

Liminal mothers' negotiation of conflicting service consumption.

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Dr Andrea Tonner is a lecturer within the Marketing Department of the University of Strathclyde. With a background as a marketing practitioner within blue-chip FMCG organisations her research is situated within Consumer Culture Theory and focusses upon issues of consumption and identity. She has primarily explored this in a food context and this was the context for her PhD thesis. Andrea has recently researched how pregnant women and new mothers construct identity and attain belonging through service consumption.

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Abstract

Pregnancy is a significant period of transition, transforming 'women' into 'mothers'. The mid or liminal phase of transition is particularly ripe for consumer researchers. Transformative services research (TSR) considers that services may deliver objective wellbeing outcomes (e.g. consumer health). This paper extends TSR into liminality and considers that services may also encompass hedonic (mood, satisfaction and happiness) and eudiamonic (mastery, autonomy, positive relations, and self-acceptance) dimensions. The paper unpacks women's service experiences to enrich and expand understanding of positive and negative consumption meanings. It identifies that unanticipated outcomes emerge as a feature of transformative services. It demonstrates that services situates new mothers at the centre of a multiplicity of consumption. This may both overwhelm and act as transitional resource developing mothers as postmodern bricoleurs.

Keywords

Transformation, services, liminality, motherhood, bricolage.

Summary statement of contribution.

This paper expands understanding of the transformative potential of services in its context of motherhood. Services may be designed to create objective wellbeing outcomes but they also encompass hedonic and eudiamonic impacts. Further the complexity of transformative services lead to unanticipated (positive and negative) outcomes which mothers must negotiate.

Introduction

The purpose of this work is to explore the period of transition surrounding women's first pregnancy, with the aim of understanding how service consumption affects transitional maternal experience. Transitions are particularly appealing periods of study for interpretive consumer researchers, as times of behavioural change they encompass unique consumption behaviours and meanings (Carrigan and Szmigin, 2004). New motherhood is considered an

important transition within a woman's lifecourse (The Voice Group, 2010a and 2010b; Thomsen and Sorensen, 2006; Prothero, 2002). The consumption of service systems is increasingly argued to define the realities in consumers' day-to-day lives and shape their social structures (Rosenbaum et al., 2011). Yet while implicitly recognising the breadth of consumer culture most extant motherhood transition studies focus empirical discussions upon consumer goods (Thomsen and Sorensen, 2006). Understanding the impact of services within major life transition is important because they offer a distinct perspective upon the transitional experience. Services encompass a dynamic interplay between structure and person, rendering them high in experience qualities and creating highly involved and active consumers (Cova and Dalli, 2009). Transformative services research (TSR) considers the positive impact that services have on the lives of consumers (Mick et al., 2012) yet service consumption during liminality has dynamic and conflicting characteristics which have helped frame this project's research focus. Transitions are highly impactful within lifecourse yet stand as inherently multiplicitous experiences with the potential to be simultaneously intensely positive and deeply troubling. This research explores the complexity of consumption in pregnancy and how consumers manage the multiplicity of conflicting meanings within their liminal experiences.

Liminality.

Transitions mark the passage of an individual or group from one social state to another. This may be through change of 'place, state, social position and age' (Van Gennep, 1960, p. 3). Transitions have been explored in many contexts e.g. plastic surgery (Schouten, 1991), teenage years (Cody and Lawler, 2011) and the experience of natural disaster (Little et al., 1998). They are characterised by scale and a consequent extended period of disequilibrium (Mason and Pavia, 2006).

Van Gennep (1960) suggests a framework with which to conceptualise progress through transition encompassing three distinct stages: separation, transition (liminality), and (re)incorporation. Mid-transition or liminality acts as a threshold which once passed over irrevocably changes the individual. The liminal stage of life transitions, where there is a 'break in the rhythm of the course of life' (Sevin and Ladwein, 2007, p. 5) and identity is in flux has emerged as focus for consumer research. As normal conventions cease to apply liminality becomes rich with insight about consumption meaning. Cody (2012), working within adolescent transition, explores the ambivalence of the liminal moment and the positive and negative dimensions of the state. Discussions of liminality in motherhood have highlighted similar complexity (The Voice group 2010a).

Ambivalence of motherhood.

Motherhood has long been recognised as an embodied life transition (Miller, 2005), which takes place over many months and involves significant physiological and psychological change (Carrigan and Szmigin, 2004). The Voice Group (2010b) have characterised it as a time of ambivalence, encompassing feelings of 'joy' and 'wonder' concurrently with negative emotions of 'anxiety' and 'panic'. They suggest that ambivalence derives from interactions between mothers, social norms and the marketplace. The discourses of good motherhood have been widely considered in the literature (e.g. Elvin- Nowak and Thomsson, 2001; Hadfield et al., 2007; Carrigan and Szmigin, 2004; Banister et al., 2011). Prothero (2002, p. 399) considers that 'good motherhood' expectations burden liminal mothers to define their 'parenthood as a human construction and a social institution'. This gives rise to ambivalence: 'the simultaneous or sequential experience of multiple emotional states as a result of the interaction between internal factors and external objects' (Otnes et al., 1997, p. 82). This ambivalence is argued to make liminars particularly vulnerable in consumer society (Voice Group 2010b).

