post-war America increasingly embraced the expanding field of psychology, first with the introduction of Freudian psychoanalysis in the 1930s and 1940s, and later through the influence of developmental psychologists like John Bowlby. As attention to the plight of abandoned children in besieged World War II England grew, the Social Commission of the United Nations and the World Health Organization sponsored research by Bowlby, in 1948, which focused on the psychological effects of maternal deprivation. Other psychologists of the time enhanced this new understanding of "appropriate" mothering. Erik Erikson, for example, articulated normative stages of ego development in the presence of stable mothering, while Jean Piaget articulated the presence of normative cognitive stages during healthy development (Hays, 1996). As Tardy (2000) explained, psychological theory bolstered the argument, "that mother love was essential to infant and child mental health as were vitamins to physical health" (p. 439). For a time, maternal care was used in political discourses to compel women back into their traditional roles. And not surprisingly, as the public turned its attention to the importance of maternal affectivity, child-rearing experts followed suit.

With respects to parenthood, the post-war and the Cold war eras are often referred to as the Spock Generation (Apple, 2006). Benjamin Spock, a Freudian-trained pediatrician, was the 1950s antidote to Watsonian early conditioning. While his advice was consistent with prevailing notions about baby-training methods for sleeping, eating and the like, Spock offered gentler, more relaxed parenting advice to young baby boomers by encouraging mother's to trust their own instincts and follow the lead of their babies. On the surface, this changing advice content appeared to contradict the advice of the prewar era. However, Apple (2006) argued that Spock

and similar experts of the time were reflecting a few important ideological norms: (a) mothers were so anxious and inadequately equipped for the role of motherhood that they needed to be reminded of "common sense," (b) psychological damage (i.e., maternal rejection and deprivation) was as harmful to a child as biological damage (i.e., germs and disease); and (c) the primacy of the expert physician was so culturally accepted that authoritarian conscriptions were no longer warranted. In fact, at this time, maternal perspectives and decision-making processes were validated and even incorporated into expert manuals. But perhaps most importantly, a new emergent discourse around active mothering, one that required time and attention to responding to and adapting to a child's needs, would later come to dominate the American cultural terrain well into contemporary maternal practices.

The post war push back into the home, coupled by these aforementioned emergent psychological understandings, resulted in an ideological shift in what constituted "good" mother practices. O'Reilly (2004) identified the dominant view of good mothering in this era as "sacrificial motherhood," which is comprised of three components: (a) mothering is a natural and fundamental component of a woman's essence, (b) a woman is the primary care provider for her child, and (c) mothering is essential to a child and requires that a woman put the needs of the child before her own. This ideology laid the foundation for what would ultimately become the gradual intensification of mothering.

Nonetheless, post-war mothering, and in particular, the era in which the baby boom generation was raised (i.e., 1946–the mid 1970s) emerged as what O'Reilly (2004) referred to as the "custodial mothering" era. As O'Reilly (2004) explained:

> The ideology of "good" motherhood in the post-war era required full-time mothering but the emphasis was on the physical proximity of mother and child—i.e., the mother was to

be "at home" with the children, with little said regarding a need for the mother be continually attuned to the psychological, emotional or cognitive needs of her children . . . Domesticity—keeping a clean house and serving well-prepared dinners— was, more than children, what occupied the post-war mother's attention and time.

O'Reilly (2004) also argued that while mothers of the custodial era were distinctly defined by their role as housewife and primary caretaker, they maintained the level of division between the world of the adults and the world of children. As O'Reilly (2004) explained, "children would spend their time out in the neighborhood playing with other children; seldom would children look to their parents for entertainment or amusement" (p. 8). That is to say, while mothers of the custodial era were more distinctly and intensely defined within their private, domestic sphere, there was more emphasis on a mother's role and less definition on the mother-child dyad.

Custodial era ideals of mothering were embraced by mainstream popular culture through television, radio, magazines, and newspaper. For example, television shows like *Ozzie and Harriet*, *Rock-a-Bye Baby,* and *Father Knows Best*, programs that enjoyed widespread popularity throughout the country, provided a template for this new maternal ideal (Apple, 2006). As Apple (2006) explained, "Women were to be mothers, girls were trained to be mothers, children were to be raised in a two-parent home with a father who worked outside the home and a 'stay-at-home' mother" (p. 111). The dominant maternal ideology in popular culture also perpetuated the common practice of maternal blaming and maternal self-blaming, particularly for the increasing number of women in society (i.e., working mothers, single-parents) whose lives gravitated away from such expectations and ideals. Such images also served to intensify and perpetuate women's

lack of confidence about their maternal practices, thus solidifying their collaborative role with outside authorities.

Plant (2010) argued that while the return to a more traditional and idealized version of motherhood in this custodial era harkened back to the Victorian moral motherhood, the similarities were superficial. Firstly, the post-war popular culture presentation of mothers was reflected in two stereotypes: the image of an aging woman with gray hair, and a bun, described as "Mother," verses the now celebrated image of a youthful and beautiful woman with her young children, described as "Mom" (Plant, 2010, p. 12). Plant (2010) argued that even the increasing popularity of the word "Mom" in post-war America reflected the extent to which motherhood, which gradually became less significant in political spheres, had turned into a less formal, less exalted, and more personal and intimate privatized role. Secondly, despite increased attention towards newfound understandings of the importance of early maternal affection, previous maternal sentimental ideals were replaced by more psychobiological understandings of maternal instinct. Two new concepts that emerged during this period, namely refrigerator mother and schizophrenogenic mother—which ascribed autism and schizophrenia to cold and inconsistent parenting—reflected this new psychobiological interpretation of motherhood, and would prove influential in eventual intensification of motherhood in subsequent generations. It also reflected the extent to which psychoanalytic theories around childhood vulnerability and mother blaming, which had both reached critical mass, pervaded the dominant discourse on motherhood (Plant, 2010; Stearns, 2003). In fact, Spock's so-called "permissive" parenting practices would later become synonymous in conservative political spheres with elder criticism and public dissention. Moreover, the Spock generation was often blamed for sparking the advent of the civil rights

movement, environmentalism, second wave feminism, and the anti-Vietnam war movement (Apple, 2006; Hays, 1996).

Feminism

In 1963, Betty Friedan, an American researcher and writer, published *The Feminine Mystique*. In it she identified (a) widespread discontent that she found among female research subjects in their socially conscribed roles as housewives and mothers, and (b) the false "mystique" that was being constructed in the popular culture (e.g., in magazines), mostly by men, that portrayed women as inherently happy in their domestic roles and inherently unhappy in employed work. Her public confrontation of the ever-present 50s mother-homemaker ideology was both popular and heavily controversial in its time. It is also widely recognized as advent of second wave feminism.

The feminist perspectives that emerged into public discourse in the 60s, 70s, and 80s are complex and varied, and have continued to expand into contemporary motherhood. It is important to highlight these basic feminists tenets, as various aspects of them have not only influenced transitions in parenting practices through the millennium era, but have also contributed to conflicting, and sometimes competing understandings about the role of motherhood.

Radical feminists brought to light the imbalance of power and agency inherent in a male dominated society through a critical examination of the dualistic split of men and women to public and private social spheres, respectively. That is to say, they argued that men have been relegated to the public spheres of society, such as education, religious authority, economics, and politics—and subsequently given the greatest amount of historical attention—while women have been relegated to the private spheres of society, primarily domestic life and child-rearing.

Therefore, with respect to agency in the role of motherhood, as Kinser (2010) explained, "expectations for 'good' mothering are grounded in the interests of male dominance, capitalism, religious power, homophobia and racism" (p. 2). Radical feminists also brought to light issues relating to violence against women, as well as issues relating to female sexuality, the objectification of women in popular culture, and other societal consequences of male domination (Crawford & Unger, 2004).

An essentialist version of radical feminism emerged in the 1970s, known as cultural feminism. Also known as feminine feminism or domestic feminism, this perspective harkened back to some of the basic tenets of maternalist ideology. The cultural feminist lens purports that while gender may be profoundly informed by culture, men and women have certain fundamental differences at their core (Kinser, 2010). In particular, they argue that women are more nurturing and supportive, thereby making them better equipped to engender cooperation, altruism, peace, and cohesion in both the public and private spheres of society. In addition to bringing greater awareness to social values and behaviors associated with maternal thought and practice, cultural feminists have also highlighted how qualities traditionally ascribed to females (i.e., nurturing) and women's unpaid work (i.e., mothering) has been historically undervalued in society (Crawford & Unger, 2004).

Liberal feminism, which is deeply embedded in American ideals of equality and political liberalism has primarily been focused on the similarities between men and women, as well as issues relating to gender socialization, gender norms, and sexual discriminatory practices. Liberal feminists have advocated for more economic and educational opportunities outside of the home, and for more equitable public policies (e.g., equal pay for equal work; anti-gender discrimination legislation). Additionally, liberal feminists have fostered awareness about certain

societal norms, such as the unequal distribution of domestic labor and the lack of publically funded childcare, and they have challenged long-held assumptions regarding the need for mothers to act as primary caretakers (Crawford & Unger, 2004; Kinser, 2010).

Several other feminist perspectives have also contributed to discourse and practices surrounding motherhood. Socialist feminism highlights the interconnectedness of discriminatory practices, such as racism, classism, and sexism. Women-of-color feminism developed as a criticism of earlier feminist perspectives, which largely excluded women of color and issues most pertinent to their lives, including poverty, racism, classism, and access to employment, education and public safety (Crawford & Unger, 2004). And finally, global feminism developed with regards to understanding sexism cross culturally, and internationally, particularly with respect to social practices that foster neocolonialism and global capitalism (e.g., labor condition of women, forced prostitution and health and education inequality for women across cultures) (Crawford & Unger, 2004).

As I will later discuss, many of these feminist perspectives have contributed to our understanding of motherhood in the contemporary era.

Late Century Expert Advice

While the relationship between mother and medical expert remained intact in late century America and beyond, it continued to shift. Apple (2006) argued that Spock and his later contemporaries became unwitting partners in a gradual trend towards calling expert advice into question, primarily because the language in their manuals increasingly placed value on expert-informed maternal knowledge and/or instinct (i.e., "trust your instincts"). As Apple (2006) explained, "'In ratifying mothers' ideas about childbirth and child care . . . Spock and others

sanctioned women's beliefs, reinforced women's confidence and, in effect, empowered them to question other authority figures" (p. 133).

One of the most important examples of this shift was the establishment of La Leche League in 1956. Founded by Mary White and Marian Thompson, two white, middle-class mothers from Franklin Park, Illinois, this grassroots organization strove to increase public sanctioning and accommodation for the practice of breastfeeding, which had largely fallen out of favor in the previous few decades (Apple, 2006). Using the clout of Mary's husband, Dr. Gregory White, the organization questioned the long-standing medical acceptance of bottle-feeding as the gold standard of infant nourishment by incorporating personal, traditional, practice-based experiences of breastfeeding with scientific, medical endorsement.

Other arenas of motherhood discourse also slowly, yet gradually moved away from the "doctor knows best" sensibility of parenting towards the "mother knows best" ethos. For example, organizations like the Boston Women's Health Book Collective, Grantly Dick-Read's *Birthing Without Fear* movement, and even Spock himself began to encourage women to be more involved in child birthing and child-rearing decision-making processes (Apple, 2006). Even hospital care of new mothers increasingly shifted towards outpatient services, including expectant parent and Lamaze classes, while semi-private and private hospital rooms gradually gave way isolated single rooms. As Apple (2006) explained, "both inside and outside the hospital, the mother was expected to be more directly occupied in the caretaking, even in cases of illness" (p. 145). In other words, motherhood was gradually becoming more intense.

Subsequent late century parenting experts, such as T. Berry Brazelton, Penelope Leach and Richard Ferber, also reflected both the gradually changing landscape of motherhood and the changing relationship between mother and professional expert. While their manuals continued to

propose schedules and training methods for sleeping, eating and the like (e.g., Ferber's gradual method of cry-it-out sleep training), their focus gradually shifted towards the importance of fostering self-discipline and self-esteem through limit-setting, reasoning, and intensive, individualized attention to a child's needs at various developmental stages (Hays, 1996). Despite the fact that expert-questioning increasingly pervaded mothering circles well into the late twentieth century, medically-guided care and baby consumerism still held a firm grasp on maternal practices. For example, despite a steady increase in breastfeeding advocacy, 75% of women chose to use infant formula over breastfeeding during the 1970s. Also, in 1981 some 97 percent of American mothers owned a parenting book, with Spock, Brazelton, and Leach as the long-reigning bestsellers (Hays, 1996).

The Age of Intensive Motherhood: Intensive and Natural Mothering Trends

The gradual incorporation of the "sacrificial mothering" ideology and the "mother knows best" ethos ultimately gave way to a new understanding about a mother's role, one that called for an increased amount of time and attention to respond and adapt to the needs of one's child. Scholars have widely acknowledged that the discourses that emerged during the last decades of the twentieth century, which became known as intensive motherhood, and by extension, natural mothering, would come to dominate our understanding and practice of mothering with ever increasing perception of veracity for more than three decades to follow (e.g., Bobel, 2008; Friedman, 2008; Hays, 1996; Knaak, 2008; O'Reilly, 2004; Wall, 2010).

Intensive motherhood. By the mid-70s, the implicit and explicit messages presented to mothers were that the emotional, physical, and moral development of one's baby was highly dependent on the proper intensive attachment and nurturing from the caregiver, who was, more often than not, the mother. Contemporary scholars have been intrigued by this late century

phenomenon known as intensive motherhood. Namely, in the wake of post-second wave feminism, how is it that popular ideas and practices associated with motherhood continued to reflect increasingly intensive, time-consuming, and even more hands-on strategies than in previous decades? And moreover, in an age where women were participating in the work force more than ever before, and in some cases, were capable of contributing significant amounts of income to a given family household (Gilbert, 2008), why were expectations of parenting, particularly in the early years of a newborn's life, falling overwhelmingly on the shoulders of women? In the following sections, I will summarize the complex maze of contemporary maternal theory.

In her landmark book *The Cultural Contradictions of Motherhood,* Hays (1996) highlighted how the maternal practices of both traditional stay-at-home mothers and what she called "supermoms" (i.e., those practicing intensive motherhood while also working outside of the home) reflect the cultural contradictions that are inherent in the expectations placed on contemporary mothers. Of note, she argued that the proverbial "mommy wars"—the notion that stay-at-home mothers and working mothers are somehow at war or in judgment of one another— is largely a social myth, or a superficial issue at best. However, the conflict women feel about their roles in and outside the home have created an ideological vacuum in favor of intensive mothering practices. As Hays (1996) explained:

> Although the two culturally provided images of mothering help mothers to make sense of their own positions, they simultaneously sap the strength of mothers by making them feel inadequate in one way or the other. It is in coping with these feelings of inadequacy that their respective ideological strategies take an interesting turn. Rather than taking

divergent paths, as one might expect, both groups attempt to resolve their feelings of

inadequacy by returning to the logic of the ideology of intensive mothering. (p. 134)

As Hays (1996) explained, placing a higher need on one's children over one's self and

one's social capital (i.e., wealth and power)—despite this being a contradiction to widely held

capitalistic cultural ideologies of competitive, individualist gain, and despite the continued

devaluation of the role of motherhood—was pervasive among all of her research subjects. In

fact, working mothers were even more likely to place a higher value on childhood and domestic

life than stay-at-home mothers.

Natural mothering. Concurrent with the trend of intensive motherhood trend, another

movement emerged in the 1980s around the notion of "natural" mothering. The natural mothers

of the late twentieth century reflected (and continue, at times, to reflect) a spectrum of women

who, in the wake of second wave feminism, have had unprecedented access to educational,

employment and financial opportunities, and yet have by and large chosen to embrace

traditionally gendered parenting roles.

In her book *The Paradox of Natural Mothering*, Chris Bobel (2002) discussed the many

aspects of the natural mothering phenomenon. Bobel (2002) interviewed some 32 females whom

she identified as "natural" mothers. She reported that all but three of the participants in her study

considered themselves to be feminists or endorsed ideas that were compatible with feminism.

She argued that these women largely embraced the cultural feminist perspective. As Bobel

(2002) explained:

Natural mothers, so many of them self-described feminists, maintain that their gender-

specific lifestyle does not oppress them because it is grounded in a theory of women's

differences from men as a source of power, not inequity, and therefore something to be celebrated and defended. (p. 72)

While other emergent cultural ideologies in the late century and millennial eras have influenced the natural mothering phenomenon, including communitarianism, environmentalism, and Marxist socialism, two particular late century practices, namely voluntary simplicity and attachment parenting, are what Bobel (2002) has identified as most complimentary to natural mothering.

Voluntary simplicity (VS) refers to a lifestyle choice dictated by a conscious rejection of corporate greed, and capitalist consumption and excess (Bobel, 2002). While the tenets of this simplistic American lifestyle can arguably be traced back to Puritan and Quaker values (Bobel, 2002), the particular lifestyle tenets of VS gained widespread popularity in America in the early 1990's in the wake of economic recession and extensive corporate layoffs. The movement is often associated with a group of "post-hippie" or "retro-hippie" Americans, namely educated, white middle class individuals, who chose to embrace simplistic austerity and environmental awareness with practices like recycling, composting, bulk food consumption, and general frugality. Not surprisingly, American popular culture gradually incorporated the VS movement through a broad array of outlets, including magazines (e.g., Simple Living; Real Simple), books (e.g., *Voluntary Simplicity: Living a Life that is Outwardly Simply and Inwardly Rich,* 1981*; Simplify Your Life: 100 Ways to Slow Down and Really Enjoy the Things that Matter,* 1994), and media outlets (e.g., a KUOW radio show entitled "Simply Living;" web-based Internet resource "The Simple Living Network") (Bobel, 2002).

The second contemporary and complimentary practice associated with natural mothering is known as attachment parenting. Coined by pediatrician William Sears, MD, and his wife,

Martha Sears, RN, this parenting practice represents an alternative to the dominant expert

parenting advice of previous decades with "age-old" mothering techniques such as breastfeeding

on demand, sleeping with one's baby, and baby "wearing" (Sears & Sears, 1993). These

practices are conceived as the best means of facilitating the emotional, moral and physical

development of infancy prescribed in Bowlby's theory of attachment. Sears, Sears, Sears, and

Sears et al. (2013) argued that their method developed through the observation of mothers "who

seemed to be in harmony with their children, who were able to read their babies' cues, and who

responded intuitively and appropriately; parents who enjoyed parenting and whose children

seemed to be turning out well" (p. 4). The basic tools of attachment parenting are known as,

"The Seven Baby B's of Attachment Parenting" (Sears et al., 2013, p. 4). This includes (a) birth

bonding (i.e., early mother-infant closeness), (b) belief that a baby's cry denotes a signal, (c)

breastfeeding, (d) babywearing (i.e., holding or baby carriers), (e) bedding in close proximity to

your baby (i.e., co-sleeping, co-bedding), (f) balance (i.e., taking care of your own needs), and

(g) beware of baby training experts (e.g., resistance to training methods). Their basic philosophy

is that by being constantly responsive to a baby's cry, and by keeping the baby in close

proximity, nearly at all times, through the use of their supported mothering techniques (i.e.,

nursing, co-sleeping, baby wearing), the baby will become equipped with "attachment-promoting

behaviors" (Sears et al., 2013, p. 6).

  The Seares have gained increased popularity through the millennium era. Not

surprisingly, popular culture has also embraced the tenets of attachment parenting with an

increase in related consumer products (co-sleeping beds, baby wearing devices; breastfeeding

equipment), media outlets (e.g., Mothering magazine & website; AskDrSears.com), and

numerous attachment parenting-friendly publications, including no less than 30 parenting books available by Sears family alone.

Sears et al. (2013) identify their technique as a gentler alternative to the prevailing expert parenting advice of their contemporaries and their forefathers. However, some have pointed out that these differences are superficial. Ermann, Ponsford, Spence, and Wright (2014) argued that Sears' expert advice reflects the ideology of benevolent paternalism. A term coined by Shield (2007), this feminist concept refers to the larger societal tradition of utilizing the female perspective to reflect the "emotion expert," while relying on the male perspective as the containing rational influence. Indeed, this is also consistent with earlier popular parenting discourses. For example, Benjamin Spock routinely wrote about and utilized his wife Jane's perspective to reflect "the experienced mother," and conversely, Mary White relied on the professional backing of her husband, Dr. Gregory White, to justify the professional evidence of breastfeeding benefits needed to form La Leche League (Apple, 2006). Furthermore, Ermann et al. (2014) argued that the discursive scientism of Sears' texts confers the, "medicalization of parenting practices billed as 'natural' " (p. 547).

The Intersection of Intensive Mothering and Feminism: Cultural Feminism

Hays (1996) argued that intensive motherhood gained popularity in recent decades because it acts as a crucial counter-discourse to the ideology of capitalist, rationalized market society. By engaging in intensive mothering, she argued, women are enacting a cultural impulse to reject the tenets of self-interested gain, and the logic of impersonal, competitive, and individualistic market relations in favor of nurturing, selfless attention on children, and absorbing parenting practices. Indeed, consistent with this premise, the aforementioned "natural" mothers (e.g., attachment parents) of Bobel's (2002) study consistently and consciously rejected practices

that they believed colluded with such capitalist ideology, including expert-dependent parenting advice, corporate consumer products, institutional-bound rules (e.g., educational activities and settings), and in some cases, widely accepted expert medical advice (e.g., a rejection of vaccinations for children).

This may partially account for the fact that feminists may be more likely to endorse practices associated with attachment parenting. For example, Erchull and Liss (2012) conducted a study examining the attitudes and stereotypes that women in the United States ascribed to attachment parenting. Of the 431 eligible participants who completed an online survey (i.e., between ages 18 and 50), 86.6% identified themselves as feminist. Furthermore, those who identified as feminist were more likely to endorse attachment-parenting behaviors (e.g., breastfeeding, co-sleeping, baby-wearing, and a rejection of setting strict schedules) than non-feminists. Interestingly, self-identified feminists also tended to presume that other feminists did not practice attachment parenting. Clearly, even among feminists there is some confusion about the intersection of feminism and motherhood, but why?

