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“I am actually doing alright”: A grounded
theory exploration of how women’s online
social support use affects maternal identity
construction and wellbeing

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"The simultaneity of the historical-cultural determination of what it means to be a mother and the unique first-timeness of the experience means that new motherhood identities should not be simply understood as pre-given and externally produced, but as developed and creatively made by mothers themselves out of the social material and psychic resources available in their external settings, their relationships, their life histories and current experiences"

Elliot, Gunaratnam, Holloway, and Phoneix (2009) p. 19.

Abstract

In the maternal transition constructing a mothering identity is challenging as maternal identities are shaped by socially constructed ideologies of “good” motherhood. These idealised constructions are conveyed through women’s social support – in both online and offline spaces – and ultimately influence wellbeing. Online support is growing in prevalence and women are increasingly going online for maternal support. This study explores how online social support use, particularly the Social Networking Site *Facebook*, influenced New Zealand women’s maternal identity construction and its potential effects on wellbeing.

This grounded theory study analysed in-depth semi-structured interviews (n=14) to capture the experiences of New Zealand women who had recently undergone the transition to motherhood. The constant comparison approach was used for analysis. The findings provide insights into these new mothers’ experiences of using online social support in their maternal identity construction.

The produced framework enables understanding of how women used online social support to negotiate their maternal identity construction. Women manage this identity by using online social media to: (1) create a “base” of support in gaining information; (2) create a “village” of support for intimate connections; (3) compare their mothering experiences; and (4) mentor other new mothers in re/constructing their maternal identity. The proposed framework explains how online social support access, particularly *Facebook*, gave women choice in support and enabled opportunities to create mothering communities. The analysis shows how “villages” were used in the negotiation of maternal identity and re/construction of what it means to be a “good” mother within women’s individual contexts. Thus, women learnt to manage their identity construction online in ways that enhanced perceived connectedness, support, confidence and overall wellbeing. Insights into new mothers’ use of online social support to manage the re/construction of maternal identity and its ability to shape maternal wellbeing have implications for support provision by healthcare professionals.

Keywords

Maternal transition, maternal identity, construction, wellbeing, online social support, *Facebook*

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Chapter One: The changing landscape of motherhood

Introduction

Motherhood is an important, challenging and confusing time in many women's lives. The landscape of motherhood is one that subtly changes over time, to reflect society's shifting structure (Lowe, 2016; Thomson, Kehily, & Sharpe, 2011; Thurer, 1994). As such motherhood, is a critical period in which women often find they experience a shift in how they construct their identities (Laney, Hall, Anderson, & Willingham, 2015; Mercer, 2004; Rogan, 1997; Sethi, 1995). Becoming a mother for the first time involves transitioning to a new identity, requiring women to restructure their relationships, goals, responsibilities and behaviours to attain a new self-construction (Mercer, 2004). Though the maternal transition has many aspects including physical, emotional and relationship changes, in this research I focus on change in identity construction, which I see as being the most affected by constructions of motherhood that are re/produced in women's social support networks. I focus on how maternal identity construction in the immediate transition and beyond affects women's experience of becoming mothers, ultimately impacting their wellbeing in the process (Choi, Henshaw, Baker, & Tree, 2005; Wills & Petrakis, 2018).

Motherhood is a role laden with cultural and historical expectations, which are portrayed as requirements both in becoming and being a mother (Lowe, 2016; Thomson, 2011; Thurer, 1994). Experiences of motherhood can be influenced by the social support networks which women are in. These networks can often be used to uphold, subvert or dismiss socially dominant constructions of motherhood (Wilson & Yochim, 2017). Within Western society traditional support networks are changing. There is now greater pressure on women during the maternal transition due to delayed entry to motherhood, the requirement of updated mothering knowledge and an early return to work affecting their preparedness for the transition. This paired with geographically separated families, lack of close-knit neighbourhoods and intensive parenting expectations mean women often look for other avenues of social support (Bartholomew, Schoppe-Sullivan, Glassman, Kamp Dush, & Sullivan, 2012; Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006).

In our current digital era, the Internet is a powerful tool for mothers, including anything from parenting websites to Social Networking Sites (SNS). Here SNS are defined as “web-based services that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system and can facilitate social networking. Networking “emphasizes relationship initiation, often between strangers” (Boyd & Ellison, 2007, p. 211). Examples of SNS include: *Facebook*, *Twitter*, *Reddit* and personal blogs. With changes in our society, such digital tools are filling the gaps for women transitioning to motherhood (Davis, 2015; Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006; Wilson & Yochim, 2017). The use of such tools is novel, and we do not yet know how seeking support online mediates women’s identity in their transition to motherhood. It is therefore important to build understanding of the role that online social support networks can play in the construction of maternal identities, and how this ultimately affects women’s wellbeing.

This chapter provides the introduction, context and rationale for this study. In this chapter, I will introduce the background of why it is important to understand some of the complexities of motherhood. This will be done by exploring the changing landscape of Western motherhood and its shifting social norms. This sets the scene for the research problem and aims that are addressed throughout the conduct of this thesis. Finally, I will define identity construction and outline the structure of this thesis.

Background

The entry into motherhood, as intimated above, is a time of transition. Transitions such as leaving home, working, getting married and having children are accompanied by unique expectations and realities for the person transitioning (Manzi, Vignoles, & Regalia, 2010). For women transitioning into motherhood this is one of the most wonderful, difficult, stressful and isolating times they can face (Drentea & Moren-Cross, 2005; Niela-Vilén, Axelin, Salanterä, & Melender, 2014; O'Connor & Madge, 2004). During this period women learn the intricacies of how to

be a mother, while constructing their maternal identity (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997; Laney et al., 2015; Mercer, 2004; Rogan, 1997; Sethi, 1995) in the face of existing ideologies of motherhood (Lowe, 2016; Thomson et al., 2011; Thurer, 1994). Becoming a mother is therefore a time where social support, which “refers to the perceived meanings and ex-pressive values of social relationships” (Pearson, 1986, p. 38), can make a difference in how women construct themselves as “good” mothers. Such constructions have resultant effects on their health and wellbeing (Balaji et al., 2007; Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Gilmour, Machin, Brownlow, & Jeffries, 2019; Haslam, 2017; Leahy-Warren, McCarthy, & Corcoran, 2011; Meadows, 2011; Moon, Mathews, Oden, & Carlin, 2019b; Niela-Vilén et al., 2014; Schoppe-Sullivan et al., 2016). Wellbeing in this study considers “multiple aspects of both the individual and his or her functioning in society and includes elements of perceived happiness, life satisfaction, the ratio of positive to negative effects, psychological wellbeing, and social wellbeing” (Magyar & Keyes, 2019, p. 32).

Complexities of Motherhood

It is important to understand the dominant constructions of Western motherhood within society. These socially held concepts affect how women experience the transition to motherhood (Choi et al., 2005; Hennekam, Syed, Ali, & Dumazert, 2019; Johnston & Swanson, 2003; Mackenzie, 2018; Orton-Johnson, 2017a). This research seeks to understand this construction from first-hand accounts of New Zealand women entering motherhood as mediated by online social support.

Motherhood is a role steeped in mythology, affected by societal, cultural and historical constructions of how women should think, act and behave in order to be “good” mothers. These ideals change subtly over time in response to societal changes but remain tethered to societal ideals of “success” (Letherby, 1994; Lowe, 2016; Madge & O'Connor, 2006; Thurer, 1994; Wilson & Yochim, 2017). Feminist research shows us that motherhood is seen as a cornerstone of feminine gender identity and what it means to be a woman (Lowe, 2016; Thomson et al., 2011). Accordingly, motherhood is often portrayed as an expectation for all women, to the extent that women not fulfilling this role can be seen as outcasts (Gillespie, 2003;

Letherby, 1994). Alongside these strong expectations for women to become mothers, there are also deep-seated gendered beliefs surrounding the requirements women need to fulfil to be “good” mothers (Lowe, 2016; Thomson et al., 2011; Thurer, 1994).

In the twenty-first century constructions of “good” motherhood are largely tied to ideals of intensive mothering; offshoots such as neuro-parenting (Macvarish, 2016) and expansive mothering (Christopher, 2012), are based on its central themes (Hays, 1996; Lowe, 2016). Intensive parenting as portrayed by Hays (1996) sees motherhood as the central role for women. Mothers are painted as child-centred, where the health, wellbeing and development of their children are of primary importance. Neuro-parenting and expansive mothering encapsulate that “good” mothers need to focus on maximising the success of their child as early as possible. They must do so by putting the psychological development and care of their child first (Christopher, 2012; Macvarish, 2016), while still balancing the requirement to return to work and economically contribute to their households (Thomson et al., 2011; Wilson & Yochim, 2017).

Failure to put children first conjures up images of damaging children, limiting their ability to reach their future potential due to failings of care and inadequate love, qualities that are culturally portrayed as “natural” attributes of the mothering identity (Choi et al., 2005; Johnston & Swanson, 2003; Laney et al., 2015; Lowe, 2016; Pedersen, 2016). Intensive parenting means mothering at the expense of all else, ensuring that maternal sacrifice is a defining characteristic of motherhood (Lowe, 2016). Additionally, given their reproductive capabilities, women are “naturally” the caretakers of children and should enjoy the task. They should at all times show the right affect and display behaviours that prove that their children are the focus of their being (Schoppe-Sullivan et al., 2016; Snell, Overbey, & Brewer, 2005).

Although constructions of “good” motherhood are currently tied to intensive parenting, there is also evidence to suggest that there is an increased range of parenting ideologies, which can muddy the waters of constructing motherhood (Thomson et al., 2011). Ideologies and practices (such as “attachment parenting”, “helicopter parenting”, “gentle parenting”, “cry it out”, “wait it out”) mean that there

are a broad and often conflicting range of maternal identities for women to choose from. Each of these ideologies have their own definitions, requirements and slight variations on what constitutes “good” mothering (Thomson et al., 2011). These ideologies are transmitted, enforced, challenged and modified by the social support networks in which women position themselves. Thus, these networks have the potential to affect women’s construction of maternal identity (Mackenzie, 2018; Orton-Johnson, 2017b).

The changing landscape of social support in motherhood

Social support is important for women in the transition to motherhood and affects their wellbeing (Balaji et al., 2007; Darvill, Skirton, & Farrand, 2010; Leahy-Warren et al., 2011). There is increased pressure put on women due to the fact that the outward appearance of motherhood is much more publicly displayed through media, social media and social support networks, meaning that women can hold unrealistic expectations in contexts where they have inadequate social support (Davis, 2015; Johnston & Swanson, 2003; Orton-Johnson, 2017b; Schoppe-Sullivan et al., 2016; Wilson & Yochim, 2017). There is a bigger divide between expert and lay person knowledge, women often lack practical maternal experience, and due to returning to work often experience difficulties in making or maintaining social support (Archer & Kao, 2018; Drentea & Moren-Cross, 2005; Madge & O’Connor, 2006). Accordingly, social support is needed now more than ever. In the present day the role and availability of traditional social support mechanisms (e.g. neighbours, family, etc.) have become diminished, changing the landscape of social support in motherhood (Davis, 2015; Gibson & Hanson, 2013; O’Connor & Madge, 2004).

Throughout the twentieth century birth has been extensively medicalised and the act of mothering influenced by experts in this field, increasing the divide between “experts” and mothers (Barclay et al., 1997; Madge & O’Connor, 2006; Oakely, 1980). Women who fail or resist expert advice are seen as “bad mothers”, and this advice is often valued over women’s experiences (Litt, 2000; Madge & O’Connor, 2006; Oakely, 1980). This has resulted in women being reliant on expert information, which can be detrimental due to the vast amount of information and the requirement of this information to be “current” (Davis, 2015; Drentea & Moren-Cross, 2005; Madge & O’Connor, 2006; Moon, Mathews, Oden, & Carlin, 2019a; O’Connor

& Madge, 2004). This requirement to have expert and current information positions women as needing more social support to navigate the complex range and quantity of information, while being influenced to turn away from traditional familial sources of maternal support such as women's mothers, due to lack of experience with "current" standards of mothering (Davis, 2015; O'Connor & Madge, 2004).

Women's involvement in the workforce and higher education have also changed the norms of motherhood. As a result, many women are having children later in life once they have established careers (Lewis, 1992; Madge & O'Connor, 2006; Perrier, 2013; Thomson et al., 2011). It is likely that such a shift has distanced women from exposure to the practicalities of childcare. Such changes in education and career have provided women with more opportunities to settle into the role of being an adult, as well as to establish their independence, routines, and financial stability. This is while providing a longer exposure to idealised notions of motherhood without having experience of its realities (Christopher, 2012; Perrier, 2013; Wilson & Yochim, 2017). Together, the contrast between the certainties of being an educated, working woman, and the unknown reality of mothering have been linked to feelings of unpreparedness for the daily realities of motherhood (Barclay et al., 1997; Laney et al., 2015; Rogan, 1997). These feelings of unpreparedness increase the importance of social support in the transition to motherhood.

However, in this modern era social support can be difficult to access. Traditional supports are affected by the pulls of an individualistic society focused on wellbeing through economic success. The achievement of this is often enabled by globalisation and migration, resulting in geographically dispersed families (Wilson & Yochim, 2017). This means for women transitioning to motherhood, traditional familial ties are often not physically present. Additionally, maintaining in-person friendships and meeting with other mothers (another traditional mothering support), can be difficult for women who either want to or are required to return to work. These factors make maintaining mothering connections and social support to ameliorate the lack of mothering practice more difficult (Choi et al., 2005; Drentea & Moren-Cross, 2005; Johnson, 2015; Wilson & Yochim, 2017). When women lack social support there is a firm linkage to poorer maternal health outcomes including

stress, anxiety and depression, affecting overall maternal wellbeing (Balaji et al., 2007; Darvill et al., 2010; Leahy-Warren et al., 2011).

The societal changes discussed above affect women's ability to gain social support in the transition to motherhood. Given these changes, there is clearly a need for women to gain support in navigating the transition to being a mother. Women still have a need and desire to gain mothering knowledge (Davis, 2015; Gibson & Hanson, 2013; Moon et al., 2019a) and social support (Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006). These societal changes often require a shift of focus from using traditional supports as a prime means of mothering support to accessing other social support mechanisms, including those online (Deave, Johnson, & Ingram, 2008; Doty & Dworkin, 2014; Gibson & Hanson, 2013; Niela-Vilén et al., 2014; O'Connor & Madge, 2004).

Motherhood and online social support

Internet usage is on the rise, such that the UN has decreed Internet access as akin to a human right (Human Rights Council, 2016). Approximately 3.1 million New Zealanders use the Internet in any given week, equating to 65.9 percent of the population (The Nielsen Company, 2016). SNS are now an increasingly common means to create, maintain or supplement social support networks (Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006; Niela-Vilén et al., 2014) and are visited by 88 percent of New Zealanders in any given month (The Nielsen Company, 2016). Furthermore, SNS enable users to be active participants in their web use. On SNS, users can create content and constructions of the world they live in. This means women are now not only exposed to mothering ideals through social media but have an opportunity to interact with, create and change these ideals through their use and interactions with others on SNS (Mackenzie, 2018; Pedersen, 2016).

Facebook is one of the most popular SNS and often used in research to explore the effects of social media usage (Archer & Kao, 2018; Bartholomew et al., 2012; Gilmour et al., 2019; Jang & Dworkin, 2014; Schoppe-Sullivan et al., 2016). In 2017, 61 percent of all New Zealanders had an active *Facebook* account with 2.3 million New Zealanders checking the site every day (Fyers & Cooke, 2017). On *Facebook*,

users have access to closed or open groups. Open groups are public and visible in the search bar within *Facebook*. There are no limits on who can interact. Closed groups are similarly visible in the search bar. However, only current group members can see posted content and group members. Both types of groups are increasingly popular with parents and mothers (Facebook, 2019; Facebook Business, 2018), often acting as a source of online social support (Gilmour et al., 2019).

Given many new mothers experience a lack of intimate social connections, it is unsurprising that the advent of the Internet and SNS has provided a sought-after resource for many mothers. Consequently, women are increasingly seeking SNS to create social support communities that work around twenty-first century life trajectories, reflecting the social demand for mothering support (Davis, 2015; Madge & O'Connor, 2006; Wilson & Yochim, 2015, 2017). Women seek to create mothering communities, albeit within the online space, to ensure currency, access and ability to work around conflicting schedules of work and domestic tasks (Davis, 2015; Madge & O'Connor, 2006; O'Connor & Madge, 2004; Wilson & Yochim, 2017). These online spaces provide opportunities for mothers to create connections with other mothers where, much like in the offline space, the constructions of “good” motherhood can be transmitted, enforced or changed (Mackenzie, 2018; Orton-Johnson, 2017a; Schoppe-Sullivan et al., 2016). While there is an increasing interest in how mothers’ online social support use affects wellbeing there is a paucity of research on how online social support use affects the construction of maternal identity within the maternal transition, which this research seeks to address.

The research problem

Motherhood norms are dynamic and shaped by dominant social constructions surrounding the ideals of motherhood. Current portrayals of mothering revolve around intensive parenting ideals, expectations of natural mothering and maternal sacrifice. However, a plethora of competing and conflicting mothering practices are emerging that confuse what “good” mothering may exactly look like. The ability to achieve such requirements are often made more difficult due to the changing landscape of women’s social support. Women seek out social support networks to gain support in navigating the idealistic expectations of motherhood. These

networks transmit, enforce and/or challenge the ideals of motherhood. With women's increasing use of online social support as a means to supplement traditional support mechanisms, it is unclear how women's use of online social support interacts with their identity construction within the maternal transition. Therefore, this research has the following aim:

To explore how online social support mediates the construction of maternal identity in the transition to motherhood.

This question is further examined through the exploration of three research questions:

- How do women experience their use of online social support to affect their transition to motherhood?
- How do women experience their use of social support to affect their identity as a mother?
- How do interactions with online social support affect maternal wellbeing throughout the self-construction process?

Defining Identity construction

As stated, women's identity can and does change in the transition to motherhood (Smith, 1999). Identity is a ubiquitous term that cuts across several social science spheres. At its heart it is about self-definition and answering the question "who am I?" (Stryker & Burke, 2000). For the purposes of this study I use Berzonsky's (1993) constructivist explanation of identity "it is assumed that individuals actively play a role in constructing "who" they are and the "reality" within which they live and adapt" (Berzonsky, 1993, p. 170). This sees people as active agents in developing personalised constructs that guide the "selection, organization and interpretation of the environmental stimulus. Facts do not exist independent from the system of constructs within which they are invented" (Berzonsky, 1993, p. 170). It is people's constructions and interpretations of the world and themselves that establish a person's reality (Berzonsky, 1993) a reality that this research seeks to capture through the first-hand accounts of women's transition to motherhood.

Outline of this thesis

In Chapter One I have presented an overview of this study. It has briefly outlined the background, context, research aims, and applicable definitions used throughout the conduct of this research. Chapter Two then reviews the literature providing an overview of the existing research related to: the maternal transition; construction of maternal identity; social support within the maternal transition; online social support within the maternal transition and the impacts of online social support use on maternal wellbeing. The focus of this review is to situate the current project within the existing literature which lead to the research aims presented above. Chapter Three provides an overview of the conduct and methodological underpinnings of this research. It overviews constructivist epistemology. It also covers the constructivist grounded theory model that served as the basis for the application of the methodological techniques used to conduct this research. I then discuss in detail the research design, data collection and analysis procedures used, as well as the ethical and research considerations applied in the conduct of this study. Lastly, I consider the rigour of the research and the implications of this on the presentation of this thesis.

Then in Chapter Four I present my findings in the form of my grounded theory framework, including the five individual participant characteristics that may have mediated women's online use and identity construction. I then present my core category and the four themes that were constructed in the evolving role of online social support in mothers' continual identity construction. Lastly Chapter Five presents a discussion of the research, providing an overview of where the findings from this research sit within existing research. It looks at the practical implications of the findings in how women could effectively use the online space as an effective medium in identity construction. It also suggests implications to health practitioners in the application of these findings. I discuss limitations of the research conducted and suggest future directions. I finish with my concluding thoughts.

Chapter Two: Literature Review: maternal identity, online social support, and maternal wellbeing

Introduction

As discussed in the preceding chapter, women's transition to motherhood is a time of great change where women alter how they construct their identity to incorporate this life-changing role. Constructions of motherhood circulate throughout society. Due to the importance placed on motherhood as creating the next generation of a successful society, constructions of motherhood shape women's maternal identity construction. Therefore, the maternal transition is a particularly significant time in women's lives that has lifelong effects on their identities.

Significantly, motherhood ideologies are affected by shifting socio-cultural and political environments, and reproduced and reconfigured by the social support networks that women are immersed in. Given that social support is critical in shaping the maternal transition, it is important to understand how such support impacts this transition, the construction of maternal identity and how it allows women to reinforce or resist existing ideals of motherhood as they construct their own maternal identities. Online social support is a recently developed form of social support and its role in mediating the maternal transition is poorly understood. This chapter draws together the current literature within the domains of maternal transition, social support and wellbeing and highlights gaps within the existing research.

This chapter is divided into five sections. The first section focuses on the construction of maternal identity. I concentrate on key research findings around how women construct their identity to incorporate the role of motherhood within the maternal transition. I also give a brief insight into how social support throughout the maternal transition can affect wellbeing through its ability to impact mental health. The second section explores the role of social support in the maternal transition. Then in the third section I address the role of online social support in the maternal transition. The fourth section considers how online social support can affect women's wellbeing, examining both the positive and negative impacts of this support within the existing research. Lastly, I tie together maternal transition, self-

constructions, online social support and maternal wellbeing to situate the current project.

Maternal identity

Identity in the transition to motherhood: maternal identity construction

Given that motherhood is central to constructions of femininity, it is unsurprising that becoming a mother is regarded as one of women's biggest life transitions (Barclay et al., 1997; Laney et al., 2015; Rogan, 1997; Wills & Petrakis, 2018). Becoming a mother alters women's priorities, values, goals and worldviews, ultimately affecting identity construction (James, 2008; Kanji & Cahusac, 2015). Throughout this research discussions of the maternal transition are focused on changes of maternal identity construction. Research on identity in the maternal transition has primarily used qualitative methodologies for examining changes in identity, largely due to the difficulty of quantitatively measuring identity concepts (Stryker & Burke, 2000). The existing research, mostly conducted in the United Kingdom, United States and Australia, has drawn on interviews, focus groups, or observations (Barclay et al., 1997; Choi et al., 2005; Darvill et al., 2010; Gibson & Hanson, 2013; Jones, Jomeen, & Hayter, 2014; Laney et al., 2015; Leahy-Warren et al., 2011; Rogan, 1997). Overall, this research shows how complex the maternal transition is with women's change to their identity being affected by social, cultural and economic factors.

Maternal transition research focuses on factors of motherhood that will help or hinder the maternal transition process including the construction of maternal identity. During the maternal transition women change how they construct their identities to incorporate the role and requirements of motherhood (Mercer, 2004; Rubin, 1967). Researchers view the identity aspect of the maternal transition to be either an individualistic process that happens within an individual's context but is affected by interpersonal relationships (Barclay et al., 1997; Rogan, 1997; Sethi, 1995), or as occurring within interpersonal relationships because the individual and their social networks cannot be clearly separated (Laney et al., 2015) depending on the epistemological positioning.

The timeframe of the maternal transition is unclear. It is generally seen to begin at conception yet varies in its time of conclusion anywhere between six weeks to twelve months post birth. This definition of the maternal transition timespan is somewhat affected by the research paradigms and aims. The maternal transition has two general views depending on the purpose of the research. The first perspective views maternal transition as linear, this stipulates the maternal transition as immediate (conception to twelve weeks postpartum; Barclay et al., 1997; Laney et al., 2015; Rogan, 1997). In this perspective women go through each phase of maternal identity development in a step-by-step process until they are in tune with their mothering identity. Alternatively, the second view conceptualises the maternal transition as an iterative process, with a focus on the fluidity and changing nature of maternal identity construction process. In this view women move back and forth between the different phases of maternal identity development as they go through the different phases of motherhood (and transition is inclusive of a timeframe up to year, but sees maternal construction as ongoing beyond this) (Mercer, 2004; Rubin, 1984; Sethi, 1995). One view is not better than the other, they merely have different epistemological underpinnings and are used to answer different questions in regards to the maternal transition.

In this thesis I view the maternal transition as intrinsically interlinked with and affected by women's interpersonal relationships. Within this study I focus on the role of social support within maternal identity construction process. As this research is interested in online spaces, it takes a more iterative view. This is due to the fluidity seen in online interactions which drive the understanding of how women shape their identity over the whole transitional period. It postulates that the help, advice and connection provided by online social support networks naturally changes mothers as they mature, enabling readjustment of mothering identities as they continue their journeys. My view here is thus that women construct themselves as mothers within the immediate transition, but that the meaning of motherhood and how women identify themselves as a mother changes over time.