Consumption during liminality

Accounts of consumption's impact upon transitions have tended to adopt polarised perspectives. From the positive perspective the importance of certain items may be heightened during such periods. Existing possessions help to facilitate consumers' passage or 'transport' their identity to a new role (Belk, 1992) and new possessions signal a transition's completion (Vinsel et al., 1980). Even in accounts where the liminal state itself is considered problematic the literature still advances a positive role for consumption where possessions may be used to 'fill the void' (Noble and Walker, 1997, p. 34) producing pleasurable feelings which compensate for a negative emotional state (Sneath et al., 2009). From the negative perspective, consumption during liminality, is argued to give rise to consumer vulnerability: a lack of power derived from inequalities in market interactions (Elms and Tinson, 2012). This is considered, by Thomsen and Sorensen (2006, p. 921), to be evident in exploring the novel consumption territories which accompany transition. They argue consumption may amplify existing liminal uncertainty concluding that 'certain products can actually induce feelings of liminality'. Vail (1982) argues that, as a result, overconsumption may occur as consumers make multiple ill-considered choices. Cody and Lawlor (2011) consider consumption meaning during liminality as both positive and negative (see table 1).

Positive Consumption	Negative Consumption
'Branded rituals' 'Sacra' 'Middle ground mediation'	'Transgressive' 'Private Passions' 'Clashing age perceptions'

Table 1. Liminal Consumption meanings (adapted from Cody and Lawlor, 2011)

Positively, Cody and Lawlor (2011) consider that consumption can be used by liminars in three ways. First, it may be ritual, marking progress through the liminal transition e.g. high school proms (Tinson and Nuttall, 2011). Second, there are liminal products or 'sacra'. These products are ambiguous and their consumption is particularly significant during transition e.g. prams (Thomsen and Sorensen, 2010). Third, consumption can resolve conflict e.g. adapted wheelchairs may minimise the exclusionary impact of disability (Mason and Pavia, 2006). Negative meanings in liminal consumption are also evident. First, Cody and Lawlor (2011) discuss consumption as 'transgressive'. Liminars are prevented from using consumption to build identity because of their lack of knowledge (Thomsen and Sorensen, 2006). Second, they consider the 'private passions' of teenagers: consumption that is embedded in the pre-liminal state and inhibits liminars' transition (Carrigan and Szmigin, 2004). Finally, they discuss 'clashing age perceptions'. This is consumption which sits in contrast to socially dominant expectations of age appropriate consumption. The multiplicity of potential consumption meanings across the literature warrants further consideration to understand its potential application in motherhood transitions. This represents a gap in liminal consumption theory. While positive and negative dimensionality (Cody & Lawlor, 2011) may be an appropriate means of conceptualising transitional consumption this dimensionality remain underexplored in motherhood. The consumption meanings identified in Cody and Lawlor's (2011) teens may be enriched and extended by exploring an adult context such as liminal motherhood.

Consumption's impact upon motherhood experience has largely been shaped by the work of the Voice Group (2010a & 2010b). They focus upon the troubling nature of consumption in this already potentially troubling time. Extant motherhood consumption literature largely considers 'goods' as a focus of attention. Thomson and Sorensen (2006) discuss the pram as an identity building tool for new mothers and Prothero (2002) the meaning of multiple

product categories. Where services are present their importance remains implicit as in Prothero's (2002) use of a homeopath, consultation with water-birth experts and participation in pre and post-natal yoga. Yet the Voice Group (2010a) considers that marketing's scope is broadening, ever encroaching on new areas (e.g. maternal healthcare). They suggests that as a result additional tensions and insights become likely. Despite this few consumer researchers have considered an expanded consumer culture more explicitly. Johnstone and Todd (2012) explore the role of servicescapes, in the form of retail environments, in the lives of mothers. Davis-Floyd (2004) considers midwifery care as a commoditised service within consumer culture and Bailey (1999) reflects upon the leisure activities of pregnant women.

Potential of service research.

Service accounts remain relatively rare outside of the medical literature where discussions of services focus upon user participation numbers and prescribed outcomes rather than consumer experiences (e.g. Furness et al., 2011; Heslehurst et al., 2013; Wolfe et al., 2011). This is despite services constituting a significant majority of the economies of developed nations (Anderson et al., 2011). Services may be delivered in many ways by: public bodies and private organisations; co-operatives, micro-businesses and transnationals (Aharoni and Nachum, 2013). They have been argued to define the realities in consumers' day-to-day lives and to shape binding societal structures (Rosenbaum et al., 2011). Their fundamental role is considered evident in both the sector's economic size and potential societal impact (Ostrom et al., 2010). Their pervasiveness makes services integral elements when considering the impact of consumption on the lives of consumers (Hill and Macan 1996).

Until recently few service researchers and practitioners contemplated the impact of services upon the lives of consumers. They researched customer satisfaction and loyalty with the

purpose of enhancing service design and organisational profitability (Rosenbaum et al., 2011). Transformative consumer scholarship (Mick et al., 2012) considers the potential of consumption to impact on personal and collective lives and wellbeing. The emerging field of transformative service research (TSR) is focused on the impact of services upon the lives of consumers and seeks to develop new ways of measuring their effects (Rosenbaum et al., 2011).

Services research has identified distinctive consumption experiences. There is a dynamic interplay between structure and person, rendering services high in experience qualities. The core service, servicescape and employee interaction can all affect the service experience (Grace and O’Cass, 2004) as can a highly involved and active consumer (Cova and Dall’Aglio, 2009). Rosenbaum et al. (2011), suggest that transformative service research should be expected to enhance the wellbeing of consumers and that the differences in service consumption can affect wellbeing outcomes (Mick et al., 2012). The transformative impact of services has largely been considered objectively; by exploring quantitatively measurable areas such as consumer health, market access, literacy and equality (Anderson et al., 2013). This is largely because transformative services research is currently developing within an action research tradition (Mick et al., 2012) which seeks to demonstrate change and impact from a service intervention. Yet wellbeing theorists have considered that subjective wellbeing can be a goal in its own right, fulfilling hedonic needs such as satisfaction, mood and happiness (Ryan and Deci, 2001). Such impacts are largely absent from the current TSR literature as are eudaimonic wellbeing impacts such as personal growth, purpose in life, environmental mastery, autonomy, positive relations, and self-acceptance (Ryff and Keyes, 1995). Understanding of subjective hedonic and eudaimonic wellbeing dimensions would meet an important need in the TSR literature development.