In recent decades, scholars have also enumerated the many ways in which mothers often express a sense of empowerment in their intensive mothering practices. This concept is known in contemporary scholarship as cultural feminism. Cultural feminists assert that women have developed certain qualities as a result of their socially and culturally sanctioned roles within domestic and maternal spheres (Crawford & Unger, 2004). Moreover, cultural feminists argue that it is through the celebration and/or acceptance of these gendered differences that women can experience a sense of agency and power in their own lives.

Cultural feminism continues to attract skepticism in other feminist circles because, as it is often suggested, its appeals to gendered differences run the risk of romanticizing, or even

reifying biological determinism, and in turn reinforcing gender roles and female marginalization (e.g., Bobel, 2002; Kinser, 2010). Kinser (2010) pointed to a centerpiece of this argument framed around the concept of "maternal instinct." As she explained, the notion that women are somehow endowed with a certain unique knowing about their infants is inconsistent with studies demonstrating, for example, that women with postpartum depression, "interact with their infants without the slightest sense of connection to them" (Kinser, 2010, p. 19). Similarly, decades of maternal narratives have demonstrated that new mothers acknowledge that they make mistakes or fail to accurately understand the needs of their infants (Kinser, 2010).

In her landmark book, *Maternal Thinking,* Sara Ruddick (1989) partially accounted for the flaw in the essentialist logic. As she explained, maternal thinking is a skilled intellectual capacity, physical discipline, and series of unfolding values and attitudes that mothers develop through concerted focus, practice, and trial and error. She explained this process as follows:

> Maternal practice responds to the historical reality of a biological child in a particular social world. The agents of maternal practice, acting in response to the demands of their children, acquire a conceptual scheme—a vocabulary and logic of connections—through which they order and express the facts and values of their practice. In judgments and self-reflections, they refine and concretize this schedule. Intellectual activities are distinguishable but not separable from disciplines of feeling. There is a unity of reflection, judgment and emotion. This unity I call "maternal thinking." (Ruddick, 2007, p. 97)

Ruddick and similar contemporaries insist that maternal thinking need not be a purely female enterprise. Instead, they have advocated for men to embrace the logic of maternal thinking. As Ruddick (2007) argued, "Again and again, family power dramas are repeated in

psychic, interpersonal and professional dramas, while they are institutionalized in economic, political and internal life. Radically recasting the power-gender roles in those gender roles just might revolutionize social conscience." (p. 108) But if this were true, that men too can internalize maternal thinking, are the popular concepts around maternal intuition, heralded by women for centuries as the cornerstone of developing their maternal practices, socially constructed, exaggerated or perhaps even sexist?

The Psychology of Intuition

By and large, Ruddick's (1989, 2007) notion of maternal thinking is consistent with widely recognized theoretical models in cognitive psychology, neuropsychology, and social psychology with respect to intuitive thinking. For example, intuitive thought is believed to be a substrate of social learning processes, and in particular, implicit learning. This model posits that individuals are constantly evaluating the world and developing understandings of the social and physical environment through associative learning processes. From this perspective, much of the way we come to understand our environment is thought to derive through the activation of automatic conceptual associations and sequential processing, including verbal and nonverbal coding of information (Lieberman, 2000; Word, Zanna, & Cooper, 1974).

Because intuition is associated with quick decision-making and automatic implicit memory and learning tasks, the neuropsychological basis of intuition is most often associated with the basal ganglia. This particular neurological unit plays an important role in the influence of movement and implicit learning processes. In particular, the basal ganglia are implicated in the learning of temporal or sequential patterns that predict the award value of situational cues in everyday tasks (e.g., seeing a green light means go), which are subsequently encoded into implicit memory (Lieberman, 2000; Wan et al., 2012). Much of our learning of implicit cues

involves the release of dopamine during predict-award sequencing. The amount of dopamine released into the striatum is directly influenced by estrogen, which is more prevalent in women than in men. Interestingly, women have been shown to be more adept at encoding and decoding nonverbal cues than men and moreover, women with higher levels of estrogen have been shown to perform with greater speed on sequential learning tasks (Lieberman, 2000). For this reason, Lieberman (2000) surmised that the notion of maternal intuition might have a neurological basis, by way of the fact that women's hormonal structure puts them at a slight advantage for developing stronger and faster prediction-award sequential learning capability. However, more research is needed to substantiate this claim, as it is not well understood if male and female differences with regards to encoding and decoding nonverbal tasks are mediated by implicit gender socialization or inherent biological differences.

From the perspective of cognitive psychology, intuitive thinking has long been regarded as one of the key components of decision-making. In recent years, the concept of dual process theory has dominated the discourse on intuition in psychology (Kahneman, 2011). This theory posits that all people formulate decisions through two parallel, independent streams of cognitive processing. The first process, which is referred to as Type 1 processing, is the automatic, rapid, effortless and natural assessments that individuals make in everyday life (Kahneman, 2011). This level of processing is considered unconscious and accounts for the associative, implicit processing of information. In effect, Type 1 processing is what psychology identifies as intuition. Type 2 processing is considered the second, more analytical stage of processing. This stage comes after Type 1 processing and is slower, more deliberate and more effortful. Type 2 processing is considered the analytical stage of processing that we are consciously aware of. This

processing demands attention and therefore acts as a monitor to Type 1 processing (Kahneman, 2011).

A number of studies have shown that individuals with expertise within certain domains are more effective at intuitive judgments (i.e., Type 1 processing) than novices. For example, some research has shown that professional athletes are more effective at their decision-making when they avoid systematic analysis of certain decisions, such as analyzing batting swings in baseball or goal shots in soccer (Dane, Rockman, & Pratt, 2012). In fact, analysis of decision-making (i.e., Type 2 processing) is associated with poorer performance of expert skills (Dane et al., 2012). It was been suggested that, "analysis may disrupt the sensorimotor abilities of experts, inhibiting task performance" (Dane et al., 2012, p. 192). Thus, it could be suggested that mother's intuition is merely an expert-like, Type 1 processing, reflecting a skilled understanding and ability to respond to the needs of an infant.

A recent study by Dane et al. (2012) suggested that intuitive benefits not only applied to domain experts, but also to those who demonstrate a more moderate or acquired level of expertise. To test this hypothesis, they conducted two studies that asked participants to give their intuitive opinions about the accuracy of outcomes in two separate domains. In the first study, they ask a number of participants to rate the difficulty of a number of basketball shots that were portrayed on a video screen. They found that individuals who had played a moderate level of basketball (i.e., 3 years of basketball in high school or otherwise) gave more accurate intuitive judgments about the difficulty of the shots than subjects with little experience with the sport. In the second study, they asked participants to look at a series of designer handbags and try to identify the counterfeit bags. They found that subjects who owned at least two or more of the displayed bags were more likely to spot the counterfeits. The authors concluded that the greater

one's level of expertise in a particular domain, the more effective intuitive judgments will prove to be. Thus, with respect to motherhood, it could be argued that even mothers with a moderate level of expertise in responding to the needs of their infants have an increased Type 1 intuitive capability.

It could be argued that the aforementioned theoretical models of implicit learning and Type 1 dual process theory are consistent with Ruddick's concept of maternal thinking. That is, maternal thinking reflects a series of subtle micro interpersonal exchanges with an infant, which over time, create complex, sequential, and associative learning patterns that are encoded into a mother's implicit memory. Over time, the mother develops an increased ability to interpret the needs of her baby and responds accordingly, sometimes with such subtle yet precise accuracy that her snap decisions seemingly operate without conscious thought. This would explain why, for example, mothers often self-report the sense of having a maternal instinct (e.g., Apple, 2006; Bobel, 2003). From a psychological perspective, this is not necessarily a gendered, biological experience, but rather a product of intense, conceptual, sequential, and associative learning. Further, as Ruddick (2007) contended, maternal thinkers are social thinkers, who, "name, elaborate, and test the particularly realities to which they respond" (p. 97), including "geographical, technological, and historical settings" (p. 97). In other words, the social environment can implicitly impact even expert-informed intuition.

Interembodied Understandings of Maternal Practices

Empirical research on maternal practices has attempted to elucidate the embodied nature of mothering practices. In particular, feminist scholars have drawn attention to the extent to which the medical and scientific establishment has created technological discourses around maternal practices, which have disempowered women by producing a disembodying effect. For

example, Bartlett (2002) argued that mother's narratives around the subject of breastfeeding point to the characterization by mothers of such practice as headwork, that is, something to be learned and managed rather than something that is embodied. Indeed, in support of this argument, in a review of qualitative research on western mothers experiences of breastfeeding between 2000 and 2012, Regan and Ball (2013) found that women's narratives of breastfeeding tended to denote the view of themselves and their breasts as "machine-like objects." Moreover, they highlighted that researchers, educators, and marketing educators (i.e., infant formula promoters) unwittingly reinforced this discursive trend. They argued that such discourses have positioned women as problematic objects in need of teaching and management by others, as opposed to being subjects with embodied knowledge. Such research would suggest that the legacies of scientific motherhood continue to pervade a women's understanding not only of her parenting decisions and practices, but also of her very body. Thus, it might be argued that medicalized knowledge is embedded in maternal thinking and perhaps even in intuitive judgments.

Alternatively, scholars have attempted to understand and locate maternal practices and decision-making beyond the confines of these deeply engrained cultural, bio-medicalized and technological understandings. For example, Ryan, Todres and Alexander (2011) drew from in-depth interviews of some 49 women to explore what they called the "interembodied experience of breastfeeding" (p. 731). From an analysis of participants' video discussions about their lived experiences, they observed that women would often explain their experiences of breastfeeding through an embodied, emotional, prelogical, prereflective body language. As they explained, "Thought and verbalization appeared to come after the emotion had manifested itself in the physical body" (Ryan et al., 2011, p. 732). This embodied and emotional knowing, they argued,

also accompanied an interdependent, or interembodied dynamic between the mother and child. The transcripts were coded across a range of frequently occurring themes and theoretical subjects, such as growing into motherhood and moral tasks, and were then analyzed through a phenomenological analysis. Ryan et al. identified three distinct dimensions of this interembodied breastfeeding experiences: (a) calling, a mutual longing and expectation from both mother and child, particularly after some separation; (b) permission, the undisturbed, physical, emotional and psychological environment that was created in order to allow for mutual calling; and (c) fulfillment, the comfort and compatibility that accompanied the successful completion of breastfeeding. This study reflects an attempt to understand maternal thinking and decision-making at an implicit, interembodied level.

Another area of research highlighting the interembodied experience of early maternal practices can be found in the areas of mother-infant bedsharing, or co-sleeping. This is a relatively new area of research, owing largely to the fact that contemporary western societies, and the United States in particular, have long identified co-sleeping as a potential risk for Sudden Infant Death Syndrome, especially when practiced in the presence of combined risk factors, such as maternal factors (i.e., smoking before or after pregnancy, poor prenatal care, anemia, low weight gain, the use of alcohol and/or drugs, and a history of urinary tract infections or sexually transmitted diseases), and infant factors (i.e., male infants, low birth weight, premature infants, drug or tobacco exposure, prone sleeping, overheating, and sleeping with an adult on a sofa) (Goldwater, 2011; McKenna, Ball, & Gettler, 2007; Thoman, 2006; Vennemann et al., 2012). Nonetheless, preliminary polysomnographic and behavioral bedsharing study research conducted since the early 1990's has highlighted a number of potential physiological and behavioral mechanisms at play during mother-infant bedsharing (McKenna et al., 2007). Firstly, these

studies indicated that both mother and infants tended to simultaneously experience shorter periods of deep, consolidated sleep, longer periods of light sleep, more frequent REM sleep, and longer total hours of sleep during bedsharing than control subjects. Secondly, as McKenna et al. (2007) explained, "Evidence of simultaneous arousals and sleep stage shifts between mothers and infants demonstrates the existence of physiological and behavioral synchrony that [may act as] an adaptive feature of mother-infant sleep" (p. 149). Furthermore, bedsharing infants were shown to breastfeed significantly more than non-bedsharing infants; they were shown to maintain a stable core temperature by dissipating heat, and bedsharing mothers did not habituate to the presence of their infant, but rather were more sensitive to their infants, showing increased touch, physical management activities, and increased speech directed towards their infants throughout the night. And finally, sleep position and orientation was consistent for the majority of both mothers and infants. That is, mothers typically slept in a lateral position, facing their infants the majority of the night, and infants faced their mothers on an average of 83% of the night. Prone sleeping was never observed in the bedsharing groups of this study.

Other subsequent studies have confirmed and added to these findings from the McKenna et al. (2007) sleep study. For example, in a study comparing breastfed verses formula fed bedsharing mothers, Ball (2006) found that breast-feeding mother-infant dyads largely conformed to a distinct sleeping position, namely mother and child facing each other laterally, with infants positioned eye level with the mother's chest, the mother's knees tucked up just below the infants' feet, and the mother's upper arm positioned just above the infants' head. Formula fed infants typically slept in a supine position and much greater variability was observed in sleeping positions of the mother in the formula-fed subgroup. The fact that this particular breastfed infant-mother sleep position was consistently predominant in three separate

sleep studies led this author to make inferences (Ball, 2006). Namely, it is possible that this particular position is an adaptive behavior that evolved "in the context of infant protection and safety" (Ball, 2006, p. 312). That is to say, the upper arm creates a barrier preventing the infant from moving up the bed, the tucked knees prevent the infant from sliding down the bed, and the lateral position means that the child cannot roll forward into a prone position. Ball (2006) suggested that similar positions have also been observed in great apes, where the condition of SIDS is entirely absent. Furthermore, Ball (2006) found that breastfed infant-mother dyads showed similar characteristics to those found in the aforementioned sleep study in terms of sleep patterns, arousal and synchronous arousal, and feeding frequency. The author concluded that such behaviors are not generic, but potentially adaptive to the promotion of safety. As Ball (2006) concluded,

> The patterning of these differences is consistent with our understanding of the physiological mechanisms mediating maternal and infant behavior, in that breastfeeding mothers experience a hormonal feedback cycle which promotes close contact with, heightened responsiveness toward, and bonding with infants in a way that is missing for mothers who do not breast fed. (p. 314)

Thus, co-sleeping studies provide even further evidence of subtle, embodied, and even unconscious (i.e., sleep positions and movements during sleep states) decision-making processes that mothers may be capable of engaging in that operate beyond the bounds of expert advice.

Unpacking the Research: What (We Think) We Know

The aforementioned areas of study on mother-infant co-sleeping and breastfeeding have important differences. Namely, the breastfeeding studies specifically aim to enumerate the pre-reflective, embodied nature of a maternal practice outside of the dominant, bio-medicalized

discourses, while the co-sleeping research attempts to highlight the embodied, pre-reflective nature of a maternal practice by using bio-medicalized technologies to locate it. Both demonstrate the extent to which empirical research has made attempts in recent years to both understand and substantiate women's lived experiences outside of the socially constructed, historically reinforced and culturally validated dominant discourses. In doing so, they offer credence and indeed, empirical support to a cultural feminist or maternalist strain of thought which advocates for acceptance and understanding of how women choose to parent their infants.

No doubt, co-sleeping and breastfeeding are, in fact, two examples of mothering practices that actively engage a women's body. And even if a woman chooses not to co-sleep or breastfeed, the practice of infant caring involves the constant holding of, listening to, responding to, and physically engaging with another human being. It is, by all measures, a particularly physical practice. But does research that attempts to locate embodied practices truly reflect the absence of dominant discourse, patriarchy, and medical influence, or is it merely an extension of benevolent paternalism, namely using empirical research to substantiate parenting decisions? Furthermore, does examining the observed physiological states of a mother in any way disprove the fact that women, however covertly or implicitly, are social beings that are inevitably prone to internalizing the cultural and historical understandings of their social environment?

Similar to the aforementioned social learning theorists and cognitive psychologists, who have attempted to understand the subtle, often unconscious influence of the social environment on implicit learning and intuitive judgments, Bobel (2002, 2008) has argued that women's experiences of choice and control in their parenting decisions are profoundly impacted by historical and cultural understandings of women and motherhood. For example, the women that Bobel identified as "natural" mothers insisted that they actively made the choice to parent in

particular ways because they were driven by instinctual impulses, for example, to home birth, to breastfeed, or perhaps to leave their careers to become a stay-at-home mother. In other words, they experienced an embodied sense of biological determinism in their parenting choices. Secondly, these mother identified themselves as actively resisting experts and institutions by living outside of the watchful eye of the medical establishment and choosing, for example to home birth, or to feed their baby with all organic products. As Bobel (2008) explained, their understanding of mothering reflected, "a narrative of respecting omnipotent nature" (p. 118).

Yet, we also know that several practices associated with "natural" and "intensive" mothering are widely supported in scientific research and heavily encouraged by most parenting experts. Take the case of breastfeeding; it is by all accounts one of the most widely accepted maternal practices in America today. It is also particularly prevalent among white, middle class women, who are more likely to have the resources to stay at home and practice extended breastfeeding (Avishai, 2007). As Knaak (2008) aptly pointed out, even empirical research is prone to the bias of dominant ideology. For example, as Knaak (2008) explained, "studies that do not uphold the presumption that breast milk is a baby's 'miracle food' often go unrecognized and tend to have little clout in framing the state of the discourse" (p. 80). For this reason, as she explained, several quality research studies showing poor correlations between breastfeeding and higher child IQ, enhanced bonding capabilities and increased sense of pleasure for moms go unnoticed by virtue of the fact that they are inconsistent with current popular discourse. In turn this may serve to marginalize or place an even heavier burden on women, who, for example, for socioeconomic (e.g., work-related constraints) or physiological reasons (e.g., breast-related nursing impediments), cannot conform to what are considered best practices.

As Bobel (2002, 2008) argued, understanding a mother's choice and control with regards to her maternal practice is deeply paradoxical. That is to say, while intensive mothering practices like breastfeeding may reflect a current cultural trend towards resistance of capitalism, consumerism, and medical dominance—and perhaps this act enhances a woman's sense of agency and social capital—her decisions can also ultimately reinforce the status quo, namely accommodating patriarchy and reinforcing hetero-normative, gendered understandings of motherhood. Bobel (2002) summarized this dynamic as follows:

> The authority women 'enjoy' in the home operates as an illusion of power and self-determination, or in Foucauldian terms, a form of the 'invisible' internalized power of the state. Because women 'buy into' this logic, enforcement (by men, institutions, or both) is rendered virtually unnecessary; women police themselves as good mothers and good wives who protect the socially constructed boundary between men and women. (p. 46)

Accordingly, feminists scholars continue to enumerate and challenge the extent to which the tenets of intensive mothering serve to maintain unequal gender power relationships by reinforcing gender roles and placing an unfair burden of responsibility on women (e.g., Bobel, 2002; Bobel, 2008; Hays, 1996; Kinser, 2010). That is to say, it can be argued that intensive mothering is a disguised form of ideological coercion that maintains the interest of male, white, privilege, disguised as an expectation for what is "good" mothering (Bobel, 2002; Hays, 1996).

The fact that mothering practices have been further intensified, despite women's increased incorporation into public spheres, may also reflect the extent to which motherhood is influenced by another contemporary sociopolitical ideology known as neoliberalism. Economic scholars assert that our current neoliberal social reality, which places emphasis on individualism, self-management and personal responsibility, has intensified in recent decades (i.e., since the

1970's) as a result of free market fundamentalism and neoliberal monetary and domestic policies (Schnell, 2009; Vandenbeld Giles, 2014; Wall, 2010). Layton (2010) suggested that the result of such policies has included a scarcity of natural resources, an ecological and environmental world crisis, the spread of nuclear weapons and weapons of mass destruction, and a disproportionate share of the world's wealth (primarily in the United States) with little regard or concern for the increasing income gaps between a wealthy few individuals and everyone else. For individuals living in America, Layton (2010) suggested that neoliberalism has resulted in increased institutional indifference, individualist meritocracy (i.e., the talented vs. the disposable masses) and what she described as social perversion. As Layton (2010) explained, "The culture-wide repudiation of vulnerability, which indeed it is less and less safe to feel, makes it hard to tolerate states of dependence and makes it hard to acknowledge how we are all connected to one another" (p. 311).

For researchers like Wall (2010), intensive motherhood reflects the neoliberal social practice of meritocracy. As Wall (2010) explained, "In an age of intensive, and child-centered parenting, the imperative for parents to plan for, control, and manage the lives of their children to optimize their future . . . is . . . pronounced" (p. 255). From this perspective, Wall argues that intensive mothering is a reflection of a woman's determination to confer as much benefit, privilege and opportunity as possible to their child. So a mother breastfeeds because she believes it will enhance their IQ and nourish the baby optimally during development, she stays at home because intensive nurturing will ensure the optimal environment for emotional development and cognitive stimulation, and later, the child will be enrolled in the best schools and stay involved in various extracurricular activities because such opportunities will ensure the development of the most cognitively stimulated, confident, and capable person possible.

So the question then remains: are contemporary intensive mothering discourses and practices a form of cultural resistance, cultural collusion, or both? While we are perhaps too close to our own political understandings to accurately identify the true connection between intensive mothering, capitalism, patriarchy, and neoliberalism, the proposed connections have important implications for our understanding of how a contemporary mother develops her parenting practice. As the aforementioned review of American maternal practices has shown, maternal discourses and subsequent mothering trends develop and change profoundly at the effect of social, political, ideological, and even academic disciplines within various historical moments. We also know from decades of scholarly research that individual mothers are sometimes aware of these messages, however overt or implicit. Hence, as feminist scholars have famously asserted time and again, the personal is political.

Furthermore, scholars have elucidated how ideologies from previous decades, including maternalism from the turn of the 20th century, scientific motherhood from the first half of the 20th century, and intensive motherhood continue to shape maternal practices and maternal discourses. But how does this impact a woman who is entering into the landscape of motherhood today? What do we know about how a woman develops her mothering practice? What does the development of a parenting practice reflect about our historical moment and how do our current understandings influence a new mother in the development of her practice? And finally, as feminists have long tried to pinpoint, in light of the paradoxes and contradictions inherent in the dominant intensive mothering ideology, how does a woman's choices about mothering affect her sense of agency or vulnerability? In the following section, I will review the scholarly research that is currently available with regards to how new mothers develop a maternal practice. In

particular, I hope to highlight areas of research limitation that will hopefully be filled or added to through the research conducted herein.