Across the maternal transition research there are four key themes of maternal identity process that emerge (Barclay et al., 1997; Laney et al., 2015; Rogan, 1997; Sethi, 1995), each of which will be explored below. The themes are:

- **Becoming a mother:** is a process that causes women's identity to shift. This shift is an individualised process in terms of time and the degree of identity change that women experience.
- **Reality vs expectations:** the reality of motherhood is different from the expectations set before the physical arrival of their child. As a result, many women suffer from a loss of control, loss of self, and decreased confidence.
- **Negotiation of the mothering identity:** occurs while learning the role. Mothering changes expectations of motherhood and the self, much of which happens within interpersonal relationships.
- **Being a mother and beyond:** being a mother affects women's perspectives, priorities and worldviews. Motherhood can expand women's identity by enhancing aspects of self and adding new aspects, which evolves over time.

Becoming a mother

Becoming a mother creates a new reality for women. This reality of motherhood often affects how women construct their identity (Barclay et al., 1997; Laney et al., 2015; Mercer, 2004; Rogan, 1997; Sethi, 1995). Research shows that physically becoming a mother does not encompass the full process of the maternal transition. Although women become mothers "overnight" by physically giving birth or through receiving a child by adoption or surrogacy, the psychological adjustment to construct themselves as mothers takes time (Mercer, 2004; Rogan, 1997).

In becoming a mother it is generally recognised that women often take time to process their entry into motherhood often describing a state of "shock" due to the radical physiological and psychological changes that occur post-birth, (Barclay et al., 1997; Laney et al., 2015; Rogan, 1997). The "shock" that women feel on becoming mothers is contributed to by the intensity of looking after a new-born and often accompanied by feelings of unpreparedness for the practical tasks of motherhood.

In the linear view, the construction and negotiation of maternal identity varies in length and is dependent on the individual (Laney et al., 2015). The linear view is often dominant within maternal transition research. The bulk of the research focuses on the immediate maternal transition and identity construction with women from six to twelve weeks postpartum, as this tends to be the timeframe during which professional healthcare assistance to mothers ends (Mercer, 2004).

An alternative conceptualisation of maternal transition focuses on the iterative nature of the maternal transition. This view also acknowledges that becoming a mother takes time for women to process. In this conceptualisation the aim is to look at how women change over the course of being a mother. This views identity construction as not ending once women are able to construct themselves as mothers. It recognises that women are likely to have an evolving construction of themselves as mothers, giving the potential for multiple mothering transitions as women are continually redefining themselves as mothers (Mercer, 2004; Wills & Petrakis, 2018). This means women can constantly go back and forth between the various phases (Sethi, 1995). For example, research shows that different stages (such as switching a young baby to bottle feeding, returning to work, or becoming a second time mother) can result in mothers returning to earlier phases of maternal identity construction to allow for the negotiation of these new aspects of being a mother (Sethi, 1995).

Reality vs expectations

Women often have gaps between expectations developed during preparation and the reality faced upon becoming mothers (Barclay et al., 1997; Darvill et al., 2010; Rogan, 1997; Rubin, 1984). The larger this gap, the more likely women are to experience a complete “loss” of self. This loss is “exhibited by many women as loss of confidence, self-esteem and a negative perception of themselves as mothers” (Barclay et al., 1997, p. 724). This loss of self often has a flow-on impact on self-esteem and women’s self-efficacy in their mothering role, negatively impacting maternal wellbeing and heightening the risk of developing maternal mental health issues (Laney et al., 2015; Oakely, 1980).

Although Sethi (1995) had similar findings to Barclay et al. (1997) and Rogan (1997), she also found that in becoming a mother this unpreparedness, loss and loneliness did not negatively impact her research participants' commitment to their children, their feelings of love for their child or their gratitude for being a mother. She found that women's realities and expectations were constantly being adjusted as they evolved throughout motherhood. Such gaps between reality and expectations of motherhood have likely been widened due to women's exposure to the idealised notions of motherhood being widely portrayed through media and social media (Johnston & Swanson, 2003; Pedersen, 2016; Wilson & Yochim, 2017). What was important for women generally throughout this phase of adjustment was connection to other mothers who could act as role models (Hennekam, 2016; Mercer, 2004). Such role model seeking is now increasingly happening online, but we are yet to understand the exact implications of this trend.

Negotiation of the mothering identity

Overall, the literature shows that women are generally able to adjust to their new mothering identities. This process occurs through the negotiation of their pre-existing identity and the mothering identity, mediated or shaped by interpersonal relationships (Laney, et al., 2015; Rogan, 1997). This phase in the identity transition is characterised by expectation adjustment and confidence building, which women achieve through developing care practices, interacting with peers, and finding their place in mothering identities (Rogan, 1997).

The linear view of the maternal transition focuses on the maternal transition up until a woman has taken on her mothering identity. In comparison the iterative perspective focuses on identity construction across a broader timeline showing that maternal identity construction is cyclic in that women continue to adopt and adapt their identity as a mother (Mercer, 2004; Sethi, 1995; Wills & Petrakis, 2018). Both linear and iterative views of the maternal transition view the incorporation of a mothering identity as mediated by social support and used to navigate the identity status of "becoming a mother" (Laney et al., 2015; Rogan, 1997). Thus, social support plays a crucial role in women's identity transition. The crucial role of these social relationships and their mediating role within an online context is examined in coming sections.

Being a mum and beyond

Women are not confined by their role as mothers. They have changing priorities, goals and other roles (Laney et al., 2015) that interact to affect the construction of maternal identity. The linear view focuses on the immediate maternal transition. Iterative perspectives focus across a longer timespan (Mercer, 2004; Sethi, 1995; Wills & Petrakis, 2018). In this research I adopt the iterative perspective of maternal transition as the research focus is on the online space where interactions are fluid in nature and mean women will likely have a continual need to negotiate identity changes throughout their mothering experiences. Therefore, women's maternal identity construction and wellbeing is likely to be continually influenced by interpersonal relationships, including the use of online social support.

Transition to motherhood: Effects on maternal mental health

The maternal transition has an impact on wellbeing and one of the major areas impacted is maternal mental health. Mental health issues are common in new mothers, with roughly 11-16 percent of New Zealand mothers suffering from a range of maternal mental health issues (Ministry of Health, 2018) most commonly anxiety and depression (both perinatal and postpartum) with postnatal depression (PND) often being pervasive in nature. This means that there is an increased chance that depression will continue past the postpartum period (Field, 2010; Lovejoy, Graczyk, O'Hare, & Neuman, 2000; Ministry of Health, 2018). Such figures demonstrate the long-term impact that the maternal transition can have on women's mental health and wellbeing. Perinatal anxiety and depression impacts women's subjective wellbeing and is also linked to their infants' future mental health (Meaney, 2018; Turney, 2012). A successful maternal transition can have a great impact on women and help mediate the effects of poor mental health (Balaji et al., 2007; Gilmour et al., 2019). Given the previously discussed significance of identity change in the maternal transition, it is likely that difficulties within this identity transition are linked to maternal mental health outcomes. These experiences of suffering from mental health issues within the maternal transition are often linked to mothers' negative self-assessments of their mothering ability and a negative overall assessment of the transition (Choi et al., 2005; Leahy-Warren et al., 2011).

Maternal mental health and social support

Suicide is the leading cause of maternal death in New Zealand (PMMRC, 2017). Maternal mental health issues are linked to suicide and disruptions in a women's transition into motherhood (Fisher, Cabral de Mello, & Izutsu, 2009; Ministry of Health, 2018). These figures highlight the far-reaching impacts, both short and long term, that the maternal transition can have on women, children, and society in general. Thus, solutions to help improve mental health and wellbeing outcomes for mothers is crucial. The role and function of social support is one factor that has been consistently shown to be associated with improved mental health and wellbeing in new mothers. Social support improves wellbeing through increasing connection (Cohen, Underwood, & Gottlieb, 2000), decreasing stress and anxiety (Balaji et al., 2007; Barclay et al., 1997; Kawachi & Berkman, 2001), improving coping mechanisms (Cohen et al., 2000), and reducing depression (Grigoriadis et al., 2009; Kawachi & Berkman, 2001). Due to the interpersonal nature of constructing maternal identity, social support can significantly influence how women understand and view themselves as mothers (Laney et al., 2015; Rogan, 1997), which likely influences their developing identity in the transition to motherhood.

The role of online social support in the transition to motherhood

Much research on social support investigates the effects of social support networks on wellbeing. What these studies show is that social support can provide tangible, emotional, and informational support. This support often positively affects wellbeing through the reduction of stress, anxiety and depression, and through improved coping mechanisms (Archer & Kao, 2018; Cohen et al., 2000; Davis, 2015). Wills and Petrakis (2018) argue that social networks play a large role for mothers in their identity construction as they tend to emphasise relationships and have a high use of social support structures to aid them through the challenging period of motherhood.

As the Internet becomes progressively ubiquitous, opportunities to form social support networks are expanding and are used to develop and maintain relationships (Doty & Dworkin, 2014; Niela-Vilén et al., 2014), often beyond known friends and family (Davis, 2015; O'Connor & Madge, 2004; Paterson, Brewer, & Stamler, 2013).

This ability to create online communities is particularly useful to women throughout their transition to motherhood as it can prevent isolation, maintain connection and create reliable, easily accessible means of support (Moon et al., 2019a). Women's increasing use of online spaces to fill social support requirements reflects shifting societal needs and means of connection (Baker, 2017; Doty & Dworkin, 2014; Madge & O'Connor, 2006). An increasing number of women build mothering communities online. Though websites are often used as starting points to gain information (Davis, 2015), women tend to seek more intimate connections through the medium of SNS. Women use SNS because they can facilitate the exchange of intimate discussions, experiences and knowledge (Davis, 2015; Moon et al., 2019a; Price et al., 2018). Ease of access in time and location are huge advantages that meet new mothers' needs (Davis, 2015; Moon et al., 2019a).

Research on the use of online social support and maternal wellbeing has been primarily conducted within the United Kingdom, United States and Australia, drawing on a range of qualitative and quantitative approaches. Quantitative approaches have primarily drawn on questionnaires and considered psychological characteristics, and effects on wellbeing primarily through the lens of depression (Bartholomew et al., 2012; Leahy-Warren et al., 2011; Schoppe-Sullivan et al., 2016). Qualitative approaches have primarily relied on semi-structured interviews to explore how social support affects wellbeing in the maternal transition. Accordingly, research has focussed on how online social support may influence maternal wellbeing in the transition to motherhood (Doty & Dworkin, 2014; Jang & Dworkin, 2014; Niela-Vilén et al., 2014; Schoppe-Sullivan et al., 2016). Despite such a growth of interest in this field, there is little that examines how online social support affects women's identity construction during the maternal transition.

Schoppe-Sullivan et al. (2016) provide one of the few studies on online social support, maternal identity construction and wellbeing within the maternal transition. This quantitative study conducted in the United States explores how new mothers construct gender identities online and the potential consequences of this on maternal wellbeing. Schoppe-Sullivan et al. (2016) postulate that women reproduce their gender through their online interactions, with SNS offering "a new platform in which women can practice gender and strengthen their feminine identity by publicly

showing their care, pride, and nurturance for their children” (p. 3). The authors also seek to understand which psychological characteristics may affect online use.

Schoppe-Sullivan et al. (2016) found that women’s individual needs for external validation and parenting perfection predicted greater *Facebook* use, with high levels of both negatively affecting maternal wellbeing. However, this research focused on quantitative aspects of women’s online use and wellbeing, with no consideration of women’s own constructions of themselves as mothers or their own experiences of online use in affecting their wellbeing.

Much of the existing research is focused on mothers gaining social support using SNS, particularly drawing on *Facebook* (Archer & Kao, 2018; Bartholomew et al., 2012; Thoren, Metze, Bühner, & Garten, 2013). *Facebook* has become a central hub for online maternal social connection (Archer & Kao, 2018). With 88 percent of New Zealanders accessing *Facebook* each month it is likely that this includes a large percentage of new mothers, with an increasing trend of new parents using online parenting groups and communities (Archer & Kao, 2018). Three in four expectant and new parents within the United States have used an online group or community within *Facebook* to aid in their parenting journey (Facebook Business, 2018). Such widespread use explains the increased research interest in this field, which is however inconclusive, and somewhat paradoxical at present.

The paradoxical findings on the effects of SNS and online social support on maternal wellbeing

The growing research into mothers’ SNS use presents contradictory findings, in that it can be both detrimental and beneficial for maternal wellbeing. Much of the quantitative research focusses on SNS use, particularly *Facebook*, with findings often portraying the negative impacts that SNS can have on maternal wellbeing in the transition to motherhood. In comparison, the qualitative studies tend to consider online use more broadly through parenting or mothering websites, (Drentea & Moren-Cross, 2005; Gibson & Hanson, 2013; Madge & O’Connor, 2006; Pedersen, 2016) or SNS, emails and discussion groups (Archer & Kao, 2018; Evans, Donelle, & Hume-Loveland, 2012; Pedersen, 2016). Qualitative studies generally present more balanced findings, reflecting that although online social support can have negative components it also offers a number of positive aspects that can improve

wellbeing in the maternal transition (Drentea & Moren-Cross, 2005; Gibson & Hanson, 2013; Madge & O'Connor, 2006).

Research into the negative aspects of women's online use suggests that online support networks cannot fully replace the importance of face-to-face interactions with the same level of connection (Doty & Dworkin, 2014; Han & Belcher, 2001). Online support networks can result in decreased physical assistance, reduced face-to-face interactions (Drentea & Moren-Cross, 2005; Han & Belcher, 2001), and lack of credible information. Use of SNS can also result in information overload (Brenhardt & Felter, 2004; Han & Belcher, 2001), inability to keep up with online groups, not being as involved as desired with online groups and proliferation of irrelevant information (Paterson et al., 2013). Research shows that excessive *Facebook* use can decrease mental health and wellbeing, which happens to those who try to use *Facebook* for validation and hold themselves to high parenting expectations (Bartholomew et al., 2012; Schoppe-Sullivan et al., 2016).

Paradoxically, research also shows that online social support can have positive effects (Baker, 2017; Doty & Dworkin, 2014; Gibson & Hanson, 2013; Niela-Vilén et al., 2014). Online social support can fill a niche by providing support that women have always needed in the transition to motherhood but may find difficult to access otherwise (Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006). It can help women to cope with challenging circumstances. For example, a mother in a rural community with a disabled child who in the past could have easily become isolated, now has a means to maintain connection with peers in similar circumstances. These positive effects are best captured in critical reviews of online social support by Doty and Dworkin (2014) and Niela-Vilén et al. (2014), which show that online social networks can provide physical, emotional and informational support.

Doty and Dworkin (2014) and Niela-Vilén et al (2014) show that online social support can positively affect women's transition to motherhood by reducing anxiety, isolation, and stress, as well as building self-efficacy through several mechanisms. These mechanisms include: the provision of instrumental or tangible support, emotional support in alleviating stress and anxiety, informational support on motherhood and reducing feelings of loneliness. Importantly, these networks affect

mothers' self-perceptions that can in turn result in them being able to handle stress more successfully (Doty & Dworkin, 2014; Niela-Vilén et al., 2014; Vostanis, Tischler, Cumella, & Bellerby, 2000). Overall, these findings demonstrate that online social support can positively influence the maternal transition, often affecting a women's self-esteem and confidence, both of which have been linked to improved wellbeing (Mercer, 2004).

Research has also demonstrated that online social support has several advantages over traditional offline support groups. Using the example of the mother from a rural area with a disabled child, online support is available from any location twenty-four hours a day, meaning that even in the middle of the night, this mother could access support (Doty & Dworkin, 2014; Niela-Vilén et al., 2014). Online social support groups and SNS can provide a source of shared experiences, for example finding other mothers with disabled children, an experience that was rated by mothers as important in gaining connection and support (Doty & Dworkin, 2014; Gibson & Hanson, 2013; Hudson, Campbell-Grossman, Ofe Fleck, Elek, & Shipman, 2003; Madge & O'Connor, 2006). SNS groups also provide anonymity, which has been shown to encourage the sharing of intimate and embarrassing information, such as the hardships and challenges of being a mother of a disabled child (Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006), and provide a less threatening way to seek assistance (Sullivan, 2008). Findings show that access to computers and the ability to create online support networks can provide a sense of community (Davis, 2015; Wilson & Yochim, 2017). Belonging to these communities can facilitate a more successful transition to motherhood (Bartholomew et al., 2012; Dunham et al., 1998; Niela-Vilén et al., 2014; Paterson et al., 2013).

Thus, online social support can never fully replace offline support. Its use can negatively affect maternal wellbeing when mothers use information indiscriminately, search for perfection and need external validation that cannot be guaranteed by unknown others in the online space (Bartholomew et al., 2012; Davis, 2015; Schoppe-Sullivan et al., 2016). However, clearly it can also improve maternal wellbeing. When used as a supplement to offline social support, online support can reduce the negative effects of maternal mental health issues that often coincide with the maternal transition to fill gaps in social support that are currently present in

Western society. Such improved wellbeing is facilitated through connection to others with similar experiences, provision of an easy to access community, and the support these communities offer mothers' online (Doty & Dworkin, 2014; Niela-Vilén et al., 2014).

Conclusion

There is little research on the use of online social support as a vehicle for the construction of maternal identity in the maternal transition. As stated earlier, constructions of self may influence how women experience the maternal transition. In research by Schoppe-Sullivan et al (2016) the use of online media was a way in which women maintained the demonstration of unrealistic parenting identities, such as meeting the ideals of intensive parenting (Hays, 1996; Schoppe-Sullivan et al., 2016). When online social support did not validate efforts of parenting perfectionism online, this decreased wellbeing and increased stress. However, research also suggests that people who are able to build on, and confirm, their self-constructions as mothers online had increased self-confidence, self-esteem, self-efficacy in mothering as well as decrease stress, all of which have been linked to decreased levels of postpartum mood disorders and improved wellbeing (Doty & Dworkin, 2014; Evans et al., 2012; Gibson & Hanson, 2013; O'Connor & Madge, 2004; Pettigrew, Archer, & Harrigan, 2015; Wills & Petrakis, 2018).

Currently there is only a single study that specifically explores the relationship between identity construction in motherhood, online social support and wellbeing (Schoppe-Sullivan et al., 2016). My research aims to explore this gap in the literature by focusing on the role online social support plays in mediating women's identity constructions as mothers during this crucial life transition. Using a qualitative methodology, I examine how the use of online social support, mediates maternal identity construction and how such use affects wellbeing in the maternal transition. Such findings will contribute to the expanding research into how online spaces' affect the maternal transition. In the following chapter I outline the epistemology, methodology and methods used to conduct the answer the research aim.

Chapter Three: Methodology

Introduction

I adopted a qualitative approach to gain in depth data on women's experiences in their maternal transition, while accounting for the role and function of their social networks, in this instance through the medium of online social support. In this chapter I will first discuss the epistemological view used in the study, constructivism, and the qualitative research methodology using constructivist grounded theory principles. Secondly, I will detail the research design including data collection and analysis for the study overall, built upon the work by Charmaz (2006). Thirdly, I will discuss the data collection method including participant recruitment and selection, followed by the approach to data analysis. Subsequently, I will describe the methods employed to analyse the semi-structured interviews, using techniques aligned with the grounded theory methodology outlined by Saldaña (2016) and the subsequent concepts that emerged. Finally, I will outline the considerations of grounded theory including rigour of the study, including researcher reflexivity and ethics within the conduct of this study.

Constructivist Grounded Theory methodology

This study draws on principles of grounded theory within a social constructivist framework as proposed by Charmaz (2006) and summarised in Figure 1 below. The constructivist model expounded by Charmaz incorporates constructivism and constructionism. While there are epistemological differences between the two, both are focused on "human meaning making as psychology's primary focus of inquiry" (Raskin, 2002, p. 2). The constructivist grounded theory approach views "knowing and learning as embedded in social life... subjectivity is inseparable from social existence", a position that holds social constructionism as a central tenet within constructivism (Charmaz, 2014, p. 14). For clarity, in this research the term constructivist will be adopted. These epistemological views influence the application of grounded theory methodology including data collection, analysis and theory development (Charmaz, 2006, 2008, 2014).

Grounded theory is a set of systematic, flexible methods. The purpose of these methods is to gather and analyse data, and to create theories drawn from the data without the influence of prior theoretical frameworks (Charmaz, 2006, 2008, 2014).

Grounded theory's strength is that conceptual categories are drawn from the participants' lived experiences. This enables the theoretical development to be aligned with these experiences, without undue influence from existing theory (Charmaz, 2014; Barney G. Glaser, 1978; Barney G. Glaser & Strauss, 1967; Oktay, 2012). This is achieved in part by the approach of the researcher and their use of open-ended questions to find and develop understandings of concepts so that participants can tell their stories (Chamberlain, 1999). The final result is one that reflects these experiences mixed with the perceptions of the researcher (Charmaz, 2014).

Grounded theory was selected because with it I could address the gap in the existing research, as discussed in Chapter Two. As highlighted by other researchers (Darvill et al., 2010; Davis, 2015; Rogan, 1997), constructivist grounded theory is adept at capturing first-hand accounts meaning I could explore mothers' own perceptions and experiences of identity change during the maternal transition and the potential influence of online social support on this process. This approach prioritises participant experiences, meaning I could gain an insight into mother's constructions of their experiences of motherhood, exploring how women change (Laney et al., 2015). Using elements of Charmaz's framework, participants' views were actively sought out and seen as integral to data analysis. Grounded theory recognises that knowledge gained from the mothers' constructions is based on their individual meaning making influenced by human interactions, in this case through the medium of SNS, and the researcher (Crotty, 1998). Grounded theory is particularly suited for learning about social processes (Charmaz, 2006, 2008, 2014). Therefore, this theory was appropriate for the conduct of this study due to its focus on the role and function of online social support.

Using grounded theory enables the exploration of how online social relationships can impact social support, how transition processes interact with these online social networks, as well as identifying any common trends across participants' experiences (Pidgeon & Henwood, 1997). In gathering the study participants' experiences, the findings of this research will be unique but will add to the understanding of how women's online interactions affect the process of their maternal transition (Merriam & Grenier, 2019). I aim to explore how online social support mediates the

construction of the maternal identity in the transition to motherhood, examining any relationship between motherhood, online social support, identity transition and wellbeing, based on mothers' lived experiences.

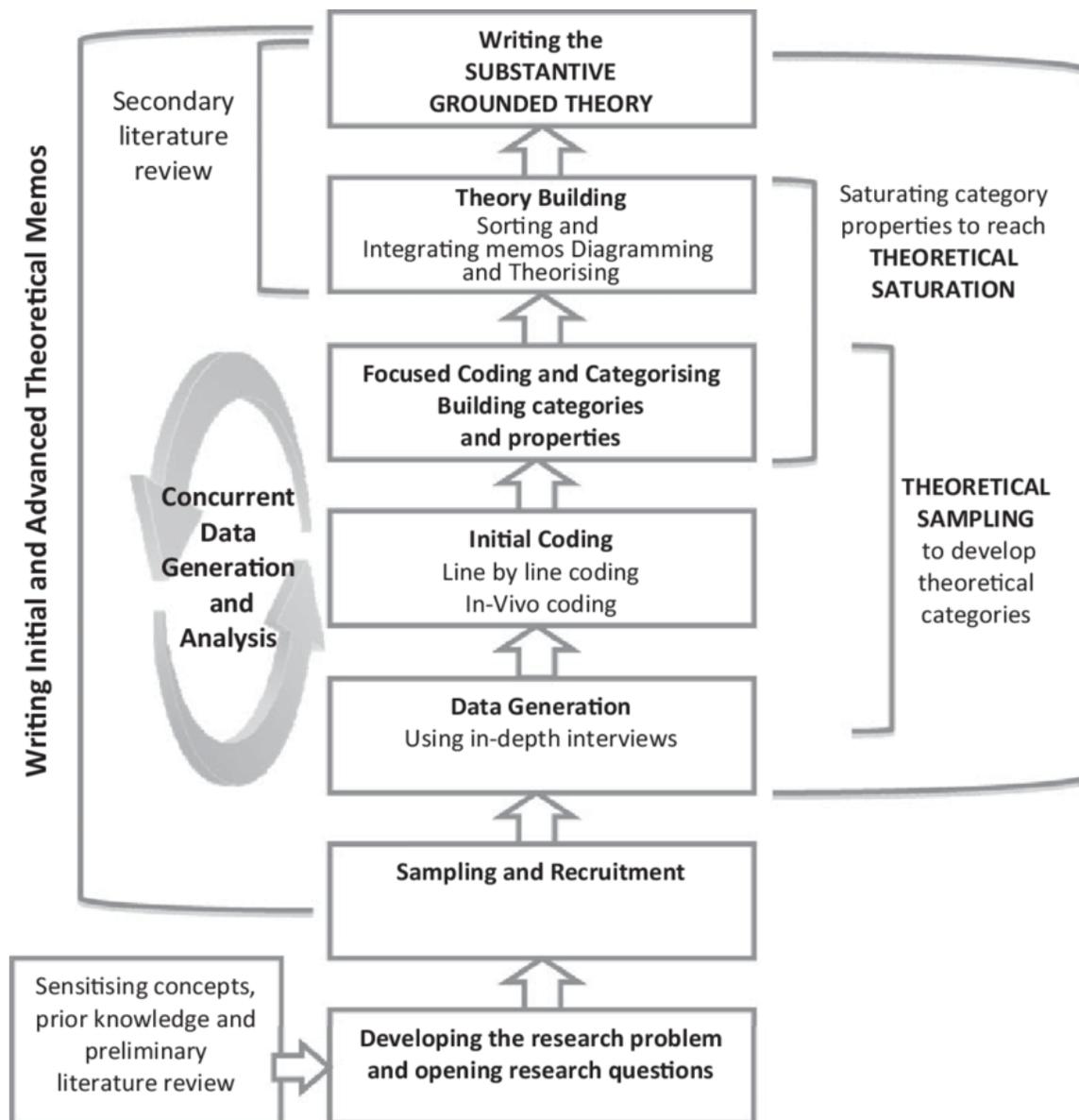


Figure 1 The grounded theory process (Giles, de Lacey, & Muir-Cochrane, 2016, p. E33).