Baron et al. (2014) suggest two schools of research that could be regarded as forerunners to TSR: social marketing and macromarketing. While the action focus of TSR suggested by Rosenbaum et al. (2011) sits well with its social marketing heritage, macromarketing's criticality in unpacking the relationship between consumption and its social impact remains underexplored. This represents a second gap within the current TSR literature where consumption is conceptualised as an active transformative force. There is currently little theorisation of how consumers experience these transformative services or understanding of the potential complexity of impact. Consumers, as actors within the marketplace, must negotiate the complexity of conflicting consumption meanings. Unpacking these meanings can therefore enrich liminal consumption theory and add criticality to the TSR agenda.

Methodology

In this study I aim to explore the role of service consumption in the liminal stage of motherhood transitions. I examine positive and negative liminal consumption meanings considering if motherhood services lead to distinctive experiences and if positive and negative dimensionality holds and how it may be enriched, extended and critiqued. I consider also how mothers negotiate the multiplicity of their consumption and potentially conflicting consumption meaning.

I worked with first time mothers spanning their transitions from 'woman' to 'mother'. I spoke to women during pregnancy and in the first year of their child's life. I particularly investigated their maternal service consumption throughout this transitional period. The study took place in the Scottish cities of Glasgow and Edinburgh between 2009 and 2012 and consisted of a quasi-ethnography incorporating both observation and depth interviewing (Elliott and Jankel-Elliott, 2003). Throughout the study I engaged in observation within pregnancy services where access was negotiated with appropriate group leaders and consent

gathered from group participants (detailed in table 2). At the beginning of fieldwork I was a newly-pregnant, first-time mum, like my participants, which allowed access and immersion within the services (Harrington, 2003) and enabled me to become a member of the social group, sharing the experiences of participants. The data in this study focuses mainly upon private SME motherhood services (c. 55% of services are provided privately in the UK (ONS,2012) with 99.9 % of those businesses being SMEs and 75% single person enterprises (Department of Business Innovation and Skill, 2013)). Participants engaged with a wider range of services than those detailed in table 2. These included NHS antenatal classes, ultrasound scanning and breast feeding groups. I did not seek NHS ethics approval nor undertake observation in these services. Any discussion of services beyond those detailed in table 2 derives from participant accounts gathered through depth interview.

Publicly provided free services	Local Government- Bounce and Rhyme
Privately provided services- antenatal	Antenatal yoga Hypnobirthing Aquanatal
Privately provided services- postnatal	Baby massage Baby signing Jo Jingles- Baby Music Tumble tots- Gymnastics Mums in the Park- Exercise Class

Table 2. Ethnographic fieldwork sites.

Cody (2012, p. 47) suggests that in exploring liminal experiences one must select an instance in time 'to capture lived experience of 'betwixt and between' at its most lucid'. This raises issues of participant vulnerability. Though the participating women would not be considered vulnerable outside their pregnant state, their liminality has been suggested to render them so. As such I followed Hill's (1995) guidance on researching with vulnerable populations (topic selection, privacy, confidentiality and informed consent). I accessed the population using snowballing methods originating with two first-time pregnant friends to recruit a sample of 15 women who all gave written consent to their participation. All women were pregnant at the beginning of the fieldwork and had given birth to their child by the end. Each informant was interviewed twice, at times and locations chosen for their convenience: once during pregnancy and once post-birth. This allowed emic construction of the temporal limits of liminality (Carrigan and Szmigin, 2004). At the time of recruitment participants were white, working women aged between 25 and 40 (table 3 shows their details). These urban, working mothers are considered to have limited family support, making motherhood services particularly important to them (Voydanoff, 2014).

Name	Age	Occupation antenatal	Occupation postnatal	Interview 1 (weeks pregnant)	Interview 2 (child/ months)
Elaine	31	Marketing Full-time	Marketing Part-time	25	4
Rachel	32	Nurse Full-time	Nurse Full-time	28	3
Emily	36	Lawyer Full-time	Lawyer Full-time	36	2
Valerie	40	Journalist Full-time	Journalist (4 days)	30	7
Laura	30	Manager Full-time	Stay at home mum	36	3
Liz	37	Sales Full-time	Entrepreneur (flexible)	10	5
Virginia	35	Lawyer Full-time	Lawyer (3 days)	38	5
Jane	27	Doctor Full-time	Doctor Full-time	28	9
Zoe	34	Researcher Full-time	Stay at home mum	37	3
Sam	28	Nurse Full-time	Stay at home mum	29	4
Janet	29	Student	Student	27	5
Anne	34	Banking Full-time	Stay at home mum	39	2
Marie	25	Nurse Full-time	Nurse Part-time	19	5
Carol	31	Civil servant Full-time	Civil servant Part-time	22	3
Claire	30	Doctor Full-time	Doctor Part-time	20	8

Table 3. Informant Profiles

Informants were participatory in the design of the study, recommending additional participants to the study and sites for the ethnography. Similar recruitment strategies are reported in other consumer culture theory and sociological studies of motherhood (Miller, 2005) and have been advocated by Shankar et al., (2001) for building rapport and trust and examining consumption contexts which are highly personal. My ethnographic fieldwork within motherhood services adds multiple layers of understanding during the interpretation stages (Tillman-Healy, 2003) helping contextualise the consumption situation and clarify understanding of mothers' experiences. Mosse (2001, p. 161) suggests that in ethnography one 'engages in "observant participation" rather than "participant observation"'. This approach makes experiential reflexivity an essential aspect of the analysis (Bettany and Woodruffe Burton, 2009). While there are different conceptions of reflexivity, experiential reflexivity emphasises the co-creation of meaning, fusing the experience of informants with one's own lived experience in a way that can enhance public knowledge (ibid). As such the analysis I present in this article is primarily based upon depth interviews which have been identified as facilitating co-creation by allowing close contact between researcher and subject (ibid).