Contradiction and Confusion— Parenting Books, Internet Sources and Grandparents

The following abridged excerpt from a 2013 mommy blog-turned viral sensation aptly reflects the confusing and conflicting demands that women encounter when they enter the landscape of motherhood:

You shouldn't sleep train at all, before a year, before 6 months, or before 4 months, but if you wait too late, your baby will never be able to sleep without you. College-aged children never need to be nursed, rocked, helped to sleep, so don't worry about any bad habits. Nursing, rocking, singing, swaddling, etc. to sleep are all bad habits and should be stopped immediately. Naps should only be taken in the bed, never in a swing, car seat, stroller, or when worn . . . If your baby has trouble falling asleep in the bed, put them in a swing, car seat, stroller, or wear them . . . Swaddle the baby tightly, but not too tightly. Put them on their backs to sleep, but don't let them be on their backs too long or they will be developmentally delayed . . . Put them on a schedule. Scheduling will make your life impossible because they will constantly be thrown off of it and you will become a prisoner in your home . . . Be wary of night feeds. If you respond too quickly with food or comfort, your baby is manipulating you. Babies can't manipulate. Babies older than six months can manipulate. (Neyer, 2013)

Indeed, as the sentiment of this excerpt accurately reflects, contemporary mothers face an intense saturation of advice from numerous sources, such as parenting books, Internet sites, pediatricians, grandparents, friends and family members, and other parent-related community contacts (e.g., mommy support groups). While the extent to which these various sources are

utilized is not well known or understood, current research on parenting advice offers some insight into when and why sources are sought by new mothers.

Parenting books. It is estimated that over 90% of new parents seek advice from parenting books or magazines (Radey & Randolph, 2009). While advice from contemporary parenting literature of this kind tends to cover a broad range of topics, from sleeping to toilet training to breastfeeding problems, the commonly identified areas of concern typically include infant feeding and sleeping (Connell-Carrick, 2006). Not surprisingly, such advice is often confusing and contradictory. For example, in a review of parenting advice books about child sleep, Ramos and Youngclarke (2006) identified 40 books written by a total of 47 co-authors and/or authors. The authors identified two broad positions on child sleep, namely the "Ferberizers" (i.e., extinction "crying-it-out" sleep training advocates) and "Searsites," (i.e., co-sleeping, and co-bedding advocates). They found that 61% of reviewed books endorsed crying-it-out, 8% took no position, and 31% of books opposed crying-it-out techniques. Ramos and Youngclarke (2006) concluded that such discrepancies highlighted the contradictory nature of popular parenting books, and moreover, reflected the extent to which medical perspectives still tend to dominate parenting literature (i.e., anti-co-sleeping sentiment). This was noteworthy in light of the fact that only 40% of the authors had a medical background, 15% had a clinical psychology background, and 2% of authors were academic researchers. Furthermore, 43% of first authors had no professional credentials and 73% of authors had never previously published in academic literature (Ramos & Youngclarke, 2006).

Internet sources. Searching the internet for parenting advice has also become increasingly popular in the past two decades, particularly websites associated with popular American parenting magazines (e.g., *Parents* and *American Baby*; Porter & Ispa, 2013). For

example, in a 2007 survey of some 1,081 individuals with children under age 10 in a southeastern state, Radey and Randolph (2009) found that 75% of people surveyed reported using Internet sources for parenting information, with mothers, particularly those with younger children and a fewer number of children, as more likely users.

Parenting-related online sources typically create online community messages boards in specific topic areas (e.g., breastfeeding, sleeping), allowing for mothers to weigh in on a topic, provide their own personal experiences, or ask other mothers more directly for feedback on particular issues. For example, in an analysis of messages presented by some 629 mother members on a cohort-based bulletin board (membered according to child's birth) over a two-year period, Drentea and Moren-Cross (2005) found that mothers expressed three different types of communication, namely emotional support, instrumental support (formal or informal advice, information), and community building and protection. The authors concluded that the types of communication that emerged provided evidence that virtual communities provide and foster social support and social capital for new mothers. A study by Madge and O'Connor (2006) also identified online communities as a source of support and personal empowerment for women, but argued that online communities ran the risk of perpetuating the status quo by reinforcing restrictive, unequal gender stereotypes for mothers.

Similarly, in an ethnographic content analysis of some 120 messages from 112 mothers posted on *Parenting* and *American Bab*y websites in 2007, Porter and Ipsa (2013) identified feeding/eating (42%) and sleeping (24.2%) as the most common areas of concern presented by mothers. More specifically, mothers sought advice about how and when their infants might begin to sleep or eat more independently, and/or mothers would express subthemes endorsing parental stress and concern regarding infant development. Of particular note, Porter and Ipsa (2013)

found that mothers often sought feedback from other parents because advice they had been given from family members or pediatricians either did not work for their baby or conflicted with other advice sources.

This is consistent with a similar study in the UK by Arden (2010). Arden (2010) used a qualitative analysis of open-ended questions presented to a total of 105 mothers with at least one child in the recommended weaning age (age least 6 months old) on a UK-based Internet site. Participants were asked a series of questions relating to introducing solid foods to infants. Arden (2010) found that mothers often expressed concern about conflicting or contradictory advice and guidelines (e.g., in books, websites and food labels). Arden (2010) noted that mothers voiced concerns about advice from health care advisors, particularly when it conflicted with official recommendations (e.g., guidelines of The World Health Organization), or when it conflicted with the advice of friends and family members. In this case, Arden (2010) found that pressure from friends and family and advice perceived as "out of date" or inconsistent with their own beliefs were also commonly identified concerns for new mothers.

Similarly, Hauck and Irurita (2003) conducted a study to understand the maternal process of mothers in the late stages of breastfeeding and early weaning. Using a grounded theory approach, the researchers interviewed some 33 mothers, ages 20-47 years old (7 first-time mothers, 16 with two or more children) who had weaned within six months of their study participation. The data analysis of interviews, as well triangulated data taken from questionnaires from father's, field notes, and group interviews of child health nurses found that mothers expressed increased self-doubt, guilt, or confusion when advice was given that was inconsistent or contradicted their own expectations relating of breastfeeding and weaning. In particular,

Hauck and Irurita found that contradictory expectations from someone in close proximity to the mother (e.g., friend or family) were identified as particularly distressing for new mothers.

Grandparents. At present, there is limited research explicating the relationship between new mothers' parenting practices and the influence of maternal grandparents and paternal in-laws. Historically speaking, advice from grandparents became less valued in light of scientific motherhood more than a century ago (Apple, 2006). Some scholars have suggested that this reflected neoliberal understandings of self-governance and individuality (Horwitz, 2011; Plant, 2010; Wall, 2010). While grandparent influence is likely prone to variability, particularly when considering cultural, socioeconomic, and age differences, present research is somewhat consistent with these theoretical understandings.

For example, Moseley, Freed, and Goold (2011) conducted a study to better understand which sources of child health information parents were likely to seek in addition to their pediatrician. The researchers phone surveyed 543 parents from 6 pediatrician practices in the southeast region of Michigan shortly after a doctor visit. They asked each parent to identify which of the following seven common advice sources they were most likely two use (a) their mother, (b) other family members, (c) friends, (d) a doctor, (e) TV or newspaper, (f) parenting books, or (g) the Internet. Using a logistic regression analysis model, Moseley et al. (2011) found that participants were likely to rely on the advice of their mothers (19% of White participants; 38 % of African American participants) a mere distant second to the advice of a pediatrician (98% White participants; 87% African American participants). They also found that African American parents were more likely than white parents to completely follow their mother's advice over pediatrician advice. And finally, they found that even when controlling for race, single parents were twice as likely as married parents to follow their mother's advice.

Some research has suggested that matrilineal advice tends to be more favored than mother-in-law advice (Marx, Miller, & Huffman, 2011). For example, Marx et al. (2011) telephone surveyed some 167 parents (118 mothers, 49 fathers) in a Southern region of the United States to identify sources of information about medical and behavioral concerns. Using a chi-square analysis, Marx et al. (2011) found that mothers were twice as likely to seek advice from their own mother (58%) over their mother-in-law (30%), and they were significantly more likely to contact their own mother for advice of their child's medical or behavioral issues than were fathers. However, not surprisingly, both mothers and fathers were still more likely to seek advice for medical issues from a medical provider (90% parents), and for behavioral advice, mothers were more likely to seek advice from their own spouse (76%) before their own mother (47%) or mother-in-law (19%).

A study by Heinig et al. (2009) also offered possible insight into how grandparent advice can vary according to socioeconomic status and/or cultural differences. With the participation of 65 low income mothers (34 English speaking; 31 Spanish speaking) from the US-based Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Heinig et al. conducted focus groups to identify which sources of advice were used in their infant-feeding practices, as well as what factors contributed to mothers accepting that advice. The result of this study suggested that low-income mothers found their own mother's advice, as well as the advice of experienced family and friends, and their own intuition as more credible than professional advice. Of note, results of this study also revealed that participants tended to perceive professional advice as credible when the professional exhibited characteristics consistent with their own family and friends (i.e., confident, empathic, calm, respectful). This study may give some insight into how socioeconomic and cultural differences can mitigate the acceptance of

dominant discourses, thereby possibly making familial advice more favorable over outside expert advice.

Qualitative studies on new mothers show a variety of responses to grandmothers (i.e., their own mothers). For example, in her book, *In the Other Room: Entering the Culture of Motherhood,* Nelson (2009) conducted an in-depth qualitative study (i.e., including multiple interviews and focus groups) of some 53, mostly middle class or working class mothers residing in Alberta, Canada. Participants reflected a broad, diverse sample of women, including heterosexual and lesbian women, adoptive and biological mothers, and women with varying education levels, ethnic and cultural backgrounds, and parenting philosophies. Nelson (2009) noted that new mothers in her study endorsed strengthened connections with their own mothers with childbirth, as well as significant reliance on their mothers' help in the early stages of motherhood. In some cases, they reported an increased appreciation for their mothers. However, a few of Nelson's (2009) participants, particularly those who had conflicted relationships with their own mothers, expressed increased alienation from their mothers. Nelson noted that intense feelings of love towards their infants elicited a sense of bewilderment. For example, as one participant noted, "After falling in love . . . [with the baby] so deeply I couldn't imagine . . . where does it go wrong, you know?" (Nelson, 2009, p. 71).

Nelson (2009) also identified struggles among her participants with trying to differentiate from their own mothers. In some cases, this meant rejecting certain aspects of mothers' advice as outdated, or consciously choosing to parent differently. This is consistent with the aforementioned study by Hauck and Irurita (2003). They found that the new mothers in their study would often question their mother's advice, or rejected it when they compared it against professional sources.

Pressure to Conform

Many of the studies on early motherhood revealed that woman often expressed a sense of

pressure to conform to the values and expectations of their culture or community. For example,

the aforementioned study by Moseley et al. (2011) found that 96% were most likely to follow the

advice of their pediatrician. Participants noted that they were equally likely to seek out

information from other sources, including their mother, a family member or friend, TV and

newspapers, a parenting book or the Internet; however, less than 10% reported completely

following the advice given by other sources. Given that this study was administered through a

pediatrician's office, it was likely limited by self-report and a possible social desirability bias.

However, it is important in elucidating the extent to which both mothers and fathers continue to

feel pressure to conform to the expectations of so-called "outside experts," and in particular,

medical experts.

Indeed, there is some evidence that this phenomenon is most common in the earlier

stages of motherhood (Brouwer, Drummond, & Willis, 2012; Murphy, 2003; Wilkins, 2006). For

example, Wilkins (2006) conducted a grounded theory study to explore which areas of support

new mothers found empowering in the early weeks of motherhood. Wilkins (2006) conducted in-

depth interviews of eight, first time mothers from an area in Southern England who were

identified as having stable, partnered relationships (2–7 years with a partner) and who had

experienced normal childbirth approximately six weeks prior to the initial interview. Among the

most notable themes, Wilkins (2006) found that those new mothers who felt prepared before

birth experienced a sense of shock and inadequacy when motherhood was different from their

expectations. As Wilkins (2006) explained, "They felt that the pressure to 'do it right' was

immense. It marked a critical turning point, with changes to their lives being described as

'uncomfortable,' 'confusing,' and 'immense' " (p. 173). Furthermore, Wilkins (2006) identified feelings of hopelessness and panic evoked by the excess volume of advice and expectations by professionals and friends alike.

Other studies have shown that despite the unexpected difficulties new mothers often face, they will sometimes conform to expectations and suffer in silence, so as not to attract public scrutiny. For example, Brouwer et al. (2012) conducted a qualitative study to examine first-time maternal experiences with the social norms of infant feeding. Using a thematic analysis, the researchers conducted two in-depth interviews with 11 first-time mothers; the first interview took place three weeks after the birth of the infant, and the second took place three months following the birth. Brouwer et al. (2012) found that the majority of the participants chose breastfeeding as their preferred method of infant feeding, regardless of difficulties and obstacles, because they believed breastfeeding was socially expected and consistent with "good mothering" expectations. As Brouwer et al. (2012) explained, "Some believed this was so because 'breastfeeding is supposed to just happen because it's a natural thing,' and if you are experiencing difficulties then you are seen as 'failing as a mother'" (p. 1349). Furthermore, the mothers of Brouwer et al.'s study routinely endorsed high self-consciousness of public breastfeeding because they believed they would face social disapproval or judgment. Thus, these mothers were shown to conform to the expectations that were socially or cultural prescribed, regardless of whether or not those expectations accompanied increased demands and difficulties. This may partially explain why new mothers so commonly utilized parenting books and website sources (Radey & Randolph, 2009). That is, seeking out more anonymous forms of advice allowed them the opportunity to face their struggles in private, without jeopardizing their image as a "good" mother.

In her book *Making Sense of Motherhood,* Miller (2005) explored new mothers' experiences in their transitions into early motherhood. Using a narrative qualitative approach, Miller (2005) tracked the lives of 17 British women over the course of one year. Miller (2005) analyzed data collected from three separate individual interviews with mothers (i.e., first interview— 7–8 months pregnant; second interview— 6–8 weeks following birth; third interview— 8–9 months following birth), as well as telephone contacts, and a final end-of-study questionnaire. Participants ranged between the ages of 19 and 34 and were largely middle class married women with established employment prior to their pregnancy. Similar to the results from Brouwer et al.'s study, Miller found that mothers identified being with their infant outside of the home as a high risk for public scrutiny, particularly when motherhood did not match their prenatal expectations, because they lacked confidence in their mothering abilities and feared the judgment of others. As Miller explained (2005), "Being perceived as a competent social actor, a 'real' mother, in public places, was regarded as too daunting by many of the women, and led to limited social action in public sphere" (p. 106). Interestingly, Miller (2005) highlighted how social withdrawal has long been identified in research as a factor associated with the development of postpartum depression.

The Emergence of Confidence and Competence

Other scholars have highlighted transformative processes in early motherhood, particularly when pressures to conform and feelings of self-doubt give way to increased competency and confidence. For example, Murphy (2003) conducted an in-depth qualitative study to understand how women respond to expert-imposed ideologies on infant feeding practices. Some 36 mothers participated in a total of six, 1–2 hour interviews over the course of a two-year period; the first interview took place shortly before the birth of the baby and each

subsequent interview was conducted at fixed intervals over the remaining course of two years.

Themes were selected through an in-depth, cyclical coding framework and ultimately collapsed

into larger unified themes for the sake of parsimony. Of note, Murphy (2003) identified

rhetorical strategies that mothers used to resist expert advice and defend themselves against

potential charges of "maternal irresponsibility" (p. 433). In particular, she described the

reflective process through which mothers gradually learned to re-draw the boundaries of

technical, expert advice in favor of practiced-based expertise and language relevant to their own

child. She summarized the process as follows:

> This differentiation between different kinds of knowledge and the redefinition of the
>
> expertise relevant to infant feeding, as that which was grounded in practice experience of
>
> individual babies rather than that derived from scientifically-based expertise, can be
>
> understood as a rhetorical strategy of resistance. It allows mothers to claim legitimate
>
> control of their own feeding work and, at the same time exhibit conformity to the liberal
>
> imperative of expert-led practice. (p. 449)

Murphy noted that mothers did not necessarily reject or dismiss technical knowledge, as she

defined it, but rather they redefined useful versus impractical outside knowledge, through their

own developed sense of being an expert.

Similarly, the aforementioned study by Miller (2005) highlighted that the new mothers

seemed to self-govern their actions in these early stages of motherhood, particularly when their

identities as a mothers were not yet fully formed. For example, Miller found that when new

mothers faced challenges at home, they were more likely to conceal those challenges and stick to

public scripts that conformed to the dominant ideological expectations (i.e., meeting the child's

needs; intensive mothering). The mothers were able to reflect that in the early stage of

motherhood they were, in effect, playing the part of the good mother. But as their competence and subsequent sense of belonging in their role as mother started to emerge, the mothers began to speak more openly about contradictory things they had experienced in the past, such as feeding difficulties, feeling unhappy, and feeling foreign to the work of motherhood (i.e., "It was really hard at first but it's great now"). Miller asserted that new mothers appeared to move through the transformation from self-doubt to self-competence through self-reflexivity. This was described as a process through which "agency reflects on itself" during hurried transformations, thereby increasing 'self-monitoring' and 'unleashing' agency from 'structural forms of determination' (Miller, 2005, p.14).

As part of this sense of agency, maternal scholars have highlighted how mothers can often begin to actively resist various dimensions of dominant ideological discourse (Horwitz, 2011; Miller, 2005; O'Reilly, 2013). For example, Miller (2005) noted that some participants became less anxious about whether or not they were doing it right, or they began to question previously accepted assumptions that were based on authoritative, expert knowledge. Similarly, in her book, *Through the Maze of Motherhood: Empowered Mothers Speak*, Horwitz (2011) highlighted the myriad of ways that mothers expressed resistance to dominant ideologies.

Horwitz (2011) conducted 2–3 hour interviews with a total of 15 women living in the Metro Vancouver area of British Columbia, Canada. All of her participants were white, working class and middle class women between the ages of 23 and 46 years old, and with varying education and employment statuses. Horwitz provided an in-depth description and analysis of each of her participants' narratives, ultimately drawing attention to the predominant themes that she identified around resistance. This included mothers making themselves count (e.g., pursuing their own interests, not being with children at all times), involving others in the child-rearing

process (e.g., partners, others in the community), questioning and voicing their own views and experiences (e.g., questioning traditional expectations), questioning mainstream and individualistic medical approaches (e.g., practicing attachment parenting), resisting traditional expectations of motherhood (e.g., resisting feeling responsible for their children's behavior, not feeling loving towards one's child at all times).

Communities of Empowerment

Horwitz is among a growing number of feminist maternal scholars who have identified active resistance to dominant discursive ideologies as an important component of increased maternal agency and empowerment. Maternal agency is described as, "mothering practices that facilitate women's authority and power and is revealed in mothers' efforts to challenge and act against aspects of institutionalized motherhood that constrain and limit women's lives and powers as mothers" (as cited in O'Reilly, 2013, p. 189). The notion of institutional motherhood, coined by Adrienne Rich (1976) in her seminal work *Of Women Born*: *Motherhood as Experience*, discerns the act of mothering and a woman's lived experiences of herself as a mother from the patriarchal, institutional and ideological forces that systematically, politically, and cultural oppress mothers. O'Reilly (2013) highlighted ten ideological assumptions, which have been identified and explored in many of the aforementioned studies, that systematically disempower and oppress women as mothers. These include essentialization (i.e., maternity as the basis of female identity), privatization (i.e., allocating mother to reproductive and private spheres), individualization (i.e., causing mothers to be primary caretakers), naturalization (i.e., assuming maternity is a women's nature), normalization (i.e., restricting maternal identity to a particular hetero-normative structure), idealization (i.e., unreasonable expectations on women), biologicalization (i.e., blood ties and/or birth mother normative structuring of motherhood),

expertization (i.e., reliance on expert authority), intensification (i.e., intensive motherhood expectations) and depoliticalization (non-political, private understandings of the role of childrearing) (O'Reilly, 2013). O'Reilly argued that mothers must be enabled to understand and challenge these ideological forces in order to cultivate a sense of empowerment in their maternal practice.

Feminist scholars have suggested that two emerging trends, namely mommy blogging and mother peer support groups, offer platforms for contemporary mothers to actively reject dominant patriarchal views and increase maternal agency and empowerment (Horwitz, 2011; Lopez, 2009; O'Reilly, 2013). While there is currently a limited academic scholarship in these two domains, preliminary evidenced suggests that these emerging trends may have important implications on the development of contemporary maternal practices.

Mommy blogs, such as ScaryMommy.com, have gained increasing popularity in the past five years. As Lopez (2009) reported, it is not uncommon for these sites to garner upwards of 50,000 hits per day and hundreds of comments from online viewers for entries posted. Unlike parenting websites, mommy blogs are organized personal, autobiographical narratives of women navigating the complications and joys of motherhood. Lopez (2009) argued that the content and format of mommy blogs have been instrumental in mobilizing a strong virtual community around women's personal, and often difficult experiences with mothering. They have also created a powerful platform for challenging the strongly held assumptions and unrealistic, idealized images of motherhood.

While there is only limited research in the area of maternal peer support groups, there is some research to suggest that such groups can also foster a new mother's sense of maternal empowerment (O'Reilly, 2013; Wilkins, 2006). For example, in the aforementioned study by

Wilkins (2006), first-time mothers who joined postnatal support groups felt a sense of permission to not have all of the answers about their babies when they were able to speak freely in the presence of other new mothers who were also experiencing self-doubt in their new mothering roles.

Similarly, O'Reilly (2013) conducted an in-depth qualitative study of a mothering peer-support group called the National Association of Mothers Center. This organization is designed to promote maternal empowerment by providing mothers with a platform to speak authentically and self-reflexively about their experiences of mothering in the face of a patriarchal society. O'Reilly (2013) described the Associations' group philosophy as follows:

> In affirming the importance of mothers' voices, this mother-centered standpoint leads to the development of critical consciousness by linking personal experiences with wider structures of power and inequity. Through this, women are able to name, analyze and challenge patriarchal motherhood by gaining control, exercising choices, and in engaging in collective social action. (p. 197)

O'Reilly's (2013) study included interviews with two organization leaders, and two-hour, in-depth interviews with more than 40 member participants in their New York- and Colorado-based weekly peer support groups for new mothers, known as Mother Circle. She identified three central themes with regards to how the peer groups facilitated the development of maternal empowerment. These included (a) security, participants expressed being able to speak honestly about experiences without fear of judgment or criticism; (b) community, the participants identified how the groups fostered a sense of community, connection, and caring; and (c) validation, participants identified how the groups provided a platform wherein the work of mothering was validated, and the feelings they experienced, however difficult, were normalized

and supported. O'Reilly (2013) argued that these themes reflected what she called "matricentric pedagogy," namely the tenets through which women are able to acquire the "authority, authenticity, autonomy, agency and advocacy" (p. 185) necessary for empowered mothering.