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Research Design and Execution

The constructivist grounded theory process

I used principles of the constructivist grounded theory approach to ensure my findings reflected the data. I used several of Charmaz's processes outlined in Figure 1 to produce research findings that capture women's experiences in their maternal transition. It should be noted that the process outlined in Figure 1 is cyclical and no phase occurred completely sequentially. Firstly, I created a research proposal, to investigate mothers' experiences of using the Internet and SNS as a source of social support in their maternal transition, looking at how this process interacted with maternal wellbeing. Aside from initiating the research, this proposal also formed the starting point of the literature review, conducted during the write up of the results and covered in Chapter Two. I then used purposive sampling to focus the participant pool to first time mothers using online mechanisms as a form of social support. Interviews were conducted as the data gathering method, which enabled data analysis of women's lived experiences. To conduct the analysis within this research I used coding techniques mostly drawn from Saldaña (2016), as well as using the constant comparison method. Once I developed some initial concepts, I then used theoretical sampling to add strength to the theoretical framework by targeting a slightly different population to explore more about the effects of online group dynamics on online social support interactions.

Data Collection

Recruitment

For this research I advertised the study using a research flyer (Appendix B) through my own personal *Facebook* page, two of my *Facebook* parenting groups, my Plunket group and word of mouth through my work. The advertisement was then shared through other groups and individuals who sought permission to share it (done primarily in online closed *Facebook* groups).

Potential participants emailed or sent private messages through *Facebook* to express interest in the study and an information sheet and consent form was sent.

Several potential participants did not return consent forms or had to withdrawal due to stressful life events and these women were thanked and not pursued. Once informed consent forms were received times and dates were arranged to conduct interviews.

Participants

Sample selection

Purposive sampling was conducted to seek participants that were within the target population. The target population was: New Zealand women (over age 16) who were transitioning into motherhood (first child under age two) and that used SNS as a means of social support. The sample was made up of participants who were women in heterosexual relationships, self-identifying as mothers, who had become mothers for the first time within the last eighteen months of the data collection process. The women had to speak English well enough to conduct a spoken interview. In total 14 interviews were conducted with participants that fit the above criteria with one of the participants being a mother of two children, who was an administrator of a mothers group. This interview was conducted for theoretical sampling in order to gain a different perspective of how social support might be affected by group culture, fit and group interactions.

All participants identified as New Zealand European, were married and had a tertiary level education. Most of the participants lived in towns or cities, with one from a rural town but none from isolated communities. They ranged in age between 27 and 40. All women were either on maternity leave or had returned to part time or full-time employment. The participants were given pseudonyms for the purposes of identity protection. A breakdown of the participants' profiles is included to highlight their individual differences (Appendix C).

Theoretical Sampling

I drew on theoretical sampling to fill gaps unanswered by the first few rounds of participant interviews. Theoretical sampling meant I could explore variation in experience through fine-tuning questions as interviews progressed and as broad

themes presented themselves. I also pursued mothers who facilitated social support through running and administering social support SNS groups. I sought out an extra participant who had been a mother for longer and who was a group administrator of a social media mothers' groups to add richness to the development of my theoretical framework.

Interviews

Semi-structured intensive interviews were conducted as these allow for in-depth examination of an area, topic or experience, and gain participants' perspectives (Kolb, 2012). Given that constructivist grounded theory requires rich data to be gathered in order to interpret people's experiences, semi-structured interviews are well suited to the approach (Charmaz, 2006). This method of interviewing was most appropriate for the conduct of this study as its purpose was to gain a thorough understanding of women's maternal transition. It also allowed a picture to be built on the impact of online social support on the transition.

Interviews were conducted to allow for the in-depth exploration of this topic, from women who had recently transitioned into motherhood. Semi-structured interviews were chosen to prevent the researcher dominating the conversation and to allow topics to evolve and flow of their own accord. It also allowed questions to be modified and added based on individual experiences (Galletta, 2016), allowing gradual base level theoretical sampling. This method allows for a more natural flow in conversation, while also enabling the researcher's hunches to be followed, as well as allowing the story to emerge from the participants' perspective. This enables a better understanding of their lived experiences and how the concepts of identity, online social support and wellbeing can affect each other within the complexity of everyday situations (Charmaz, 2014; Galletta, 2016).

Interview procedures

At the start of the interview all participants were given a list of support agencies (Appendix D) should any of the research questions trigger any negative events from their transition. All participants were offered a prayer or *karakia*, which none chose to partake in. The informed consent sheet was re-read to ensure the participant

gave verbal consent and I had the signed (electronic or physical) form to ensure participants still wished to be involved. I confirmed that the participants had received the support list and sought their acknowledgment that the interview process could be stopped at any time. The interview then started with a basic introduction of myself, the research goals and processes. This included identifying participants who wished to receive a summary of results. Subsequently, questions of clarification were sought.

The interviews lasted from 60 to 90 minutes. Open-ended questions were used to allow participants to freely tell their stories and meant I could follow their cues. Clarification was sought as required. Initial questions were asked in accordance with the interview schedule (Appendix E). Demographic information about the participants was recorded including: age, ethnicity, education level, child's age and household composition. I also asked about their primary access means to the Internet, what parenting sites were used, what social networks were used, how many groups the participants belonged to and rough usage of social networks (hours per day). Regarding their maternal transition, the participants were asked about their social support in general as well as specifically looking at their use of online means to gain social support and how they have experienced that support. Then they were asked about their experiences of identity transition to motherhood and their mood. Both were related back to how the participants viewed their online social support affecting these areas of their overall transition experience.

All interviews, less one that was conducted in person in a café, were conducted via Skype video call in the evening at a time acceptable to participants. Interviews were audio recorded to enable transcription. For most of the interviews the participants' children were asleep nearby and only two children woke up during the interview. Several participants had spouses nearby who they occasionally asked for clarification or input especially regarding questions about mood. The interviews were conducted in English and provided rich data that reflected participants' experiences.

I took notes throughout the conduct of the interviews, which I used for member checking by reading back the notes to the participants at the end of each participant's questions, enabling further clarification, the ability for participants to

add/clarify accounts as required, and to ensure I effectively portrayed their experiences. Additional notes were added at the completion of the interview about any specifics that affected the interview process.

I transcribed the interviews verbatim. This was done with simple notation using text in brackets to describe breaks, pauses, inaudible speech or actions of the participant as seen through the live stream video feed. Transcripts were then sent back to participants to confirm their continued willingness to participate in the study, and to gain transcript release authorities (Appendix F).

Social Networking Sites

All participants had to use SNS, hence recruiting via social media was useful for knowing participants were social media users. These networks were identified as: blogs, due date groups, parent email groups, discussion forum spaces, or parenting-specific social media groups. All the participants used *Facebook* as their primary means of eliciting online social support including using the *Facebook Messenger* application for personal one on one or group conversations. All the women belonged to at least two mothering groups on *Facebook* with one participant belonging to up to 100 groups. Common groups across the participants were: The NZ Carseat Discussion Group, Meals for Mum, Mummies for Life, Sleep Store, antenatal class groups, due date groups and Plunket (including Plunket coffee groups, playgroups and Plunket in the community (PIN) groups).

Other secondary online social support site usage included: *WhatsApp*, *Instagram*, “Mummy” Blogs (specifically mentioned Pinky McKay, Janet Lansbury, and Constance Hall), *Pinterest* (informational support only) and parenting related websites (specifically mentioned: Oh Baby, Baby Centre and Plunket). These social networks were primarily accessed through the mothers’ mobile phones, though several participants occasionally accessed the networks through tablets, laptops or desktop computers when more writing was required. The use of SNS was identified as intermittent throughout the day with usage depending on their personal investment within the site or group. The usage was noted to increase considerably if the investment was higher due to following information or seeking information on the

sites, general posting, or personal messaging other group members. Online access and SNS use were part of these women's everyday experiences prior to motherhood and it is therefore unsurprising that the use of these platforms for social support continued into motherhood.

Using my own personal *Facebook* account to recruit participants in the conduct of this research, I may have shaped the participant pool. Given that I am a white, middle-class, married and educated woman it is not surprising that my study sample had similar demographics. I also recruited participants on one of the mothers' groups I use, which connected women undergoing fertility issues. Just under half of the participant pool (five women) came from this group. The experiences of infertility may have had some influence on the experiences that women had in becoming mothers particularly as the time they had to form expectations of motherhood was typically longer than the other participants. The influence of this large section of the participant pool on the overall results is unclear. These participants' accounts of maternal transition were on the surface adequately varied.

This study included participants who have become mothers "naturally", and who are in committed heterosexual relationships. It does not consider perspectives from other minority groups such as women with different relationship statuses, sexual orientation or ethnicity, or women who become mothers through alternative means such as adoption, surrogacy and fostering. Given that identity construction is relational within people's communities (Veazey, 2019), maternal transition and the use of online social support networks is likely to be different for minority groups than it is to this study's participant pool. Though emerging research demonstrated that minority groups also can and do access online social support as a vehicle for connection, support and the management of maternal identity (Veazey, 2019), this study does not address this area of research.

Data analysis

Constructivist grounded theory requires rich data to be gathered to interpret people's experiences. Grounded theory then uses several analytical techniques to turn data into theory. At its base is the use of the constant comparison method. This is a method used by researchers to develop concepts through parallel processes of

coding and analysis that enables the refinement and categorisation of the collected data (Boeije, 2002; Kolb, 2012). Constant comparative methodology incorporates four stages: “(1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory, and (4) writing the theory” (Barney G. Glaser & Strauss, 1967, p. 105). This is done through constantly comparing data to data, code to code, category to subcategory, category to category, themes to data, and is conducted throughout the data analysis process (Charmaz, 2006). This comparison and analysis is linked back to and compared with the original data to create abstract category development and a central theory that ties the data together (Charmaz, 2006, 2008, 2014). Constant comparison requires immersion in the various stages of coding (which will be outlined further) and memo writing that remarks on similarities and differences, while identifying any gaps in the data gathered. To address these gaps and refine the relationship between categories, operational diagramming and memo sorting is applied.

Analysis included interview transcripts, researcher notes and memos. The interviews were conducted between September and November 2016. Due to a research break there was a gap between collection and analysis, which did not begin until November 2018. Interviews were transcribed first to re-immense the researcher in the data, followed by analysis.

The phases for data analysis, as per Figure 1 (Charmaz, 2006) include:

- Initial Coding: the exploration of theoretical possibilities working through the coding of data line by line or incident by incident.
- Focused Coding: synthesis of the data using frequent or significant codes that allow data categorisation.
- Code Mapping: to relate subcategories to categories and refine the categories.
- Operational Model Diagramming: to visually represent the categories and subcategories to consider how they are connected and link to the research question.

- Memo Writing: are notes that capture the researcher's thoughts about the data. These thoughts might break down a concept, define a category, or link it to the data. It is an important step for the creation of the written draft.
- Theoretical Sampling: gathering new data to develop categories that require further definition as highlighted through the coding process.
- Theoretical Saturation: no new categories emerge on collection of data.
- Theoretical Sorting: process of sorting and integrating memos.

As per Figure 1 the analysis was not conducted in a linear process. There was movement between initial coding and focused coding, as the focused coding led to re-examination and adjustment of some initial codes and in some cases triggered more coding. Memos were written throughout the analysis process from researcher notetaking at the end of interviews, throughout coding, sampling and sorting.

Due to the gap between data collection and data analysis all transcripts were written out first and then initial coding conducted so I could be re-immersed in the subject area and regain familiarity, so I could be grounded in the data (Charmaz, 2006). I then coded the transcripts.

Coding

Coding requires the detailed examination of data to provide a "link" between data collection and explanation of the resulting concepts (Saldaña, 2016). Coding starts with initial or open coding to enable decision making about what data is important to the research question. It then moves to focused or selective coding which filters the information. This allows focus on the data most salient to the research question through amalgamation and conceptualisation of larger chunks of data (Charmaz, 2014; Saldaña, 2016). Coding is conducted by naming each word, line, or segment of data using terms that reflect the participants' voices or the processes they are employing. The development of coding at any cycle is conducted through the constant comparison method. As processes are defined by the grounded theorist, more data is gathered to cement these processes through conducting further questioning or the inclusion of theoretical sampling.

Initial Coding

I began with initial coding, sticking as close to the data as possible (Saldaña, 2016). To analyse the data, it was divided through coding, line by line or by major incidents within the transcripts. I only coded the participants' responses and summaries of the interview. Segments of the data that were completely unrelated to the present research and one-word answers were not coded. Provisional codes based on fit were applied to the text to open theoretical possibilities.

Elemental methods of coding were applied. Elemental methods are primary approaches using basic and focused filters to conduct data analysis. These include: structural coding, in vivo and process coding, initial coding and concept coding (Saldaña, 2016). Elemental methods were appropriate because of their basic but focused approach on reviewing data and providing information for further coding iterations (Saldaña, 2016). A combination of in vivo and process codes were used as these codes are in line with grounded theory principles (Saldaña, 2016). In vivo codes are taken directly from the participants' language to keep the data rooted in their experiences and ensure the analysis maintains their "voice" (Saldaña, 2016). In line with Charmaz's (2014) recommendations, process codes were applied wherever possible to capture the actions within the transcripts including activities and conceptual actions and their evolving dynamics over time. This enabled the experiences of the participants to be preserved and analysis to be conducted with their perspective in focus.

A short code (in vivo or process) was applied that summarised what was happening within the transcript, for example "rejoicing," "comparing" and "setting expectations". Longer examples of texts were also highlighted for later use. I completed the coding manually in the transcript margins. For reference I annotated the codes in a coding book, which were developed throughout the coding process through the constant comparison method and memo writing. Some codes were developed into categories through inductive reasoning. These codes helped to select, sort and summarise the data allowing definition of what was happening to develop, enabling meaning to be established and the potential formation of a theory to tie the data together (Charmaz, 2014).

Focused Coding

Focused coding is a second cycle form of “selective coding” applied to sort and synthesise large amounts of data to refine themes and categories, and organise the theoretical development of the analysis to date (Saldaña, 2016). This involved using the most significant or frequent codes from the initial round of open coding (Charmaz, 2014). It was a non-linear process, requiring the use of the constant comparison method. This required transcripts to be compared with transcripts, codes with codes and categories that were developed with the data and research question. I decided which initial codes could categorise the data completely. At this stage the goal was to broadly create the categories without too much emphasis on their properties and dimensions (Saldaña, 2016).

Process codes were applied as frequently as possible to move the codes from simple descriptive words to conceptual categories that could summarise actions and experiences across the data (Charmaz, 2014). These were generally more abstract and tended to fit larger chunks of the data, for example “building the base” and “creating the village”. This was applied by reviewing the transcripts and chunking together related codes and developing an overarching process code that encapsulated the process(es) at play. This coding served to categorise the coded data based on conceptual or thematic similarity. It also developed subcategories by establishing links between the experiences captured and the categories created from the analysis through an emergent process (Saldaña, 2016). Frequent revisiting of the data and constant comparison was required to determine meaning within the data. This was done on the transcripts with a different coloured pen or pencil to differentiate them from the first cycle coding. This process related categories to subcategories through simple hierarchal outlining of the categories. This allowed them to develop specified properties, thus tying the analysis together to give it meaning (Charmaz, 2006; Corbin & Strauss, 2008). When focused coding was completed the codes were sorted into three groups:

- The identity transformation,
- Using SNS for support, and
- Wellbeing.

Both initial and focused coding cycles were aided throughout the process using the transitional coding practices of code mapping and operational diagramming, as well as the continual use and development of memos.

Code Mapping

Code mapping was used at the end of focused coding. It is a method of “enhancing credibility and trustworthiness – not to mention organization” (Saldaña, 2016, p. 218). This process progresses codes through iterations of coding and is used to condense codes and reorganise them into categories, then themes, then concepts. I applied this by reviewing each transcript at the end of the initial and focus coding for each transcript and writing out the codes on pieces of cardboard with the participant’s name at the bottom of each code. These were then laid out to see each individual code. The first iteration was to place the codes together based on the research question’s three areas of interest. The second iteration grouped the codes into areas that linked together hierarchically, with the encapsulating code on top. Codes that were repeats or outliers were either excluded or the data was re-explored for further development. Photos were taken at the end of this process and then photos from all transcripts were compared to develop the final categories. I presented initial categories to my supervisors who helped review them through my research question and the categories were subsequently reduced and finalised using the aid of operational diagramming and memos.

Operational Diagramming

Operational diagramming is a way of visually representing data and how it is linked to “disentangle” the analysis and produce a coherent end product (Friese, 2019; Saldaña, 2016). I conducted this concurrently with coding, categorisation and memo writing. This occurred manually to try to develop the data’s fit and flow. Operational diagramming aided conceptualisation of the relationships between categories and subcategories, and the development of further memo writing. It also informed the end diagram that was developed to represent the framework and enable the categories and subcategories to be effectively sorted.

Memo Writing

Memo writing is the crucial intermediate step between data collection and creating integrated theories, which creates the “core” of the grounded theory (Charmaz, 2014). Memos are written throughout the analysis process and enable critical examination of the data, enabling focused coding and conceptual categorisation (Charmaz, 2006, 2014). These categories are further refined and explained using examples from the data collection, ensuring both the meaning deduced by the researcher and the meaning given by the participant are reflected.

Handwritten memo writing was used in the margins of the transcripts, in the coding book and my research portfolio. This occurred throughout the analytical process. It was employed to assist in analysis of initial codes and promoted further data analysis. I used memo writing to compare data, codes and categories. Memos were developed through abstraction and constant consideration of how the data answered or contributed to the research question, enabling the development of integrating concepts and overall theory development.

Theorising

Grounded theory has the ultimate aim of creating formal theory to tie the data back together to understand the phenomenon in question (Charmaz, 2006, 2014; Barney G. Glaser & Holton, 2004). Theorising involves using theoretical sensitivity in considering the data “from multiple vantage points, make comparisons, follow leads and build on ideas” (Charmaz, 2014, p. 244) to develop connections within the data, leading to the construction of theory.

To conduct theorising Charmaz (2006) recommends using inductive and abductive methods to develop theory. This research does not go as far as to make a theory. However, in creating the resulting framework I used inductive methods in that the theorising is not based on preconceived formal theories of how social support interacts with a mother’s identity transition to influence wellbeing. Instead, aspects of the framework used in the findings section had to “earn” their way in by being directly related to the categories and concepts developed (Charmaz, 2006, 2014; Barney G. Glaser & Strauss, 1967). Abductive methods were continually used by

increasingly looking at moving the data up a level from concepts to theory. This was done through abstraction of how the concepts can apply more broadly, both within the experiences gathered and to those outside of the participant pool. It was facilitated through memo writing, code mapping and operational diagramming. Through using these methods, the resulting categories and concepts were refined to enable the write up of results, which are rooted in the participants' experiences.

Theoretical Sampling

In practice, theoretical sampling was applied less than expected. This was because the process of using grounded theory was fluid and iterative. Questions within the interview were able to be adapted and changed over the course of the interview, as well as between participants, to focus on new information that participants were highlighting enabling saturation to be reached. Group culture was highlighted as an important aspect of mothers ability to negotiate motherhood online. Theoretical sampling was used to further explore how group culture within the online space affects mothers' interactions, dialogue and ability to manage their identity. A new participant was recruited by interviewing an SNS administrator to consider these aspects and ensure saturation.

Theoretical Saturation and Sorting

Saturation is collecting data until no new properties emerge. It is less about quantity than it is about quality of data in adding to the theoretical development of the categories (Morse, 1995). The properties of each category were developed through theoretical sampling, memo writing and code mapping until no new properties emerged. These properties were then saturated with data, sorted and integrated together to develop a new theory. I assessed that saturation was achieved once no data provided new theoretical insights, categorical properties or inter-category relationships.

In using the constant comparison method throughout the research process categories are developed; once saturation was been reached the process of sorting can commence (Barney G. Glaser & Holton, 2004). I sorted categories in line with Barney G. Glaser and Holton (2004), using core variables, and categorical

properties to aid integration. This process employed written memos, code mapping and operational diagramming. The sorted memos aided the creation of a theoretical framework to support the write up of results.

Rigour: assessing the quality of the grounded theory research

To show rigour Lincoln, Guba, and Lynham (2011) state qualitative research needs to be credible in that it needs to be: trustworthy (showing good practices), transferable and show action (in that society can use the knowledge generated), to be dependable (in that the research conduct is transparent) and confirmable (in that the researcher states their position and influence).

The creation of a quality research product is one that uses quality data (Charmaz, 2006) and must be able to sufficiently describe and explain the phenomenon being addressed by the research question. There are several recommendations on how to evaluate sound grounded theory application. Discussion of grounded theory evaluation within this research emphasises its constructionist underpinnings.

Credibility

Credibility in grounded theory is assured through the production of theory grounded in the data. This was achieved by ensuring I had sufficient data to merit the research findings. Collecting background information about the participants, their social media usage and existing social support allowed me to contextualise the interview data. Through the use of the constant comparison method, memo writing and operational diagramming, the data was continually “grounded” back to the participants’ experiences, allowing for the development of findings that “fit” with the data (Charmaz, 2006). As the analysis progressed categories were collapsed into broader categories. While comparing these with the initial categories, further categories developed, ensuring the data was being represented and insights captured. Credibility of research information was also ensured through the ethical considerations applied throughout the conduct of the research.

Ethical Considerations

Prior to the study, consent was sought and obtained from Southern A, Regional Ethics Committee from Massey University's School of Psychology. This research was conducted in accordance with Massey's Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants, and the New Zealand Psychological Society's Code of Ethics.

Informed Consent

All participants received an information sheet (Appendix G) after they expressed an interest in participating. The information sheet outlined: the research intentions and aims, research procedures including that interviews would be conducted for data collection over Skype and that these interviews would be voice recorded. It also included an outline of data analysis and management, as well as participant rights (refusal to answer questions, withdrawal from study, confidentiality, summary of findings). Signed informed consent (example as per Appendix H) was given prior to the interview and rights and consent were given again verbally at the start of each interview.

Confidentiality/Anonymity

Participants were afforded anonymity by applying pseudonyms to each of the transcripts, as well as using only the first letter of any specific individual's names mentioned throughout the interview. Secondly, confidentiality was maintained by restricting access to the participants' data to myself and my supervisors. Thirdly, computer files and emails from participants were password protected to prevent unauthorised access. Finally, all voice recordings were destroyed on completion of the research.

Cultural Considerations

Cultural advice and consultation were provided by a Massey University cultural advisor to explore how the research could be culturally sensitive to the needs of all participants, particularly any Māori participants and that the research was conducted

in line with the principles of the Treaty of Waitangi. However, as already indicated there were no participants of any ethnicity other than New Zealand European. This is consistent with the samples of other research investigating online social support use and highlights the need to explore what methods of social support other ethnicities use during maternal transition. The lack of other cultures and ethnicities within my study is highlighted in the limitations and future research directions, within the discussion.

Benevolence and Non-maleficence

Benevolence (Jelsma & Clow, 2005) was achieved by ensuring the participants had a list of support agencies (Appendix D) should any of the research questions trigger any negative reactions. Participants were also informed of the limitations of confidentiality should intentions of harm to self or others be apparent during the course of the interview. Non-maleficence (Jelsma & Clow, 2005) was built through the interview process where I shared some of my own background to build a trusting relationship with the participants. I clearly sought to portray the importance of the participants' lived experiences and ensure their stories and voices were heard. In part this was achieved through the use of the grounded theory methodology. This methodology places emphasis on grounding the findings in the data and using the participants' voices (Charmaz, 2006, 2008, 2014). Portraying the participants' voices was achieved in the data analysis techniques used in the creation of the theoretical framework, which is displayed throughout the presentation of the findings and highlighted by the quotes gained from the interview interactions.

Originality

This research shows action through its originality which is a hallmark of grounded theory as it seeks to create substantive theory and new insights in the research field. This was aided by using open-ended, probing questions during interviews to "reveal what is beneath the surface" (Charmaz, 2006, p. 18). As the findings and discussion chapters will show, the analytic categories created as a result of these interviews offer new insights into the role of online social support within the maternal transition and the influence this may exert on wellbeing.

Resonance

Together credibility and originality can lead to resonance (Charmaz, 2006). The categories developed in this research depict a range of experiences that unpack a full host of meanings to ensure the research resonates with those in similar circumstances to the participants.