I followed Pechmann et al. (2011, p. 24) who suggest that when researching with vulnerable consumers it is critical not to focus upon vulnerability but to consider 'unique strengths and assets'. As such both interviews were conversational though discussion guides were developed. Following Pavia and Mason (2004) the conversational approach had two benefits when working with vulnerable consumers. First, by allowing women to talk about issues not directly related to the research I was able to achieve a greater level of engagement with the topic allowing fuller understanding of the vulnerabilities and strengths associated with the liminal experience. Second, the conversation allowed my experiences and emerging

interpretations to be shared with respondents encouraging additional insights (Bettany and Woodruffe- Burton, 2009) and helping ‘balance the exchange between researcher and informant’ (Pavia and Mason 2004, p. 444) In the first interview I explored women’s experiences of becoming pregnant, their pregnancy-related consumption experiences and anticipation of birth and motherhood. In the second we reflected again upon the experience of becoming and being pregnant but also upon birth and early motherhood while also considering both ante and postnatal consumption. With permission, the interviews were audio-recorded and later transcribed. In keeping with the ethics of researching with vulnerable populations the identity of the participants is protected by use of pseudonyms (Hill, 1995).

Data analysis

Ezzy (2013) suggests that qualitative researchers are constantly engaged in a process of bringing established theory and participant data into dialogue. I interpreted the data for this study with this dialogue forefront, interpreting its primary data in order to extract insight which modifies and reconceptualises extant theory (ibid). While quasi-ethnographic methods involve researcher immersion in the phenomenon, analysis of the resultant data initially requires one to achieve distanciation, where one steps back from the field and looks afresh at an object of scrutiny (Ricoeur, 1981). Field notes and interview transcripts come to represent the contextualised experiences of the consumer (Arnold and Fischer, 1994). In practice the analysis proceeded first through an intratext cycle. Here I read the transcript in its entirety to gain a sense of the whole (Giorgi, 1989) before breaking down the interview using open coding of any phrase which said anything about an informant’s pregnancy and motherhood experience and her consumption practices. Open coding allows the researcher to achieve both explanation and naïve understanding since these open codes can then be thematically grouped around closely connected ideas of the multiplicity of liminality and the multiplicity

of consumption experiences. The second stage then involved intertextual reading, looking for commonalities (and differences) across different interviews and capturing these within the themes and creating sub-themes. For example, in considering the multiplicity of consumption, I identified positive and negative aspects and also women's negotiation of their concurrence. The final level of analysis, where the researcher moves between explanation and understanding, reintroduces existing theory and considers its applicability and explanatory power in light of the primary data. Here my pre-understanding from the literature, experiential gestalt, ethnographic encounters and pre-knowledge of the informants were used to restore the text to a living communication (Tan, 2009) and fuse my horizons with the participant, recasting understanding of the phenomenon (Arnold and Fischer, 1994).

Service consumption meanings in liminality

Through the findings, the distinctiveness of maternal service consumption is explored against extant conceptualisations of liminal consumption thus enriching but also extending understanding of relevant consumption forms. The experience of the individual liminal mother is centralised exploring how conflicting service consumption meanings are negotiated.

Unpacking the positive meanings of mothers' liminal consumption.

Cody and Lawlor's (2011) have been instrumental in mapping consumption meaning in liminality. Their work (with teens) identified three positive consumption meanings: rituals, which mark progress in transition; 'sacra' or liminal services needed only during transition; and consumption which mediates ambivalence. This section explores how these positive dimensions of consumption are manifest within the adult transition of motherhood. It extends

the idea of positive consumption meaning to also consider compensatory consumption (Noble and Walker, 1997) and communitas-provoking consumption.

Marking rituals Tinson and Nuttall (2011) discuss consumption as a marker of progression through a transition. The ultrasound scan has previously been identified as a major milestone and important symbol in pregnancy (Taylor, 2004). It emerged from my depth interviews that women are increasingly turning to the market to provide this ritual. In this study private scans were found to encompass two different meanings. Liz, in her second interview when her baby was 5 months old, reflects on an early scan and its positive hedonic impact (removing anxiety and worry).

R: I'd had a bit of bleeding at the start of my pregnancy and I'd seen my G.P. but he wouldn't book a scan [...] this was only about 7 weeks in... I booked privately to the 'Nuffield'[private medical provider] for what they call a 'reassurance scan'. I couldn't have waited till 14 weeks... I'd have been in bits but it meant I could get on with it better.

Ultrasound scans are provided to mothers in the UK as part of their NHS (National Health Service) treatment however there is variability of number and frequency offered and many mothers in this study supplemented their NHS scans with private scanning. Scans conducted early in pregnancy impact eudiamonic wellbeing by evidencing women's progression into safe territory within their pregnancies. Early pregnancy can be a particular point of vulnerability with much peril (Davidson et al., 2014). Sevin and Ladwein (2007) suggest that scanning provides tangible proof of the successful progress of pregnancy and as such these rituals aid liminars' self-acceptance of their emerging mothering identities.