Considerations of Diversity and Intersectionality

The broad range of academic literature currently available on the subject of early maternal parenting practices routinely identifies the dominant cultural and ideological discourses of white, middle-class values. While recognizing that these discourses have oppressed all women by creating impossible and unfair standards and expectations on women, it is equally important to recognize that women from non-dominant ethnic, cultural, and socioeconomic contexts are marginalized exponentially. Furthermore, as Kinser (2010) noted, this marginalization is perpetuated in scholarly research because women who represent non-dominant discourses face "limited access to, and acceptance in, academic literature" (p. 22). Feminist scholars in recent decades have attempted to examine how race, sexuality, class, ethnicity, country of origin, and other aspects of identity have further impacted women's experiences beyond dominant, white, middle-class worldviews and values (Crenshaw, 1991). In particular, feminists incorporate Kimberle Crenshaw's (1991) concept of intersectionality, which posits that there are multiple aspects of an individual's identity that combine and intersect in different ways across social status and experiences. For example, as Kinser (2010) explained, while a white, middle class mother may be experiencing disempowerment through the expectations of intensive mothering, lesbian mothers' primary vulnerability may be facing homophobia, and working poor mothers' primary vulnerability might be facing poverty. Intersectionality also recognizes that the social position of an individual researcher is a unique, and possibly limited location to understand the

social position of other mothers, particularly when their own social location is different from the subject at hand.

Keeping this in mind, I hoped to incorporate the concept of intersectionality as a means of identifying how social identity factors combine to influence how new mothers develop a parenting practice in potentially unique ways. In doing so, I hope to add to the body of literature which explicates how dominant ideological forces and popular assumptions about parenting may influence new mothers in varying ways across differing contexts.

Methodology

The purpose of this research project was to develop a better understanding of the first-hand, lived experience of early maternal development in the face of saturated cultural influences and advice. Given the vast body of scholarly knowledge available relating to both implicit and explicit influences on motherhood within the American sociocultural frame, the aim of this research was to better understand how new mothers develop their maternal practice within the complex terrain of these influences.

Interpretive Phenomenological Analysis

Qualitative research can be particularly useful when trying to understand the lived experience of a particular phenomenon because it aims to elucidate how individuals makes sense and/or make meaning of what happens to them (Van Manen, 2014). As such, the researcher conducted this study using a qualitative form of research known as Interpretive Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). IPA was well suited for this study because of its utilization of three main theoretical foundations, including phenomenology, hermeneutics and idiography, which will be described, in brief, below.

Phenomenology

Phenomenology is a philosophical form of inquiry that aims to understand the taken-for-granted aspects of experience as they are lived in everyday life. Husserl, one of the founding philosophers of phenomenological inquiry, was concerned with how a person comes to understand or know a particular phenomenon, and how a person might identify the experiential qualities of an event or object (as cited in Van Manen, 2014). As Van Manen (2014) explained, "the focus on 'lived experience' means that phenomenology is interested in recovering somehow the living moment of the 'now' experience—even before we put language to it or describe it in word" (p. 57). Thus, it is the pre-reflective experience of a particular phenomenon as it appears

in conscious awareness. Phenomenology requires what Husserl called a 'natural attitude' towards an everyday experience (as cited in Smith et al., 2009). As Smith et al. (2009) explained, "this attitude requires a reflexive move, as we turn our gaze from, for example, objects in the world, and direct inward, towards our perception of those objects" (p. 12). In order to gain this insight, Husserl and other phenomenologists promoted the practice of bracketing or epoché (i.e., "suspension"), and reduction. Bracketing means to set aside ones preconceptions about a particular phenomenon, such as theories, predictions or common understandings, in order to remain open to accessing lived experience (Van Manen, 2014). Reductions, which are understood and utilized in various ways in phenomenological literature, describes the different means through which a researcher might redirect themselves away from preconceptions and towards to essence of the phenomena itself (Smith et al., 2009). IPA's use of bracketing and reduction is described in greater detail in the data analysis process.

Hermeneutics

The second theoretical framework of IPA research is hermeneutics. This form of inquiry is typically associated with one of its founders, Heidegger, who was a student of Husserl. Heidegger (1962) argued that our understanding of lived experiences could only be accessed through interpretation (as cited in Smith et al., 2009). In his seminal book, *Being and Time* (1962)*,* he argued that etymologically, the word phenomenology consists of two separate but related parts: phenomenon, translated from Greek to mean "appear," and logos, meaning word, discourse, reason or judgment (as cited in Van Manen, 2014). Heidegger's (1962) argument was that interpretive thought is required in order to understand or conceptualize the knowing of a phenomenon. However, he also asserted that while precedence is given to the "showing up" of objects or understandings, our fore-conceptions are always present. Furthermore, the sequence of

fore-conceptions and the encounter with new insight is a circular process. As Smith et al. (2009) explain, "the phenomenon, the thing itself, influences the interpretation which in turn can influence the fore-structure, which can then itself influence the interpretation" (p. 26). Therefore, hermeneutics forces the researcher to recognize that bracketing can never be fully achieved. Instead the research must consider the dynamic and reflexive nature of their foregrounded understandings (Smith et al., 2009).

Gadamer, a predecessor of Heidegger, added another important dimension to the interpretive understanding of phenomenology. He argued that interpretative processes are understood within the historical traditions that influence the thinking, language, and acting of the text and the interpreter (as cited in Smith et al., 2009). Therefore, the interpreter must make sense of the appearance of a particular phenomenon. This involves a dialogue between what the researcher brings to the analysis (i.e., their fore-conception or fore-structures) and what arises within the text (Smith et al., 2009). As Smith et al. (2009) explain, "There is a phenomenon ready to shine forth, but detective work is required by the research to facilitate the coming forth, and to make sense of it once it has happened (p. 35). Therefore, understanding how participant's subjective claims may reflect the extent to which they have been constituted by their culturally and historically situated frame of reference may add a deeper level of interpretation to the final analysis of the data.

One particularly important hermeneutic theoretical construct in IPA is the notion of the hermeneutic circle. This perspective suggests that because researchers are embedded in their historical frame, it is impossible for them to achieve objectivity. Furthermore, as Cushman (1995) argued, "the pursuit of objectivity will lead to a concealment of . . . [an] inevitable political and moral framework" (p. 22). Hence, research can only be understood within the

limitations of the researcher's own context. The job of the researcher is not to step outside of

their tradition of knowing, but rather to notice it and make sense of it as it arises. Interpretation

must therefore be iterative, namely moving "back and forth through a range of different ways of

thinking about the data, rather than completing each step, one after the other" (Smith et al., 2009,

p. 28). This requires looking at the data as a whole and as a part. For example, analysis moves

between a single word and the sentence as a whole, between a part of the text and the text as a

whole, between the researcher's context and the subject's context, and between each individual

interview verses the research project as a whole. This reflexive, analytic process is indicative of

the hermeneutic circle, and is an integral part of IPA data analysis.

Idiography

The third theoretical foundation of IPA is idiography. This construct emphasizes how

individuals bring a particular perspective to a phenomenon, based on how they are uniquely

situated with respect to the object or experience. Smith et al. (2009) argued that idiography is a

cautious analytical method of moving from case study to tentative generalizations, particularly

when compared to psychological, nomothetic approaches, because it operates within the

interpretive frame of analytic induction and quasi-judicial approach. Analytic induction is

concerned with producing explanations based on a set of cases by revising and modifying a

hypothesis as it is tested against a set of cases. Similarly, quasi-judicial approach is a gradual

case law development strategy wherein single case studies are assessed and analyzed in relation

to one another (Smith et al., 2009). The idiographic approach allows for the researcher to

highlight unique elements of the subjects' experiences, while also providing a rich foundation

through which single cases can gradually move towards the establishment of generalizations

about a phenomenon. It also enables multiple levels of analysis while staying committed to elucidating important thematic elements of a particular phenomenon.

The exchange of phenomenology, hermeneutics, and idiography in IPA was uniquely well suited for the study of maternal practice development. Phenomenology created an open research environment where new mothers could make meaning of their experience of developing their maternal practice. The emphasis on turning towards the inward gaze, that is, from the taken-for-granted ways of living in their mothering practice, towards their perceptions of those experiences and understandings, offered new insight into how maternal practices develop. At the same time, history has shown us how profound the concealed impact of sociocultural understandings of motherhood can be on lived mothering practices. Hermeneutics challenged the researcher to consider these foregrounded understandings of maternal practices. But perhaps more importantly, it challenged the researcher to make sense of the subject's embodied understandings of their mothering practice, not only as it appeared in the intersubjective space between the mother and their surrounding external world, but also as it appeared between the researcher's understandings and the participant's understandings of the phenomenon. And finally, idiography offered the opportunity to explore how intersectionality and individual differences impacted the development of maternal practices. At the same time, it offered a framework through which both difference and similar thematic content between research subjects were explored and considered.

Recruitment

Participants were recruited for this study from local, online parenting listservs in the Greater Seattle area. A listserv is an informal, member-only online electronic mailing list. Eligible members can sign up to receive either individual or pooled emails from other listserv

members concerned with shared areas of interest, which in this case is parenting. This includes

posting relevant parenting information as it relates to community resources, or seeking advice,

either on parenting issues and other domestic concerns (e.g., home repairs, public safety

concerns, infant items for sale, etc.). Each listserv is moderated by a single host, who is

responsible for determining eligibility for membership and moderating the quality of email

activity. Group membership typically ranges from approximately 300 to 3,000 members, and

membership is generally determined by geographic, residential location. There are some 28

parent-focused listservs in the Greater Seattle area. The researcher is a member of five listservs

from five separate neighborhood locations in Seattle, including south Seattle (Mount Baker

Parents), central, east Seattle (Madrona Moms), north Seattle (Wallingford Moms and Phinney

Greenwood Moms), and northwest Seattle (Ballard Parents). Participants were recruited from

among these five listservs.

The primary recruitment tool was an email flyer (Appendix A), which was sent to all four

of the aforementioned Seattle neighborhood listservs. To promote potential snowball sampling,

listserv members were encouraged to forward this flyer to any mothers they thought might be

interested or available to participate in the study.

Participants

In the interest of narrowing the research focus to the development of maternal practices,

participants in the early stages of parenting were best suited for this study. As such, the

researcher sought participation from first-time mothers whose children were between the ages of

six months and three years old. This study excluded mothers who had previously miscarried or

experienced the death of an infant, who were pregnant with a second child, who had already

given birth to a second child, or who had not birthed their child (i.e., adoptive mothers). While

such variables are important considerations to the topic, their impact on how mothering practices develop could be significant in ways that span beyond the scope of this study.

The researcher conducted a phone screening to perspective participants to determine their eligibility for the study (Appendix B). All interested parties were invited to participate in a phone screening. This helped generate some understanding about the types of people who were self-selecting for this study.

The researcher initially recruited mothers from a large age range (25–40 years old) to increase the likelihood of a large enough number of participants. However, because recruitment was successful, the researcher was able to narrow the age range (30–38 years old) to yield a more focused age sample. Other characteristics of participants, including ethnicity, employment status, sexual orientation, and martial status were also considered in the selection process. A diverse sample could have facilitated a broader understanding of how intersectionality and individual differences impacted early maternal practice development. At the same time, too much heterogeneity within such a small sample could have made it more difficult to offer possible generalizations about motherhood. Thus, the researcher considered diversity through a hierarchy of four variables. Listed in order of priority they were: ethnicity, employment status, sexual orientation, and martial status.

The target number of participants for this study was eight mothers. A total of 19 first time mothers contacted the researcher and expressed interest in participation. Seventeen of the initial interested individuals were recruited through five online local list serves (Mount Baker Parents, Madrona Moms, Wallingford Moms, Phinney Greenwood Moms and Ballard Moms). Two participants were recruited through snowball sampling: one participant received the emailed research flyer from a relative that was a list serve member, and one participant learned about the

study through another online community website for mothers in the Seattle area, called Ballard

Moms Club. Of those 19 initial contacts, six women dropped out before the screening process.

The remaining 13 initial contacts participated in a phone screening. General demographics were

obtained, including exclusion criteria, during this process. Five of these women did not meet

inclusion criteria: two were excluded because they were expecting their second child, one was

excluded because she was below the age criteria (age 19), and two were excluded because they

were above the age criteria (age 41 and 43). The remaining eight first time mothers met inclusion

criteria for this study and agreed to participate in an interview. Once the final group of

participants was selected, those who were not selected were sent a follow up email indicating

such (Appendix C).

The eight selected participants were interviewed between late October and early

December of 2015. Five participants elected to meet the researcher in a classroom setting at

Antioch University Seattle, one participant met the researcher at a local café, and the remaining

two were interviewed at residences (one was the participant's home, the other was the apartment

of a relative). The interviews typically lasted about 60 minutes, with a few lasting as long as 75

minutes.

All eight participants were asked to fill out a contact information form (Appendix D) and

to sign an informed consent at the beginning of the interview process (Appendix E). Following

the suggestion of Smith et al. (2009), the informed consent form described what participants

could expect from the interview, and how their anonymity would be protected in the final

research product. And finally, as per Smith et al.'s (2009) recommendation, the researcher

revisited the issue of informed consent throughout the interview process; in particular, she sought

oral consent around areas of unanticipated sensitivity.

The final sample of participants represented a relatively narrow and homogenous sample. All eight participants reported being heterosexual and married, and all eight participants reported working at least part time, with the majority (seven) endorsing full time employment. The participants ranged between the ages of 30 and 37, with their children ranging between the ages of seven months and 24 months. Six of the participants identified as white, one identified as mixed race, and the remaining participant identified as Middle Eastern. Only the latter participant reported being born outside of the United States; she stated that she lived in the Seattle area since age 15. Table 1 lists the important individual and family characteristics of the women who participated in this study.

Table 1

Individual and Family Characteristics of the Selected First-Time Mother Participants

Participant (=P)	Age	Age of Child	Ethnicity	Sexual Orientation	Martial Status	Employment Status
P1	30	7 months	Caucasian	Heterosexual	Married	Part Time
P2	30	11 months	Caucasian	Heterosexual	Married	Full Time
P3	37	14 months	Caucasian	Heterosexual	Married	Part Time
P4	34	7 months	Caucasian	Heterosexual	Married	Full Time
P5	37	24 months	Caucasian	Heterosexual	Married	Full Time
P6	34	18 months	Caucasian	Heterosexual	Married	Full Time
P7	36	8 months	Middle Eastern	Heterosexual	Married	Full Time
P8	33	7 months	Mixed Race	Heterosexual	Married	Full Time

Note. Participant 1 reported that she would be transitioning to full time employment (80% time) in the week following our interview. Participant 7 reported that she worked at 80% full time employment status.

Once the interviews were completed, the interview audio files were electronically uploaded to the researcher's private account at Transcription Hub, an online transcribing service. Despite the fact the a very limited amount of identifying information was available on the audio files, Transcription Hub signed a nondisclosure agreed (DNA) with the researcher in order to ensure the strict confidentiality of the research participants' identifying information (Appendix G). Once the transcriptions were completed, they were downloaded onto the researcher's computer as a word document and stored on a password protected, encrypted drive to ensure protection. The researcher reviewed the transcription with the audio file and made edits as needed. Once this process was completed, a hard copy of the interview was printed out and stored in an interview binder. All eight interviews were placed in this binder and stored in a locked, home filing cabinet.

Interviews

IPA encourages the use of in-depth, semi-structured interviews that are informed by the primary research questions (Smith et al., 2009). These questions should be largely open-ended and somewhat abstract, so as not to unduly direct the participant. Input from the researcher is used at a minimum; therefore, questions were posed in such a way that allowed the participant an opportunity to be fairly detailed in their description of their experience. The participants were also encouraged to provide as much description as possible about their experiences at the outset of the interview (Smith et al., 2009).

The researcher came prepared with an interview schedule that was designed to guide the discussion towards relevant material. The initial stages of the interview were generally facilitated by the researchers agenda; however, the researcher was mindful of following the participant's concerns as they arose, as long as they were pertinent to the primary research goal. Smith et al.

(2009) explained that unanticipated turns in the interview, based on participant's concerns, sometimes provide rich and valuable data. As Smith et al. (2009) explained, "The participant is the experiential expert on the topic in hand and therefore they should be given much leeway in taking the interview to 'the thing itself'" (p. 58).

The scheduled research questions consisted of eight general questions, with possible prompts (Appendix F). This process took 1–1.5 hours per interview. The interview was iterative; therefore, making it possible for ideas to change or develop through the data collection process. The schedule was treated as an overall guide; however, as an active listener, it was the researcher's responsibility to deviate from the schedule (Smith et al., 2009). This included deviating from the sequence of questions asked if the participants concerns emerge in unanticipated ways. Each participant was given ample time to answer a question or finish her train of thought before any prompting or additional questions were posed. If the researcher noted an important topic or word during a participant's response, she wrote it down and waited until the participant completed her train of thought before pursuing additional questions. And finally, as per Smith et al.'s (2009) suggestion, the researcher avoided asking subsequent questions too quickly or asking too many questions. In general, providing broad questions at the beginning of the interview helped the participant become more comfortable providing in-depth responses. More analytical questions were typically be reserved for later in the interview, when the participant was more at ease with the interview process and more directed towards the inward gaze of reflection and perception.

All interviews were held either at the participant's home, or at a mutually agreed upon location, which included a coffee shop or at an Antioch University Seattle classroom. Interviews were recorded using two digital audio recording devices to ensure proper backup. The researcher

also did some note taking during and following the interview to jot down general observations or feelings. Digital audio files were later transcribed, and transcribed text and researcher notes were stored on an encrypted drive. Written data was stored in a separate location, namely, the researcher's locked, home office filing cabinet, to ensure confidentiality. And finally, an encrypted back up drive was stored in the locked office filing cabinet of the researcher's place of business.

Analysis

All interviews were analyzed according to the rigorous IPA process, as outlined by Smith et al. (2009). First, I engaged in a slow, careful review of the first interview by reading the first transcription through a number of times, both with and without the accompanying audio file. Through this process, I began to reflect on the participant's description of their experiences of early motherhood. My goal was to note both explicit meanings and unique descriptive language for describing the experience, while also paying attention to particular contextual concerns and overarching conceptualizations that emerged, possibly reflecting a participant's own unique meaning-making process.

Next, I began to focus on emergent themes. In this first analytic shift away from the transcription and towards the research notes, I began to identify discrete segments of the transcripts that reflected possible thematic material. This portion of the analysis represented my first experience of the hermeneutic circle, as my focus turned away from the participant's understanding of their experience, to my understanding of the text. IPA stresses that this process is not prescriptive, but rather iterative, allowing not only for an exchange between the participant's understandings and the researcher's understandings, but also an analytic exchange

between segments of the text, and the text as a whole, which inevitably emerge as a new whole in the final stage of this collaborative and recursive process.

Next, I began what IPA refers to as the mapping process (Smith et al., 2009). At this stage, IPA encourages the researcher to create a structure of their choosing to highlight notable components of the participant's narrative. IPA also encourages several useful strategies for identifying important content, all of which were employed by this researcher. Abstraction involves clustering similar thematic subordinate themes, polarization involves themes with oppositional relationships, contextualization involves identifying unique localized (i.e., cultural, temporal) understandings of a phenomenon, numeration involves tracking the frequency of thematic material, and function involves identifying how thematic material plays a role in the participant's own meaning making process.

Once the superordinate and subordinate themes were identified and organized, the researcher moved onto the next interview and repeated this same sequence with the remaining seven participants. Once all eight interviews were analyzed using this process, I put all eight mapping structures together for comparison. It was at this stage that I was able to enumerate higher order, shared understandings, as well as subordinate and unique individualized understandings within identified themes. This final stage of analysis continued to produce the recursive analytic process of tacking back and forth between shared understandings across participants, alongside emergent thematic material that I identified, which arose both across participant narratives, as well as within unique contextual paradigms.

The researcher was aware from the interview process that all participants had identified several types of influences relating the development of their parenting practice. As such, I chose to employ a color-coded highlighting system at the outset of analysis to help me organize

influences. In order to avoid creating too many groups, I chose to cluster influences into similar and related groupings. Not surprisingly, these groupings expanded as new influences emerged across each subsequent participant analysis. The color-coded groupings included (a) peers: friends, similar-age family peers (i.e., cousins/sisters), and peer support groups; (b) grandparents and in-laws; (c) work-life balance, career and marriage; (d) internet and books; (e) doctors and allied health professionals; and (f) child-rearing classes and daycare. I also chose to underline sections where the client identified feelings of vulnerability (e.g., second guessing one's decisions), and I used a different color to underline segments where the participant identified noted strengths (e.g., feelings of confidence) as a way of understanding how strengths and vulnerabilities arose within the vast plan of influences noted by the participants.

Results

The results of this analytic process proved to be as complex and multifaceted as the densely saturated terrain of influences that new mothers come to absorb in the early stages of parenting. Several superordinate themes emerged across participant's narratives that reflected shared responses to frequently identified influences and experiences, as well as subordinate themes, sometimes reflecting unique responses to identified influences or conversely, unique influences which bore some relationship to themes identified by the researcher (e.g., attachment themes, flexibility themes).

The Decision-Making Process

Findings from this study revealed that new mothers confront the saturated and often contradictory influences that informed the development of their parenting practice through their own systematic and sometimes equally contradictory process. While no discrete decision-making

process was acknowledged or identified, there was consistency between participants with regard to how various influences were utilized in the establishment of their mothering practices.

On the one hand, trusted peers (i.e., close friends, age-cohort family members, peer support group friends) were most commonly discussed by all eight participants, both as frequently utilized sources of information, and as primary social supports in the early stages of mothering. Regardless of whether or not close trusted peers were considered the most reliable source of advice—and indeed, all of the participants could identify peers whose advice they did not consider to be reliable—the participants overwhelmingly conveyed the importance of similar age-cohort, familiar and like-minded individuals in the development of their parenting practice.