The result is to produce findings that are useful and transferable to the world. I focus on the impact of using online social support, particularly SNS, on identity transformation within the maternal transition and the effect of these on wellbeing. This research may help mothers think critically about their maternal transition and the role and effects that online interaction and SNS have on this. In the discussion I propose everyday recommendations using Primack et al's (2018) REAL model to inform women how they could get the most out of their SNS use.

Researcher Reflections

To show transparency it is important for researchers to recognise and acknowledge the role of the researcher in the research process and write up of the final product (Charmaz, 2014; Lincoln et al., 2011). The researcher's views and experiences can influence the context of the interview, the analysis of the data and the overall development of conclusions drawn from the data (Kolb, 2012). This research topic was one with which I had some experience. During the initial wave of data collection, I had a one year old child, and lived in an isolated rural community, geographically separated from my family. I used the SNS *Facebook* to connect with other mothers throughout my maternal transition. I found the experience to have both positive and negative aspects and noticed the influence these interactions and the online space had on me personally. I was curious about whether other people felt similarly affected by SNS use in their own transition.

Having used *Facebook* myself in the transition to motherhood my own experiences may have shaped the interpretation of participants' answers or led them down certain paths in the questioning. I fit the same demographic as the research sample being a tertiary educated New Zealand European, as well as being a similar age. Certainly, my rapport and questioning was strongest with the participants who had

similar maternal transitions to my own. This feeling of commonality with some of the mothers may have influenced the interactions as I was able to identify more with women who had found the transition similar to my own. This may have elicited more insightful and thorough questioning of those I could better identify with compared to those that I did not.

To be reflective of my own thoughts I took notes during and after the interviews to consider my interactions with each of the participants. My own experiences are also likely to have been affected by transcript interpretation and influenced the data analysis to be more attentive to the data that aligned with my own experiences and preconceptions of the research aims.

In this research I talk about SNS use broadly. Although there are multiple SNS platforms, the only one used by the participants for the purposes of gaining social support in mothering was *Facebook*, (including *Facebook Messenger*). This may reflect the fact that *Facebook* was the only SNS means used to advertise this study, as I do not have any other SNS accounts. Although it was shared by friends on other SNS platforms including *Twitter* and a blog, the participant responses primarily came through connection to *Facebook* or recommendations from friends using *Facebook*. If participants did use other SNS platforms (largely *Twitter* and *LinkedIn*) they were for different purposes, primarily linked to work. This is either a failure to capture participants who use different SNS as a means of mothering support or suggests that other SNS platforms are not used in this manner. This represents an area for further research.

I also used retrospective accounts of women's experiences in how they expected motherhood to be, to how they found it using online mechanisms as a form of social support. This offers only a snapshot at one point of time in the participants' lives. It also relies solely on the participants' constructions of these experiences to detail the impact of social support networks on subjective wellbeing. There are several potential ways that could have enhanced the current research or could be used to further research into the effects of online use. These will be discussed in Chapter Five.

Conclusion

This chapter has provided an overview of the research epistemology, it provides an insight into constructivist grounded theory and its methodological application in the conduct of this research. The research design and execution were explained, with a detailed description of the data collection and analysis methods. Lastly a summary of how the conduct of this research ensured qualitative rigour was provided. The next chapter discusses the findings of the research analysis through the presentation of the theoretical framework developed from the methodological processes outlined in this chapter.

Chapter Four: Findings

Introduction

My study makes a much-needed contribution to understanding the role that online social support can have in mediating maternal identity transition, analysing the first-hand accounts of 14 middle-class, New Zealand European women in committed relationships. This chapter begins with an overview of the findings, detailing the participants' use of online spaces in constructing themselves as mothers. I describe the categories and sub-categories I developed during analysis. Looking specifically at the experience of maternal transition vis-à-vis online support spaces, in my analysis I will show that online social support mediates the maternal transition. This demonstrates that participants' online interactions allow women to use agency in the negotiation of the construction of "good" maternal identities that may not be possible in offline spaces. As per the literature review in Chapter Two, the maternal transition itself consisted of four key aspects of: becoming a mother, dealing with the expectation's vs the realities of motherhood, incorporation of the mothering identity and being a mother and beyond (Barclay et al., 1997; Rogan, 1997). The results of this research largely aligned with these four phases of the transition.

The process of how women manage their identity construction when they become mothers is individual in nature, but also inextricably linked to social meanings of successful motherhood, femininity, and children's developmental "needs" (Leahy-Warren et al., 2011; Lowe, 2016; Mackenzie, 2018; Orton-Johnson, 2017a; Wills & Petrakis, 2018). My research illuminates how women describe using online spaces as a tool of construction in the transition to motherhood, allowing them to locate and selectively engage with parenting information and groups offering social support.

Overview

Participants' identity construction was facilitated by interactions in online mothering communities. Participants used online spaces as a tool for identity construction which was captured by a core category that I termed "identity management". The

process of constructing maternal identity is further captured by the four themes that I have labelled “transition points”, namely:

- (i) building a base of support,
- (ii) creating a village in reconstructing motherhood,
- (iii) comparing experiences of motherhood, and
- (iv) mothers as mentors online.

As I demonstrate in this chapter, the identity construction process described by participants is iterative, as they constantly re/construct their maternal identities through their online engagements, which is mediated by their actual experiences (e.g. changes in child development, return to work) and the cultural expectations of being a “good” mother within each maternal transition point.

All participants actively used online spaces to manage their identity, due to ready access and convenience in gaining support (Davis, 2015; Drentea & Moren-Cross, 2005; Moon et al., 2019a). Significantly, rather than simply being at the mercy of the dominant ideologies of motherhood social media enabled participants to transform their spaces, moving away from being passive recipients to active agents. Women contributed to, and shaped their online spaces and were able to create a habitable mother identity that allowed them to reconcile their expectations of motherhood with their reality. Habitable identities are those that allow some flexibility for social subjects to enact their identities in ways that are possible in the constraints of their actual lives (Jearey-Graham & Macleod, 2015). Women demonstrated how they practised habitable motherhood identities by engaging in online interactions that enabled them to position themselves as being “good” mothers without necessarily meeting the ideological parameters of “good” motherhood.

In line with grounded theory, the four transition points and 9 sub-categories were co-constructed between me as the researcher and the participants. These categories are visually represented in Figure 2 below.

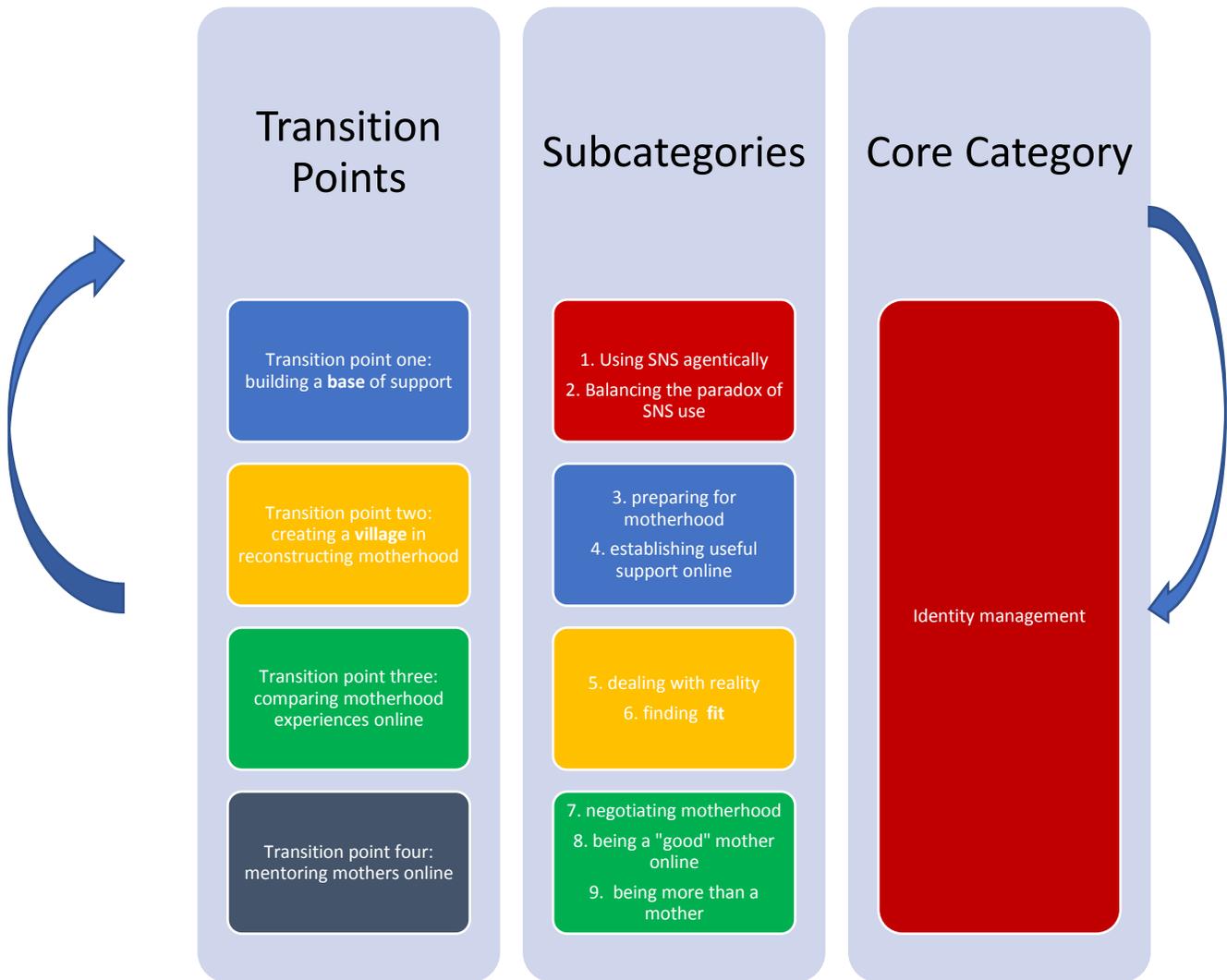


Figure 2. Process of evolving in motherhood through online negotiation

The four transition points encapsulate 9 sub-categories that capture unique aspects of the activities and practices undertaken by participants as they sought out and used social support online. These sub-categories capture the ways in which women's consumption of, co-creations and interactions with online spaces (in this instance through *Facebook*), evolve and how this affects the degree of support available to them, their constructions of self, and how this can ultimately influence their wellbeing. Each of these sub-categories will be explored in greater depth within each of their respective transition points as shown above.

Though the categories sit within each of the four transition points, they are not confined to them and can interact with other points within the process. In this

framework women could for instance continually be *building a base* by adding new sites and groups to fit with their evolving needs but can do this while also *creating a village* through strengthening connections within base groups. They can also *compare* their own mothering experiences while at the same time being prepared to act as *mentors online*, in areas in which they are confident. Thus, while the model appears linear, women progress through the transition points iteratively in negotiating their identities through online spaces.

The 9 sub-categories identified in this research represent the participants' collective manifestation of maternal transition as facilitated through online social support interactions. Though it is a collective representation, it is important to note that not all categories were experienced or applicable to all the participants and the points were not always experienced in a linear manner. Individuals' use of online social support not only affected participants' self-construction in the transition but continued to shape maternal identity construction throughout early motherhood as shown in Figure 3 below. This depicts a continually evolving mothering identity influenced by online support use.

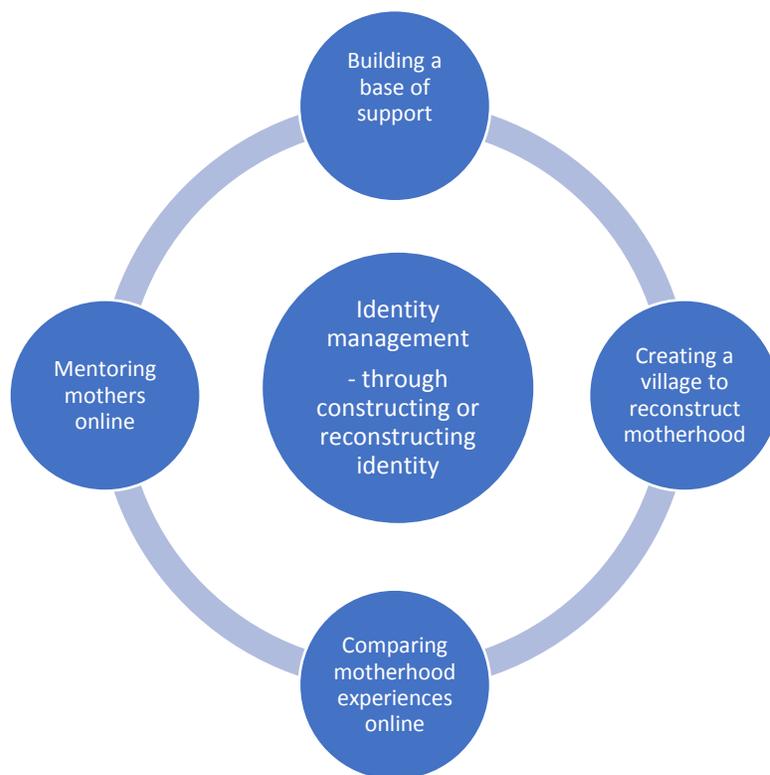


Figure 3. The evolving role of online social support in mothers' iterative identity construction

It is important to note that there were factors that mediated women's online use, which in turn impacted on how they used the online space as a tool for identity management. The following individual dimensions were evident:

- Identity work (how much women's identities already aligned to their experiences in and around children and expectations of being a "good" mother).
- Difficulties (health or wellbeing issues experienced by mother or baby).
- Social support networks (how available and useful offline networks were)
- Security consciousness (how women perceived the safety of the Internet and sharing with other mothers).

Overall, these dimensions impacted on women's online social support use, their interactions within this space and the way they constructed themselves as mothers. Accordingly, I will consider these dimensions across the transition points. This will account for individualised considerations that may impact upon the presentation of the findings.

Each of the transition points, sub-categories and individual dimensions that I have identified in this study add new insights and understanding to the role of online social support in mothers' continual identity construction. In the following sections I portray my grounded theory framework of how new mothers' use online social support as a mediating factor in identity management through the construction and reconstruction of motherhood online. I will also consider how some of the aforementioned individual dimensions may have interacted with the core category and four transition points to affect participants' use of online support mechanisms. This is to ensure consideration of the dimensions' impacts on the overall process of self-construction in motherhood.

Core Category: Identity Management

The core category describes how women learnt over to time to use the Internet as a tool. They progressed from being inherently affected by their use of SNS to actively using the Internet and in particular SNS Facebook groups to manage the

construction of their maternal identity. Women used online social support to form relationships, discuss motherhood and seek mothering information all of which mediated their maternal identity construction. These findings concur with previous research which shows that constructions of being a mother are proliferated, enforced and challenged through online spaces such as websites, blogs, and SNS (Choi et al., 2005; Gibson & Hanson, 2013; Mackenzie, 2018; Orton-Johnson, 2017a; Wilson & Yochim, 2017). This study demonstrates how women were not simply at the mercy of the constructions of motherhood in the online space instead they *used SNS agentically to manage* the construction and reconstruction of a maternal identity as a “good” mother both within the immediate maternal transition and beyond.

In comparison to traditional sources of support SNS *Facebook* groups acted as an enabler for maternal agency, in that it allowed participants a greater range of choice in their social support connections. The participants chose connections that suited their needs and the parts of their maternal construction that they wanted support with. In the following quote Beth shows how online spaces provided opportunities to decide who she wanted to form relationships and share information with online in being a mother of twins. It also shows how online spaces were a means of seeking specific support in the management of her developing maternal identity:

I mean you know family opinions come from a place of love, but really, they have no idea how you're feeling at the time and to be truly honest sometimes you don't want to share stuff with family.

She goes on to say:

we've got um a really lovely group of friends that we have support from as well but in terms of wanting to know answers to questions then I do go online because I really don't know anyone else with twins.

As Beth demonstrates, she was able to form wanted connections online. These connections aided her to manage her identity as a mother of twins, something she

did not have available to her offline, affecting the way she saw herself as a mother and therefore how she constructed her maternal identity.

As Beth shows us, the options online provided participants with choice in gaining mothering support. Participants had agency in the online spaces they used, the groups they belonged to or followed, and could engage and disengage with them to fit their own needs. Like Beth demonstrated above, by using online spaces Elaine is able to access a wider variety of groups and information than she would have had traditionally available and decide for herself how to use the support.

I went to it (online) because, yeah it's easy you can find anything, you can find everything and yip it's, this way I get lots of different opinions or options and then decide for myself what I want to do.

This enabled the proactive management of maternal identity because online support can be discarded as the user sees fit meaning they can “decide for themselves” how and if they use the support provided. Elaine and others can choose to use or not use the online support in ways suited to their individual needs, meaning they can focus on aspects of their maternal constructions that they want to.

This agency is something that may not be possible in the offline world where people including family and friends offer unsolicited advice, suggestions and help. Such unwanted information and help can make maternal comparisons, information use and identity formation less than ideal. This is exemplified by Isla's description of her mother's attempts to help her when she was struggling with low mood:

Yeah but I actually like looking back on it, I think the support that my mum gave in particular was almost detrimental because whenever L was crying and mum could see I was struggling she would take him off me and calm him down and looking back on it that was when my self-esteem started to really suffer.

In this instance Isla mother wasn't a useful influence and her intervention was taken as a sign of “bad” mothering, negatively affecting self-esteem and self-confidence, to

affect the incorporation of her maternal identity. Through using SNS Isla was able to go and seek confirmation of being a “good” mother by finding other mothers who struggled with their mothers’ influence and therefore rebuild some of her identity of being a “good” mother. So, in this way, SNS gave women a broad range of ways in which they could seek support for what they needed, enabling women to find support that they cannot get through their real-life relationships.

Women learnt how to *balance the paradox of SNS use* over the course of the maternal transition. Women’s agency meant they could use the online space how they saw fit. However, even with agency the Internet showed the capacity to be paradoxical in how it could affect mothers’ identity construction. Women were affected by their online use patterns and interactions either negatively or positively. Such outcomes depended on how they interacted with the different spaces and also other life events. Some women found they developed an overreliance on online spaces. Although they were seemingly in control of their SNS use, it was nevertheless a challenge for some to not compare themselves too much in their online encounters. This obsession often sparked what participants described as addictive like behaviours, contributing to unrealistic and unattainable identity constructions that caused women stress. This meant women often reduced the amount they relied upon SNS and learnt to use online support as a supplementary form of social support, such as intimate group connections and as a source of information.

This is in line with previous research that shows this paradox of using SNS in motherhood (Bartholomew et al., 2012; Doty & Dworkin, 2014; McDaniel, Coyne, & Holmes, 2011; Niela-Vilén et al., 2014; Schoppe-Sullivan et al., 2016). In this current study women sought to achieve balance by “filtering information” and drew on what they needed to form habitable identities. Filtering information is exemplified by participants choosing to use offline relationships (primarily their partners, but also parents, friends and health professionals) to talk through and consider information found within the online space. This is demonstrated by Daisy talking to her husband about the things she found online and to ensure it fit them as a couple and the way that she wanted to construct herself as a mother:

I use my husband a lot as kind a sounding board so I can get like a bunch of opinions from the *Facebook* group or *Google* or whatever and then kind of say, so what do you think about this?" What about this? and kind of chill out.

As demonstrated in Daisy's account, online spaces, especially SNS *Facebook* groups, once used in "balance" provided a host of benefits that gave women agency in their identity construction.

Online social support was easy to access, convenient and available 24/7, giving participants the opportunity to actively manage their identity at any time they needed it, in comparison to traditional support mechanisms where access can be more limited. Participants were often dislocated from offline supports due to physical abilities, geography, time, money or because of differing mothering experiences and ideologies. Online spaces gave women choice when they could not, or did not want to, access family, friends or professional support offline. As Beth reflects "it's a whole new world out there" in discussing how online mediums such as *Facebook* give people more opportunities for connection and the negotiation of maternal identity than has been traditionally available. Thus, in finding balance women used their agency online in managing their maternal identity construction as shown throughout each of the following four transition points.

Transition point one: Building a base of support

Transition point one focuses on how women used the Internet to build a base of support, as a way of constructing their maternal identity. Women did this in two key ways. First, they accessed the Internet to 'seek information' by collecting a repertoire of Internet sites and blogs that allowed them to learn about facets of motherhood. Secondly, they would access SNS groups and forums to gain support for contextualising, gathering and understanding the information they were consuming. These actions characterised women's initial use of the Internet, which can collectively be seen as *building a base of support*. Specifically, this transition point elucidates how participants used online spaces to gather and use current information in being a "good" mother.

When building their base of support, women were constantly exposed to dominant social constructions of motherhood, influencing some women's expectations of the maternal transition. Participants were constantly building and accessing this online base of support alongside traditional information support sources (healthcare professionals, books and family) in preparation for changes that occur both in transition to and throughout motherhood as captured by the subtheme *preparing for change*.

Preparing for change

Participants used their *base of support* primarily in preparation for motherhood. Women's first maternal engagement with the Internet occurred in planning for, or during, pregnancy and logically began with a broad exploration of the field. This often started with information seeking through blogs and websites. In this stage women were not actively seeking relationships or advice but were driven by a more general curiosity of the impending change. This concurs with previous studies that have found, mothers often seek "expert" information (from trained professionals) online (Davis, 2015). Such research shows that women have sought (and still do seek) information from the Internet to prepare for motherhood, which reflects the expert driven society in which we live. It stipulates that for women to be perceived as knowledgeable, birthing, mothering and childcare should be expert-led (Lowe, 2016). From women's accounts it was apparent that motherhood for them is not primarily constructed by innate attributes or instinct, but rather as a set of skills and practices that need to be learned, preferably through specialist knowledge and expertise.

While the Internet has been part of Western society for some time, women's increasing use of the Internet has reinforced the role of "experts" through the number of professionally based parenting websites and recommendations online. Contrary to this, the rise of blogs and user-generated content on the web has also diffused the meaning of "expert." Participants reported drawing on advice from "mummy blogs" alongside other mother's experiences in online mothering groups. The dilution of the term "expert" was apparent in how participants often talked about the advice from those with recent first-hand experience or practice, in comparison to "experts" (professionals), who were seen as out of touch with modern mothers'

needs. Ironically then, we can observe how the advent of user-generated Internet content has in actual fact rebalanced the “expert” role with women’s more traditional practice of sharing experiences and advice and taking back some of that power they lost in the rise of our expert-driven world.

In preparing for change women were hugely aware of the “risks” of motherhood for themselves and their babies, reflecting the prominent risk discourse prevalent in society (Beck, 1992; Petersen & Lupton, 1996). Women drew on the Internet to access both “expert” and peer information on becoming a mother to ensure they had prepared for the impending change and reduced risks where possible. Therefore, the online space became a tool that helped provide the “best” for their children by having access to the advice that was best fitting to women’s needs. This could be from sites of recognised organisations, sites that use certified professionals or experienced “crazy passionate” people, or other mothers who had recently been through the transition to motherhood. These resources were described as providing accurate and current information compared to traditional resources (namely family, friends without children and professionals).

In line with O’Conner and Madge’s (2004) findings, family experiences were often considered outdated, as exemplified by Amanda’s quote below, where she constructs resistance to using advice that would not enable her to be a “good” mother:

Our families, their parenting styles would have been quite different, you know however many years ago. Whereas now people have, you know a bit more, so I guess you know the interactions are different. Like my mother in law will give some advice and I will be like I don’t really think that’s you know, the way you’re supposed to do things.

This quote reflects that mothering ideologies and expectations change over time. Participants’ use of the base of support was one method that enabled specific information seeking thereby ensuring currency of practices to reduce risk. This is exemplified by participants research into topics, such as limiting the effects of Post Natal Depression, finding the best car seats, or determining the safest possible birth

methods. Risk discourse is clearly embedded in the ideals of intensive mothering in that it places the responsibility of risk reduction solely on mothers. Women embodied the notion that it was their role to reduce risk for children's wellbeing, for which the Internet was a crucial tool.

Acquiring adequate knowledge and support to become a "good" mother enabled women to feel like they created the best outcomes for their babies through education and awareness of the potential risks of motherhood. This was especially pronounced in the initial transition to motherhood. Women could at any time easily access this education and knowledge online in preparing to be a mother. The constant availability of information made the management of the mothering identity more complex. Traditionally, only a few options had to be considered. In comparison, online spaces offer a vast array of constantly changing mothering ideals. Determining which information embodies "good" mothering can be confusing and frustrating. However, such agency is marked by the aforementioned paradox.

During pregnancy and the very initial phases of motherhood the participants used their *base of support* more to ensure that they knew and could practice mothering "right". To get things "right" participants sifted through the online options to develop groups and sites useful for them as captured in the subtheme *establishing useful support online*.

Establishing useful support online

Once women had gained a good understanding of the online mothering world, they often started establishing useful support networks. Women's primary motivation for support seeking at this stage appeared to be tied to their aim of achieving a "good" mother identity. Helen, for instance spoke about her *Facebook* groups as a medium for her to be the "best" mother possible: "I wanted to do my absolute best for my child and so that was always at the back of your mind." In line with this desire to provide the "best" participants established which sites enabled them to be "good" through their ability to have access to information that assisted them to meet the needs of their children, in line with intensive mothering ideals.