Scanning late in pregnancy encompassed a different meaning, artificially hastened progression to motherhood. The later scan is much more recreational and celebratory marking a midpoint in pregnancy and allowing mothers to ‘meet’ their child rendering them less mysterious. Emily discusses this in her post-natal interview conducted when her baby was 2 months old:

R: it’s so long... waiting for this baby. I’d seen the 3D scans... you saw so much. I booked for one around 30 weeks and it was amazing, we saw her moving about and sucking her thumb and yawning and stuff.

This later scan also alters the tempo of pregnancy, introducing a eudiamonically positive, polychronic dimension (Cotte and Ratneshwar, 2000) which enables women to simultaneously experience their liminal (pregnant) and reincorporated (mother) identities. While the unborn child remains somewhat ethereal (a future entity), these services make it seem tangible and present, the culmination of a woman’s transformation. Such consumption rituals can also be instrumental in enhancing objective wellbeing by helping create emerging families (Mason and Pavia, 2006).

Liminal services ‘Sacra’ (needed during liminality) Turner (1967) discusses ‘sacra’ as items which exhibit the ‘the betwixt and between’ nature of liminality, their use bound within the liminal period. Women, in this study, reflected that in transition to motherhood such items are commonplace. They considered goods such as nursing bras and breast-pumps but ‘sacra’ were also evident within their service consumption. ‘Sacra’ maternal services are not simply bound by liminality they can also enhance the liminal experience. Jane interviewed postnatally when her baby was 9 months old talks about this.

R: I did some things during pregnancy which I obviously don’t do now but were really special at that time. I’d go to aquanatal on a Monday and Wednesday and yoga

on a Saturday. It's weird, but great, all these waddling pregnant women in swimsuits.

I think you need to do that sort of thing, enjoy feeling different and treat yourself.

In Jane's account aquanatal consumption enhanced her experience of being liminal. It allowed enjoyment of the mystification effect of pregnancy (Sevin and Ladwein, 2007) where transition becomes a special separate time (Carrigan and Szmigin, 2004) to be indulged through pregnancy-specific services. The positive hedonic and eudiamonic impact of this is felt as women relish their pregnant identities feeling satisfaction and self-acceptance of their state.

Mediating ambivalence. The Voice Group (2010a) has reflected upon the ambivalence caused by external social norms and particularly those stemming from 'good motherhood' discourse. However, service consumption can be hedonically, eudiamonically and objectively transformative, acting to mediate this ambivalence. Valerie's postnatal account was reflective of this:

R: I really wanted to feed Maria [baby] myself cause I'd read all the stuff ...how much better it is for them and I suppose I thought it would just be simple... (laughs) really not. It was so hard... I just couldn't, he wouldn't eat and I didn't have milk and I was raw and bleeding. The breast-feeding groups and the councillors were a bit Nazi but they really helped.

Valerie's account shows the strength of 'good motherhood' discourse and her distress at the ambivalence caused by not being able to breast feed. Feeding acts as a socially visible marker of a mother's 'success' and women were keen deliver, what they considered to be, objective wellbeing benefits to their babies by meeting an exclusive breast-feeding ideal. Services, in Valerie's account, enabled her practices to become aligned to her socially-influenced 'good'

mother ideals. This account is indicative of the transformative potential of services (Mick et al., 2012) and enriches the hedonic and eudiamonic impacts suggested by Anderson et al. (2013). While the service impact has a hedonic component, alleviating Valerie's distress, the eudiamonic components are particularly marked. Using Ryan and Deci's (2008) self-determination theory as a means of unpacking eudiamonic well-being, Valerie experienced enhanced agency, mastery and social relatedness through her service consumption.

Within this study additional consumption forms emerged which were not considered in Cody and Lawlor's (2011) liminal consumption discussions nor extensively present in the extant motherhood literature.

Compensatory consumption. Compensatory consumption has been suggested to be a potentially meaningful form of consumption (Noble and Walker, 1997). Informants identified with this idea, discussing how service consumption acted as a means of 'filling a void' evident within the liminal state (Carrigan and Szmigin, 2004). Zoe in her postnatal interview discusses the void which may be caused by maternity leave and how services become instrumental in managing this.

R: maternity leave is odd...you've got this baby but everyone you know is working or doing their own stuff and you're like tired and busy with baby stuff but it doesn't fill the whole day and if it did you'd go mad stuck inside the house. [...] we did all these things through the week. Monday baby signing, Tuesday baby massage, [...] most of the week was planned even if it was just an hour, it structured the day.

Consumption as a means of coping or elevating negative mood states has been argued by Cushman (1990) to be an insidious form of consumption e.g. shopping to relieve boredom (Woodruffe-Burton et al., 2002). Yet informants found it hedonically positive altering their mood and satisfaction with their mothering role. The absence of common temporal

structuring elements such as employment (Carrigan and Szmingin, 2004) can leave women re-evaluating their autonomy and purpose. Service consumption can establish new ways of meeting these eudiamonic wellbeing outcomes. This type of consumption has also been observed in retirees' engagement in effortful leisure (Reynolds, 2010).

Communitas seeking consumption. As discussed within the literature, liminality is argued to be characterised by communitas (Turner, 1967) yet the women in this study considered that this was not automatically part of the process. Rather that, while relevant, it must be sought.

Samantha says:

R: You don't just automatically meet people you've got to try... Baby swimming was good and like baby yoga cause people hung about afterwards and chatted and had lunch and stuff...It's good to know other people's stories too and you can sympathise and help if you can.