On the other hand, participants were knowledgeable about a broad range of published resources, and conveyed thorough knowledge of popular, dominant understandings about mothering, particularly those found online or in popular parenting books. Furthermore, participants frequently conveyed a fairly sophisticated understanding of formal recommendations about feeding and sleeping practices, particularly those recommended through medical establishments (e.g., American Pediatric Association) or through empirical research.

Participants reported that they frequently tacked back and forth between informal (e.g., friends), popular (e.g., online) and formal understandings (e.g., medical/research recommendations or healthcare professional advice) about parenting practices during their decision-making processes. As a result, they were keenly aware of many contradictory ideas about daily mothering practices in a variety of contexts, from breastfeeding, to sleep training to daycare philosophies. However, informal understandings, popular understandings, and medical or empirical recommendations were not necessarily perceived as incompatible. While it appeared that participants were more likely to defer to the recommendations or influences from more

informal sources, like trusted peers, they were frequently able to back up their decisions with some form of validation, whether it be from a healthcare professional (or a peer's healthcare professional), the medical establishment, or from an empirically validated source. For example, participants may have started using a sleep training or solid food eating method that they learned from a friend, but they could generally back up this method, for instance, with a popular book written by a pediatrician or a recommendation from an online medical resource. And finally, it was their own experience of testing and modifying various learned practices, and more particularly, how their infant responded to said practices, that ultimately informed their decision-making.

The process through which participants absorbed informal, popular and, formal sources of advice reflected a few notable points. For one, most of the participants took a very careful, studied and critical approach to making decisions about how to manage every aspect of their infant's lives. That is to say, participants made well-informed decisions throughout the development of their parenting practice. Even in cases where a participant would deny reading parenting books or medical literature, they could readily identify articles or studies that they were informed about through trusted peers. In other instances, a physician, doula or nurse was frequently cited as the source of data collection, even if once or twice removed from them personally. In fact, participants were well versed in collecting, critically considering and testing multiple sources of data. That is to say participants demonstrated a colloquial, and in some cases even an embodied understanding of the scientific method.

And finally, in the developing of various mothering practices there was a general movement from skepticism, to decision-making, to confidence. The skepticism appeared to be a source of concern and vulnerability early on in the mothering process for many, as sifting

through the many options presented to them was often regarded as overwhelming. This was particularly the case with making decisions about baby consumer products, as was noted by several participants. However, as participants became more comfortable, competent and confident in their mothering practice, the decision-making also became more experientially based. Thus, the saturation of information available to them began to act as an agent of empowerment by way of creating options and choices from which they could make personally informed decisions, based on their own values and beliefs. As was often noted, they slowly came to terms with the fact that there no one "correct" way to be a "good" mother; therefore, they simply did what worked best or what felt right for them. So while they may have relied most heavily on the influence of others in the early months of mothering, their own practice-based experience of trying certain methods and altering them as needed ultimately gave way to a level of competence and expertise that reflexively allowed them freedom to take or leave the many confusing and sometimes contradictory methods available to them, particularly when those decisions were supported by their spouse.

There were a few notable exceptions to this general decision-making process. Firstly, two participants shared unique characteristics, namely that they were medical researchers and that they came close-knit families. Not surprisingly, these participants were more judicious about tracing the validity of their outside resources (formal and informal), while conversely, their reported desire to model other family member's parenting practices weighed most heavily in their narratives compared to the other participants. Also not surprisingly, they were also the only two participants who did not participate in postnatal peer support groups. Additionally, three of the participants in this study spoke frankly about making decisions about their mothering practices that contrasted their own experiences of being parented. This resulted in notable

distinctions in each case. For example, one participants' desire to avoid overly structured or rigid parenting methods resulted in a far more flexible and less structured adherence to sleeping and feeding schedules. This finding denoted how personal history can significantly alter the impact of formal and informal sources of influence, regardless of the prominence of those resources in maternal discourses.

Identified Influences

As anticipated, participants identified a substantial variety of sources that influenced the development of their parenting practices. Trusted peers (i.e., close friends, age-cohort family members, peer support group friends) were most frequently cited, followed by published resources, such as internet, popular books and empirically validated resources (e.g., professional medical organization recommendations, peer-reviewed sources), followed by pediatric or primary care physicians, and finally, in certain cases, other professionals (e.g., doulas, lactation consultants, daycare professionals). Furthermore, five out of eight participants reported that after carefully weighing the options available to them, they would discuss their decision-making process with their husband, in hope of mutual support and/or final validation. And finally, while several participants noted they wished to model their own parent's practices, none of the participants solicited or received advice from their own parents with regard to early mothering decisions. Additionally, three participants stated they that wished to parent in such a way that contrasted the way they were parented. And finally, three participants spoke about unwanted advice from in-laws, while only one participant endorsed favorable influence from an in-law.

Participants identified a number of ways that they felt influenced in their thinking, feelings, and decision-making in the early months of parenting. These influences were noted in a variety of contexts, which included (a) observing other mothers (e.g., watching friends or family

members with infants); (b) intentionally modeling the parenting practices of others (e.g., mothering like their own mother or a close friend); (c) listening to other's ideas about parenting (e.g., overhearing conversations in peer support groups); (d) soliciting advice/information about parenting (e.g., receiving mothering tips from trusted peers); (e) receiving unsolicited advice from others (e.g., receiving unwanted advice from in-laws); (f) researching information (e.g., searching topics on the internet, reading a parenting book, searching medical research literature); and (g) reflecting on personal history or parenting convictions (e.g., early childhood experiences). Furthermore, not all influences were identified as positive. In fact, in several instances, participants noted an adverse experience, such as receiving unwanted advice from a pediatrician, or witnessing parenting decisions made by others that the participant regarded unfavorably.

Trusted Peers

When addressing influences on the decision-making of early parenting practices, participants in this study overwhelmingly referenced close peer groups, such as friends, and similar age cohort cousins and sisters. Close peers were most frequently identified as an important influence in the development of parenting practices throughout the participant's narratives. Furthermore, peers were almost always identified as an initial point of reference, both as passive influence (e.g., when identifying participants' awareness of ideas or influences) and active influence (e.g., when identifying specific sources of advice). While these peers were not necessarily perceived as the most reliable source of information, participants consistently noted a sense of security in being able to reach out the familiar, not only to seek information, but also to normalize experiences and/or to identify with trusted others in the shared of experiences of

motherhood. That is to say, normalizing mothering experiences often seemed to go hand in hand

when discussing influences on decision-making of early parenting practices.

When asked about passive influences, such as sources of ideas or influences about

mothering, participants uniformly identified close peers, particularly leading up to and in the

initial stages of mothering. This is illustrated by the following participant comment:

> I think I just observe what others people do, what other people think, you know, the things that I hear, like attitudes from other people, especially my friends . . . I am not sure if that influences me in one way or another, but I pay attention. . . . [My best friends and I] all had [our babies] the same year. . . . And they all live in [the Midwest], so lots of emails, lots of texts, you know, figuring out registry stuff, like what's the best way to do this. And one of them already, she already had two before that, so she was more experienced. She was the one helping us all. (P6)

When asked about specifics people or places that participants sought advice from

regarding parenting decision-making, the majority noted that they reached out to their close,

trusted peers first. As an example, two participants reflected as follows:

> [I go to] other moms, like friends that I have, or like moms that I already know. I don't really, I wouldn't throw a question out on a list serv or something. (P3)

> Well, I'm really close to two of my cousins who have two kids and three kids each. So, I call them all the time and I feel like it's good for me to just like get—and that sort of my M.O, like if I'm not sure about something at work I feel like I survey to get all the information. I've read every single sleep book and I'm like "Okay there's parts of this that work and parts that don't work—and so I kind of do that with them. I'm like, "Hey, [cousin's name], what do you think about this?" And she's really laid back and is usually like, "No problem," and my other cousin will be like, "Well, this is how I do it." So, I try to just sort of take the best of both, kind of like my friend's advice and just see. (P1)

When asked about the saturation of information available to a new mother, one participant

described the importance of close peers over outside experts as follows:

> In your professional life, you go to verified sources of information and I feel like as a parent, as a mom, there aren't really verified sources of information because there are so many verified sources. They are all verified at some level . . . there is no degree program for a sleep trainer . . . I feel like the people that are really around your family and they really spend time to get to know you, I feel like have the greatest influence on decisions. I feel like I tend to go to those people. (P8).

Similarly, another participant, whose pregnancy was unplanned, also first identified the

importance of support from close peers when addressing the saturation of advice in early

motherhood:

> I don't listen to outsiders, and yet here I am in this brand new land that I really didn't
> want to explore, and just taking everyone, literally everyone's advice. . . . My best friend
> [X], who lives [on the East Coast], gave birth 10 days prior to me, and hers was also a
> surprise. So it was really great that we were going through this together, but she really
> wanted to be a mom, and so she did a lot of research . . . [She] was like, "This is what I'm
> doing and this is why I'm doing this." And I was like, "Okay, well if she is doing it, then
> I have to try and do it too, right?" (P7)

> Participants frequently discussed the importance of connecting with their peers when they

were seeking normalization and validation of challenging or uncertain experiences. For example,

three participates conveyed these experiences in the following ways:

> I think I talked with some friends. Some . . . friends I talked with had no supply problems
> with their milk, and so it was like, I can't really relate to that. And some friends really
> did, and that was actually really helpful, to kind of talk to people who had already
> basically stopped breastfeeding because of that, and just, I guess knowing like, well, they
> still have a bond with their baby and . . . their babies are still growing and healthy and
> they're not getting sick on formula. (P3)

> I can think of one colleague at work who was kind of an indirect model, and she had just,
> when I was entering my third trimester she had just hit her like, one year milestone with
> her baby . . . I remember her laughing and joking with me that she was done with the
> pumping room and it was going to be my pumping room when I came back at the end of
> summer. And I remember thinking, "Oh, she must have had a goal." So she was kind of a
> model of, that women do make it that are working a year. (P8)

> I was just telling someone today that I feel like in the middle of it being really hard, one
> of my cousins is always like, "It's a phase," and it's all a phase and it ends. (P1)

And finally, one participant, who struggled with postpartum depression, also identified the

importance of close peers on early mothering decisions. While this particular participant pointed

to support from multiple sources, she spoke at length about the importance of seeking out

relatable peers to overcome the sense of overwhelm she experienced with becoming a new mother. She gave the following example to illustrate her point:

> I had [one] mom [friend] that I kind of, I guess, [I] related to parenting-style wise and just who she was as a person . . . [She was] more reserved, just more family oriented or more centered, I guess. And I have another girlfriend, she is more outgoing and she would get out all the time and party or whatever, and that's not my style. So I would reach out to her for questions on how to handle things. I reached out to her once I think when we went to a friend's house and we were the only couple with a kid . . . I followed [my son's] need . . . He wants to go play downstairs, so I went to play downstairs but everybody is upstairs so I'm alone downstairs with my kids most of the time. And my husband is upstairs having fun and so there is that issue, and you feel lonely and alienated. So I remember texting her she is like, "that happens and, you know that's part of it at times." (P5)

Maternal Peer Support Groups

Seven out of eight participants became involved in early parenting or early motherhood support groups, either before or during the early months of motherhood. Their attitudes towards these peer groups, their level of engagement, and their experience of support varied between participants. Two types of peer support groups were identified, including hospital sponsored prenatal parenting education groups, which involved parenting training for both spouses, and drop in support groups for new parents.

Most notably, five out the eight participants participated in Program for her Parenting Support (PEPS, 2016). PEPS (2016) is a Seattle-based nonprofit organization that brings new parents in the Seattle community together through planned, semi-structured gatherings over a 12 week period. Parents can opt into either one parent or two parent meetings, and group members will frequently arrange other social activities together during and beyond the structured meetings with other group members, their partners and their infants. Groups also have a volunteer leader, typically a parent or grandparent from the community, that provides an additional level of support and resource as parents discuss their experiences of early parenting.

Five of the participants in this study participated PEPS groups. All five expressed the usefulness of being able to observe other mothers' parenting practices and of being able to observe other babies that were in a similar developmental stage as their own. Two mothers expressed the benefits of PEPS participation as follows:

> It ended up being really interesting to see other moms in action . . . when my baby was a newborn, a friend of mine was still pregnant and then other friends have babies just a little bit—a few years older. So seeing other moms just being moms of the same age baby was interesting. (P3)

> I find those [groups] to be really good because I carry around kind of like, what the other babies who were basically exactly the same age are going through. And it's just interesting because sometimes it's foreshadowing for what she is going to do or sometimes she is ahead of them doing something earlier than them or whatever. And just kind of hearing about what people do, it's interesting. (P4)

At the same time, three of the participants, including the two quoted above, expressed increased worries and a tendency to second guess their own parenting decisions as a result of their participation in PEPS. In these cases, the participants did not necessarily develop lasting, close relationships with the other mothers in the groups. The following examples illustrate this dynamic:

> I mean, there were probably some like, 'What are people doing about . . . " and some of that was helpful. And some of it wasn't. [Our baby] was the last of our PEPS group to be sleeping in a crib and there were times where I was like, "Everyone else's is in a crib." She was sleeping in a bassinet and then she was in her room in a bassinet, but [she] just like would not, like wouldn't sleep in the crib for a long time . . . I look back now and that was a silly thing to stress about. Like who cares if it was an extra month? But I think there's something about all the other babies [that] are the same age [and] they're all in a crib. Again, like, "Are we doing something wrong or is our baby just different?" (P1)

> I don't have close relationships with any of the moms from the group, but we do like, we do have kind of get-togethers. But I wouldn't like, I didn't ever get a relationship going where I would talk one-on-one . . . A lot of them breastfed longer than I did, one of them had to stop sooner than me . . . I felt kind of, I was like, well I'm free, but I also felt like, how are they doing it? Like did they do something early on that I missed out on? Like were they better at pumping when they were not with their baby? So I doubted myself, doubted, like I doubted how hard I tried." (P 3)

But . . . sometimes I leave the meetings and I am just, I just don't know what I am supposed to do with the input. I have this feeling like I am supposed to do something with the information. . . . there were a couple where I totally convinced myself that we were, oh my God, we were behind the ball on something [and] we needed to do something different, because of just hanging out with other parents . . . my brain knows that, like, all kids eventually learn to walk and, you don't need to worry about all these milestones, but yeah, there were times where I convinced myself that we were doing something wrong. . . . just comparing with what other people were doing. (P4)

In other cases, participation in support groups proved to be very protective and important. Three of the participants in particular expressed strong connections with other mothers they met through drop in mothering support groups and PEPS. In these cases, there was not a clear delineation between longtime friends and newly formed peer group friends. In fact, it appeared that newly formed friendships through peer supports had become nearly as important, if not more important than long-term friends with regard to early maternal support, influence and parenting practices. The common theme of participants who favored peer support groups was a sense of feeling supported by like-minded women who shared similar life experiences. The following quote illustrates the perspective of those who favored peer support groups:

I just felt really trapped. So I reached out to all these women and realized we are all kind of feeling this right now. And I had a couple friends say, you, go ahead and do formula if it makes you feel better. And I had other friends say, you know, hey, we have made it this far as a group. You know, we should celebrate that and if we have hard days, you know, know that we are all doing this. And there was another group that was very much, like, keep going, that one-year is just around the corner. (P8)

Of particular note, two participants that identified issues with postpartum depression and anxiety spoke frequently and very favorably about their participation in peer support groups. One of these two participants, who participated in PEPS, described her experience as follows:

I went kicking and screaming and I love it . . . I'm still very close actually with almost all the parents. We still meet once a month . . . I guess for me the best part about it was to find out that I wasn't the only one who didn't want to be a mom. So that was good. And kind of figuring it out together, that was really good. . . . it was also good to hear that the majority, actually half, were formula feeding from way earlier on and I guess that kind of,

not gave me validation, but I think it made me feel better, and look they were doing really well, their babies were still alive. (P7)

Only two of the participants in this study expressed no interest or minimal participation in early parenting peer support groups. One of theses participants noted that she participated in a prenatal class with her husband, and expressed surprise at the lack of experience expecting parents had with basic infant care, such as diaper changing. Interestingly, both participants were educated in the science field and endorsed strong appeal and adherence to evidenced-based literature. Also of note, both of these participants endorsed a strong connection to large extended families, and both expressed strong connections to long-term peers. In these two cases, close friends and similar age-cohort family members were routinely referenced as if in place or in the absence of structured peer supports.

Grandparents

Parental advice. One of the most consistent findings in this study was that participants did not solicit advice, nor were they usually offered advice from their own mothers and fathers. In fact, most participants identified a resistance to advice from their own parents and their spouses' parents. Participants who endorsed close relationships with their own mothers, and even those who expressed a desire to model their mother's attitudes and behaviors were equally resistant to the idea of accepting their parent's advice as those who expressed a distant relationship with their mother. Six out of eight participants specifically stated that they perceived advice from their own parents as outdated. The following quotes illustrate this perspective from a participant with a close relationship with her own mother:

> I guess because everything's change. Like, just talking to my mom and the way that they've said, like when I was a baby, she said that they said to always put your baby on their stomachs to sleep to reduce the risk of SIDS, and now it's the exact opposite. And so everything's changed so much, and new things have come out, and new information's come out. (P2)

Of equal note, participants frequently stated that their own mothers would not offer

advice, even if it solicited. Five out of eight participants made comments noting a lack of advice

offered from their own parents. The same participant cited above identified a typical interaction

with her mother regarding seeking advice:

> No, my mom's very like "Do it your own way." Especially like, sometimes I'm like, "I need help." And she's like, "Well, I think you should just figure it out for yourself." And I'm like, "No, I need help." She, she's like, "Well, I don't want to infringe on your life." And I'm like, "But I'm asking you for help!" [Giggle] (P2)

Two participants, whose mothers came to live with them for a short time after the birth of their

infants, offered a similar perspective about their mother's lack of direct advice:

> I mean, she was very purposefully not going, you know, interject herself in any way to like, let me know her opinions, and I don't think she has any different opinions than I do. But it was, I always tell people my mom came in and they are like, "Really?" No, it was fun, it was good. . . . I think for her it was like, no, this is my deal, and she was there to support me. (P6)

> It's the surprising part of it all, because she's always criticizing me for everything, except for, except for mothering, yeah. She will be like, "You need to find your own way, and you need to do what's best for you." (P7)

Two of the participants in this study had mothers who were deceased. Interestingly, both

of these women expressed a similar perspective about parental advice. One participant, whose

mother died in her teen years, conveyed this as follows:

> There haven't been as many moments where I thought, "Oh my God, I wish I could just call my mom, and like ask, "How do you bounce her to make her not cry?" You know, there haven't been as many of those and I think I sort of call, like my cousins or my friends that actually have babies more than I like, I probably would have called her anyway. (P1)

The other participant, whose mother died in her infancy, gave a perspective about cultural and

generational differences that might lend insight into this resistance to advice from parents of the

previous generation:

I guess, looking at, you know, how my in-laws might receive some of the things we're doing, we have heard a lot of, "It seems like parenting has changed since we were parents." And so, it seems like there are definitely changes. I don't know if it's just that the science is different and/or if we are part of a certain type of culture that, you know, are . . . my father grew up in [Latin America] and my in-laws grew up in the east coast, and my husband and I grew up in [the west coast] and now we are in Seattle. It's just different, what's happening in the world around you. (P8)

In-law advice. Perspectives about in-laws were somewhat more complex for the participants of this study. Four participants noted that there were much more likely to receive advice from their in-laws, and in all of these four cases, that advice was not well received. Again, the perception of that advice being outdated was cited with all four of these participants. The following excerpts illustrates this perspective:

I guess it bothers me when my mother-in-law will be like, "Ok, well that's not how I did did . . . da, da, da." And my husband's the youngest so I'm [thinking], "Okay, the last time   you had a seven month old was 33 years ago and I'm just not sure you remember exactly how everything— I mean, I can hardly remember what I had for lunch last week. You're telling me that 33 years later you remember exactly how you parented, how you gave a bottle and all that stuff?" . . . It's terrible . . . we had a really good relationship up until   now and now I feel like it's always sort of like, it's contentious and . . . it should be this fun thing but like you have to kind of, like, let me be the mom. (P1)

I don't . . . I will vocalize this, I don't take [my mother-in-law's] opinion too seriously, maybe this is me being snobby . . . It's been many years since she had children herself, and boy, have things changed from then until now. And then plus, she isn't very well educated. There, I said it. (P7)

One participant addressed the juxtaposition between managing unwanted advice from her mother-in-law and her own mother. In this case, the participant noted that when asking advice from her own mother, her mother was most likely to reply, "Honestly, I don't remember." She conveyed this juxtaposition as follows:

Well with my own mom I am more comfortable. I can be like, Mom, back off, I don't want you to, kind of, say something about what's going on. But [with my husband's mom] I am not comfortable doing that. And interestingly, so my mom already has a laid back, hands off style because she had six grandkids before my daughter . . . and then his

mom, [our daughter] is the first grandchild. She is totally just full speed ahead in everything, just very in it. I want her to back off and I can't tell her. (P3)

Only one participant in this study spoke favorably about her parents-in-law, declaring that in-laws: "Win the prize for just being awesome in my view" (P4). In this case, the participant noted a strong alignment with the values and opinions of her in-laws, which seemed to work as a safeguard against unwanted advice. Interestingly, this same participant spoke at length, throughout her interview, about consciously making decisions about her parenting that contradicted her own experience of being parented in childhood, which she viewed as "really overzealous" (P4). When describing her in-laws, she stated:

> [My mother-in-law] is not bad with advice. We all kind of agree on . . . people other than me take a slightly more judgmental tone then I do . . . they, we all generally agree, you know, that a little dirt is fine. You know, like, we're not germ-o-phobes on purpose . . . I think they would probably look down their nose if we were really intense about, like, organic, fancy . . . stuff, but we're not. (P4)

Published Sources of Advice: Internet, Popular Parenting Books, and Evidenced Based Resources

Following close trusted peers, published sources, including Internet sites, popular parenting books and evidenced-based research were frequently noted as influential in the development of parenting practices. While there was some variability in the degree of engagement with each of these resources, all three were typically noted by most participants.