As new stages of child development arose such as transitioning to feeding solids, aiding children moving, returning to work and children entering care, participants would turn online to deliberately seek out the “best” groups to provide their base of support. Through their established base of support, participants were enabled to be prepared for the different requirements of motherhood that were connected to each stage. This was enabled through the information the base could provide specific to their mothering needs. This was often done online through closed SNS Facebook groups which enabled access to a combination of qualified professionals and experienced parents. These different motherhood phases were presented with their own set of expectations of how women should think, act and feel. In this way mothers of new-born children were constructed differently to those with children entering toddlerhood. Underlying these various changes, participants wanted to manage their maternal identity by preparing for these changes.

By establishing useful support online women built trust in their groups. This is exemplified by Jessica gaining trusted advice in feeding her child:

I'm adminning (sic) a breastfeeding support group, plus there's the baby led weaning group, and so if I've got questions related to either of those topics, I'd more go straight to one of those groups.

Establishing useful support groups therefore enabled practical preparation, in line with other findings (Moon et al., 2019a) and is further exemplified by Georgia's use of her *Facebook* groups to enable this preparation:

(*Facebook* group) people have sort of been there done that and so that's where that is really great, is they're sort of able to just provide a lot more current and up to date sort of advice and very practical tips.

Participants described using SNS more at the beginning of becoming a mother when they were trying to build the construction of themselves as “good” mothers. Women tended to use SNS less as they became more comfortable in their self-constructions as mothers. As each new stage or development in mothering occurred, the women would again seek to manage their identity through using their

base of support as a part of reconstructing their maternal identity. Thus, like Pedersen's (2016) and Sethi's (1995) findings, the participants' self-constructions as "good" mothers were generally fluid in nature changing to match the evolving role of motherhood. The establishment of useful and trusted support allowed women to build relationships. In establishing useful sites within a base of support women could start to create the connections that enabled them to create a village of support.

Transition point two: creating a village in reconstructing motherhood

Transition point two shows how participants *created a village of support* to deal with the difficult reality of being a mother. By engaging with their online SNS communities, participants were able to reconstruct the idealised notions of motherhood to reconstruct their maternal identities into habitable motherhood identities. In transition point two women drew on their prior established base of support to build intimate relationships to create what I termed *a village* within their online groups. Groups became a part of a women's village when they were integral to their system of support. This village was portrayed as providing a "safety net" that enabled participants to share their mothering experiences in an effort to reconstruct maternal identities in response to reality. To create a village the participants needed to find the common threads within their established base groups. The importance of this shared connection is captured by the subcategory *finding fit*.

Finding Fit

Due to the sheer amount of mothering groups on SNS participants were able to actively search for people like them (something that was more difficult to achieve offline). These threads of similarity were established by finding mothers going through similar experiences. Groups transformed into villages for women when commonality in experiences or tolerance and support for women's needs were met. Commonality was particularly important concerning parenting values, beliefs and techniques as well as the ability to meet specific child needs (such as dietary, special needs, medical requirements, etc.). Although there was room for women to be respectful of differences, the more women had in common in terms of mothering ideologies, the closer their connection. These commonalities strengthened the ties and connections between the group members, allowing them a space to intimately

share their mothering experiences and gain support similar to what other research has found (Davis, 2015; Drentea & Moren-Cross, 2005; Mackenzie, 2018; Moon et al., 2019a).

Finding fit was especially important if participants used SNS groups which consisted of large and diverse group of mothers. When participants found fit and gained a shared connection and commonality, groups provided a safe space to enable women to share mothering experiences. This connection within groups often gave participants a sense of community and as Elaine expressed, not “being the only one.” Not being the only one aided in providing reassurance through normalcy, reaffirming fit within groups, and increasing commonality. Such community also enhanced women’s sense of belonging, which reduced perceived loneliness, and enabled them to feel empathy and understanding from others. This is captured by Beth’s reflection that:

Life’s a lot easier when you don’t feel like you’re the only one in a particular position or if, yeah just knowing you’ve got support if you need it even though it might not be physical support or monetary it’s still you know the emotional battle (of motherhood) is such a massive one that if you know you’ve got a bit of support there (online) it can be such a life, not just a changer, but a saver you know.

Beth’s quote reflects how online groups gave her emotional support, which protected her in dealing with the challenges of being a mother.

By finding fit in “villages” women were provided with possibilities to connect with women in the same “headspace.” This is reflected in Daisy’s choice to use her online social support groups to speak about becoming and being a mother:

My primary go-to would be online because I think the thing that I like the most about the due date group, which I have got, is that everyone is in the exact same headspace.

Daisy described being enabled to talk about motherhood in all its forms, good and bad. In these groups she could talk about motherhood endlessly without feeling guilt or judgement, something she could not do in her offline networks.

Daisy's account reflects that finding fit gave participants an opportunity to speak openly about their mothering experiences, giving the women an opportunity to construct being a "good" mother in different ways. Tegan, a group administrator, reflects on the sharing of mothering experiences within her own village:

It (her *Facebook* Group) has become a place where people shared their very deepest things [...] to make it a safe place for people to share things that they wouldn't elsewhere, and for it to be the place you bring your stuff, and it really has become that.

This openness enabled participants to talk about all aspects of motherhood including those that may construct participants as not fitting "good" mothering ideals. This is reflected by Isla's feeling that her *Facebook* groups gave her "a place to send those feelings and thoughts (about motherhood) out to". This is further exemplified by Beth's experience of using her online village to gain connection and support to openly share all aspects of her mothering experience:

If you've been up all night and you don't want to seem ungrateful because you had desperately wanted these babies but you're just so damn tired or whatever but and so you can kind of just put it out there (online) without anyone going, oh well you know you wanted these babies, it's not about that sometimes you just need to go "blah" and people to be understanding.

Beth shows that through finding fit and establishing intimate connections within her SNS groups, she was afforded a space where she could talk about motherhood. In these groups participants could be "safe" from the judgment of others by sharing with those "in the same boat". Finding fit in a group was characterised by a sense of safety, when groups were closed to the public, had controlled membership, group rules, dedicated administrator(s), and participants were personally invested in the group.

Group fit was described as important for sharing within groups and gaining support. Collectively this enabled women to continually reconstruct their maternal identity to meet the constantly evolving realities of motherhood. Thus, creating a village entails building a reliable community, which is consistent with literature exploring how women traditionally sought support (Drentea & Moren-Cross, 2005). Within SNS, participants had greater ability to actively select and engage with communities suited to their needs. Participants sought to *create a village* to gain support to construct habitable mothering identities. Participants often needed to build habitable identities to deal with realities of motherhood that differed from their expectations. These expectations were often influenced by the dominant social constructions of “good” motherhood implicit in the information women used for preparation. This is captured by the subtheme *dealing with reality*.

Dealing with reality

For most participants the reality of motherhood differed from the expectations (“good” motherhood) they had built during preparation for birth (Barclay et al., 1997; Hanley & Long, 2006; Laney et al., 2015; Lowe, 2016). As a result, women described feeling unprepared for motherhood as it unfolded. As Lauren reflects “I guess it was a bit of a shock, not a, not that it was a surprise [...] I didn't I suppose I didn't really, expect to be the way that I was.” She went on to say this shock made her feel “kind of guilty that I wasn't holding up my end of the bargain” in her transition to motherhood. This was because she was not fulfilling her expectations of being a “good” mother by suffering from depression and feeling emotionally unstable. These struggles to “hold up her end of the bargain” suggests that her expectations of motherhood were unrealistic. It suggests these expectations were based on idealised notions of motherhood and unrealistic cultural understandings of what motherhood should be like.

Women who struggled to meet their expectations of mothering were more inclined to describe anxiety or depression due to not meeting idealised notions of motherhood. This is portrayed by Florence’s experience of not always finding joy in all aspects of motherhood:

(I didn't want to) damage them or physically hurt them (her baby), there's so much guilt around all the brain development needs, love and attention, attachment, and some days you just don't like it (mothering), so you're damaging your child by hating them some days.

The "needs" she describes above allude to the demands of intensive parenting where Florence was principally responsible for meeting her child's "needs" to ensure optimal development. Intensive parenting ideology constructions maintained she could "damage" this development through her failure to meet intensive ideals, which created large demands on mothers like Florence.

This disconnect between reality and expectations of motherhood meant the participants often described going through an "emotional rollercoaster" in trying to reconcile with reality. This constructs early motherhood as tumultuous and scary, making it difficult for women to construct themselves as "good" mothers. Participants often found, as many women have before, that many of the notions of "natural" and "easy" motherhood to be untrue. All participants struggled with a reality of losing control of their time, situations, bodies, emotions, plans and independence. Being part of SNS groups alongside mothers with similar experiences enabled them to deal with the gap between reality and expectations in constructive and helpful ways. This included dealing with experiences that did not fit the idealised notions of motherhood.

Idealised motherhood assumes that women easily add-on their mothering identity to their existing selves (Lowe, 2016; Thurer, 1994). However, in contrast to the expectation of easily incorporating motherhood into their identity instead women's realities were marked by a loss of self. For participants like Isla, Florence, Megan and Lauren who struggled with the initial transition, they generally found the gaps between expectation and reality bigger. These women displayed a desire to retain a sense of themselves but struggled to achieve this as the all-consuming cultural expectations of being a "good" mother often made them question their identity, as reflected by Florence:

I think for me its I think it's been the hardest thing about becoming a mum, the identity. I think it's because I worked so hard to get the life that I was leading and I wasn't expecting it to be as big a change, as what it was.

She explains that she worked hard to access and progress within her work. Her career was a self-defining aspect and the shift away from this, as well as a battle to master the basics of childcare, made her wrestle with the changes motherhood brought.

Being able to connect to other women through SNS helped them to make sense of their experiences outside of the idealised notions and process their lived realities through sharing and social interaction. Being online gave mothers an opportunity to connect with others about their realities, where for several participants becoming a mother entailed a loss of self. This is reflected in Megan's account of how the responsibilities of motherhood were prioritised over all other aspects of her life, including her sense of self:

It just seemed utterly unfair [...] it seemed like my husband got off lightly, you know and I guess it was that, that the combination of, because I exclusively breastfed until she was six months and so going through that relationship with her, and as well as that you then become the person that knows them best so you become the go to person for any kind of problem solving, settling issues [...] it was me that she was utterly dependent on and why did I have to be the woman I guess, the mother, why couldn't I be the father it's a lot easier [...] (there wasn't) any time just to be Megan and just do the things that you really enjoyed, you were just at this thing's (her child's) beck and call every time it cries and is awake and is feeding and stuff [...] I guess in that moment it was that loss of that identity of me.

This is further exemplified by Lauren who said "I guess probably in the beginning I felt I suppose I almost felt like I'd kind of lost something." Quotes like these illustrate how women described the initial transition as overwhelming and felt defined by motherhood to the point, they did not feel themselves anymore. To deal with the

discrepancy between reality and expectations, participants used their *villages* to *reconstruct* their *maternal identities*.

Mothers who had less of a gap between reality and expectations did not struggle with the transition into motherhood as much and were able to more easily integrate their mothering identity into their 'old selves'. For these participants, the construction of themselves as mothers came more quickly which manifested in use of less online support for the purposes of reconstructing their maternal identity as this transition came more "naturally." Here integrating motherhood was portrayed as easier because they more readily identified as "good" mothers as exemplified by Karen who said, "I kind of knew that I'd be a good mum, whatever that means." These women only used their villages to provide affirmation of their "good mum" identities. These women, like Karen, therefore built confidence faster, which is a key to wellbeing in motherhood (Leahy-Warren et al., 2011; Niela-Vilén et al., 2014).

Participants who struggled with their maternal identities often described being less confident and often grappled with feelings of anxiety and depression (both self-identified and clinically diagnosed). Being in an online *village* gave Florence and other participants a place to let the fears, frustrations and "hard bits" of mothering out to deal with the realities of motherhood. These difficult aspects of mothering were often constructed as more difficult to convey offline due to time schedules, care requirements and fear, barriers that SNS allowed women to overcome. Through the creation of online villages participants negotiated the constructions of motherhood to create habitable mothering identities.

Transition point three: Comparing mothering online

Transition point three involves *comparing motherhood*. Participants utilised other mothers within their base, but more typically within their village, as a point of comparison in the construction or reconstruction of a habitable identity. Participants used *Facebook* communities to negotiate the constructions of motherhood by accepting, changing or challenging the available constructions of "good" motherhood captured by the subtheme *negotiating motherhood*. In comparing motherhood experiences, the role of SNS could be paradoxical. Through a process of trial and

error participants learnt to balance their SNS use by actively managing the way that they used SNS to construct their mothering identities.

Negotiating motherhood

Participants could actively negotiate the constructions of motherhood through gaining reassurance or rejections of “good” mothering ideals, as well as challenges or reframing of idealised motherhood. Negotiations of motherhood could be indirect or direct. Indirect negotiations occurred when participants were reading and taking in mothering information from the wider online space such as websites and blogs, as well as within SNS. Here participants were comparing their experiences with what they could access, without interacting with those sharing their mothering experiences. Indirect comparisons tended to be used by those whose reality met their expectations and who then simply sought affirmation about their mothering identity. In contrast, direct negotiations consisted of women engaging with others online, by either posting or contributing to conversations about mothering. These direct negotiations usually occurred on SNS, primarily *Facebook*. At this level participants were conducting direct comparisons with other mothers, directly negotiating mothering practices and constructions.

Most commonly participants sought direct negotiations. As seen in transition point two participants often sought to connect and share their mothering experience within their village when their reality did not meet their expectations. In establishing these connections, participants were able to negotiate motherhood and reconstruct their maternal identity as these villages provided safety from judgement. This was important to participants as conveyed by Helen who chose to share her mothering experiences in her *Facebook* groups because “you sort of feel like you can say anything, and you won’t be judged in any way.” Being free of judgement stood in stark contrast to offline spaces, which often implied risk of shaming, judgement, and lack of understanding or empathy for women. Given that such practices (e.g., shaming, “good mothering”) are social tools used to enforce socially desirable behaviours (Brown, 2008), it is revealing to uncover how SNS groups may be used to counter social norms. This is illustrated by Tegan, an administrator of a mothers’ group on *Facebook*, who discussed why some women felt safe from shame and

worry, which enabled them to share the hard and often taboo aspects of motherhood in online communities:

If you're breastfeeding at three in the morning then posting on *Facebook* [...] in a group of mothers, who are also breastfeeding at three in the morning or bottle feeding [...], *Facebook* is a sensible place to go [...] You know that people will be interested, if you posted on your personal page about that you'd be worrying about all the people that don't like hearing about your baby stories [...] There's a lot of shaming of mothers that goes on, subtle or overt that says we're not allowed to talk about things that are hard [...] so yeah you'd better to do it (share) on a specialised forum.

Tegan's quote speaks to the difficulties of constructing the identity of the "good enough" mother. In "safe" online spaces participants can "talk about things that are hard," contradict ideals or admit to "failure" without fear of being viewed as a "bad" mother. This is also exemplified by Amanda's use of her online group when she felt like a "bad" mother when her daughter fell off the bed:

The only time A fell off the bed so like you know I kind of turned around for a split second and I heard this big crash and screaming [...] but everyone was, you know, sympathetic and you know, kind of saying it doesn't mean you're a bad mother [...] it happens to everybody, oh yeah and this happened to me 'the cat scratched my baby's face the other day' kind of thing [...] so yeah that was quite good.

The ability to negotiate and change the constructions of "bad" mothering allowed participants to manage the reconstruction of their maternal identity. It is apparent that the Internet, and particularly in this instance *Facebook*, opens a new avenue of social support that offers validation in relation to highly constricted and demanding cultural constructions of motherhood. Women's connections to their villages enabled them to negotiate their identity, in doing so participants learnt how to reconstruct themselves as mothers, further demonstrated in the subcategories *being a good mother online* and *being more than a mother*.

Being a “good” mother online

Once women had learnt to negotiate motherhood online, they began to actively shape what good mothering meant through their online contributions. In the negotiation of motherhood online, participants can actively change what “good” motherhood means. Thus, women were managing their maternal identity through their ability to negotiate the construction of *being a good mother* in the safe, convenient places provided by SNS mothering communities. At this stage women had created a base and consequent villages online, in which they had then found the ability to compare their realities of motherhood. It is through this comparison process that women could negotiate the dominant discourses of “good” motherhood to create a habitable identity and in the process could gain comradery, reassurance and support.

Participants could openly discuss motherhood online within their villages as these communities provided a place where they felt they would not be judged. This enabled them to challenge and change their constructions of motherhood and therefore their own self-constructions as “good” mothers. This is captured by Megan’s experience in using her *Facebook* group as a place she could bring her moments of being a “bad” mother:

It’s (SNS) a great place [...] when you let your child eat cat biscuits or something, and you’re feeling like a terrible mum and you can go there and share and have a laugh about it [...] so in that way it does just stop you, beating yourself up.

When participants constructed their experiences as not fitting the range of “normal” that was used synonymously with “good” mothering, they often described a sense of failure and of being “bad” or “terrible”. They could alleviate this to reconstruct themselves as good mothers by relating to other mothers who felt similarly and minimise this by for example having “a laugh about it” together.

When groups let participants know they were doing “OK” it gave them an ability to go from feeling “bad” in not fulfilling their “duties” as mothers, to making them “feel

better” enabling them to reconstruct themselves as “good” mothers online. As Helen describes “it’s good to have that sort of back up” in the assurance SNS groups gave her. Cathryn also discusses that reassurance gave her confidence that she was “doing a good job” and being a “good” mother. Reassurance about what “good” mothering meant for them enabled mothers to feel at peace with their practices and more satisfied with what they were achieving for their babies.

However, not all comparisons online enabled connection or positive negotiations. Isla was affected negatively due to comparing her reality of breastfeeding within her base of support, on a breastfeeding support page. Although Isla constructed the page as supportive, she could not find the connection of shared experiences. This was because no one else openly spoke about the difficulties of breastfeeding. This lack of shared experiences meant Isla constructed her breastfeeding experience as isolating, contributing to frustration and anxiety over feeding issues that made it more difficult to identify as a “good” mother. This required Isla to find fit, remove herself from the group and discuss her struggle within her village (a non-breastfeeding group), who supported her to bottle feed. Isla’s example illustrates that shared experiences were vital for women to perceive themselves as “good” mothers. In this instance, by using her village, Isla could see that despite bottle feeding, she could still be a “good” mother giving her an opportunity to reconstruct her maternal identity into a habitable identity.

As reflected by Isla’s story, those who had experiences falling outside the “normal” range often struggled with negative affect, poor wellbeing and grappled with the integration of the constructions of motherhood into their self-construct. When participants had thoughts, feelings or behaviours of themselves, or their children that made them feel like a “bad” mother, participants tended to start looking for way to fix these issues to achieve “good” mothering. In growing the base, women had a broad explore of the internet (TP1) here participants often used SNS to seek the “perfect” answer to fix their problems. This frequently led to obsessiveness where SNS use of the base of support consumed them, something portrayed by Helen’s experience:

It was (her child’s sleep) sort of at a point where I was really starting to obsess with A’s sleep, you know she was up every two to three hours and

overnight [...] I was getting tired and thinking what is going on [...] I started to get obsessed with all of the posts on there (*Facebook* sleep site), you know and I'd be following everything and kind of going oh this is "it" and then you know it was like I sort of had to step back from it and stop [...] it was just like no this needs to stop. I've got to stop being so obsessed.

For women like Helen and Isla, this obsession was associated with self-assessed anxiety around trying to find answers, and depression over getting it "wrong", and thus not living up to their "good" mothering ideals. This failure to mother 'correctly' or experience negative emotions towards mothering often contributed to participants describing a loss of self-confidence as a mother. In finding their place within their villages (TP2) the participants learnt to recognise these obsessive behaviours. Participants had to learn to negotiate how to best use the online spaces they had found themselves in by balancing SNS use, filtering information, using groups with common experiences, recognising what using SNS does to them and therefore how to use it in ways that benefits them most.

In using their village women could define and reshape what good mothering meant. It helped them make sense of the reality beyond the ideology. Through their online engagements they were able to recognise what wasn't good exposure for them, because it didn't align with their mothering practice and reality, and instead engage with what was good for them. In engaging with groups good for them, participants were able to gain reassurance of their thoughts, feeling and actions in being able to construct themselves as "good" mothers. This is captured by Beth's experience:

I think sometimes it's just like nice to know that you haven't lost the plot and that what you're experiencing or what your baby is experiencing is actually quite normal... where as you know if I hadn't had the online support I might question a lot more and feel yeah just really wonder if I'm doing something wrong as a parent because I know I can ask the questions or I've seen other people ask the questions, it's like OK, I am actually doing alright.

Through their engagement with SNS groups women were able to construct their experiences as “normal” and were consequently able to see themselves as “good” mothers despite experiences outside the social constructions of ideal motherhood.

Use of village groups to negotiate the often challenging realities of motherhood gave women the ability to share taboo topics to gain reassurance and comradery. This is exemplified by Megan’s comment in her use of her *Facebook* groups to gain a sense of emotional support:

Those discussions, we could genuinely say, like, today I really don’t like my child [...] you could have that discussion and it was OK [...] and not feel terrible [...] even just being able to say it out loud to someone and for them to go “oh yeah I understand”, then suddenly you feel a little bit better even if nothing has changed.

As shown by Megan, participants could use online connection to positively negotiate ideals of motherhood and gain reassurance. This is further exemplified by Isla’s experience. For Isla, whose child had difficulties with sleeping, this inability to get her child into a good sleep routine was for her a reflection of her inability to mother, negatively affecting her in the form of stress and anxiety. Her online research regarding sleep started obsessively. Through trial and error, using her husband as a filter and finding fit she was able to gain reassurance and specific support in one of the *Facebook* groups within her *village*. By connecting online Isla was able to gain reassurance from other mothers that her difficulties were “normal”. This abated Isla’s fears and helped her change her expectations of her child’s sleep and her reactions as a mother. She was able to challenge her idealised constructions of motherhood, building her confidence and aiding her maternal construction.

As demonstrated by Islas and other participants example above online support helped participants to redefine the meaning of a “good” mother. It did this by subtly turning around constructions of the many ways in which one could be a “good” mother, as shown by Daisy’s experience in broadening what success looks like in early motherhood:

There's also like every few days someone will post "this is my moment for the day what has everyone else done". It's great, it might be putting pants on, or it might be a baby who sleeps through the night like, it's open to what is acceptable as a win [...] but that kind of thing is awesome to kind of pull you out of potentially hard day and think about the positives [...] it can kind of elevate your mood.

Daisy shows how her mothering practices were affirmed. For her and other participants, negotiating motherhood online often led to a subtle change in what was considered a "win" and what it took to be a "good" mother. This subtle broadening of participants' perceptions of what was required to be a "good" mother, helped them to create habitable constructions of motherhood and often helped to "elevate" their "mood". Such support from within their villages provided a component of support whenever and wherever participants needed it most, something that could not always be guaranteed offline.

When participants used SNS groups according to their needs and could filter information, form connections and create realistic mothering constructions. Such realistic constructions have a demonstrated ability to aid mothers, especially in their initial transition (Churchill & Davis, 2010) something which women an opportunity to explore being more than a mother.

Being more than mother

This subcategory focuses on how connection to other mothers "in the same headspace" online helped participants to balance their new identity as mothers. Participants learnt there is always a place to be a woman and a mother alongside each other and that one thing does not take up one's entire identity. Once women had managed to negotiate what "good" motherhood meant for them, the connections within their villages and the reassurances of 'being on the right track,' allowed women to balance their identities.

In balancing these identities women could reprioritise, shifting from focusing solely on their child's needs to considering their own requirements beyond motherhood.

This is demonstrated by Jessica's experience on shifting her priorities away from work to being a stay at home mum:

Nursing was my job was very important to me I got a lot out of it [...] whereas now I'm quite happy to not be working, whereas I've loved being a stay at home mum.

For several of the participants their SNS groups provided an opportunity to reassure themselves that these shifts in priorities and perspectives in unexpected directions were normal. This included a dominant theme that motherhood did not have to be absolute, or that any maternal sacrifice need be to the complete detriment to themselves and their prior identities. This provided women with a space to find balance between motherhood and their own needs and desires as individuals. In groups where participants had good fit, women felt enabled and often encouraged to be *more than mothers* within their online groups.

For women like Isla and Florence, online groups were the only places where they felt free to readily negotiate not being defined by motherhood, hence they offered a place to gain validation. Support from Isla's online village enabled her return to work, allowing her to regain her identity and be reassured in her ability to be a "good" mother. Conversely, it also allowed women like Jessica and Helen, whose priorities unexpectedly shifted away from work, to negotiate this shift. It allowed them to gain reassurance that being a mother could be a fulfilling role while finding comfort in activities and connections outside of motherhood. This ability to find balance between motherhood, individual identity and individual reality, was enabled through women's negotiation of the constructions of motherhood.

SNS groups encouraged women to think about their identity outside motherhood, getting women talking about the ability to be "good" mothers while still having opportunities to work, socialise, maintain health and fitness, and follow individual dreams and aspirations. This ensured participants were not wholly constrained by the ideologies of "good" motherhood.