The empathetic and supportive nature of other liminars was implicit in Porthero's (2002) account of her yoga group and is explicit in the accounts within this study. It is of particular note that in the absence of close community and family support networks (evident in different cultural contexts (Ngai et al., 2012)) women increasingly seek solutions from consumer culture as a means of achieving belonging and communitas. This social relatedness is another example of the positive eudiamonic impact which may be found in service consumption. Yet achieving access to communitas can require consumers to devote considerable time and effort (Tinson and Nuttall, 2011).

Unpacking the negative meanings of mothers' liminal consumption.

Cody and Lawlor (2011) suggest three negative consumption forms: transgressive consumption, private passions and clashing age perceptions.

Transgressive consumption. This suggests that uncertain liminal identity is accompanied by a lack of knowledge of appropriate behaviours and expectations. The Voice Group (2010a) has considered that lack of knowledge may leave women overwhelmed and ill-equipped to deal with the consumption choices presented to them. Most women, in this study, reflected that ‘trial and error’ is their primary means of acquiring knowledge and settled-in to a sub-set of services congruent with their identity. Within my observations, however, I noticed it was common practice to ‘block-book’ services prior to consumption. This amplified women’s feelings of naivety and inexperience. The service providers themselves did not reflect upon the ethicality of this practice. They considered it a commercial necessity to have certainty of income. However service providers have enhanced power as a result of the vulnerability women derive through their novice status. Within my observation I saw providers exploit this power by locking women into services which subsequently proved inappropriate. One example of this came in observation within a baby-signing class. A mother had booked for 8 weeks, at a cost of £120, for a 3 month old baby however the technique is intended for pre-verbal babies of at least 6 months. This had an impact upon the mothers’ hedonic wellbeing but also had eudiamonic impact leaving her feeling inexpert and socially isolated within this inappropriate service. The service provider, rather than refunding the unused element of the fee, claimed an objective wellbeing benefit for the mother from ‘learning the techniques early.’

Enduring Passions. Cody & Lawlor (2011) establish ‘private passions’ as a negative consumption form; when teens hold on to practices embedded in their pre-liminal identity. Informants, to this study, discussed enduring consumption practices including ‘public’ leisure pursuits as signals of their pre-identity. Anne, in her prenatal interview at 39 weeks says:

R: I’d always been quite fit and you know going to the Gym was what I did before I got pregnant and I wanted to keep that... I wasn’t going all yoga with the prego’s

[pregnant women] so I kept going to the gym and was still pounding away till quite late...

For Anne, like some of Carrigan and Szmigin's (2004) respondents, it was fundamental to maintain pre-state consumption practices for a sense of continuity: being a 'woman' within the pregnancy rather submitting to a 'pregnant' identity. This kind of practice has been considered troublesome by some authors who consider that avoiding consumption associated with an emerging identity can be a means of avoiding an undesired state (Mason and Pavia, 2006) and can break connection between identity and context making such practices ultimately injurious. However in the motherhood context it is rather less clear that maintaining pre-pregnancy consumption practice is hedonically, eudiamonically or objectively injurious to wellbeing. Stets and Burke (2000) suggest that identity is both processual and multiple. Motherhood transition is not simply a linear process in which a woman must leave her pre-transitional identity behind and emerge transformed with a wholly different identity. Motherhood is life experience within which new encounters are combined with existing preferences to become part of an emerging and perhaps multiple woman/mother identity. For Anne there is no identity conflict in maintaining her pre-mother passions. These may be eudiamonically beneficial by allowing her mastery over the progress of her transition and autonomy from social expectations of motherhood. Firat & Venkatesh (1995, p. 233) argue that such consumption can be liberating as people are freed from "having to seek centred connections of an authentic self".

Ambivalent consumption. Cody and Lawlor (2011) present a negative consumption form which they term 'clashing age perceptions' where consumption sits in contrast to the socially dominant expectation of liminal identity. In teens, this is evident in age expectations (since age stands as a key component of their transition) but the Voice Group (2010a) has noted

similar ambivalent consumption in motherhood when women don't meet 'good mother' expectations. Many of the services explored in this study have overtly transformative aims: increasing child or mother health or some other objective wellbeing goal. However the meaning of consumption doesn't necessarily match the services aims and can be guided by both service provider practices and the co-created experience of other service users.

Miller (2004) has discussed the role of the NCT (National Childbirth Trust) in setting motherhood expectations. Through observation across services promoting a particular form of motherhood (such as natural childbirth or attachment parenting) I found that the strong view of individual service leaders could leave some women at odds with the group norms. Turner (2010) discusses that within micro-social interactions (such as service encounters) social ideologies may be formed and transmitted. Elvin-Nowak and Thomsson (2001) have reflected that, in failing to live up to the expectations of ideologies such as natural childbirth, women can feel they have failed the 'good mother' test and I found that this can have negative eudiamonic impact as women feel lack of mastery and self-acceptance. This tended to also have a negative hedonic impact upon women and they did not to return to these service, coping with their discordant state by removing themselves from consumption of that service.

Exploring services allows further development of the concept of ambivalent consumption. Service consumption experience is guided not only by service providers but may be created through consumer-to-consumer interactions which has prompted marketing theory to characterise consumers as co-creators (Ritzer and Jurgenson, 2010). This may lead to camaraderie which, in its positive form, has been discussed earlier in this paper. That which is intended as supportive and inclusive can, however, lead to the emergence of group norms and expectations which are at odds with women's experiences leading to negative hedonic feelings of being conflicted and 'othered'. Valerie, in her postnatal interview, discusses her 'othered' feelings in a 'sling meet'.

R: I don't know all those women and their chat can really get you down. You go along to these sling meets and I liked the sling when Maria was wee but they were all the 'knit your own lentils' kind and still breast feeding massive toddlers.... that's not me. I just liked using a sling so they weren't really my kind of folk.