Internet. Internet searches, and by extension, smart phone applications of popular internet sites, were generally noted as an initial or secondary means of data collection when the participants were trying to find out about certain information or solve a particular caregiving problem. Of particular note, BabyCenter.Com was frequently mentioned as a useful site for tracking normative developmental patterns in early infancy. Two of the participants noted that they found the Internet most frustrating during pregnancy. In these cases, they noted a sense of

overwhelm by the options when trying to plan ahead with the purchasing of baby products.

While some spoke more favorably about the Internet than others, almost all participants noted

skepticism about the information they had collected, particularly in light of contradictory

messages. With three of the participants, these contradictions elicited a negative, second-

guessing reaction, particularly on websites, such as BabyCenter.com, with open messaging

boards for new mothers. The following two examples illustrate this response:

> The think I found [that] on the internet, which is like, I feel like a really dangerous place
> for a first time mom . . . It's just like you can find someone who says anything, right?
> Like, "Never do that to your kid, always do this for your kid." And so it's just like, in a
> world of trying to figure out how to not second guess yourself and what your own path is
> going [to] be, it's kind of hard." (P1)

> Message boards like Baby Center website are dangerous. Because it's totally
> unintentional, it's just, it's just mothers venting and it feel like it's like a war zone there
> because they're just, I guess, they are kind of letting it all out . . . it's not very
> balanced . . . Like at one point my husband was like, "Google is not your friend; it is
> making everything so much worse." (P3)

By contrast, two of the participants who spoke more favorably about the Internet, also

spoke somewhat skeptically about the Internet and the saturation of contradictory messages, but

noted a sense of agency or liberation in the saturation of information. When asked how they

reconciled these messages, they explained:

> Probably, cause there's just so much on the Internet [chuckle], and how on one site it
> says, "You should never do this," and it's like, "Well, I did that and it worked fine." And
> there's just so many different theories. So, you just read what you can and then make
> your own decisions, based on what you're reading. (P2)

> I mean, for me it's helpful. I like to get as much information from an assortment of
> information. I like contradicting information . . . Because then I feel like it gives me the
> opportunity to then decide, "Okay, what's going to work for me. . . . I guess, you're
> doomed if you don't, and you're doomed if you do, so I might as well do it this way. (P7)

Popular parenting books. Parenting books played an important role in the learning and

decision-making process for new mothers. In fact, six of the eight participants identified specific

popular parenting books that they found useful in the early months of mothering, particularly for developing infant sleeping behaviors. The two participants that denied reading popular parenting books both cited strong reliance on trusted peers (i.e., age-cohort family members and close friends or peer supports), and both endorsed a favorable opinion of the Internet or smartphone application sources instead (see the previous two citations, listed above). While three of the participants stated that they had read numerous parenting books, only a handful of books where mentioned by name.

Popular parenting books that were cited by at least two participants included: (a) *Health Sleep Habits, Happy Child* (Weissbluth, 2003); (b) *The No Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night* (Pantley, 2002); (c) *Raising Bébé*: *One American Mother Discovers the Wisdom of French Parenting* (Druckerman, 2012); and (d) *Excepting Better: Why the Conventional Pregnancy Wisdom is Wrong—and What You Really Need to Know* (Oster, 2013). Four of the eight participants also noted that they read literature by Dr. Williams Sears, but no specific books or Internet sites were referenced in each of these cases (see Attachment and Bonding below).

In *Health Sleep Habits, Happy Child,* Weissbluth (2003) promotes the importance of developing flexible yet predictable routines that cater to an infant's unique individual traits in order to promote healthy sleep habits. Emphasis on increasing consolidated night sleep after three months through regulated sleep schedules, increased infant self-soothing techniques and a studied understanding of infant "drowsy signs" are the hallmarks of the Weissbluth approach. The author encouraged putting infants to sleep in a drowsy, but awake and motionless state in order to foster their ability to fall asleep on their own. While Weissbluth encouraged putting infants in their own crib, he also took a permissive tone with regard to co-sleeping. As he

explained, "But understand that your cuddling in bed together may make any future changes in sleep arrangements difficult to execute" (Weissbluth, 2003, p. 79). The author also took a neutral tone with regard to breastfeeding verse formula feeding, and offered a few cry-it-out strategies, with evidenced-based research to support it as a safe and reliable option for willing parents.

The No-Cry Sleep Solution (Pantley, 2002), written by a Washington native with a strong allegiance to Dr. William Sears and attachment parenting philosophies, discouraged the use of cry-it-out techniques, using other attachment parenting authors to question the validity of so-called cry-it-out "experts" (p. 9). Similar to Weissbluth, Pantley's (2002) *No-Cry Sleep Solution* technique encouraged keeping a regular sleep log to monitor the infant's sleeping behaviors, while developing a peaceful nighttime sleep ritual to enhance an infant's sleep associations. Pantley (2002) also encouraged mothers to gradually extinguish nursing to sleep and pacifier use so the infant can learn to fall asleep without a feeding and sucking association. This author also took a neutral and flexible tone with regard to sleeping (i.e., crib sleep verses co-sleeping) and feeding (i.e., breastfeeding verses formula feeding) options.

Raising Bébé: One American Mother Discovers the Wisdom of French Parenting (Druckerman, 2012), is an autobiographical account of one American journalist's experience of having children while living in Paris. Duckerman (2012) highlighted the seeming ease with which French women raise their small children, with topics ranging from infant sleeping and feeding, to toddler discipline, to French expectations regarding child manners, to the importance of both parent and child autonomy. With regard to early parenting practices, Druckerman (2012) noticed that French babies tended to sleep through the night earlier than their American counterparts. The author discovered a French phenomenon known as "The Pause" (p. 47), wherein a parent does not immediately respond to the cries and whimpers of a newborn, but

rather waits and listens. The understanding is that not only does the parent learn to distinguish cries of help from cries of normal adjustment and sleep arousal, but the baby learns to have greater patience and tolerance for autonomy while effectively learning to self-soothe. According to the author, practicing The Pause appeared to lead to a gradual, more effective form of crying-it-out by the time the infant reaches four months old. Druckerman (2012) also highlighted that French parents are far more likely to resort to formula feeding soon after birth, which also partially account for why infants are able to go for longer periods of time (i.e., up to four hours) without feeding. Other French parenting practices highlighted in this book included a stronger emphasis on parent self care (e.g., quickly returning to pre-pregnancy birth weight, maintaining a life independent from the infant and more maintaining intimacy with one's spouse), as well as strong emphasis on good social manners (i.e., saying please and thank you, no interrupting), socializing independently from the mother (i.e., no playing or narrating a toddlers moves on a playground), and a strong expectations around eating the same foods as adults.

Expecting Better: Why the Conventional Pregnancy Wisdom Is Wrong—and What You Really Need to You (Oster, 2013) was written by an economist who became pregnancy herself and began questioning the validity of various conventional, popular pregnancy and childbirth recommendations. After extensively reviewing academic medical literature, Oster (2013) provided numerous data-driven recommendations to expecting mothers at every stage of pregnancy, with the aim of dispelling common pregnancy fears and concerns. Topics range from food consumption, to prenatal screenings, to exercise and drug safety, to labor and delivery practices. Some of her salient recommendations include (a) light consumption of alcohol is okay during pregnancy (i.e., one-two drinks per week in the first trimester, one per day in the second and third trimester); (b) moderate coffee during pregnancy is okay (i.e., between two-four cups

per day); (c) consuming sushi and raw eggs is most likely okay; (d) dying your hair during pregnancy is safe; (e) changing a cat litter box is fine, but gardening increases risk of exposure to toxoplasmosis; (f) hot tubs and hot yoga should be avoided; and many more.

Evidenced based research. A number of the participants referenced a desire to understand or practice parenting in compliance with evidenced based research. Two of the participants in particular, who were professional scientists, addressed their process for checking the validity of the sources they read. The majority of participants also spoke with a relative fluency about current recommended standards of practice with topics ranging from SIDS risks, to recommended age for breastfeeding, to recommended age for the introduction of solid foods, to even parenting behavioral methodologies. In most cases, the participants cited medical-affiliated organizations such as Mayo Clinic, The American Academy of Pediatrics, and empirical research they learned through participation in local hospital-based parenting programs. One participant, who was herself a physician and medical researcher, spoke with fluency about her strong preference for evidence based research, rather than mere compliance with recommendations from the medical establishment. For example, she spoke about the reductionist recommendations that erroneously correlate SIDS risks with co-sleeping, about what she perceived as overly dogmatic recommendations that women are told to avoid during pregnancy, and about what she regarded as a "paternalistic medical system that medicalizes birth" and attempts to "control women's bodies" (P7). As she summarized:

> A huge amount of medicine in not evidenced based, unfortunately. A huge amount of it is practice based and sort of culture. It's just the way we have always done that or it sort of makes sense so we do it. Then we have this idea that we can reduce or eliminate all risks, which we can't. Rather than thinking about, you know, here are things that I want in life, how can I maximize the benefits and minimize the risks, rather than, like—because you can't eliminate risks, you can't. (P6)

Other participants spoke more colloquially about their adherence to and reliance on research informed practice. Participants used words like *researched* and *surveyed* throughout their interviews when discussing how they developed their parenting practices. A few participants also noted a trusted peer whom they viewed as research savvy or someone who was an allied medical professional (i.e., nurses) as a primary source of evidenced-based data. Furthermore, the majority of participants identified a process through which they would collect child rearing data, develop their own hypothesis, experiment with a particular method of practice, and either adhere to that practice standard, or revise the standard, depending on how their infant responded. That is to say, while they did not specifically report the use of a research-based practice, their narratives reflected an embodied understanding of the scientific method.

Healthcare Providers in the Millennial Era

While participants had both favorable and unfavorable experiences with their primary care physicians or pediatricians, participants consistently described a desire to seek advice and care from doctors that they perceived as supportive and flexible. Interestingly, doctors were never identified as a first or primary resource. In fact, they were typically cited as a tertiary resource, behind close peers and books or online sources. They were only identified as a primary resource in times of concern or crisis, such as during issues with illness or feeding concern. Participants that had positive experiences noted their doctor's responsiveness to their opinions and needs, and the ability to provide reassurance. As one participant explained:

> [My Doctor's] role has been just to be like, "Yep, that's normal," or, I don't know, she is just very reassuring. . . . I don't want the doctor who is going to be, like too specific about what we should be doing. . . . people are just very intense of these things . . . my doctor is very good about not being too intense. (P4)

Participants who had challenges with their pediatricians noted issues with overreaching or unwanted advice. One participant, who had a particularly difficult experience with her infant's first pediatrician, described the experience as follows:

> "He just is very rigid about, I mean, he was like, "Get her out of your room at one month. She can sleep in your room for one month and that's it—like—in her crib." And then like actually, the AAP recommendation is two months because of SIDS and he was just, "Nope, one month." I was just like, "I really feel like I want a pediatrician that I can just have more of a dialogue with." (P1)

This participant later described a recommendation from the doctor regarding the use of a Vitamin D supplement. The doctor urged her to continue giving her infant Vitamin D, despite the fact that it seemed to cause the infant digestive issues. The participant was told by a peer, who was a nurse, about a more recent study showing that it was sufficient for a nursing mother to increase her own dose of Vitamin D as a way of increasing supply for the infant. She ultimately found a new pediatrician, whom she identified as more supportive and responsive to her parenting ideas.

In fact, physician information and advice, which was viewed as readily available, was often noted as secondary to patient-centered care. As one participant explained:

> And then the second appointment, she spent a little more time with us and, you know, small things, like when we come in she remembers how old she is and you know, checks in on for development stages and those things. I know their information. But I also feel like she is getting to know us. (P8)

Other healthcare providers, including lactation consultants and postpartum doulas, were also cited as sources of advice and support. Similarly, these allied health professionals were generally received more favorably when participants viewed them as patient-centered and supportive. One participant, who struggled with postpartum depression, identified her doula as an important source of support. As she explained, "I text her a lot, just, "this is happening or this." And she would just give me reassurances or top of what to do or who to do it. So I relied

on her a lot." (P5) Another participant, who also struggled with postpartum depression, had a particularly difficult experience with her birthing doula, who was also supposed to be available to her after the birth. She reported that this doula had found out she herself was pregnant and as a result, "she wasn't there physically, she wasn't there mentally. She didn't give us the support, and the direction that we needed early." (P7) The participant parted ways with the doula immediately following the birth. This same participant also worked with a Lactation Consultant following childbirth. While she found this experience moderately useful, she expressed dislike of the consultants "very strict . . . very regimented" professional methods. As she explained, "I mean I didn't like it, but I followed it, because again I didn't know any better, I really didn't." (P7)

Another participant, who was a physician herself, was particularly sensitive to the issue of delivery of healthcare to new mothers. Her interview tacked back and forth through her experiences of observing mothers as a physician and observing the medical establishment as a mother. She admitted to having "very strong" opinions about parenting practices, which she embedded in a strong evidenced-based philosophy, and often expressed her frustration when parenting practices and conventional recommendations from doctors were not based in empirical evidence. Of particular note, she was also able to discuss a difficult experience she had with breastfeeding, and the lack of support and assistance she received from her pediatrician. As she stated, "She told me to stop complaining" (P6). Like other participants, she was able to finally resolve the issue with the assistance of a Lactation Consultant. The participant ultimately changed pediatricians after this same doctor made the recommendation of putting rice cereal in her infant's bottle, a practice that is widely considered outdated. This participant expressed

interest in participation in this study, both as a mother and a medical professional, as a way of

advocating for a more progressive standard of medical care. As she explained:

> I mean, I think I would like to have a voice as a part of the industry, be someone who says, let's rethink how we are talking about this. So, let's give people a little more power than we have been giving them. Because medicine mostly, and definitely didn't use to be evidenced-based, and definitely it's very paternalistic. And I am hoping that we are swinging towards this idea of patient-centered. (P6)

The Role of the Husband in Early Parenting

All eight participants identified their husband as an important supporting role in their

parenting practice. Most often, participants would bring up their husbands in the context of

decision-making. Six participants reported that after researching a particular parenting issue

(e.g., feeding schedules, infant sleep concerns), they would present proposed strategies to their

husbands for support or agreement. Participants identified this process both in the context of

feeling confident about their decisions as well as when they were second-guessed their decisions.

For example, when asked about a time they felt good or most confident about their parenting

decisions, the following two participants replied:

> I guess kind of like when my husband and I have been, like really on the same page. Like we've been, like, okay, we've decided as a family and that is our thing. (P1)

> I guess I usually discuss it with my husband, and ask him what his opinion [is] on that. Of course, I would never tell him that, because he always says, "You come in here asking my advice, but then you do the exact opposite." Which in some cases is true. (P7)

Similarly, when asked how they deal with second guessing their decisions, participants almost

always mentioned their husbands. For example, the following participants replied as follows:

> My husband and I make the decision together, and so . . . we have each other's support in what we're doing. (P2)

> I talk to my husband about it, because . . . we're there to support each other through this and sometimes, like because he is like a problem solver, sometimes I have to just say, "I'm just letting you know, this concern has . . . floated through my head. And so usually

we'll take turns being worried about something. So when I'm worried he's, he'll be like, "It's okay". . . And the other time, he worried and I reassure him. (P3)

Three participants also noted minor disagreements that arose when decisions were made without mutual agreement. For example, one participant noted a complaint from her spouse when she spontaneously deviated from a feeding plan. As she explained:

> I might have had a chart that we were going to do all these different things and then, today I decided I am just going to give her blueberries. And he said, "Where does that come from? How come you get to make this decision? So I feel like that's come . . . that's popped up more recently. (P8)

Another participant noted occasional disagreements that arose when ideas about child rearing, which stemmed from her spouses' familial or cultural tradition, were different than her own. As she explained:

> Every now and then there is something that's [a] foreign concept to me, but it's familiar to him because it's from his country. And I'm not as comfortable [with] incorporating those because, like, I'm not familiar with it. (P3)

Other Important Findings Regarding the Marital Dyad in Early Parenting

The majority of participants identified increased tensions or challenges in their marital relationship since becoming parents. While these tensions did not necessarily impact their decision-making, it was evident that they were often prevalent in their minds of participants as they discussed their spouses' role. For four of the participants, these tensions centered around feeling an imbalance in responsibility with regard to childcare and/or housework. For example, as the following participants stated:

> We bicker about things that we never would have before. . . . Like, there's extra laundry to do and there's just like, more administrative stuff around the house, and like, I feel like, I think when we're at our worst I feel like I do everything and he feels like I don't appreciate everything he does. It's just, is like there's more and we didn't account for how incremental that really was. (P1).

I will say one of our bigger issues is that he is not good at helping around the house. That causes a lot of problems because I work a lot and it drives me crazy. But when it comes to the baby, he's right there (P6).

He has a tendency to just be like, "Okay, I am tired, so I'm not in the picture right now. . . . I'm taking a nap . . ." He's just like, "I'm out." You know? So for that period of time, I am on my own and then, when he feels like it, he'll come back. And then when he comes back he wants to be, like fully consulted . . . and then he'll be like, "See ya." And so he has kind of a selective participation, and which I kind of feel, like, is a little bit lame. And even like, you know, like where we keep things in the house related to the baby, he'll just be, he won't invest in like learning what it is that I do and he is not paying attention but he'll still, like I said, he'll want 50:50 input. (P4)

Additionally, two participants reported an increased sense of burden with having to nurture both an infant and their husband, particularly in the early stages in mothering. In these two cases, the participants reported a sense of strain in meeting the physical and emotional needs of their husbands as a new mother. As these participants explained:

[My husband] requires a lot of attention, and a lot of physical attention as well; and both of which are just exhausting to me, because I'm giving my physical and my full attention to my child. And then, by the time I've [brought my son] home, and he comes home from work, I'm just spent, because I'm also working again. I just don't care like, what he is going through [at] his work. . . . [and] he likes intimacy, not in the . . . yes sex is very important to him, but he also needs a lot cuddling, and touching and again . . . I'm not nearly as touchy feely. (P7)

My husband is a little bit of a kid himself. Like, I think that his view of marriage involves being taken care of by me more than I see it, which was always an issue in the marriage before, but now that we have an actual child, I find myself less and less patient with that with him. (P4)

Interestingly, only one participant noted minimal martial tension since becoming parents. In fact, this participant noted that her marriage was stronger following the birth of their infant. She referenced her husband several times throughout her interview, frequently conveying that she and her husband made all of their parenting decisions together, spent most of their free time together and did most of the child rearing together.

A Balanced Life: Identity Outside of Motherhood for Mothering's Sake

The subject of balance between motherhood and life outside of motherhood certainly weighed heavily on the mind of participants with varying degrees of gravity. All eight participants spoke about the challenge they faced balancing their careers against the needs of their child and family. At the same time, all eight participants also addressed some degree of benefit from being away from their infant. They all expressed some desire to experience a degree of independence from their maternal role, either to feel happy, to feel recharged or to feel a sense of purpose. Some cited a new appreciation for work and others cited a new appreciation for motherhood. For example, as the following participants noted:

> I think it makes me a better mom actually that I work now because it's nice to have some time away from her. Then I really appreciate the time that I do get with her. . . . I think It's funny. I was really anxious about going back to work and a lot my friends were like, "It sucked the whole way there. It was so hard. The first week was really tough." I was like, "See ya. I can get coffee when I want and I'm like getting paid to answer emails at my desk alone, there's no little person crying . . . Now, I feel like I get to go to work and feel productive and come home and be, like really excited to play with her spent time with her, versus kind of feeling like in the back of my mind I just have other things I'm trying to do. (P1)

> I went back part time for a couple of months and then went to full time, but that was always the plan. And then actually [it] ended up being kind of nice going to work, a break, I appreciated, had a new respect for work . . . Like oh, you can do things by yourself. You can go to the bathroom, you can go have coffee. It was nice. (P5)

Three of the participants argued that their desire for work and social life outside of motherhood was ultimately advantageous for their child. These participants all happened to enroll their infants in professional daycare centers while they attended work. Each spoke about the benefits of establishing consistent routines (e.g., feeding and nap schedules) as a result of daycare, and two of these participants spoke about the benefit of their child developing independent relationships as a result of daycare. The following examples illustrate this point:

> I mean, I wouldn't want to stay home with him all day. I would not be good at that, so you must take care. [At daycare] he sees all these people. They . . . it's vegetarian. They make the most amazing food and there is Spanish classes and dance classes and he . . . I

mean that so much better than what I could so for him, so . . . I have zero guilt about that, none whatsoever. (P6)

I do believe that making some decisions for me are good. Because they're good for me, they're good for family, because I'm happier. [laugh] And I think that does benefit her indirectly. And then, you know, I think a lot of it is acknowledging that you know . . . I want to consciously have her . . . I don't want to be the only adult in her life. So, even though it's really pushing control, or something, I think it's good for her to have more, the more adults she has meaningful relationships with the better, I think. (P4)

One participant, who reflected back on a time where she felt particularly vulnerable about returning to her career, noted that she begun to second guess her career decisions because she did not feel comfortable with the initial daycare center she selected. This participant ultimately changed daycares and expressed an increase in confidence about her career decisions once she found a better childcare fit. As she explained, "[I'm] just looking back at what really didn't feel right about those early weeks and what didn't really feel right was the level of care she was getting" (P8). Similarly, another participant who reported challenges with returning to work noted how her career dissatisfaction contributed to this difficulty. As she explained,

"So, I was also at a transition point in my career where I want[ed]] to do something else, so that didn't really help. I didn't really like what I was doing anymore. And so I'm transitioning to doing something else, so that's good. But that was also hard, that I was away from her and I was unhappy with what I was doing." (P2)

Several participants noted that balancing their own needs, independent of their mothering role, was an important part of being a good mother. As the following participants explained:

I really liked my life prior. Does that make me selfish? Probably. I feel like, I guess in my opinion like, being a good mom would mean being selfless in a sense, and really I guess in a way you're putting their needs not completely ahead of yours. . . . Again I think you really need a balance. I think you need to be selfish at times and at time you need to be selfless. (P7)

Two of the participants expressed an increased desire to lead purposeful lives outside of the home, so that the time away from their children was meaningful and worth the separation. As they explained:

> The week I was back from maternity leave, I was like, "No, I can't skate through. If I'm going to be here and be away from her, it has to really matter." So I do really care about being really driven and getting the next promotion and all that stuff, because it has to be really meaningful to be here, and not just trudging through." (P1)

> So going back to that and knowing that the work I do impacts the world, impacts families, impacts communities, and I feel like that's something that I am, I have been uniquely called to do in my life. That's what I am supposed to do be doing. . . . It's an opportunity that's been put before you and just keep going and trusting that this is what you are supposed to be doing until it doesn't feel right. (P8)

Flexibility and Openness

One of the most common themes identified in participant's narratives was the importance of flexibility and openness. While the concept was expressed in several different contexts and in some cases, less explicitly than previously identified themes, the concept of flexibility and openness consistently reflected an emerging aspect of participants' maternal identity. In particular, all eight participants expressed the importance of putting the needs of their infant first and an openness to change a planned course of action, particularly when plans did not suit the needs of the infant. Other questions or topics that elicited a response calling for flexibility and openness included (a) when identifying surprising aspects of early parenting, (b) when reflecting on what "a good mother" meant to them, (c) when discussing a desire to either model or contradict their own childhood experiences of being mothered, (d) when identifying advice they would give new mothers, and (e) when highlighting the benefits of a culture saturated with influences and advice. The following participants summarized this concept as follows:

> My only advice to [my friend] was just be flexible, just be able to make changes, and don't think that everything's going to go one way cause the baby might have a different idea. (P2)

> You just never say never. I think there are things [where] I was like, "I'm never going to do this, I'm never going to do that," and you know, you do whatever you can to try and get through that time. (P3)

I'm always for, "Well if it doesn't work, we can always try something else. There's no feeling bad and there's no point to beat yourself up. I don't believe in that whole thing." (P7)

Bonding and Attachment: Intensive Parenting over Attachment Parenting Practices

Despite the fact that Attachment Parenting has long been perceived as immensely popular in the Seattle area, this strategy was minimally discussed or endorsed by participants. Only two participants expressed some interest and/or influence from "natural" or Attachment Parenting strategies. One reported that she chose to vaccinate her infant on a slower, alternative schedule, which she attributed to the influence of Attachment Parenting friends. The other participant expressed some influence and interest from strategies she identified as "natural" or "granola" with regard to breastfeeding, organic feeding practices and baby-led weaning strategies. She also endorsed influence from friends that were practicing natural parenting alternatives.