When participants felt supported in finding their own way, they were confident that their values, beliefs and practices were enough to get them through any parenting challenges. They used SNS as a tool to use as they see fit, but not being reliant on others' opinions within the online space. This is portrayed by Beth's use of SNS to suit her needs:

There is so much support (online) and sometimes it's just asking the question that will lead you to a different answer and but if you don't feel confident in the answer that you're getting, then walk away, but equally it can be the most amazing source of, of inspiration of confidence building, of support and just you know, when you just want to know an answer and you don't feel confident enough asking someone else (offline), or doctor *Google* isn't helping or your own doctor you think "do they actually know what they are talking about" [...] Sometimes you don't want to ring up health line or go to A & E, you know you think what's going on is, might be normal, but, yeah [...] I mean a lot of the time it's just trusting your own intuition, but sometimes it's just, yeah. So, I definitely think (SNS) as a tool in this day and age we are very, very, lucky.

Women also felt confident when they knew what values were important to them, helping them to find their own way and being able to balance their identities. For some like Karen, Cathryn, Amanda and Daisy this came more naturally as their expectations and self-constructions as mothers were more closely aligned to their reality of motherhood. For others, finding their way and knowing themselves in their mothering identity was more of a process of trial and error. This often required more opportunities to negotiate the constructions of motherhood. As Florence explained, "everyone struggles to find their way" at some point or another, which is where SNS can fill the gaps.

Once women found fit and could filter information, SNS provided all women irrespective of transitional experience with a safety net, a means of troubleshooting issues as well as a means of filling their social support requirements for the purposes of mothering. SNS can give women a means of building confidence in finding their own way, enabling them to define or redefine success and "good"

mothering. Thus, SNS as a social support helps women to navigate their constantly evolving realities of motherhood and expectations of “good” mothering. This allows them to build a habitable identity in line with their reality and parenting values, giving women the confidence to find their own path in the transition to motherhood. With this confidence and reconstructed identity, many of the women constructed a desire to act as mentors for other mothers navigating motherhood.

Transition point four: Mothers as mentors online

This transition point describes participants’ use of SNS to contribute as mentors online. By reconstructing to a habitable identity and being confident in their role as mothers, women were able to act as *mentors* to others. By becoming mentors, participants described strengthening their maternal identities because they were sharing their experiences and ideologies of motherhood with new mothers. Thus, participants provided support to mothers online while contributing to their own constructions of motherhood.

When the participants were able to process their identity through their negotiation of motherhood, they were often able to find peace with who they were as mothers. Subsequently, they had confidence with their role and were able to find the joy and love that is so often portrayed as being a natural part of motherhood (Lowe, 2016). As Elaine maintained:

People say that when you’ve had this baby that there is this love that no-one can describe, it’s different to anything you’ve felt before and it’s true.

This joy and confidence in their mothering role enabled a confidence in women that motivated several participants to become informal mentors for other mothers.

In this study, the mentorship role was voiced by participants as a desire to empower other mothers to have agency and enable solidarity, so mothers knew they were not alone in their mothering journeys. Participants wanted to provide a space to gain support, comradery, reassurance and an ability to negotiate the changes of motherhood. Participants primarily became mentors within their village. They provided this mentoring through direct means in posting mothering advice, opinions,

resources, assurances and support. This provision of mentorship further cemented participants' construction of self-competence, as shown by Elaine's comment that helping others showed "just how far I have come." Mentoring often made mothers reflect on their own experiences in positive ways, reaffirming the maternal identity as exemplified by Elaine's experience of providing support in her *Facebook* group "so now they (her friends connected by *Messenger*) ask me questions sometimes or they come and complain to me and yeah it's nice being able to do that."

The participants often described wanting to contribute to other mothers' experiences in aiding them to find support and connection to others with similar experiences, something reflected by Tegan's experience running a mother focused *Facebook* group:

There is a lot of practical parenting support. So, you know "my baby is not sleeping" or today there was "my five-and-a-half-year-old who has just started school and is really sad about it". Um and there was some really useful advice, a lot of solidarity and encouragement.

Women would generally share their mothering experiences online to aid other mothers within their SNS groups (particularly *Facebook*) if they thought they had specific advice and guidance to give, aligned with their own experiences. The women were less likely to contribute if they thought their own experiences were not relevant due to their inability to relate, emphasising the priority women give to first-hand experiences and connecting to "likeminded" others. Participants were also more likely to share more intimate and taboo experiences online to help others negotiate the idealised constructions of intensive motherhood. Even if women could not contribute their experiences, many offered support in the form of affirmation or validation of experiences.

The participants' descriptions of providing mentorship construct online social support as offering spaces where women can share their stories and circumvent the burden of "failure". In this manner, mentors can help shape constructive mothering dialogue to enable them to identify and share mothering "success". Through the act of mentorship, women were able to further cement their own and others' confidence,

enhance their constructions of motherhood through greater self-understanding, and find their own way by supporting others.

Conclusion

Online social support spaces, particularly SNS, have the ability to mediate women's self-construction as mothers both within the initial maternal transition and beyond. Each transition point is influenced by women's understandings and desires to conform to neoliberal ideals of "good" motherhood. These ideals are transmitted through social support networks. In traditional networks these ideals come through family, literature, agencies, friends, and health professionals. The online space changes how these ideals are circulated and accessed, affecting and influencing the maternal transition. In an age where traditional support mechanisms are changing women often seek online mothering communities, communities of "likeminded" others where they can seek assurances of meeting "good" mothering constructions or support in changing or defying these constructions. Online social support enables a breadth of support beyond traditional means available to women, enabling women to deal with their individual realities of identity change within the maternal transition.

In the transition to motherhood, my participants learnt which online spaces could provide them with information that enabled "good" mothering through building a *base of support*. In dealing with the reality of the transition and the different phases of mothering, women sought out mothering communities where they could connect with "likeminded" others. Having the ability to *create a village* of support gave participants a space where they could *compare mothering* experiences. Through the negotiation of the ideals of "good" motherhood participants could reconstruct a habitable mothering identity. This identity allowed them to deal with their reality and gain confidence in their maternal self-construction, which enabled many of the mothers to *contribute online* by becoming mentors for other mothers within their online communities.

In line with other research findings, in this manner online spaces provide the potential to maintain dominant discourses of motherhood by affirming the need to be validated as a "good" mother (Wilson & Yochim, 2017), while providing women with agency to challenge and slowly change these discourses in line with cultural and

historical values (Pedersen, 2016). What this study adds is that for the participants, these online mothering communities can affect women's constructions of motherhood and themselves as mothers, often through the process of negotiation. These negotiations can become obsessive, potentially negatively affecting wellbeing. However, they can also provide agency in managing maternal identity construction, building confidence, and enabling women to not be defined by motherhood. This has the potential to positively influence wellbeing and enable the support of future generations of mothers.

Chapter Five: Discussion and Conclusion

Introduction

My research has examined women's online social media use as a mediator of maternal identity construction. Maternal identity is historically and culturally bound to ideas, perceptions and myths of what being a "good" mother entails (Choi et al., 2005; Lowe, 2016; Thurer, 1994; Wilson & Yochim, 2017). Currently "good" motherhood in the Western context is underpinned by neoliberal ideals that place children front and centre. Consequently, mothers' needs and desires are often diminished in comparison. In this paradigm intensive labour and unconditional love are necessary requirements for the development of children capable of contributing to society as future (neoliberal) citizens, a society that is dependent upon these children for its future progress. The paradigm holds that this potential can be undermined when mothers fail to be "good" (Hays, 1996; Lowe, 2016; Thurer, 1994; Wilson & Yochim, 2017). In the transition to motherhood it is these ideals that can shape the identity of women who are immersed within the idea that motherhood is a defining attribute of the feminine identity (Lowe, 2016; Thomson et al., 2011; Thurer, 1994).

This concept of "good" motherhood was ever-present in my data. It was an underlying theme and motivation in the participants' dialogue, a murky standard that they felt they should attain. A way of "determining" whether they met this standard and therefore incorporated and accepted their mothering identity was through their use of social support to negotiate their "success". Online social support (particularly SNS) was functioned as a tool. Women could use this tool to supplement traditional social support in helping reassure them that they had reached acceptable standards. Even more importantly SNS created a space where women could negotiate the construction of "good" mothering, through openly talking about taboo topics, in effect broadening the scope of what it means to be a "good" mother.

I examined how the use of online spaces such as parenting websites and interpersonal relationships in the SNS sphere, particularly *Facebook*, affect identity construction. My research offers one way to explore mothers' experiences, both good and bad, and a recognition that these experiences ultimately change women

and shape their identities as women and mothers (Thurer, 1994). Drawing on new mothers' accounts of their SNS use during the transition to motherhood, I developed a grounded theory framework based on five categories, with the core category being identity management, a theme central to the mediating function of SNS within the maternal transition. My analysis has shown how throughout the maternal transition women negotiated these dominant neoliberal ideals of motherhood, constructing their own habitable identities as "good enough" mothers. The impact of online relationships through this negotiation mediated the development, acceptance and evolution of the maternal identity, and resultantly indirectly impacted wellbeing.

SNS are unlikely to go away, having become integral to modern women's relationships and social support networks (Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Evans et al., 2012; Gilmour et al., 2019; Haslam, 2017; McDonald, 2017; Niela-Vilén et al., 2014; O'Connor & Madge, 2004), as well as contributing to many women's mothering experiences (Davis, 2015; Johnson, 2015; Lupton, Pedersen, & Thomas, 2016; Veazey, 2019). With the different demands on maternal time and the lack or inability to use traditional offline support mechanisms, online use is likely to continue to fill the gaps in women's social support networks.

In this chapter, I discuss my findings in relation to existing research. I also consider the grounded theory framework I have developed, looking at the contributions this study has made to the knowledge of maternal transition, identity development, and maternal wellbeing. I explore how the findings from this study could be practically applied including implications for healthcare workers working with expectant, new and established mothers. I discuss the limitations of this study as well as the potential for future directions of research. Lastly, I offer my concluding thoughts about this research.

Contribution to research on maternal transition and identity

Women actively used online social support, which enabled them to actively manage their maternal identity. They did so through finding or creating mothering communities in SNS (particularly within *Facebook*) to meet their mothering needs in terms of informational, emotional and tangible support, and importantly in the construction and reconstruction of the maternal identity.

My results add to existing research on the maternal identity construction process (Barclay et al., 1997; Laney et al., 2015; Mercer, 2004; Rogan, 1997) by showing that women's online use (particularly the use of *Facebook* mothering groups) mediates the formation of the maternal identity. It builds upon existing research by showing that women's online relationships within their SNS villages act in some ways like offline support mechanisms, whether people are known to each other in real life or not. Moreover, this study adds to our knowledge in that these relationships do not just mediate identity in the immediate maternal transition. In line with Sethi's (1995) findings, maternal identity is shown to be constantly evolving. Online social support use affects this maternal identity, subtly and overtly, through comparing motherhood online, enacted through the negotiation of neoliberal motherhood ideals. This complements recent findings that comparison within SNS mothering groups is one way for women to seek "identity confirmation" and combat intensive mothering ideals (Amaro, Joseph, & de los Santos, 2019, p. 147). Furthermore, interpersonal relationships including those online, will likely continue to shape how women identify as mothers.

In line with research by Thomson et al. (2011), the mothers' stories reflected that there are different constructions of "good" mothering practices. Many of these constructions, as illustrated by the interviews, centred around key themes of intensive mothering, reflecting Lowe's (2016) rhetoric of maternal sacrifice. Online spaces can add to women's confusion through the promotion and transmission of the different mothering ideals (Wilson & Yochim, 2017). However, this research demonstrated that women were not at the mercy of these ideals online. Women actively used the Internet, SNS and within this research *Facebook* in particular, to negotiate ideals of "good" motherhood, in effect creating constructions of being "good enough."

Creation of the "good enough" mother

Women incorporated their motherhood identity through recognition of their mothering ability. One method of gaining this is through the validation and reassurance of mothering practices (Marshall, Godfrey, & Renfrew, 2007; Mercer,

2004; Zabielske, 1994). This need for assurance and validation came through strongly in participants accounts as they sought validation and normalisation of their mothering practices and experiences online. This contrasts somewhat with recent findings by Amaro et al. (2019) who found that women often compared themselves to others to uplift themselves over other mothers. However, given the methodological difference it is likely that my findings were able to uncover additional layers of this behaviour and show that actually women merely seek normalisation and validation of their mothering. Women wanted to compare their stories to others who were “in the same boat” and feel that they were doing “OK”. The online space provided not only a means of reassurance but a way to change what they saw as being “OK”.

In negotiating the idealised constructions of “good” motherhood the online space provided a resource that differs from traditional support mechanisms, which were often constructed as judgemental, out of date or incompatible with the participants’ mothering ideologies. SNS mothering communities enabled women to openly discuss taboo aspects of “bad” mothering, at times and spaces when women were actively grappling with the “good” mother ideal. Similarly, Madge and O’Connor’s (2006) find that the Internet provides women with a means of empowerment. The participants in this study learnt over time how to best use the online space to suit them. They exercised agency by choosing to engage or disengage with the various sites and groups. Thus, online spaces, particularly SNS, allowed women to actively create a habitable maternal identity.

A habitable identity is one that allows women to live within their reality and be “good enough”. As women tried to live up to unattainable idealised notions of “good” motherhood, they found it difficult to construct themselves as mothers. Women could actively negotiate these constructions using SNS communities. This is akin to findings by Mackenzie (2018), who examined the interactions on the *Mumsnet* blog and found that online communities gave women a chance to accept, challenge or change constructions of “good” mothering. Such findings also add support that SNS communities provide an opportunity to explore complex emotional experiences (Amaro et al., 2019). Within participants’ “likeminded” *Facebook* mothering *villages*, women had a space to negotiate motherhood. In such communities, women could

disclose emotional experiences of “bad” mothering. In these taboo discussions, women could broaden their constructions of “good” mothering by converting “bad” mothering into the “good” mothering paradigm by way of shared experiences with other mothers.

In discussing the commonly taboo aspects of motherhood, women connected through understanding, empathy and compassion. Such qualities enable connection, resilience and protection against shame (Brown, 2008). Participants bonded through sharing their honest experiences which enabled a degree of protection against the shame of feeling like a “bad” mother. It did this by normalising and validating thoughts, feelings and mothering experiences that could otherwise have been seen beyond the ideals of “good” motherhood. Such an extension allowed women to be “good enough” for their own mothering reality, enabling the development of a habitable identity.

In their *villages* participants could create mothering communities through the solidarity of “being in the same boat” and were enabled with an ability to access this support by merely being a group member. Veazey (2019) demonstrates that a sense of belonging can create online communities that help mothers navigate their journeys more successfully. The two transition points of building a base and creating a village show how the use of SNS enabled participants to gain such comfort and reassurance online that went beyond what they would have gained through offline relationships. The ability to have support “on tap,” to gain empathy and build connections are vital in the maintenance of maternal mental health (Balaji et al., 2007; Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Leahy-Warren et al., 2011; Madge & O'Connor, 2006; Niela-Vilén et al., 2014; Veazey, 2019).

This research shows that online support plays a role for, and beyond the immediate maternal transition. In congruence with the conceptualisation of an iterative maternal transition the findings of this study show how women continually adapt and change their maternal identities as they adjust to the different phases of motherhood. This saw women turning back to online means to navigate these changes. When change occurred, women sought “online allies” (as reflected in TP1 and TP2) who increased confidence and decreased uncertainty in any new stage or development in which

they felt they lacked knowledge and/or experience. They also used these groups to compare, and “reframe” (Kanno & Norton, 2003) their mothering experiences to reconstruct their maternal identity enabling a habitable mothering identity.

In negotiating the ideals of “good” motherhood, the participants created a space where they could sustain a “selfhood outside and beyond motherhood” (O'Reilly, 2016, p. 135). This consequently encouraged women to consider their own needs and desires without sacrificing their ability to be “good” mothers. Through the negotiation of “good” motherhood, online spaces provided an opportunity to challenge and resist the dominant cultural ideals where motherhood is a cornerstone of the feminine identity (Amaro et al., 2019; Laney et al., 2015; Lowe, 2016; Mackenzie, 2018; Thomson et al., 2011; Thurer, 1994). By challenging and resisting the neoliberal constructions of motherhood online, negotiation enabled mothers to be seen as worthy of acknowledgement in their own right, without only being defined as a mother. Through the mentorship of others online, participants created opportunities for other mothers to accept, change or challenge these idealised notions and the requirement to be defined by motherhood. Throughout this process women built solidarity, enhanced their maternal communities and affected their maternal wellbeing through the reconstruction of their maternal identity.

Consequences for maternal wellbeing and practical implications

Participants used SNS, particularly women’s *Facebook* mothering communities, favourably overall. For many women these groups became an integral component of their social support network due to its convenience, access, availability of support, and broad selection of mothering communities. Participants learnt to use SNS to meet their needs as much or as little as their individual situations and preferences required. Generally, the participants appreciated and actively sought out mothers with shared experiences. They used their connections, particularly through the medium of SNS closed *Facebook* groups, to seek support and guidance in the negotiation of their role as “good” mothers throughout their mothering journeys. Women gained connection, support, hope, confidence and an ability to help others through their use of SNS which had an impact on their identity construction. Considering the mothering identity influences maternal wellbeing (Barclay et al., 1997; Laney et al., 2015; Rogan, 1997; Wills & Petrakis, 2018), it is pivotal to

examine the role of social media in this context. This research shows that women negotiated the idealised constructions of motherhood within their online *villages*, and therefore had opportunities to construct habitable identities of being “good enough.” This negotiation allowed women to face their individual realities as mothers, enabling more grounded and realistic constructions of “good” mothering. These factors were subtly linked to confidence and wellbeing.

However, when women only used the Internet and SNS groups as a base of support, lacking intimate connections and contextual factors, then the negative effects of intensive motherhood ideals were evident. The ideals of intensive mothering and comparisons with others, in their *base* of support, were linked to unrealistic expectations. In such instances women struggled emotionally when they could not or did not achieve their habitable versions of motherhood. This supports previous research that has found SNS use in the maternal transition to negatively affect mothers’ wellbeing (Bartholomew et al., 2012; P. Glaser, Liu, Hakim, Roosevelt, & Zhang, 2018; McDaniel et al., 2011; Schoppe-Sullivan et al., 2016). In this study participants described dealing with the effects of anxiety, stress and depression due to maladaptive SNS use. However, in stark contrast this study also gave support to existing research that found online social support use could positively affect wellbeing (Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Evans et al., 2012; Gibson & Hanson, 2013; Gilmour et al., 2019; Moon et al., 2019a; Niela-Vilén et al., 2014). It did so when women learnt to use SNS groups with balance to create a *village* of support in negotiating idealised notions of motherhood. Thus, online social support could enable the creation of habitable identities, connection and empowered women to manage their own maternal identity construction in a way that suited their needs.

Given these findings about the potential impact on maternal wellbeing, and that SNS is an integral component of twenty-first century motherhood, we need to acknowledge the role of the Internet and SNS in the transition to motherhood. We should also provide women with knowledge to enable the effective use of online resources to support them in their maternal transition. Some of my findings can provide useful insights for enabling women to negotiate online spaces in a way that contributes to their wellbeing.

Many of the lessons learnt by the participants and taught to others, are aligned to the practical guidance offered by Primack et al.'s (2018) REAL model. This model was developed as a suggestion to limit the impacts of online use in the development of mental health issues, namely depression and anxiety. Although, this model was not developed specifically for use by mothers, it is applicable based on its fit with the experiences and lessons learnt by this study.

This model uses the acronym REAL to detail suggestions in using SNS spaces with what I term "balance".

- **Renegate negativity:** move away from negative spaces online. Do not use groups or sites that cause stress, negative comparison(s) or obsessive thoughts as negative experiences can affect the individual more in comparison to positive experiences.

My findings show that negativity, obsession and negative comparison were often evident in women's use of their *base of support*. What these findings add is that by *filtering* online information, women could constructively use online information to reduce potential negativity. Participants also rejected negativity by actively searching for "likeminded" others to *create a village*, enabling them to engage with equilibrium.

- **Engage with equilibrium:** be active in the online communities. Primack et al. (2018) found that when equilibrium was achieved there were stronger links to more positive mental health outcomes.

My findings parallel Primack's (2018) in that engaging with equilibrium was associated with positive mental health. By actively sharing their mothering experiences, seeking support and engaging in the negotiation of neoliberal constructions of motherhood, participants engaged with equilibrium within their online *villages*. They constructed these factors as positively contributing to their confidence, elevation of mood, connection and feelings of support.

- **Actual allies:** use online means to strengthen offline relationships. This was reflected by several participants who started online groups from existing friendships, creating instant *villages* to enable the attainment of equilibrium.

The current study adds that unknown others can become actual allies through the connection to “likeminded” others by *finding fit* through shared experiences, ideologies and values. These likeminded others also had the potential to grow into offline friendships to become actual allies which further facilitated connection and support.

- **Limit time frequency and number of platforms:** balance the number of groups that are engaged with and the amount of time spent online as too much in both areas was linked to addictive behaviours and negative mental health effects.

Women’s accounts of finding balance indicates their need to limit their use of social media at times.

The REAL model (Primack et al., 2018) thus has many parallels with the current findings and indicates its possible benefits for use in mothering contexts. Although still needing further research and adapting this study provides initial insights into its potential. Such a model could be helpful in antenatal education and healthcare settings, both of which contribute to a successful maternal transition (Walker, Rossi, & Sander, 2019). Alongside the REAL model, the framework created in this study has the potential to contribute to skill development for women on effectively using SNS. It is apparent that emerging knowledge in this space could support women to more successfully transition into motherhood. Further research is needed to examine the model’s application in real life.

The changing landscape of modern 21st century motherhood, means women are increasingly likely to seek “expert” advice, to ensure preparation for becoming a mother (Renkert & Nutbeam, 2001). Antenatal and postnatal education can aid in the transition to positive mothering experiences (Nichols, 1995). However, researchers note that traditional education lacks an ability to prepare and help

women to deal with the realities of motherhood (Choi et al., 2005; Hillan, 1992; Renkert & Nutbeam, 2001; Walker et al., 2019). To prepare women for these realities, there should be space within maternal education to develop maternal health literacy. Maternal health literacy is defined as “the cognitive and social skills that determine the motivation and ability of women to gain access to, understand and use information in ways which promote and maintain good health” (World Health Organization, 1998). This suggests that maternal education should not have a sole focus on health behaviours and birth, but also incorporate psychological adjustments, and critical engagement with information (Probandari, Arcita, Kothijah, & Pamungkasari, 2017; Renkert & Nutbeam, 2001; Walker et al., 2019). Maternal education needs to enable women to develop critical thinking and decision-making around the challenging realities of motherhood, which has been acknowledged as difficult for both pregnant women and educators, who often found resistance to discussion of the realities of motherhood (Choi et al., 2005; Renkert & Nutbeam, 2001).

In this study women were able to prepare for, or adjust to, motherhood more easily when they had established an online *village*. The online space offered women the opportunity to improve their “confidence” and enabled the transmission of “emotional insight traditionally gained through informational education with other women.” (Renkert & Nutbeam, 2001, p. 382). One way to potentially enhance maternal education is through further exploration into online villages, to understand more in depth their potential for mothers, which could inform how women are prepared for motherhood.

Primack’s (2018) REAL model, with added insights from the framework developed within this study, is a potential means to achieve progress in the re-orientation of maternal education. Through teaching women how they can effectively use the online space to *create a village* to actively manage their identity and gain social support, women can be empowered to use the online space as one tool to gain information, support, as well as maintain and improve their maternal wellbeing in the transition to becoming a mother.

Overall, it is important for anyone working with mothers either in preparation, transition or throughout motherhood, to recognise how online relationships, information and support impact on their maternal identity. In regards to improving wellbeing we could start with this framework to help the maternal transition. In the digital age, health practitioners need to understand how to harness the online space to influence maternal wellbeing. My findings suggest that the Internet is powerful in both good and bad ways, and that we need further research to make the best use of it.

Limitations

This study has a number of limitations related to the project scope. It focused on New Zealand mothers, so the resulting framework may not be applicable outside the New Zealand context. These findings are also specific to this context bound by place and time which needs acknowledging. Participants in this study were mothers who did not have a child over the age of two (less one participant). The resultant framework that focuses on how online use, mediates the maternal identity in the immediate transition, which may limit the applicability of the framework for women with older children and is an area for further research.

Nevertheless, the study is valuable for its contribution to knowledge around maternal identity construction, online use, and construction of the maternal identity of new mothers via the medium of SNS. The use of semi-structured, in-depth interviews allowed for a detailed insight into the interactions between cultural constructions of “good” motherhood, identity development and online use, which enabled the development of a rich dataset. The use of grounded theory techniques for analysis and development of the findings ensured the resultant findings are grounded in the data.

Future Research directions

Given the constantly emerging research into the effects of the online space as a form of social support and its role on impacting maternal wellbeing, there are considerable opportunities for the conduct of future research.