This 'sling meet', though loosely constituted, meets the characteristics of a service across a number of dimensions: it includes monetary exchange (members are expected to join and pay a participation fee); it has leadership and organisation (there is small committee which organises membership, publicity and the running of a weekly session); and it offers advice and sells slings to its membership.

Valerie's reference to 'my kind of folk' refers to her perception of a dominant motherhood discourse within the service. Carrying infants in a sling is a relatively widespread practice but has also become associated with a particular discourse of good motherhood 'Attachment Parenting' (AP). AP is 'based on caregiving features such as infant-cue and extended breastfeeding, child-led weaning, co-sleeping and carrying infants in slings or body carriers' (Green and Groves, 2008, p. 514). While Valerie engages in one practice associated with AP

(sling wearing) she rejects the totality of its discourse on motherhood, one that encourages a 'correct way' to raise children. This example demonstrates that within service consumption it is not only the service provider who creates the meaning of the provision but the other users too and that both can have hedonic and eudiamonic impact, negatively altering mother's mood and their social-relatedness within the service provision. Tinson and Nuttall (2011) discuss how particular social sub-groups may become producers as well as consumers and engage in appropriation of the practices and meaning of services, becoming a privileged social network. New users make social comparisons against these expert users and determine their own suitability to participate.

The above discussions have unpacked women's maternal services consumption practices, illuminating the multiplicity of meaning inherent in these experiences. The experience of the liminal sits central to potential consumption meaning and, rather than acting as a typology where women chose between positive or negative consumption styles, these consumption meanings are often simultaneously felt. Finally through the findings I therefore explore how women negotiate these often competing consumption meanings.

Multiple consumption meanings.

Women can engage with many services across the course of a day, week or liminal period. Each woman's ability to manage these multiple consumption meanings is uniquely situated encompassing feelings of both vulnerability and wellbeing and becoming a kind of postmodern bricoleur (Weinstein & Weinstein, 1993). Claire in her post-natal interview conducted when her baby was seven months old discusses particularly her feelings of vulnerability in managing different service encounters.

R: So we'd be out and the Bounce and Rhyme might be lovely... really friendly and kind of helpful... then I'd go to the breastfeeding group or the mums and toddlers and

they'd be really odd... standoffish. I got where I was questioning myself "Is it me"
how does everyone else just get this...

In Claire's account her vulnerability comes not from trying to manage the ambivalence of social norms against her mothering but rather from trying to reconcile the ambivalence of different consumption experiences which she considers should yield similar meanings. This advances the Voice Group's (2010a) discussion of vulnerability. They discuss vulnerability as essentially occurring when internal mothering instincts interact with social norms but vulnerability can also result from conflicting marketplace experiences. Again in Claire's example it is particularly evident that other consumers are instrumental in co-creating meaning within the service encounter. Claire manages these conflicting meanings by removing herself from the service encounters she finds troubling.

Other mothers too were adept at managing the multiplicity of consumption meaning. Hester (2005) discusses how in processing medical advice women can engage in practical problem-solving by reconstructing and reworking conflicting materials. This process she discusses as postmodern bricolage, shaping interpretation through daily activity. This type of negotiation of meaning was also evident in this study's data. Women talked about taking the 'rough with the smooth'. Samantha, in her post-natal interview when her child was 4 months old, takes this bricolage approach.

R: You can't like everything you try. Some of the things on offer aren't great or you like them for a bit and then... not so much. I think you just take what you can from that, weave it in... It's all part of the process and helps you work out "This is the way I want to be a mum".

Samantha has a clear idea of defining her mothering through her consumption and by weaving together different consumption experiences, she draws meaning that she couldn't

access from a single source. Hester (2005) discusses this process as polishing a stone: with effort the meaning and preferences become clearer. Samantha uses a weaving metaphor: bringing together different strands of experience to create the whole of her liminal identity. This weaving metaphor proves powerful and others draw upon similar ideas. Laura, in her pre-natal interview at 37 weeks, says:

R: Yeah some things I love. Aqua-natal it's great... others are just not for me I didn't click with the NCT and that did leave me a bit down... but you just lose the things you don't need and take what you like from the things you do.

Laura's negative experiences such as in her NCT class affect her liminality leaving her feeling vulnerable yet she is able to deal selectively with these experiences like the bricoleur sifting through found items with purpose (Hester, 2003). She keeps the most useful aspects of her service experiences using these to combine (weave) into her liminal identity.

Theoretical conclusions

Through the empirical material presented in this paper, its aim of understanding how service consumption affects a woman's transitional maternal experience can begin to be theorised. It meets three important research needs in transformative service research and liminal consumption theory. While objective wellbeing outcomes have been examined as part of TSR the subjective hedonic and eudiamonic impacts remain underexplored (Mick et al., 2012). TSR conceptualises services as positive and active transformative forces but there is currently little understanding of how consumers experience these transformative services or the potential complexity of their impact (Anderson et al., 2013). Finally liminal consumption theory has been conceptualised using positive and negative dimensionality (Cody and Lawlor, 2010) but this may be enriched, extended and even challenged by exploring the multiplicity of an adult context such as liminal motherhood.

TSR has adopted an action research agenda (Mick et al., 2012) with aims of improving objective consumer wellbeing in area such as health, market access and literacy. By delving deeper into consumers' service experiences hedonic (mood, satisfaction and happiness) and eudiamonic (purpose in life, mastery autonomy, positive relations and self-acceptance) impacts can also be found. Ritual, sacra and mediation have previously been suggested as positive dimensions of liminal consumption (Cody and Lawlor, 2011). This study has unpacked their meanings in the context of transition to motherhood. It has found that these positive consumption meanings become enriched by considering them in a service context and add to our understanding the transformative impact that such services may have.