All eight participants engaged in breastfeeding for at least the first several months of their infant's lives. This was never perceived as "natural" parenting technique per se, but rather as the most strongly recommended parenting practice in our culture today.

Interestingly, only one participant in this study practiced co-sleeping. This participant was a physician and referenced a robust body of empirical data to support her decision to co-sleep. She never referenced Attachment Parenting or Natural Parenting in her interview, and her baby had moved into his own bed by the time of our interview. The remaining seven participants expressed an aversion to co-sleeping, most notably because of concerns about how it would impact their own sleeping. One participant stated that she could never co-sleep because she had intense fear of "smothering her in the bed." (P4)

Six participants explicitly stated that they did not believe in crying-it-out sleep training methods. All of these participants expressed discomfort this the idea of allowing their infant to

cry unattended or for extended lengths of tie. For example, "I don't think I could ever listen to her cry" (P2); and "I still don't have the ability to do that for very long" (P3). One of these six participants stated that she used cry-it-out on occasion, but only as a last resort. The only participant that explicitly owned and implemented the Ferber method explained that she also heavily leaned on the baby-led weaning methods endorsed by Pantley (2002) and Weissbluth (2003).

Two of the participants expressed confusion and frustration about Attachment Parenting techniques. In both cases, the participants expressed a tendency to over analyze how they were bonding with their babies in light of attachment parenting. Both of these participants reported that the recommended strategies of Attachment Parenting conflicted with their infant's temperament and needs. That is, the prescribed emphasis on bonding left them questioning their response to their babies cues because the babies did not appear to need constant holding and engagement. The following two quotes illustrate this dynamic:

> [In my] undergrad major . . . I really thought attachment theory was right on, and I thought, okay, well so I'm assuming that this type of parenting leads to secure attachment. And then some of the things just weren't going to work with our family, like co-sleeping or responding to the cries no matter what. . . . Like, going in the room and thinking, okay, I just need to soothe her. . . . she kind of grew to do better with self soothing so when we hold her and stuff she's just is too stimulated and she doesn't fall asleep in our arms like she would do when she was an infant. (P3)

> It was awful . . . I was pretty sure that we were doing what we thought was the right thing for her by not taking this really intensive attachment approach . . . but at the same time, like the book just went on and on about how babies who have that kind of relationship with their parents are so much better off . . . It just was really sad to feel, to feel like it was possible that she as going to miss out on all of that because of what we thought was a choice for her. But maybe it was not? (P4)

Parenting by Contrast

Three of the participants in this study offered insight into how unwanted experiences from their own childhood could play a significant role in how one develops their parenting

practice. All of these participants expressed a strong desire to parent in ways that often

contrasted with their own childhood experiences. Not surprisingly, this desire to change aspects

of their own experiences of being mothered impacted their decision-making processes, even in

the early stages of motherhood

The first of these two mothers described a "fundamentalist" religious upbringing. As a

result, she reported a strong desire to avoid "be[ing] hyper-zealous about much of anything and

[to take] kind of an everything in moderation kind of approach" (P4). After indicating her

parent's religious stance, she gave the following example:

> But in terms of parenting sense, like I've had friends who have kind of, just like, in my
> view, [have] sort of gone off the deep end with trying to control their baby's life so much
> and consciously making decisions to not have experiences that they otherwise would
> have because they are so committed to certain things . . . Like, so I have one friend who
> is so committed to the sleep, to her kid's sleep. And it is admirable. I mean I admire it in
> a way, but their lives revolve around their babies' nap scheduled. Like literally, they
> don't do things because of that. And I just don't really agree with that. (P4)

It was quite evident throughout this participant's narrative that her intention to avoid

anything "overzealous" had shaped the way she parented her baby. She was the most outspoken

of all the participants with regard to her desire to be open and flexible in several parenting

contexts, from sleep schedules, to feeding practices, to daily activities in the home (e.g.,

watching TV), to social engagement with her baby in the community. For example, the

participant spoke about taking her then three-month-old infant on a three-week bus tour of

Europe with a music community that she was involved in; much of this account addressed the

ease of this experience. Interestingly, except for one other participant, who was interviewed at

her home and gathered her baby from a nap towards the end of the interview, this was also the

only mother that brought her infant to the interview (at the researcher's school). She easily and

casually engaged with her daughter throughout the interview whilst remaining actively engaged and reflective in our discussion.

Another participant spoke critically about her experience of her own mother, whom she described as "not that forthcoming" and "keeps to herself" (P5). In particular, this participant expressed an intension to provide more strict boundaries (i.e., setting strict limits) and more attention (i.e., less TV watching, more active listening) than she felt that she received as a child. She explained that her childhood was absent of these experiences, and therefore, she believed that providing such experiences would have fostered the feeling that her mother "[liked] to be involved in my life more or cared about what I was doing type of thing." (P5) This particular participant expressed concern about "being present" a few times during our interview. She also expressed a much higher concern about the use of television, junk food and providing open communication with her children than any other participant.

And finally, one other participant expressed a strong intention to put her child first. This theme emerged several times throughout the interview. As this participant explained:

> My mom's an artist, and she's very in the clouds, and so she can be with you, but she's not really with you, because she's somewhere completely else. Which is nice, I guess, for her. Sometimes I want to be in the world she's in, but she always . . . and something that my parents really stress in myself and our family growing up is that they come first. . . . Their work duties come first, and if it works around what we're doing, great, and if it doesn't, they come first, which I had a hard time with, I guess, growing up. And so I know I didn't want to be like that. (P7)

This client spoke at length about how she tended to put her infant's needs far beyond hers in the early months because she believed she was "overcompensating" (P7). She was highly reflective and frequently revisited the concept of being selfish. As she explained:

> It felt more natural for me to just be on his schedule, and what he wants, because again, it's problem-solution. And it just seems easier for me, than not have to wake him up and have him cry, and listen to his crying and all that stuff. I don't know, is that selfish?

Maybe. So I am being selfless in the fact that I'm let him be on his own schedule? I don't know. (P7)

All three of these participants were particularly sensitive to the quality of their connection to their child. The first two of these three participants both reflected on the importance of focusing on the present, while also expressing a strong vision about the future they wished to provide for their child. The latter of these three participants repeatedly addressed the importance of putting the needs of her child first while also having her meeting needs.

Postpartum Mental Health Symptoms

The two participants who endorsed postpartum symptoms of anxiety and/or depression had important similarities with regard to their experiences of early motherhood. Both explained that they did not feel depression in a traditional sense. As one participant explained, "I was never depressed, it was just this anxiety, overwhelm . . . Almost, overwhelm all the time." (P5) The other participant explained, "They call it baby blues. I wouldn't say I was depressed, because I wasn't depressed. But I was not happy . . . My mom even mentioned . . . that she's never seen me so gloomy." (P7) This participant spoke at length about being unprepared for motherhood, because she had excessive fears about the birthing process, which she linked to watching a birthing video in childhood. As she explained, "I was just thinking too much about the baby coming out, and not so much about after the fact" (P7). Secondly, both of these participants spoke very frankly about missing life before motherhood and trying to come to terms with the loss of that former life, in light of motherhood. Thirdly, they spoke about not feeling prepared for the impacts of sleeplessness in the early days and weeks of their infant's lives. And finally, of note, both participants reported feeling challenged by facing the public with their infants, particularly when managing breastfeeding and infant crying in public places. The following two excerpts reflect this important challenge:

I was worried about [my son] crying, the family with the crying baby, and I was nursing too. They have this stigma, nursing your child in public. We should be able to do that but we don't always feel comfortable doing that. And it's not easy doing it with a big blanket over you and you can't, especially when you are trying to figure it out yourself and you need to see in and I remember trying doing that once but just like . . . [laugh]. (P5)

The other participant, who was raised in the Middle East until her early teen years,

offered some insight into how this challenge may uniquely impact mothers in the United States

and similar western countries. This participant pointed out that she was quite certain that her

parenting practices would be different if she were mothering in her country of origin. As she

explained:

You take your babies with you everywhere in [my country of origin]. You see babies everywhere and here I notice that that's not really the case. Also when I was breastfeeding in public, it felt very uncomfortable, because I felt being looked at and judged, where again in [my country] it's not the case. It's very open . . . [There] no one is going to say anything or give you stares, nothing. It's very common, and maybe I'm projecting, it's very possible, that here whenever he was crying and we were in a restaurant, like, it stressed me out, like, 'Oh, my God, people are judging me. (P7)

Both of these participants relied heavily on the support of close friends. And again, as

previously noted, these two participants expressed the most favorable opinion of peer support

groups for normalization and validation of their experiences as they moved beyond their

postpartum symptoms.

Discussion

The central purpose of this research was to understand how new mothers develop their parenting practice in early mothering, particularly in the face of various complex, sometimes contradictory, and often confusing influences. Extant research has shown that the normative discourses of motherhood, which are most often formed from the dominant, white middle-class perspective, can profoundly shape a new mother's decision-making process when it comes to the development of her mothering practices. By critically reviewing important historical legacies, including the eras of maternalism, scientific mothering, the custodial era of mothering, and the advent of intensive motherhood, as well as dominant ideological influences in the past century, including patriarchy, feminism, psychology, capitalism and neoliberalism, understanding was gained about how mothering practices and ideas about mothering have been shaped within particular historical contexts.

Looking at current research on the subject of contemporary mothering, it is clear that new mothers today face a barrage of influences when they enter the landscape of motherhood. For one, scholars have elucidated the extent to which the ideology of intensive motherhood, as well as natural mothering and attachment parenting, continue to occupy the early parenting discourses. Other studies have highlighted an array of explicit influences, such as peers, grandparents, doctors, books, internet, support groups, and online communities, which can further influence and shape the decision making process for mothers as they develop their own practice. And finally, there is existing research highlighting how women sometimes experience implicit social pressures to conform to cultural norms, as well as research explaining how women develop a sense of confidence as their parenting experiences accumulate in the early months of mothering.

For the current study, this researcher solicited eight non-expecting, first time mothers of any age who had given birth to one child (age three or younger at time of participation) to discuss how they developed a parenting practice, particularly in light of the variety of influences and advice available to them. The woman who self-selected to participate in this study through Seattle neighborhood-based online list serves represented a relatively limited and homogenous sample of mothers. Namely, they came from a mostly white, educated, hetero-normative and middle class socioeconomic context in a liberal metropolitan city in the Pacific Northwest region of the United States. Furthermore, these eight participants were all in their 30s (born between 1979 to 1986). Of import, all eight of these participants were themselves raised in what is now commonly understood to be the beginning stages of age of Intensive Motherhood.

While we cannot infer that their experiences are representative of American women at large, it is probable that these participants can lend some insight into how current dominant maternal discourses impact the lived experiences of first time mothers today, particularly for white, middle class women. And conversely, these participants may also lend some insight into how their unique, lived experience as new mothers, both within their larger social content, as well as within their own unique personal context, may at least in part reflect a particular historical and cultural space in America today.

Summary of Results

Results of this study revealed several consistencies between participants with regard to both the process of developing their parenting practice, as well as the influences that informed that decision-making process. For one, participants uniformly sought the influence and information of close trusted peers, including age-cohort friends and family members, when they began their mothering practice. Trusted peers were most commonly discussed, both as frequently

utilized sources of information, as well as primary social supports in the early stages of mothering. On the other hand, it was also clear that the participants were knowledgeable about a broad range of published resources, including baby-focused and medical-informed internet sites, baby-related smart phone applications, popular parenting books, and for some, academic and medical evidence-based literature. Participants often considered any number of the published resources when developing their practice, and were quite often adept at validating informal (i.e., close peers) resources with formal (i.e., medical establishment recommendation, physician recommendations, evidence based research) resources. However, with regard to professional influences, participants were consistently distrustful of professionals whom they perceived as overly authoritative. Rather, healthcare professionals who were client-centered, supportive and deferent to their own values and beliefs, were routinely regarded as more reliable, and therefore, more influential on the decision making process. Also of import, participants routinely denied receiving both solicited and unsolicited advice from their own parents. This was consistent across all eight client narratives, most often because such advice was regarded as outdated. To that end, advice from in-laws was almost uniformly ill-received, perhaps because in several cases, it was more likely to be offered.

Participants conveyed a sophisticated ability to consider the various informal and formal sources of advice through a thoughtful, critical and quite often studied approach. During this process, themes regarding work-life balance and martial/domestic work life balance were forefront in participants mind, as well as considerations regarding mother-infant attachment, maternal openness, and flexibility. Early in the mothering process, these various saturated and often contradictory influences were sometimes sources of vulnerability, particularly because participants were prone to second-guess their decision-making. However, through time, and

practice-based experience, these many influences often created a vacuum of choice—a kind of information liberation—from which mothers could test, modify and adapt various parenting practices to fit for their own unique infant's needs, and to complement their own values and beliefs.

Confirmatory Findings

Several aspects of this study were consistent with previous research. With regards to the process of developing a parenting practice, participant's early experiences with confusion and second-guessing themselves was similar to a studies by Wilkins (2006), Brouwer et al. (2012), Miller (2005), who also found that early stages of mothering are often accompanied by intense feelings of pressure to conform to unspoken social expectations, which can leave mothers vulnerable to questioning themselves or fearing public scrutiny. However, with time and practice, participants seemed better equipped to manage the often confusing and contradictory messages about mothering. This is consistent with previous studies by Murphy (2003) and Miller (2005) who similarly found that new mothers are better equipped to navigate the utility of outside knowledge and influence when they experience a sense of practice-based competence in their mothering.

The importance of close peers in early mothering has also been found in previous research. For example, studies have previously shown that contact with close peers can be an effective means of normalizing, validating and connecting with others around the ups and downs of early mothering, as well as providing a useful source for information or mothering tips (Kinser, 2010; Nelson, 2009). Similarly, previous research has shown that maternal peer support groups can be beneficial for new mothers, particularly when participants feel safe and secure to speak frankly and authentically about their experiences (O'Reilly, 2013). However, for three of

this study's participants, close connections in peer support groups were never formed because support group participation elicited a tendency for these new mothers to second-guess their decision-making. This finding is similar to what Ruddick (1989) termed the "the gaze of others" (p. 111), namely a loss of confidence in ones values and a subsequent relinquishment of maternal authority. As Ruddick (1989) explained, "Fear of the gaze of others . . . can be expressed intellectually as inauthenticity, a repudiation of one's own perceptions and values" (p. 112). Consequently, these participants felt compelled to keep a protective front in peer group participation, a phenomenon that Maushart (1999) aptly coined "the mask of motherhood," namely "an assemblage of fronts . . . that we use to disguise the chaos and complexity of our lived experience" (p. 2). As Maushart (1999) explained, "the mask of motherhood is what keeps women silent about what they feel and suspicious of what they know" (p. 2). This finding is also consistent with a study by Hauck and Irurita (2003), who found that mothers who perceived an incompatible expectation from others around breastfeeding practices, particularly when those values challenged or contradicted a mothers own values, felt an increase in confusion.

Previous research elucidating the relationship between new mothers and their own parents and/or in-laws is also consistent with the findings in this study. For example, similar to the participants in this study, Nelson (2009) and Hauck and Irurita (2003) also found that mothers tended to rejected their own mother's advice when they perceive it as outdated. Interestingly, most participants in this study discussed the lack of advice from their own mothers as though it was a presumed understanding between mother and daughter, while some regarded it as surprising, and others found it even frustrating, simply because their mothers would refuse to give advice even when solicited. A study by Moseley et al. (2011) similarly demonstrated that advice from one's own parent in early motherhood is less likely than advice from a pediatrician,

particularly among whites. However, almost half of this study's participants noted that their in-laws were more inclined to offer unsolicited advice; and this advice was uniformly ill received. This is similar to a study by Marx et al. (2011), which suggested that new mothers were twice as likely to seek advice from their own mother than they were to seek advice from their mother-in-law. Interestingly, the one participant in this study, who endorsed a particularly positive relationship with her in-law, also commented that her mother-in-law was "not bad" with giving advice. Even in this case, the attitude about receiving advice from an in-law appeared to be neutral, at best.

The participants' high level of engagement with popular parenting books and internet resources is consistent with several studies that have enumerated the strong influence of these resources on new mothers (Connell-Carrick, 2006; Porter & Ispa, 2013; Radey & Randolph, 2009; Ramos & Youngclarke, 2006). Popular baby and parenting books, such *Healthy Sleep Habits, Happy Child,* Weissbluth (2003), and *The No-Cry Sleep Solution* (Panlety, 2002) were reflective of participants adherence to gentler and more intensive parenting practices, such as baby-led weaning, and non-cry-it-out sleep training methods. Even with participants who identified reading *Raising Bébé: One American Mother Discovers the Wisdom of French Parenting* (Druckerman, 2012), they specifically emphasized the book's ideas around disciplined feeding practices and use of the Pause, namely taking a studied and critical approach to understanding and discerning a baby's various cries in order to facilitate a baby's ability to self-soothe. And finally, noted interest in *Expecting Better: Why the Conventional Pregnancy Wisdom Is Wrong—and What You Really Need to You* (Oster, 2013) further reflected the level of interest that these women showed with regard to evidence-based research.

The participants' relationship with their primary care physician or pediatrician, as well as other collateral healthcare providers, such as lactation consultants and doulas, reflected an important aspect of this population's relationship with medical authority. Namely, the majority of participants sought out healthcare professionals who were validating, deferent to their mothering decisions and values, and above all, patient-centered. This was as equally evident in participants that liked their healthcare providers as it was with providers who had negative experiences. That is, participants were generally as distrustful of providers that were inflexible about child-rearing options as they were of providers who exhibited poor bedside manners. This is similar to a previous study by Arden (2010), which found that mothers were critical of advice from healthcare professionals when it differed from their own belief or from the advice of close family and friends. This finding is also consistent with a study Hauck and Irurita (2003), who found that healthcare professionals were viewed more favorably and were more influential on feeding practices when mothers felt that the providers were unconditionally supportive about their decision-making.

Gender Norms: The Implicit Impact of Sexism on New Mothers

While not directly related to the development of their parenting practices, it was evident that for the majority of participants (seven out of eight) traditional gender role expectations added an additional layer of tension to the early months of mothering, and in some cases, to the development of their mothering practice. Several of the participants reported frustration, stress and/or disappointment with their husbands because they felt an increased imbalance in responsibility since becoming mothers, particularly with regard to childcare and/or domestic work. This was similar to a finding in Nelson's (2009) study, which showed that increased stereotypical, gendered division of domestic labor in early mothering was a typical complaint

among the heterosexual participants. A few participants also noted a further sense of burden in what was described as an unspoken expectation to provide more of the nurturing in the family relationships. The participant's routinely elicited all of these issues, namely imbalance in domestic and childcare work, and imbalance in emotional nurturing, during discussions about marriage and/or employment in early mothering.

To that end, all eight participants noted they favored some degree of independence from their mothering role through their participation in the workforce. However, in a few cases, where either one of these spheres, career or childcare, were lacking in some way, participants noted a sense of conflict and emotional distress about leaving their baby for the purpose of employment. This is similar to a study by Villalobos (2015), who found that women experiencing insecurity in their work or their intimate relationships were more likely to orient themselves to the mother-infant relationship, a phenomenon she referred to as compensatory connection.