To enhance women's wellbeing through understanding how online spaces mediate the maternal identity, research should further develop the framework developed from this study. Future research should focus on the negotiations conducted in online mothering communities. This could be enhanced by not only exploring women's experiences but also through the examination of posted content within online mothering groups. To add depth to the data gathered here I would recommend further research explore the discussions around taboo aspects of mothering, if there any limitations of what mothers did or were willing to negotiate in an online setting. There also needs to be consideration of how negotiations are started, maintained and if there are effects not only on the individuals but on the group culture.

Choosing to study women who recently became mothers means I was not able to capture the change in maternal identity across a broad timeframe. Further research could develop the framework through longitudinal approaches in which women are interviewed antenatally to gain an account of their expectations before becoming a mother as well as at several points postpartum. Looking at motherhood across a broader timeframe would also enable a more in-depth examination of what factors contribute to women being effective mentors to mothers online. Given the sample characteristics, it is also important to engage with culturally diverse populations in future research. This would enable more in-depth first-hand accounts of the changing role of online social support in mediating identity construction throughout the transition.

It is noteworthy that in line with the lack of ethnic diversity, common within maternal transition research, the SNS *villages* explored in this study, also have the potential to further deepen the divides between women by class and race. However, arguably the creation of online *villages* also has the potential (e.g., Tegan's group) to actively break down divides, providing solidarity in motherhood. As highlighted by existing research, what is missing is the role of online social support in lives of minority women both in transition and throughout motherhood (Baker, 2017; Doty & Dworkin, 2014; Niela-Vilén et al., 2014). Research with minority women would offer insights into how online spaces are used across a broader population of women.

I also note that there is a paucity of research into the men's online social support use, as well as the development of the paternal identity in the paternal transition (Höfner, Schadler, & Richter, 2011; Hudson, Campbell-Grossman, Ofe Fleck, Elek, & Shipman, 2003; Rane & McBride, 2000). With men fast becoming more involved in childcare and the ability for them to likewise impact child development (Höfner et al., 2011; Rane & McBride, 2000), there is a need to understand the construction of the paternal identity. What remains to be seen is how, and moreover whether, fathers feel the need to be "good" in line with intensive parenting rhetoric, and if so, how do they negotiate constructions of being a "good" father.

This research also contributes to the broader literature on online identity formation. For instance, gendered identities that fall outside the traditional "female" and "male" norms hold an interesting space in SNS groups. Research into how LGBTQ individuals use social media to explore identity (Craig & McInroy, 2014; Craig, McInroy, McCreedy, Di Cesare, & Pettaway, 2015; Fox & Ralston, 2016), could draw on this research and learn how mothers use online spaces for resistance of cultural norms. It would be interesting to consider how the framework developed, alongside the REAL model, would be applicable to this population as well as other groups with high SNS use in identity formations.

Lastly, returning to the framework that was developed here, there are grounds to believe that the REAL model, alongside some of the findings I contribute, may be applicable in protecting and enhancing maternal wellbeing. What is required is research into its practical implications, usage and effects, to determine any limitations and benefits in its application to mothers in the initial transition and beyond.

Conclusion

In becoming a mother, the use of online social support was part of my everyday reality. This reality made me wonder about the role of this support for other women transitioning to motherhood. My thesis has provided an overview of the research I conducted to explore how online social support affects women's self-constructions as mothers. In a world changed by technology, with high female participation in the workforce, and growing distance from social supports, women face some of the

same struggles in learning to identify as a mother (Choi et al., 2005; Drentea & Moren-Cross, 2005; Pedersen, 2016; Rogan, 1997; Thomson et al., 2011).

In the maternal transition, social support can make a difference in helping women through the challenges of motherhood, enabling support to protect or enhance wellbeing (Balaji et al., 2007; Leahy-Warren et al., 2011). With the changes of the digital world, gaining social support from the online space is becoming increasingly common (Archer & Kao, 2018; Gilmour et al., 2019; Haslam, 2017; Moon et al., 2019a), with SNS *Facebook* being the prime area of focus in this research.

As introduced in this thesis, the maternal transition is a time that can be filled with joy, excitement and hope. However, it can also be filled with stress, anxiety and confusion as women begin to construct how they see themselves as mothers (Barclay et al., 1997; Laney et al., 2015; Mercer, 2004; Rogan, 1997; Sethi, 1995). These ideals are shaped by society's myths, dialogues, expectations and constructions of women being "good" mothers (Choi et al., 2005; Mackenzie, 2018; Thurer, 1994). In today's world these ideals are surrounded by women needing to put children first (Hays, 1996), to be self-sacrificing (Lowe, 2016), and to protect children from the risks of the world including their own thoughts and behaviours. This is all to ensure children are not damaged and their potential maintained for the success of the future (Lowe, 2016; Thurer, 1994; Wilson & Yochim, 2017).

The use of the online space as a means of social support is something that is relatively contentious in the research, showing evidence for affecting wellbeing negatively (Bartholomew et al., 2012; McDaniel et al., 2011; Schoppe-Sullivan et al., 2016) and positively in the maternal transition (Doty & Dworkin, 2014; Drentea & Moren-Cross, 2005; Niela-Vilén et al., 2014; O'Connor & Madge, 2004). However, what has been missing is research examining how online support could play a role in the mediation of the maternal identity construction.

I developed a framework of maternal identity construction mediated by online social support using grounded theory techniques. By gaining first-hand accounts of women's experiences in using online social support in their transition to motherhood, I was able to construct how the digital world has impacted upon the experience of

becoming a mother. Though the phases of the maternal transition were similar to those identified in the literature, my research showed how pivotal online spaces were in influencing this transition. From an iterative standpoint of the maternal transition, online social support use appears to have the potential to influence the evolution of the maternal identity throughout motherhood.

Societal changes have brought about a greater need for online spaces, particularly SNS, which increasingly fulfil women's social support needs during the maternal transition (Drentea & Moren-Cross, 2005; Gilmour et al., 2019; Madge & O'Connor, 2006; Marshall et al., 2007; McDonald, 2017; Moon et al., 2019a; O'Connor & Madge, 2004; Paterson et al., 2013; Veazey, 2019; Wilson & Yochim, 2017). In this study, the use of online social support mediated the maternal identity in the maternal transition. I add to existing research on the maternal transition by showing that one way women actively manage the construction of their maternal identity is through online negotiation. Women either conformed or combated constructions of "good" mothering, either to the detriment or aid of their individual identity development in the maternal transition. The effect of this either aided or hampered individual wellbeing.

Contrary to previous conceptualisations (Bartholomew et al., 2012; McDaniel et al., 2011; Schoppe-Sullivan et al., 2016), I show that women were not at the mercy of online spaces. This highlights that SNS, in this instance predominantly *Facebook*, has enabled user driven content. Though at times participants let their online use negatively consume them, they learnt from these experiences. Women showed from the start, or learnt over time, agency in their online use. In keeping with recent research from Mackenzie's (2018) examination of blogs, participants were able to "tap" into these online social support networks, particularly using *Facebook*, when they needed them most to negotiate the ideals of motherhood and themselves as mothers. This ability to negotiate online gave them agency to manage their identity construction. This thus gave women an ability to create an identity that adapted societal ideals to meet their needs in creating their own brand of "good enough" mothering, both in the maternal transition and beyond. The creation of this habitable identity gave women confidence and enabled a sense of wellbeing in the maternal transition.

SNS can affect women's identities in the maternal transition with likely implications for their wellbeing. Going forward it is important for researchers and health professionals to see women's online use as an extension of their existing social support networks. Women need to be enabled to harness these networks, while acknowledging their potential impact. Lastly, I want to requote Beth who sums up the influence of SNS on women's transition to motherhood:

If I hadn't had the online support, I might question a lot more and feel um yeah just really wonder if I'm doing something wrong as a parent because I know I can ask the questions, or I've seen other people ask the questions it's like OK I am actually doing alright.

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Appendix B: Research Flyer



First time parents use of online social support

Are you a first time parent living in New Zealand?

Is your child/pēpi 18 months or younger?

Do you use or have you used social networking (Facebook Twitter, blogs, online groups) as a way to connect to other parents?

Do you speak fluent English and are over the age of 16?

What is this about?

Kia ora, I am Lisa. I am a Postgraduate student doing my Master of Arts in Psychology at Massey University. I am looking at how first time parents use online social networks to form social connections, and explore if this affected your identity and mood. I would love to hear your experiences! If you want to share your stories, I will be doing interviews via skype at a time that suits you. All participants will receive a \$30 voucher to say thanks for their time.

For more information

Researcher: Lisa Swale [redacted] or [redacted] or FB: online first time parents

Supervisors:

Antonia Lyons A.Lyons@Massey.ac.nz or +64 4 801 5799

Natasha Tassell-Matamua N.A.Tassell-Matamua@Massey.ac.nz (cultural considerations only)

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Appendix C: Participant Profiles

Participant summary: Amanda

Age: 29

Ethnicity: NZ European

Marital status: Married

Employment: Part time

Child's age: 11 months

Household composition: Husband, mum, baby

Notes: found some difficulty hearing due to feedback and occasional issues with video link freezing

Background:

Primary online access medium: Phone

Online social support: *Facebook*

Time spent accessing online social networks: 2 hours per day

Main forums: *Facebook* and *Google*

SNS groups: 3 groups

Summary

Amanda uses SNS, exclusively *Facebook*, to connect primarily to known mothers. She uses it to maintain connection to them in the transition to motherhood. She wants to connect to other mothers with recent experiences. She does this due to the ability to gain currency of information and ensure parenting practices fit within what is 'expected'.

She uses SNS as a medium particularly if there are difficulties in physically connecting to her friends due to clashing timetables, illness and work commitments. She also does it to connect to other mothers with the same ideological views on motherhood which are largely influenced by her religious beliefs.

Though she does connect to other groups which were put together such as her antenatal group and Plunket coffee group she prefers talking about motherhood with her prayer group. This is largely due to the level of connection the group has, giving her the confidence to talk about all aspects of motherhood within this group. This includes the frustrations of competing roles and of her spouse struggling with the paternal transition.

The group mostly connect over *Messenger* due to its convenience. She felt her use of SNS didn't affect her mothering confidence as Amanda felt she had an easy baby and as a result was more confident of her abilities. She finds using the groups positive and useful in that it can provide lived information and practical support. She also felt the best benefits of using the groups were normalisation and validation of her mothering experiences.

Amanda identifies as a mother and noted that the identity of being a mum has evolved for her. She felt her daughter was an extension of herself at first. This evolved as her daughter became less dependent and was able to be more easily cared for by others. This allowed Amanda to reconnect with her pre-existing identity.

Participant summary: Beth

Age: 36

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Children's ages: 5 months (twins)

Household composition: Husband, mum, babies (2)

Background:

Primary online access medium: Phone

Online social support: *Facebook*

Time spent accessing online social networks: 3-4 hours

Main forums: *Facebook*, blogs (Constance Hall), NZ multiples page

SNS groups: 7 groups (all on *Facebook*)

Summary

In the transition to being a mum Beth sought to maintain connection to others. Though she had lots of friends and support in real life Beth also sought support online because she also wanted to create connections to others with similar experiences. Being a mum online, especially within *Facebook*, gave Beth a sense of connection to others. This connection reduced her feelings of isolation. This was particularly important for Beth as being a twin mum she found her situation in mothering to be unique from her known mother friends. Through connecting online to other mums of multiples she felt less isolated in her journey.

By connecting to her *Facebook* groups Beth was able to gain a sense of connection and felt the most comfortable and confident in seeking mothering related advice from within her online mothering communities. She considered the connection to these communities as important to gain up to date mothering information and to ensure awareness and alignment to current parenting practices.

Within the online space there was an ability to seek information but also to gain emotional connection and support. Beth felt the online space provided a semi-anonymous space to share her frustrations of motherhood without fear of judgement. Within this online space Beth had the freedom to share in the difficult aspects of mothering. She felt this was due to a level of separation to the people within the online sphere but also since the mothers she was sharing with were in a similar phase of life. Beth felt they could therefore understand and empathise in a non-judgemental way. This understanding and empathy instilled a sense of validation in her experience and subsequently made her feel accepted as a mother.

Beth used a wide variety of groups. She highly valued groups that aligned to her views and parenting styles. Though she used other groups for information sources she often didn't use them to connect to people more intimately because of the differences. she noticed bigger groups with bigger diversity sometimes had difficulties controlling controversial parenting conversations. The commonality in some of her groups made her feel closer to the people in them and she shared more frequently and intimately within the groups with a closer connection.

She felt the online space could provide too much information at times which could be overwhelming and easily taken out of context. She had to learn how to use the information in a constructive manner and apply what was relevant to her.

She portrayed a desire to do the right thing but a difficulty in knowing what that was. When she found aspects of mothering difficult or things did not go as expected she found it easy to self-blame. Her online group could counter the need to do the right thing and the self-blame through normalising and validating her mothering experiences. This gave her assurance and confidence which she felt built self-efficacy within her mothering. This self-confidence then made Beth feel able to give advice, information and support to others. She enjoyed being able to pass on her own mothering experiences and provide the same validation and normalisation to other mothers, something that made her feel more positive within herself.

Participant summary: Cathryn

Age: 30

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Child's age: 4 months

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook, Instagram*

Time spent accessing online social networks: 1 hour

Main forums: *Facebook*, Parents Centre, Plunket

SNS groups: 5 groups (all on *Facebook* – one within *Messenger*)

Summary

Cathryn uses online means to gain information in her transition to becoming a mother. She does this because she is separated geographically from her family and wants to gain access to current resources of mothering information and advice. The information she seeks often orients around practical information, examples and suggestions of parenting techniques and practical parenting skills. She found this useful in having options to try and problem solve mothering related issues. She also used some of their experiences as a benchmark to compare her experiences against.

Being a part of the groups meant access to parenting advice as well as to the ability to gain validation for the parenting practices that she was already implementing. She found her parenting was often validated giving her an increased feeling of confidence within her mothering role, which she associated with feeling positive in herself and her self-efficacy as a mother.

Cathryn would readily gain information from groups within SNS as well as some parenting related websites. However, she wasn't willing to interact on these sites and forums due to not knowing the people within the groups. She kept her interactions to closed, private conversations within the *Messenger* application of *Facebook*. It was within particularly one of her closed *Messenger* groups, where she was connected to friends from real life, with whom she had the most intimate and open discussions

about mothering. She liked and used this means to connect to them often because of: convivence, ability to deconflict, ability to facilitate catching up, connect to trusted others when need is greatest.

She found the biggest shift in mothering being the shift of priorities away from oneself onto someone else. By regaining personal time and independence through family support she was able to regain a sense of self. She also achieved this through continued professional development. Both of which were encouraged and supported by online groups to balance the role of motherhood and individual needs. Though Cathryn was confident in her identity in being a mother and found the transition to be smaller than expected, she felt aided in the transition through her ability to gain support, validation and normalisation of experiences online, largely through her closed *Messenger* group.

Participant summary: Daisy

Age: 31

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Child's age: 8 weeks

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Online social support: *Facebook, Instagram, Twitter and LinkedIn*

Time spent accessing online social networks: 3 hours

Main forums: *Facebook, Google*, blogs: *Janet Lansbury*

SNS groups: 4 groups (including one email group)

Summary

Daisy was the most recent mother within the participant pool. She had no family nearby but had a lot of mum friends when transitioning to motherhood. These physical friends were her primary means of support in the transition to motherhood. Despite this she still joined online groups and used an online email discussion to connect to other mothers going through the same stages of motherhood as her. Her connection to an email discussion was focused around a specific ideological view of the birthing processes, despite the purpose of connection being the birth many of the women stayed connected due to their shared views around motherhood.

Daisy likes to find mothering information online as the online space offers a broad array of views and opinions to pick and choose from. She uses information that aligns to her views as assurance within her mothering journey. Gaining this assurance is easiest for her to access quickly through using online mediums. It was a reliable way to find parenting related information and advice including lived experiences and links to other resources within the wider online space.

Daisy felt being able to connect to other mothers online was less intrusive. She could gain support when in person support might not be otherwise available, especially with mother friends with older children and competing demands. She felt safe sharing in the groups due to the regulations and rules setting the group boundaries. This

facilitated a culture of trust and open sharing which was the reciprocated throughout the groups.

Daisy set herself low expectations in the transition to motherhood and so felt motherhood was not as overwhelming as it could be portrayed. Connecting to mothers online gave Daisy a sense of reassurance that she was not alone in her journey. Her doubts, fears and experiences were shared/empathised with by women going through similar situations. These mothers provided a range of experiences in which to fit herself. Her mothering was normalised and validated within her online groups. This gave her confidence in her mothering ability and aided her in turning motherhood from being a foreign concept to a natural state.

Participant summary: Elaine

Age: 27

Ethnicity: NZ European

Employment status: Employed full time

Household: husband, mum and baby

Baby: 6 months old

Background:

Primary online access medium: Phone

Online social support: *Facebook* and *Instagram*

Time spent accessing online social networks: 2 hours per day

Main forums: *Facebook* and *Google*

SNS groups: 20-30 groups (6 regular groups)

Summary

In her transition to motherhood Elaine found herself to be geographically separated from her family and none of her siblings had children. She also had no close friends who were mothers. Due to these reasons Elaine felt she had no one to turn to for mothering related advice and support so she turned to online forums, mainly through *Facebook*. She used a combination of groups to fit her needs using large open and small closed *Facebook* groups. She used *Facebook* because of its: ease of access, constant availability, ability to search the site for support within the same geographical location and connection to mothers going through similar experiences.

She found the use of her online *Facebook* groups to be largely supportive and positive. Fellow group members gave her advice and support in practical childcare while being supportive of her doing what was best for her situation. She often found this helpful in navigating phases or challenges of motherhood she was going through that she had no knowledge of. Having this support and advice gave her confidence in her mothering knowing she was using lived experiences to guide her own practices.

Elaine always felt like she identified as a maternal person, due to constantly taking care of others and being a nurturing personality type. This meant she felt she was largely unchanged by becoming a mother. Despite this she still grappled with a loss of control including: loss of independence and loss of time. She also struggled with a roller coaster of emotions and feelings of doing things wrong. Feelings which promoted her to question her mothering ability. Her connection to her groups online, many whom shared similar experiences gave her a sense of connection and

normalised her experiences. Connecting with others with shared experiences was the most helpful to validating her mothering journey to aid in rebuilding confidence.

Participant summary: Florence

Age: 32

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Child's age: 8 months

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook, Instagram, Twitter*

Time spent accessing online social networks: 2 hours

Main forums: *Facebook, Instagram, Twitter*, blogs

SNS groups: 7 groups (all on *Facebook*) One of the groups she started and administers

Summary

In her transition to motherhood Florence turned to the online space for ready access to information. For support purposes she intentionally turned to SNS, particularly *Facebook*, to gain social support. She felt positive about being connected to communities online giving her a sense of belonging and greater connection. The online connection was important for its constant availability and easy access in times of need and provided a different avenue to supplement her already strong existing offline support.

Within the online space Florence was part of groups specifically for the purposes of mothering. Her groups are split into non-intimate and intimate mothering groups. Non-intimate groups are ones that she used primarily for gaining information or as a source of entertainment. She does not interact with and keeps a cautious distance to these groups. Her intimate groups are one she uses for more intimate discussions on mothering. These intimate groups are ones that are generally made of known mother friends or people connected to her friends that share similar mothering values.

Florence is very conscious of her online use and sharing information about her family and her daughter within the online space. She consciously controls her information sharing. She will generally only share information related to her child within her intimate groups and has self-imposed rules around sharing photos and intimate information about her daughter. Within her intimate groups she has created a safe space to share through her connection to others, group rules and a positive culture that has developed through the open sharing.

She found the transition to being a mother a stark contrast with her role as a professional and found the identity change to be one of the hardest challenges to go through in becoming a mother. She had a great love and joy in being a mother once coming to terms with the identity. However, in the initial transition, there were big changes. Having someone be dependent on you and giving up the flexibility, freedom and confidence that had been found within her professional role. She was not sure how to achieve balance within her roles as a mother and a professional and was

anxious about the implications both on her career and on her ability to mother. These are anxieties she was able to talk through within her online groups to tease out the perceptions and expectations within each role. She found this helpful in finding her own way within mothering and giving her confidence in her decisions.

Florence found the ability to openly share within the intimate groups was helpful and a positive aspect of using online support. These spaces provided an opportunity to vent the frustrations and challenges within her mothering journey. She felt able to do this within her intimate groups because the mothers were in similar situations and she felt they were more likely to be non-judgemental and empathetic. She found this particularly helpful when she felt instances of being a 'bad' mother. Her intimate groups gave her space to be a 'bad' mother, to combat these feelings through normalising and validating her experiences. This support increased her self-confidence as a mother helping her to build trust in herself.

When she was confident in her mothering ability, she felt confidence to give advice and support to others which increased her feelings of positivity and reinforced her confidence.

Participant summary: Georgia

Age: 36

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Child's age: 5 months

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook*

Time spent accessing online social networks: 2 hours

Main forums: *Facebook*, Blog: science of mum, *Google*

SNS groups: 6 groups (all on *Facebook*)

Summary

Georgina used online sources of support for information in her transition to mothering. She uses *Google* to search for information but also gains a large amount of mothering related information from within SNS, primarily *Facebook*. She joined specific groups within *Facebook* for the purposes of gaining information or support in particular areas i.e. allergy group, car seat group. Within these specific areas she can gain a wide range of information and experiences from within the various groups. She could connect more easily online. She felt being online often took the pressure off and she didn't have as much self-doubt or anxiety compared to meeting people offline.

She uses information gained online as a starting point to conduct her own research and further develop her own mothering practices and techniques. She finds information gained online more useful than information from family due to its currency and ability to be aligned with current mothering practices. As she adjusted to mothering and was able to have access to easily find things out mothering became less confronting for her.

Through being a part of the groups, Georgia was able to develop a sense of what was normal within both her child's behaviour/development and her own mothering experiences. Within groups whom she had a closer connection she was more comfortable in conducting intimate conversations and discussions on mothering. She feels she can share due to the level of separation between herself and the people online. Sharing within her groups was also aided by that fact that she doesn't think she will be as judged to the same level she would be in discussing motherhood with offline support. A freedom to share online enabled her to vent her frustrations and feel less guilty in not enjoying certain aspects of mothering because this experience was normalised and validated within the online space.

Being connected to other mothers going through similar experiences was important for Georgia and it provided a sense of normalisation of her experiences which gave her confidence within her mothering. This made her feel more positive within herself when she felt confident within this role.

She felt her identity had changed a lot going from the professional sphere into the role of motherhood. She felt the role of motherhood was all encompassing and lost a sense of independence and control. But becoming a mother highlighted different aspects of herself that she hadn't appreciated before. Being able to check in online within her SNS groups and getting the normalisation of experiences made the identity change validated and made her feel she could come to terms with her identity shift.

Participant summary: Helen

Age: 40

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Child's age: 8.5 months

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook*

Time spent accessing online social networks: 2 hours

Main forums: *Facebook, Instagram*, Blogs: *Janet Lansbury, Pinky McKay*, websites: *Oh Baby, Plunket*

SNS groups: 4 groups (all on *Facebook* – one group within *Messenger*)

Summary

During Helen's transition to motherhood she had support from her immediate family. However, being home alone with a baby and having a mother with serious health issues made her reach out for online support to fill a gap within her support network. Some of this online group connection was merely a vehicle for facilitating offline connection, some was for information and some was for more intimate support. The ability to connect online meant an ability to increase her access to mothering communities and access to mothers who were going through similar stages. This connection online was particularly helpful when she couldn't physically get out of the

house in the first few weeks post birth. This made her less isolated in this transitional experience.

The ability to connect online meant an ability to make connections to mothers from different stages. Connection to mothers from different stages meant an ability to gain different perspectives but not have the fear of judgement in asking them questions due to the degree of separation. She also liked the ability to have access to the support when she needed it most which was not always viable with offline friend groups. It also allowed in depth discussion of topics which also wasn't always possible offline due the presence of and need to care for her child. Online gave an ability to keep coming back to the same discussion and pick it up where it was left off.

Helen felt these discussions within her online groups, as well as her ability to gain information from online websites, helped to give her practical information and advice in developing her parenting practices and techniques. These forums gave her options to choose from and acted often as a starting point in being able to develop mothering skills.

The difficulty that Helen had using online mediums was in gaining support and advice for her daughters sleeping. When she was looking for information to aid in getting her daughter sleeping she felt she became obsessed with the posts within one of the sleep groups on *Facebook*. This obsession gave her feelings of anxiety and stress and also often stopped her sleeping due to constantly being online. She felt she was looking for a perfect solution but was not finding it. She was constantly being bombarded by information through alerts and being overwhelmed shifting through the information but not applying her own context to the situation. She required a step away from this space and help filtering the information from her husband. However, in using a more intimate online group she quickly got suitable information and advice and was able to implement a routine which she found immensely helpful. She also implemented more guidelines for herself in her online use and filtered information through her husband to do this.

Being in groups that were going through the same experience's gave Helen a sense of connection and feeling of not being alone in her mothering journey. This connection gave her a sense of reassurance and support that she knew was ever present.