Ritual services have the capacity to go beyond progress-marking to become transformative. In the data, ultrasound scans adjusted women's temporality in two ways: early scans moved women from a risky to safe zone in their pregnancy; and later scans advanced their progress to reincorporation. These rituals enhance objective wellbeing by aiding the creation of emerging families. Further they have both positive eudiamonic and hedonic impact: aiding women's self- acceptance of their mothering identities and removing anxiety associated with transformational uncertainty. Sacra's meaning too becomes enriched, beyond being an ambiguous, bound form of consumption 'sacra' may be considered instrumental to the special mystification effect of pregnancy (Sevin and Ladwein, 2007) and more broadly to the distinctiveness of liminality. The positive hedonic and eudiamonic impact of this comes from the satisfaction and self-acceptance mothers feel in their liminal state. This study has enriched understanding of the impact of service consumption in mediating ambivalence. Women seek to meets 'good' mother ideals and transformative services can have an objective impact by helping aligning their practices with these norms. Women consider objective wellbeing benefits from this congruence in the form of material and infant health. However this study

has also identified hedonic benefits, alleviating the distress of ambivalence, and eudiamonic impact by enhancing agency, mastery and social relatedness in liminal mothers.

Studying the service context has also expanded upon the positive meanings consumption can hold in liminality and their associated hedonic and eudiamonic impacts. Compensatory consumption (Noble and Walker, 1997), though previously considered insidious (Cushman, 1990), is found to be instrumental in allowing women to re-establish their autonomy and purpose when presented with the identity challenges of liminality. Communitas-seeking consumption, which is largely absent from the extant literature, is particularly evident in the distinctiveness of service consumption. The hedonic and eudiamonic impacts of communitas are co-created through interaction with other consumers in the service encounter.

TSR conceptualises services as positively transformational and this study concurs that objective, hedonic and eudiamonic impacts may be felt by consumers as a result of service consumption. However it finds that such positive impacts are not guaranteed. Grace and O’Cass (2004) consider that the service experience is formed through a dynamic interplay of service, servicescape and employee. This study extend our understanding of the actors in transformative services by considering the significant impact of other consumers upon the service experience. The dynamics of the service environment add complexity to the meanings of consumption such that the intentions of transformative service providers don’t necessarily marry with consumer experience.

The findings suggest that, despite the services examined having broadly positive transformative aims, there is negative valence within liminal service consumption which may derive from the service provider or consumers’ interactions with others. The Voice Group (2010a) has previously explored transgressive consumption in goods markets where uncertain identity in liminality is accompanied by lack of consumption knowledge. My research has

shown such transgression to be evident within service consumption and further that the distinctiveness of services inhibit women from problem solving through trial and error. By preventing such consumer learning, services providers leave mothers feeling inexperienced and socially isolated within inappropriate services. In furthering the TSR literature, it has also been identified that a distinctive aspect of services is that they are experienced with collectives (Rosenbaum et al., 2011). Service consumption experience is guided not only by service providers but may be created from consumer-to-consumer interactions (Ritzer and Jurgenson, 2010). The accounts of women in this study have shown this to be particularly impactful. That which is intended as supportive and inclusive in service intent can lead to the emergence of group norms at odds with women's experiences leaving them conflicted and othered. Thus TSR must attend to service design but must also consider the implicit norms which impact on consumer experience.

Service experience are influenced by their dynamic nature adding complexity to their consumption. As such extant theorisations of the meanings and impact of consumption may become altered. Cody and Lawlor (2011) had identified 'private passions' as a negative consumption form: where teens hold on to practices embedded in their pre-liminal identity. My research has shown that practices may carry more complex meanings in motherhood. Rather than rendering women unable to progress their transition (Mason and Pavia, 2006), maintaining aspects of pre-state consumption aided their negotiation of the complexity of emerging mothering identities. Therefore unanticipated outcomes emerge as a previously unidentified feature of transformative services.

Liminality situates new mothers at the centre of a multiplicity of consumption meaning which may both overwhelm and act as transitional resource. Mothers demonstrate agency in managing conflicts which arise as a result of this complexity, combining elements of vulnerability (The Voice Group, 2010b) and bricolage (Hester, 2005). While most mothers

are affected by the ambivalence of conflicting consumption meanings they also show resilience in filtering these experiences. They then skilfully weave the positive (and sometimes negative) meanings productively into their transitional experiences. The services marketplace continues to grow, exposing increasing dimensions of motherhood to its influence. As consumer researchers we are right to be concerned that this may be a source of vulnerability in contemporary motherhood (The Voice group, 2010b) however this study has shown that women are largely resourceful in interacting with services.

It is difficult to judge the macro-impact of service growth on motherhood or compare contemporary mothers' experiences with those from earlier generations. It may be relevant for us to question if the market is displacing the social support mothers have previously sought from family, friends and local community (Lawler et al., 2009), exposing them to the unanticipated objective, hedonic and eudiamonic impacts (positive and negative) that are a feature of commercial, transformative services. It is possible, however, to show that service consumption acts as both a resource and a constraint upon contemporary mothering identities and to suggest that women in this transition develop distinctive skills to negotiate its complexity.

There is opportunity for further development of liminal consumption theory. Within consumer culture there are ever expanding resources: consumer experiences, places and electronic domains. The interactions consumers have with these diverse materials provide much scope for exploring their liminal experiences. The role of consumption in shaping the temporal limits of liminality for example remains underexplored. Further development is required to really uncover consumption's full impact upon liminal identity.

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