Challenges with work-life imbalance among new mothers are well known in contemporary research, particularly as it relates to working mothers (Liu & Dyer, 2014). Becker (2010) offered an important perspective on the emergence of work-life balance discourses, particularly in relation to white, middle-class women. Becker (2010) traced contemporary understandings about work-life balance to scientific discourses around stress and health well being. In particular, she demonstrated how medicalized and privatized understandings about work-life tension, particularly discourses around stress—which she argued, are often commodified to appeal to female consumers—have served to reinforce separate sphere social arrangements (i.e., the focus of men in the public sphere and women in the private, domestic sphere). As Becker (2010) explained:

Discussions of 'work-life balance' bear a close relationship to the stress discourse

because of the implication that imbalance leads to stress and stress leads to

imbalance . . . Yet [the] problem with the notion of balance is that it assumes that the

public and private spheres have equal weight and therefore can be balanced. But work

and family, public and private, are binaries that are hardly "power neutral" in a society

that devalues caretaking . . . [Furthermore,] 'true balance' does not exist, because 'family

comes first.' (p. 43)

It should be noted that private sphere inequities, such child-rearing and/or domestic care

gender imbalance in the home—as reported by participants in this study—are mirrored by

equally persistent "separate sphere" public policies in America today. For example, the United

States is the only developed country in the world that does not have a federally mandated family

paid leave program, despite overwhelming evidence that providing comprehensive maternal

leave benefits improves physical and mental health outcomes for woman and baby alike

(Avendano, Berkman, Brugiavini, & Pasini, 2015; Chatterji, Markowitz, & Brooks-Gunn, 2013;

Staehelin, Bertea, & Stutz, 2007; Whitehouse, Romaniuk, Lucas, & Nicholson, 2012). By

contrast, countries that enact social policies supporting dual-earner families appear most

successful at engaging both parents in the workforce and encouraging both parents to be active

caregivers to the children (Borrell et al., 2013). For example, studies measuring the success of

family-work policies routinely find that Nordic countries tend to rank highest on many outcomes,

including work-family balance, keeping women in the workforce, promoting gender equality,

increasing birth rates and child development outcomes, lowering levels of depression in women,

reducing domestic violence and lowering levels of alcohol consumption (Adema, 2012; Borell et

al., 2013). Thus, in a society that perpetually devalues the work of mothering in both private and

public spheres, it is not surprising that discourses around work-life balance weigh so heavily in participants' narratives. However implicitly, these discourses, which serve to obscure both implicit and explicit gender inequities, continue to appear in the everyday lives of contemporary working mothers.

The Contemporary Cultural Horizon

Gadamer (1975) argued that in order to make sense of the appearance of various phenomena, it is also important to understand the historical and cultural traditions that influence that phenomena, particularly when such influences that don't necessarily appear in plain sight. That is to say, subjective claims about ones realities give us insight into a way of being, but it is only through an interpretation of the cultural horizons from which those realities emerge that we come to know the deeper reality of those lived experiences. Cushman (2016) aptly described this process as follows:

> To the degree that we can allow ourselves to be open to others we can allow their understandings of the good to put our own understandings into question. We can sift through their practices, get a sense of what kinds of moral understandings they reflect, and compare and contrast them with our own. (p. 89)

The participants in this study took the time to reflect on their understanding of what it meant to be a good mother, and to examine how they developed a mothering practice from their own unique social, cultural and personal vantage point. From a hermeneutics lens, we have the opportunity to examine the moral understandings that constitute and embody the practice of mothering, particularly in the face of densely saturated cultural terrain. So what does the experience of these eight participants say about the hermeneutic cultural clearing of mothers in contemporary America?

For one, their understanding is reflecting, by and large, the perspective of an educated, mostly white, middle class woman in America. From this vantage point, we know that mothers believe that in order to be a good mother, their job is to put their infant first, to make sure that they have formed an adequate bond, and to make sure that they have developed a keen understanding of their infants behaviors and temperament. They know that they have options available to them with regards to how they meet the needs of their infants, but at the same time, they are remiss to practice anything that is socially unsanctioned or empirically invalid. And they know that they must be flexible in order do all this with some degree of success because while the job of mothering can be profoundly rewarding, it is also time-consuming, unpredictable, exhausting and by-and-large, their responsibility. Without a doubt, this would suggest that contemporary mothers are deeply constituted by the legacy of intensive motherhood. But why?

Contemporary research has become increasingly adept at understanding the taken-for-granted aspects of contemporary mothering. Firstly, as both this study and previously research has highlighted (Vandenbeld Giles, 2014), new mothers today are acutely self-governing in their parenting decisions. They prefer to keep their decision-making process known only to close few, particularly those who are similar to them, and who understand the immense pressures they feel to conform to societies current expectation of being a "good mother." And they are as suspicious of popular parenting ideas as they are of distrustful of authority figures, including the influence of their own parents and their medical practitioners. This is reflective of the dominant ideology of neoliberalism, a philosophy, which promotes increased privatization, individualism over community, and decreased regulation and power of governing bodies. In a small but profound way, we see how these mothers embody this implicit ideological force.

This study has also demonstrated how participants may be impacted by implicit patriarchal social arrangements, particularly as it relates to the separation of the public, male dominated and private, female dominated spheres. In fact, neoliberalism and patriarchy tend to go hand-in-hand. As Vandenbeld Giles (2014) explained, "Despite the emancipatory potential within the 'feminization of society,' neoliberalism remains an inherently male paradigm in terms of who controls the assets" (p. 6). That is to say, women are welcome to work and function like men, but they are also expected to compete and respond to the public sector as men do, rather than the opposite (Vandenbeld Giles, 2014). Of equal import, this burden becomes even greater for women who live outside the dominant culture domain. As Vandenbeld Giles (2014) argued,

> Thus, such "good mothering" assumptions predicated on Anglo white-middle-class positionality further marginalize those who exist outside these normative categories, in particular resulting in the further erosion of welfare support through governance structures that implicated racialized and impoverished mothers as "underserving." (p. 10)

And finally, mothers in this study are deeply embedded in what contemporary psychologists refer to as the practice of scientism, namely, the misapplication of science to aspects of daily living, a practice that assumes that all aspects of reality are quantifiable through objective measures of interpretation. This was replete throughout many of the participants' narratives, particularly with regard to the application of sleep training, feeding and to some degree, even methods of parent-infant interactions. Participants often took a studied scholar-practitioner-like approach to talking about and practicing motherhood, and they were often keenly aware of empirically validated understandings of several of aspects of infant development and behavior. And if they themselves did not have scientific evidence to back their decisions or understandings, many could readily name a reliable source who obtained or embodied enough

scientistic, procedural or technological prowess to warrant a degree of empirical credibility. Indeed, other contemporary scholars have also highlighted how medical and technological discourses appear in the lived experiences of contemporary maternal practices (Bartlett, 2002; Regan & Ball, 2013).

The scientistic approach appeared to foster a certain sense of autonomy for some participants, but interestingly, that autonomy was superficial and sometimes short lived. Because at the end of the day, if their baby didn't respond to some outsider's procedural strategy, these mothers quickly learned that they had to be flexible enough to modify to meet the needs of their baby or themselves. And in the end, they had to "trust their gut."

This colloquial statement showed up several times, in various and subtle ways, in all eight participant interviews. With all the knowledge, influence and advice at their disposal, the gut always played a role. It was not always, and in fact, quite often, not there from the start. In the beginning mothering was overwhelming for some. For others, becoming a mother meant the development of a new scientistic knowledge base. But then something happened. Sometimes participants could point to a particular moment, while others talked about the process more gradually. That is, they started developing expertise about mothering their unique baby, and in turn, they started to trust themselves. External influences gave way to their own maternal thinking. Similar to what other studies about early mothering have shown (Horwitz, 2011; Miller, 2005; Murphy, 2003), participants finally came to experience a sense of confidence and competence in their new role as a mother. The locus of influence began to turn away from the outside world and toward their basic intuitive judgments. Quite often they needed peers to help them get there, to validate or even place-hold this experience of what Ruddick (1989) referred to "maternal thinking," until they experienced it for themselves. As one participant explained, "[I

find] someone who I can kind of gut check with, versus just be[ing] like, "it's this or nothing" (P1). And sometimes they needed to read everything they could get there hands on, or try every possible method of mothering technique they knew. But in the end, the millions of small micro-exchanges that took place between the mother and her infant started to consolidate, and quite often, maternal intuitive thinking finally took hold.

This process was often profoundly contradictory. The outside world is replete with messages telling mothers not to trust the outside world, but also not to trust themselves. And to complicate things further still, the outside world often tells mothers that trusting themselves over science is simply wrong. Not surprisingly, there was a distinct reluctance with most participants to willingly admit that they experienced this intuitive thinking, though ultimately each one of them described an instant where they not only arrived at this experience, but also felt some level of liberation from it. And yet, quite often participants felt the need to disavow themselves of this experience, particularly the two participants who identified as medical researchers. As one of these participants noted, "It didn't feel, it's a stupid thing to say, but it felt natural. It doesn't really mean anything" (P6). Here, we see the dominance of scientism. The fact that someone would "feel" like something was the right thing to do is abhorrent from our cultural perspective. Even with a practice like mothering—which has occurred as naturally as anything in life can and for millions of years—our contemporary vantage point posits that the idea of doing something that "feels" right, over something that was informed by adequate outside knowledge is easily construed as ignorant, uneducated and even dangerous.

Ironically, empirical research and academic scholarship alike supports the claim that intuitive thinking—particularly for individuals who develop some level of expertise with regard to a particular practice—is a valid, neuropsychological construct, lest we not legitimize maternal

intuition (Ball, 2006; Dane et al., 2012; Kahneman, 2011; Lieberman, 2000; McKenna et al., 2007; Ruddick, 1989, 2007; Ryan et al., 2011; Wan et al., 2012). But legitimize we must. This is our historical and cultural horizon. It is what Richardson, Fowers & Guignon (1999) described as, "a civilization gone slightly mad for objectification and technical prowess at the expense of all else" (p. 35). Mothers today have to tolerate this ambiguous and contradictory understanding of motherhood. They quite often feel the need to follow the implicit, or as one participant described as "intangible" (P4) rules of society, and accept or conform to the expectations of the external world. But at the same time, it is also their own embodied, intuitive process that at least partially liberates them from these many implicit, ideological forces so that they too come to feel a sense of empowerment and maternal authority in their own lives.

Limitations of the Study

There are several important limitations to this study. As previous stated, research participants represented a narrow and homogenous sample of a mostly educated, white, middle-class, hetero-normative individuals in their 30s from a liberal, metropolitan Northwest American region. Their experiences may infer some generalizability to individuals with this same sociocultural frame and/or geographical location, but the overall results offer little to no insight into how first time mothers from other social and cultural circumstances, such as lesbian mothers, adoptive mothers, younger or older mothers, women from differing socioeconomic classes, women from different geographical settings (e.g., rural verses urban, different U.S. locations) and women from different racial, ethnic or nationalities differ in their experiences and understanding of early mothering. Furthermore, little information about these participants' psychosocial history was included in this study. Understanding unique developmental and psychological experiences may lend further insight into how individual histories prior to

parenting impact the experiences of entering the landscape of mothering. Furthermore, while historical scholars have long elucidated the extent to which dominant discourses about parenting tend to be framed from the white-middle class perspective, the sample size of this study was only limited to eight participants. More studies would be needed to confirm the generalizability of discursive trends identified in this study.

Future Research

Several important features of this study warrant future research. Firstly, expanding this study to other mothers as outlined above may help to further elucidate the impact of identified dominant discourse on mothers from a variety of cultural contexts, as well as highlight how neoliberalism, patriarchy and scientism impacts both dominant and marginalized maternal groups. Several of the more ubiquitous findings of this study might also be explored in more detail. For example, given the identified importance of peer supports, future studies might attempt to explicate the difference between positive and negative experiences of maternal peer support groups in order to identify programs and/or participant qualities that foster an environment of authentic communication for new, first-time mothers. Secondly, there is little research that explores matrilineal legacies. Given this study's finding regarding the lack of advice exchanged between new mothers and their own mothers, future research might explore understandings about motherhood from women who were born and raised in different parenting eras that are now grandparents. It would be useful to understand how grandmothers experience this transition of their child becoming a mother, and how their own understandings about mothering practices impact their involvement with their adult children. Thirdly, given the known popularity of attachment parenting methods in the Pacific Northwest region of the United States (Bobel, 2002), it might be useful explore the early experiences of new mothers who endorse

attachment parenting—particularly those from the same age cohort and demographic sample as those in this study—to understand how the two groups might compare or contrast in terms of experiences of vulnerability and empowerment in their early stages of mothering. And finally, given the identified challenges that women face with both implicit and explicit patriarchy, including the continued imbalance of domestic and childcare in the home, and the mirrored lack of support and devaluing of early parenting in American public policy, further research might explore how heterosexual fathers' experiences, understandings, and practices of first time parenting impacts not only the martial dyad, but also their spouse or partner's experience of mothering. It would be useful to understand the lived experience of men as parents in this same generation, particularly in light of the gradual change in expectations of men in the private spheres of life (i.e., increased expectations for fathers in domestic and childcare spheres), as well as the continued incorporation of women into public spheres of life.

Implications for the Field of Psychology

This study confers important implications for the field of psychology. As history has shown, psychology has had significant impacts on how our society thinks about and practices mothering. Psychological understandings, such as attachment theory, contributed to and reinforced many of the ideological forces identified in this study. Such forces have increased women's psychological vulnerability for some by creating contradictory, overwhelming or sometimes unrealistic expectations of what it means to be a "good" mother. First time mothers have to tolerate these unspoken expectations, and quite often they conform to them. However, in doing so they are often forced to either isolate or congregate in particulars ways that allow them a veil of protection from the ever-present gaze of a mother-blaming society. The field of psychology has an obligation to understand implicit ideologies and historical legacies so that it

can affect meaningful change. Without this level of understanding, psychology may continue to

be part of problem, rather than the solution.

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Appendix A

Solicitation Email

Are you a first-time mother?

*A current research study
is looking for first-time mothers
who have one child,
ages 6 months old - 3 years old*

Mothers will be asked to meet with the researcher for a **1—1.5 hour interview** to discuss early motherhood experiences. The goal of this study is to obtain a better understanding of how mothers learn to care for their baby, particularly when faced with different kinds of advice and influence.

This research will be used for the dissertation of Stephanie Wright, MA in partial fulfillment of the requirements for a Doctorate in Clinical Psychology (Psy.D.) at Antioch University Seattle.

Questions about this project?
Email motherresearch@antioch.edu

Please feel free to forward this email flyer to any mothers that you think might be interested in participating in this study.
Thank you for your time and consideration!

Appendix B

Demographic Phone Screening Questions

Do you mind if I ask you a few general questions about you? If you would prefer not to answer any of the questions, just let me know and we'll skip those questions. Does that make sense?

Can you tell me your:

Age:

The Age of your child:

Your ethnicity:

Do you have more than one child?

Are you currently married, or with a partner?

What is your partner's gender?

Are you currently employed? Do you work part time? Full time? From home?

Did you give birth to your child?

Have you ever experienced a miscarriage?**

To the best of your knowledge, are you currently pregnant?**

**Mother's who choose not to disclose whether or not they birthed their child, or if they have experienced a miscarriage, will be excluded from this study.

Appendix C

Exclusion Follow Up Email

Mothers who have engaged in this screening but are ultimately excluded from the study will receive a follow up email:

Dear [Person's Name]:

Thank you for your interest in participating in my early motherhood research study. Because of the high number of mothers interested in participating, I have had the opportunity to select from a diverse sample of participants, representing a broad range of characteristics. However, because this is a qualitative study, I am only able to interview a small sample of those individuals who have expressed interest in participation. As a result, I am no longer in need of your participation. I want to thank you for your time and interest. If you have any further questions, please feel free to contact me at motherresearch@antioch.edu, or feel free to contact the chair of this dissertation, Suzanne Engelberg, PhD, at sengelberg@antioch.edu.

Sincerely,
Stephanie Wright

Appendix D

Participant Contact Form

The researcher may wish to contact you following the interview to clarify aspects of our discussion or to ask additional questions. Please provide your contact information below:

Name:

Do you prefer to be contacted by phone or email: **Phone** **Email**

Please provide your preference (phone or email) below:

If you selected phone, is it okay to leave a voice mail message: **Yes** **No**

Please check one:

- Would you like a copy of the research results? _____Yes _____No

  If yes, would you like a paper copy or electronic copy? _____Paper _____Electronic

- Would you like a copy of the transcript from our interview? _____Yes _____No

If you answered yes to either of these questions, please provide a street address for mailing, and/or email below:

Street Address:

Email

Appendix E

Informed Consent

Informed Consent
Antioch University, Seattle
2326 6th Avenue, Seattle, WA 98121

Project: Mother Making: How new mothers develop a parenting practice in
contemporary American culture.

Researcher: Stephanie Wright, MA, PsyD student

The goal of this study is to understand first-time mothers experiences with learning to care for their new baby, particularly when faced with different influences and advice.

1. I understand that my participation is voluntary and that I may stop at anytime without consequence.
2. I understand that talking about my experiences of being a mother may be uncomfortable.
3. I understand that discussing my experiences may also be enjoyable and may help me gain a better understanding about what motherhood has been like for me.
4. I understand that this study is for the purpose of academic research.
5. I consent to being audiotaped during the interview for the purpose of transcription.
6. I understand that audio-recording data and transcriptions will be securely stored with the researcher for three years, after which time they will be destroyed.
7. I understand that when this research study is finished, it will be published online where students and researchers can see it.
8. I understand that the researcher may write articles or books, or give presentations or workshops based on this research.
9. I understand that when the researcher writes about this research, or gives presentations or workshops about it, she will do it in a way that protects my privacy. If she quotes anything I said in our interview, she will not use my name or other information that would identify me.
10. I have been informed that the researcher will give a copy my interview transcript and this study's research findings, if I want them.
11. I have been informed that, I may contact Suzanne Engelberg, PhD at 206.268.4839 or at sengelberg@antioch.edu if I have any questions or concerns

By signing below, I agree to participate in this research study.

_____
Signature

_____
Print name

_____
Date

Appendix F

Interview Schedule

1) Looking back on before you became a mother, can you tell me about your

  expectations of motherhood?

  Prompts: Where did your expectations come from?
     What kind of mother did you want to be?
     How did you imagine yourself?
     What was a 'good mother' to you?
     How does the reality of motherhood compare to what you
     expected?

2) Do you know where your ideas about mothering come from?

  Prompts: What ideas (advice) influenced you the most?
     What ideas (advice) influenced you the least, and why?
     Did any ideas (advice) change your thinking or decisions about
     mothering?

3) Have you resisted (shied away from) any ideas or advice about mothering?

  Prompts: Why did you decide to resist those ideas?
     How did you resist those ideas?
     How does it feel?
     Do you have any strong opinions about mothering?

4) What has surprised you the most about being a mother?

  Prompts: What have been your greatest challenges?
     Have any of your ideas changed? Why?
     What do you consider your greatest strengths as a mother?
     What do you know now that you didn't know in the beginning?
     What advice do you wish someone had given you before you became a
     mother?

5) What advice would you give a new mother?

  Prompts: Are there certain aspects about how society or people in your community
     think about mothering that you strongly agree with?
     Are there influences in society or the community that conflict with your
     experience or ideas of mothering?

Appendix G

Confidentiality Agreement With Transcription HUB

CONFIDENTIALITY AGREEMENT

This Confidentiality & Non-Disclosure Agreement ("Agreement") made as of
This 10th day of October, 2015 by and between Stephanie Wright (Client") whose e-mail
address is swright1@antioch.edu , and e24 Technologies LLC, **Transcription HUB**
("Company") with office address at # 4580 Klahanie Dr, Num 127,Issaquah, WA – 98029
organized and existing under the laws of USA

WHEREAS, Client and Company wish to disclose to each other, and each party wishes to
receive and accept from the other party, under all of the terms and conditions of this Agreement,
Confidential Information, as hereinafter defined, pertaining to the Client's and Company's
capabilities:

NOW, THEREFORE, in consideration of the promises hereinafter set forth, Company and
Client acknowledge and agree as follows:

Section 1. Definitions
"Affiliated Entity" shall mean any company or other legal entity directly or indirectly owned by
controlled by or under common control with Client.

"Authorized Representative" of either party shall mean an officer of Client or Company of at
least the level of Vice-President.

"Confidential Information" shall mean any information proprietary to either party or any other
third party or which is designated as Confidential Information by either party at the time such
information is provided to Company or within a reasonable time thereafter. Confidential
Information includes all information related to all campaigns or projects shared/provided by the
Company to the Client.

Section 2. Non-Disclosure of Confidential Information

Each party acknowledges and agrees that the Confidential Information is confidential,
proprietary, and trade secret to the other party and is disclosed to each party on a confidential
basis under this Agreement, to be used only as expressly permitted by the terms and conditions
of this Agreement.

Each party agrees that it and any person to whom they grant access to the Confidential
Information will at all times hold the Confidential Information in trust and strictest confidence
and shall not except as herein permitted use, exploit, duplicate, re-create, display, decompile or
reverse assemble, modify, translate, or create derivative works based upon or disclose or
otherwise reveal the Confidential Information to any other party or permit or suffer any other
party to do so. Each party hereby agrees to assume responsibility
for all acts, omissions and breaches of this Agreement by its employees, agents and independent
contractors.

Section 3. <u>Breach</u>

Company and Client recognize that the unauthorized disclosure, duplication, reproduction reuse of the Confidential Information would cause irreparable harm to Client and/or Company and that monetary damages will be inadequate to compensate either party for such breach. For that reason, Company and Client further agree that in any court of competent jurisdiction each party is entitled, as a matter of right, to injunctive relief including a preliminary injunction and an order of seizure and impoundment based upon an ex parte application to protect and recover the Confidential Information and Company or Client will not object to the entry of an injunction or other equitable relief against it on the basis of an adequate remedy at law or other reason. Such relief shall be cumulative and in addition to whatever other remedies Client or Company may have.

Section 4. <u>Non-Solicitation</u>

Before and during the period e24 Technologies and "Client" enter into any venture or transaction together, if any, and for one (1) year after the conclusion of the last such venture or transaction, and in any event for no less than five (5) years from the date of this agreement, neither party shall, directly or indirectly, either for its own account or as a partner, officer, employee, agent or otherwise solicit for business or employ any employee and/or subcontractor of the other, or any candidate, presented by one party to the other party.

Section 5. <u>Termination</u>

This agreement shall remain in effect for a period of five (5) years from the date of disclosure of Confidential Information, except as otherwise provided in section four (4)

Section 6. <u>General Provisions</u>

This Agreement shall be governed by and construed, and the legal relations between the parties shall be determined, in accordance with the laws of the USA, without giving effect to the principles of conflicts of laws. This Agreement supersedes all prior' understandings and negotiations, oral and written, and constitutes the entire understanding between the parties on this subject. This Agreement and any of the rights or obligations hereunder are not assignable without Clients prior written permission. No waiver, modification, or amendment to this Agreement shall be binding upon the parties unless it is in writing signed by an Authorized Representative of the party against whom enforcement is sought.

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their Authorized Representatives on the date and year first above written.

Name: <u>Stephanie Wright</u>

Title: _Client, PsyD Student_

Date: _10/12/15_

Name: Lavanya Kamlesh

Title: Business Owner

Date: October 12, 2015