Helen felt that she didn't lose herself in her transition to motherhood but added to her identity. Being a mum did this through the joy that this role added to her life and highlighting positive aspects of herself when she saw herself through her child's eyes. She also felt that in becoming a mother she became a more rounded individual.

In saying this Helen still found the transition to be unexpectedly overwhelming at times, as she had a lot going on in her life. She felt the pressure to and pushed herself to provide the best for her child. At times in trying to provide the best she felt stress and anxiety in not being able to meet certain recommendations. Working through this, through the aid of online support helped by getting support and advice to fix problems and change rhetoric to alter expectations of motherhood. The normalisation and validation of experience gave Helen comfort and confidence in herself as a mother.

Participant summary: Isla

Age: 32

Ethnicity: NZ European

Marital status: Married

Employment: Part time

Child's age: 1 year

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook*

Time spent accessing online social networks: 1-2 hours

Main forums: *Facebook*

SNS groups: 7 groups

Summary

Isla was geographically separated from her family. She used online means, exclusively *Facebook*, to maintain, supplement and reconnect social support during her maternal transition. She was more invested in groups in which she built a connection to and is more likely to interact within these groups. Other groups are used primarily for information or entertainment.

Isla found her identity changed a large amount in becoming a mother. She felt it changed her worldview, priorities, relationships and ways she viewed others. Isla found the identity transition on becoming a mother difficult. She struggled with several aspects of being a mother during her transition. Her child's sleep, her expectations of herself, her transition from the workforce – particularly the loss of independence and self-confidence she had built. She also found due to these struggles other offline support people at times took over her mothering role further decreasing her own self-confidence. As a result, from the difficulties she experienced within the transitions she suffered from post-natal anxiety.

She found that she appreciated having the online support element available due to its convenience and ability to access it 24/7. This meant an ability to gain support when offline support was not available or convenient, especially due to conflicting schedules. In her maternal transition she used *Facebook* the most to reconnect to known friends and groups that been initiated during pregnancy. She could interact with these groups on a timetable that was suitable to her own needs.

She found these interactions particularly helpful in being able to vent the frustrations she felt in being a mum and the expectations she felt went along with this role. She only vented in certain groups which created a safe space to enable this kind of sharing. Creating a safe space was done through page rules, administration of groups and closed groups with controlled group entry. These groups controlled for and closed controversial posts where interactions became negative.

She also liked the use of online groups within SNS as well as parenting websites to gain a range of parenting information. This was particularly useful for gaining practical parenting techniques. Pages gave a raft of options and experiences, which was

important to Isla as she found her known supports to have incompatible parenting practices with her, which she found added to her own unrealistic expectations. She felt being online gave her options to choose what suited her best and gain practical support in implementing these techniques. Through finding techniques, she liked, she was also able to build connections to those with whom she shared similar parenting values and ideologies.

Isla felt belonging to her intimate groups was an important source of her support during her transition to motherhood. The more in common she had with groups the closer connection she felt and the more likely she was to participate within the groups and have interactions. She felt she could share within these groups because they had an interest in discussing mothering and were for most parts separated from her.

Participation in some groups spurred unrealistic expectations in herself and fuelled anxiety and depressive feelings. Participation in a breastfeeding group feed into unrealistic self-expectations and when difficulties continued despite support fuelled self-doubt, anxiety and depression. Leaving the group and gaining support from a more intimate group aided support in shifting to bottle feeding, helping to combat perceived expectations around breastfeeding being equal to being a good mother. She also found child sleep difficult and comparison to both offline support people and some online groups to be unhelpful sparking obsessive online information seeking. This again sparked self-doubt and anxiety over mothering ability. Seeking support from an intimate group was helpful in supporting decisions to leave unhelpful groups and developing realistic sleep expectations. It also opened an avenue to professional assistance which was the most helpful in aiding the development of parenting techniques.

She felt her intimate groups validated and normalised her mothering experiences. This was especially important regarding connecting over the difficulties of mothering as it made her feel less alone and made her experiences feel more normal. This normalisation as well as building her own style of parenting through new techniques helped Isla feel more confident in her mothering. This confidence made her feel she was performing OK, she was able to track her progress in comparison to others and feel appreciative of her journey and development. Her groups also helped her to normalise her desire to return to work and provide practical tips and advice in providing care for her child to enable her return. A return to work which helped Isla to regain her sense of identity before having a child.

There are some issues that Isla will not discuss online because she feels she cannot discuss them in depth enough. She especially felt issues surrounding her mental health had to be discussed in person, with the support of a qualified professional. It was through this means she felt the most effected in her mental wellbeing. However, she felt online support was an important supplement of support that helped enable connection to others. This connection and support was important for its ability to plug gaps within her existing support networks but she was careful to try and maintain a balance. Her online use was one component of what she felt helped her navigate her identity change in becoming a mother.

Participant summary: Jessica

Age: 37

Ethnicity: NZ European

Marital status: Married

Employment: Maternity Leave

Child's age: 8 months

Household composition: Husband, mum, baby

Notes: Participant had difficulty hearing due to hearing aids

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook*

Time spent accessing online social networks: 3-4 hours

Main forums: *Facebook*

SNS groups: 9 parenting ones – 1 of which she admins

Summary

Jessica sought the use of online social support in her transition to motherhood primarily due to a lack of offline connections in her geographical area (the result of moving). She had several different groups that she used online exclusively within *Facebook*. She uses the different groups for different purposes. Many of her larger groups are used exclusively as a source of information, smaller ones as a means of support and some were primarily aimed at facilitating offline connection (playcentre). She saw joining online groups as a mechanism to aid the prevention of Post Natal Depression (PND) of which she was adamant she did not want to develop. She recognised social support as an important aspect of preventing PND and saw online connection as means to grow her offline support within her new location. She felt it helped fill a gap within her support until she was more established within her physical community.

She liked the convenience of using online means to connect to others and it meant an ability to ask questions in her own timeframe. She also found being online could be helpful to ask questions without the surrounding noises/distractions that she often finds difficult in social situations due to impaired hearing. However, the flip side to this was that through seeking the information online the information gained at times could be overwhelming in volume as well as a large array of options that it provided. She also felt there was the potential to misinterpret information online due to a lack of context.

She found the overload of information was particularly overwhelming when she was seeking support in getting help with sleeping. The opinions and advice were overwhelming in terms of volume and range. She found that she deliberately had to remove alerts and notifications from online groups. This self-removal was due to the amount of time that she was spending online and that she was staying awake after breastfeeding, adversely affecting her amount of sleep. She found when she left groups which were negatively affecting her, used her husband to discuss posts and set self-imposed time limitations her online use became more useful.

She felt her improved online use was largely due to her ability to find groups with whom she could have a meaningful connection. This connection was aided by finding

things in common with people online, particularly related to parenting techniques and ideologies as well as finding people with shared experiences. The online medium was able to provide this because of the large number of groups and people to connect to.

She liked being in online groups as an avenue to gain information and a way to try different ideas that she would have not otherwise been exposed to. She particularly liked getting information from sites where they had professional input (car seat discussion, and breastfeeding groups) as she felt this added to the validity of information.

Jessica felt she could use information gained online to best suit her in her mothering as she felt the information did not overly influence her mothering ideology. This was aided by the fact that Jessica had a strong sense of maternal identity and parenting techniques that were aligned to her mothering ideologies. This meant she felt she could more easily weed out information and advice that did not align to her needs and wants.

Jessica felt having a child shifted her priorities away from work and onto her child. She felt her work in a caring profession helped her assume her role as a mother. Becoming a mum helped to enhance her identity and grow a different aspect of herself. Being online helped her discuss and normalise moving away from work to focus on being a mother.

Jessica saw the use of online social support as a stepping stone to forming physical social connections, preventing isolation in transition phase and helping maintain her mood within the transition.

Participant summary: Karen

Age: 29

Ethnicity: NZ European

Marital status: Married

Employment: Part time

Child's age: 1 year

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: Laptop

Online social support: *Facebook, Instagram, Snapchat*

Time spent accessing online social networks: 90 minutes

Main forums: *Facebook*, blog: *Pinky McKay* (plus other websites used as part of teaching role)

SNS groups: 9

Summary

In her maternal transition, Karen is in several groups within the online space specifically for the purposes of gaining support. However, Karen uses her online groups primarily for the purposes of informational support. She prefers to rely on offline support for other aspects of support in her maternal transition. She will connect with her known mother friends, through online means however to enable continuity

and convivence. However, she does not feel confident gaining other sources of support from people that she has never meet in real life.

She will only use information from online groups which she views as trustworthy. These groups usually involve professionals or subject matter experts (i.e. baby wearing). She likes to access information online because it provides her easy access to a vast array of options from which she can pick what suits her needs best. She feels able to do this as she feels very secure within her own mothering identity. She was confident in the childrearing knowledge she has as a result as her profession as an Early Childcare Educator and therefore felt she did not need the validation of others.

She had viewed a group who was very dysfunctional, prompting a culture of shaming people that choose to follow views or practices outside those valued by the group. She left the group and was cautious to ensure that she joined or followed groups that were aligned to her parenting techniques and ideologies. Her strong views and sense of identity helped her to filter information, advice and expectations that she felt came from being involved within the online space.

However, Karen liked having access to information online. She felt being able to see others mothering journeys online helped her develop a gauge of what was normal child behaviour. It also gave her some guidelines for practical information she didn't always need to apply in her job such as sleep times and formula amounts.

Karen felt becoming a mother changed her identity. She felt this was a positive shift in that it shifted her priorities to her child, made her feel more empathetic and less judgemental. The only difficulty she experienced was the initial loss of independence and not being to control her situation. She felt equipped to deal with these due to her professional training, deliberately setting low expectations of herself and doing deliberate identity work with a life coach both before and after becoming a mother.

Despite using online groups primarily for information, Karen felt being in her online groups with whom she had shared values and connections affirmed her mothering identity. She felt they did this because she could confirm where she was in comparison to others, they confirmed her techniques and made feel secure in the fact that there were others going through the same things that she was experiencing contributing to the confidence she felt in her mothering ability and identity as a mother.

Participant summary: Lauren

Age: 38

Ethnicity: NZ European

Marital status: Married

Employment: Part time

Child's age: 13 months

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: I Pad

Online social support: *Facebook, WhatsApp*

Time spent accessing online social networks: 30 minutes

Main forums: *Facebook*

SNS groups: 6 (1 within *WhatsApp* the rest within *Facebook*)

Summary

Lauren used online support primarily to gain access to informational support in her maternal transition. She preferred the use of offline social support to gain access to other types of support. Lauren liked being able to use the online space as she found it often provided a starting point. This could be a starting point for information, for developing connections or creating offline friendships within her community. She used some of her online groups to facilitate offline connection to other mothers through the organisation of events.

She liked being able to look online to gain a sense of what other people were doing in their mothering. Gaining a wide range of perspectives helped her to build a picture of what mothering looked like, as well as how children's behaviours changed and developed within normal child development. Being able to compare herself to these experiences gave her a sense of normalisation of her own and her child's experiences. She could gain this because other people were going through similar experiences and enabled a point of comparison.

Lauren liked being able to compare online due to its convivence and knowledge that there was always likely to be someone present within the online space. Being able see others going through a similar journey was important to Lauren. Connecting to others in a similar situation stopped her from feeling isolated and gave Lauren a sense of reassurance that she was doing an alright job fulfilling the role of being a mother. It also gave her a feeling of gratefulness when she could see her progression and lack of struggle compared to some other mothers. She felt this stopped her from retreating into herself because her experiences were normalised and validated simply by comparing her mothering experiences to those she saw online.

Lauren found that one negative impact of being involved online was that it was easy to get overwhelmed by the amount of information. She found that because there was a vast amount of information it was easy to try and use online means as a way of problem solving. She did this when her child was having difficulties sleeping to her detriment. She obsessively began to use a sleep group to try and find a solution to fix her child's sleep and when couldn't she would just keep looking. This led to obsessive spark which fuelled anxiety and stress over her child's sleep patterns making her situation feel more insurmountable. She had to step away from the online use and use her partners reminders of context as well as aid from a professional to get improvement.

Lauren felt completely changed in becoming a mother. She struggled with the loss of control and lack of independence. Being a mother changed her worldview, priorities and relationships. She found this shift difficult as her expectations of what becoming a mother would be like did not meet her reality of being a mother. She felt she was not the person she thought she would be and this was a difficult ideal to overcome. As a result, she felt lost her sense of identity and confidence in the initial transition.

She felt she rebuilt herself mostly through assistance from her councillor, support from her husband and friends. She felt her online groups helped to a lesser extent, in different aspects of rebuilding her identity. Firstly, it gave her reassurance to have consistently available support which helped build confidence. Being able to connect

to others with shared experiences also greatly aided in normalising and validating her more difficult experiences which she felt also contributed to her self-confidence as a mother. Just being connected to others also made her feel more positive in herself. However, Lauren was cautious using the online space and tried to limit it to information use for options, normalisation of experiences and connection to offline support who were her preferred source of social support within the maternal transition.

Participant summary: Megan

Age: 38

Ethnicity: NZ European

Marital status: Married

Employment: Part time

Child's age: 11 months

Household composition: Husband, mum, baby

Background:

Primary online access medium: Phone

Alternate means: *iPad*

Online social support: *Facebook, Instagram, Twitter*

Time spent accessing online social networks: 2-3 hours

Main forums: *Facebook*, Blogs: *Raising Ziggy, Constance Hall*

SNS groups: 5

Summary

Megan used online social support to supplement her offline support in her maternal transition. Megan used online means as a way of finding mothering specific information and connecting to mothering communities through the convenient constantly accessible medium of *Facebook*. *Facebook* groups were also used to facilitate offline connections something which often strengthened connections and interactions within her online groups or with individuals from the groups.

She found she used one of her *Facebook* groups as her primary means of mothering specific support in her transition to motherhood. This group was built from known connections through antenatal class. She defaulted to this group since they were going through similar parts of their mothering journey. She found this often meant everyone was on the same page and could share questions, concerns, information, resources and experiences. A lot of the support Megan sought or gained online was around the practical side of mothering in gaining advice and expertise.

Megan felt secure in the group in her antenatal group because the group was closed, administered and everyone was in the same 'boat'. Over time the group developed a culture of sharing and asking questions and this behaviour was reciprocated within the group. The trust built in the group enabled her to share and participate within the group. Other groups where there is not the intimacy of connection are used exclusively for their ability to provide informational support for a specific purpose – e.g. safe sleep. However, through seeking groups for a specific purpose i.e. babywearing she found she was able to identify with participants because they often shared similar parenting values and ideologies and thus were able to make or initiate connections with people with whom she could identify.

Megan felt her participation within her intimate group validated her mothering through normalising her mothering experiences. She felt this was particularly important if she had experiences that felt outside of the normal range especially if these experiences were perceived as negative. Validating experiences enabled her to see the lighter side of an experience and stopped her from feeling bad when something went wrong. She also enjoyed progressing to the stage where she could give the validation back to other women within the groups. She felt the validation of her experiences and the ability to validate others experiences helped her grow her self-confidence in her mothering ability.

She found the initial shift from full time professional to full time at home to be one of the biggest shifts due to losing her independence and a loss of control. The loss of independence was the most difficult for Megan, something that made her feel an initial loss of herself but something that got better overtime as her child gained more ability to be dependent and could be left with other carers.

Megan felt becoming a mum changed her identity to a small degree and this was partly around the responsibility of having a child dependent on her. This made her appreciative of how far she had come and how much she could achieve. She also had made a commitment to retaining her identity as much as possible in the transition to motherhood so she was consciously aware of her identity and on maintaining a balance between her mothering identity and her pre-established identity. She has achieved this through her maintenance of friendships and commitment to activities that she enjoyed prior to becoming a mother.

Megan felt being in her groups enabled her to talk about the difficult aspects of being a mother particularly when she felt she lost herself in the initial transition. The ability to talk openly online about mothering, without fear of judgement, especially about not enjoying all aspects of mothering, normalising and validating these experiences helped her to feel better within herself as a mother.

Participant summary: Tegan

Age: 40

Ethnicity: NZ European

Marital status: Married

Role: *Facebook* group Administrator

Summary

Tegan was a group administrator for a writing mum group within *Facebook*. She was inspired by a friend to start the group to fill a niche of support for mothers trying to write with kids. The group grew quickly in size fast becoming a trusted space. Within this group women shared intimate stories and experiences about their mothering journeys. Tegan felt the group culture grew well due to the connections that people had to writing and the difficulties in trying to achieve this as a mother. These connections to like others often grew to real life connections facilitated within or outside of the group. These connections even extended as far as employment opportunities for several the group participants.

Trust was also built within the group through administration, the reinforcement of baseline rules (particularly stopping self-depreciation and encouraging diverse views) and being a closed group with controlled entry. Group membership was deliberately controlled by Tegan to ensure fit as well as to try and ensure racial diversity within the

group. She felt that fit and connection were important factors to group connection and the creation of a positive group culture.

Tegan had first-hand accounts from participants within the group about how much difference being connected to the group had made for a number of people. Many of her participants said they used the group as a one of their primary go to's for support. This was particularly the case when people wanted to talk about writing in connection to mothering or being a mother in general. She saw patterns of people using the group primarily for informational and emotional support.

Tegan felt mothers used the online group as a means of gaining social support due to its convenience, ability to gain constant access and ability to fill gaps in social support due to: time schedules, money, physical location, wellbeing and other issues that can prevent access to offline support. She felt people had more time online to think through issues, respond and interact in a timeframe that suited their needs.

Tegan acknowledged that the amount of information within the online space could be: overwhelming, lack context, lack quality assurance and validity. She recognised the need for mothers to be cautious in their information use and have an ability to filter the information found online or step away from sites or groups they found unhelpful or overwhelming.

In saying this Tegan also found that women appreciated the ability to have to a wide range of information giving them options to choose from. She has found that having options often started as a starting point for discussions, and enabled people to test out things that worked for them. She felt this built women's confidence as they had a place get support. The discussions she felt were often about normalising and validating women's experiences in being a mother and that when people had this they felt "much better".

Appendix D: Participant Support Information Sheet

Support Information Sheet

Parent helpline: 0800 568 856 or <http://www.parenthelp.org.nz/>

Plunket: 0900 933 922

The parenting Place: 0800 53 56 59 or <http://www.theparentingplace.com/>

Lifeline: 0800 543 354

Auckland Cherish Postnatal distress support network: 09 836 6967 or

<http://www.cherish.org.nz/>

Mothers helpers: 0800 002 717 or <http://mothershelpers.co.nz/>

Wellington post & Antenatal distress support group: 04 472 3135 or

<http://www.pnd.org.nz/contacts/>

Canterbury Post Natal Depression Support groups: 021 131 4352 or

supportgroup@pndcanterbury.co.nz

Marlborough Post Natal Depression Charitable Trust: +64 35795443 or

pndmarlborough@gmail.com

Parent to Parent for support with disability or health impairment: 0508 236 236 or

national@parent2parent.org.nz or <http://www.parent2parent.org.nz/>

Te Puawaitanga Ki Otautahi Trust Māori health, education and social services for

Maori women and their whanau: 0800 66 99 57 or www.whanauoraservices.co.nz

Christchurch: Purapura Whetu Māori health, mental health and social services: (03)

379 8001 or <http://www.pw.maori.nz/>

Tapuaki Pacific pregnancy and parenting education: +64 9 373 7599 extension 83787

or <http://www.tapuaki.org.nz/>

Appendix E: Interview Schedule

Participant Interview

My name is Lisa Swale: I will cover my: age, married, children, job, location, study. This study is about exploring the experiences of first-time parents' interactions with online social networks. This looks at how or if these networks provide support, and how these interactions may have affected your identity transition or mood in becoming a parent. One of the questions I will ask you to talk is about your use of social networking, looking at how you use it in your parenting and what these interactions have been like. The second question asks about your identity transition and explores how or if this changed upon becoming a parent and whether or not your social networks factored into this transition. Lastly, I will ask about how or if these interactions affected your mood. Some of the things we will discuss ask you to reflect upon yourself and require you to make personal judgements. Your participation in this study is strictly confidential. The interview will be tape recorded which simply ensures the accuracy of the information and the data that is being used to make the best conclusions possible. Subsequently the tape will be destroyed. Your participation in this study is important but if at any time you wish to stop you may do so without any prejudice to you. You may also ask a question about the study or research in general at any time or clarify the question if you're not sure.

Chance for a mihi/prayer if the participant chooses to have one.
If your ready would you like to begin?

Basic demographic data:

Name
Age
Ethnicity
Married/single/defacto
Employment status
Child age

Background info:

What social networking sites do you regularly use?
How often do you use social networking per week (in hours)?
What social networking sites do you use for parenting purposes?
How often do you use social networking specifically for parenting purposes?

Social support:

What groups or who do you consider to be your resources of social support in your role as a parent?
Are there differences in the type of support these different groups/people provide to you?
Why do you belong (or did belong) to an online parenting network?
How have you found the support of online parenting social support groups
Can you explain any instances it has been positive?
Can you explain any instances it has been negative?
Can you explain what these interactions meant for you both as a person and as a parent?
How have these online interactions affected your confidence in anyway?

What recommendations if any would you give to other first-time parents looking to use online mediums as a form of social support for parenting?

Do you feel SNS provided you opportunities to experiment/grow as a parent?

Identity transition questions:

How do you feel your identity has changed since becoming a parent and can you explain why?

How have you found the identity change – what are the positive and negative aspects?

How do you feel this identity change was affected (if at all) by your online social support use and what was your experience of this?

Mood questions:

How did adjusting to parenthood affect your mood?

How did adjusting to life with a child affect your mood?

How do you feel your involvement in online parenting support groups affected your mood? Why? Can you explain?

What are some of the instances that made you feel this way?

Other questions to prompt answers:

Can you tell me a bit more about that? (if someone raised something of interest earlier but didn't elaborate (make a reference to the specific point)

How did that make you feel?

Notes: To check for understanding if unsure (so I just want to check that I understood that – then paraphrase).

Look at what people felt, what they thought about something and what they did about it.

End with is there anything else you would like to add that I haven't talked about.

Recap the main points from the person.

Ask if they have any final questions about the research.

Appendix F: Transcript Release Authority



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TE KURA PUKENGA TANGATA

First time parents' experiences of online social support AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature:

Full Name - printed

Appendix G: Participant Information Sheet



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First time parents' experiences of online social support

Information Sheet

Researcher's Introduction

Hi my name is Lisa Swale. I am 28 years old and mum to a young boy. When entering the world of parenthood I found myself in an isolated community, with little family or friend support and turned to the internet and in particular social networking as a source of information and support. The use of this medium has had both positive and negative experiences for me and I am very interested to hear other people's experiences. To this end I am conducting research for my Masters degree in Psychology to gain an understanding of other people's experiences. I hope to use this information to help and inform other new parents about the advantages and disadvantages of using social networking for support.

Project Description and Invitation

This project seeks to examine first time parents' experiences of online social networking as a source of social support. It aims to gain insight into a) how the social support is different from 'offline' social support; b) how the transition to parenthood affected their identity and if social networking use influenced this transition; and c) the interplay between online social support, mood and identity transition.

The research will involve individual interviews with first-time parents over Skype. If you have become a parent for the first time recently, I would really appreciate your help with this study. I invite you to participate in this research and share your experiences, whether good or bad, to help develop a picture of the role and effects that social networking can have on people entering the world of parenthood.

Participant Identification and Recruitment

To participate in this research, you need to be a first-time parent who is living in New Zealand, over the age of 16, has had a child within the last 18 months and currently use (or have used) social networks as a source of social support in the transition to parenthood. Social networks might include due date groups, parent email groups, discussion forums or parenting-specific Facebook groups, blog sites, etc.

Project Procedures

If you are eligible and agree to take part, we will organize a suitable time for me to interview you over Skype. It is important that you can undertake the interview in a location that allows you adequate privacy. The interview will take approximately an hour, it will be audiotaped and later transcribed (typed up into text). In the interview I will ask questions about your transition

to becoming a first-time parent, use of social networking, social support, identity and mood. Some of these questions may be uncomfortable for some people. You will be given a \$20 gift card to recognize your time and contribution. All participants will be given a list of support agencies should any negative emotions arise as a result of the interview process.

Data Management

Interviews will be transcribed word-for-word and given back to you to check and make changes if you wish. I will change all personal information so you will not be able to be identified. I will then analyze the transcripts, and will talk about the transcripts and analysis with my supervisor. Once the research project is completed all data will be held by the research supervisor for a period of five years before being destroyed.

All participants will have the option to receive a summary of the research findings.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study up to one week following the interview;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded; and
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

Researcher: Lisa Swale email: [REDACTED], Ph: [REDACTED]

Supervisor: Professor Antonia Lyons email: a.lyons@massey.ac.nz, Ph: +64 4 801 5799

Cultural advisor: Dr Natasha Tasell-Matamua: n.a.tasell-matamua@massey.ac.nz

Please feel free to contact the researcher and/or supervisor(s) if they have any questions about the project

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 16/57. If you have any concerns about the conduct of this research, please contact Mr Jeremy Hubbard, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63487, email humanethicsoutha@massey.ac.nz.

Appendix H: Participant Consent Form



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First time parents' experiences of online social support

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

Full Name - printed