WHAT IS SOCIAL SUPPORT?
A GROUNDED THEORY OF SOCIAL INTERACTION IN THE CONTEXT OF THE NEW FAMILY

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For my children

Aidan Seamus & Riley Jem

And their grandmothers

Peggy (Na) & Mim (Nanna)

PUBLICATION ARISING OUT OF THIS THESIS

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ABSTRACT

Social support has received considerable research attention. With respect to the new family this attention has focused on the nuclear family and, in particular, on the health and well being of mothers and babies. While some studies have shown that support during pregnancy and postpartum is associated with better physical and psychosocial outcomes for women and babies, other studies have shown little association. One possible explanation for these inconsistent findings is the lack of clarity that exists about the meaning of social support. This lack of clarity is evident in the general social support literature and in empirical studies of social support in the specific context of the new family.

This thesis, by focusing on the meaning of social support, does three things. First, it analyses the concept of social support as it is defined in the academic literature. I argue that a contextualised and qualitative approach to the meaning of social support is necessary to improve research in specific contexts and to extend the general discussion of social support.

Second, I provide an example of this contextualised approach by exploring the meaning of social support in the context of the new family. In so doing I demonstrate that social support is not a set of supportive behaviours and cannot be discretely defined. As a current research concept, the primacy of social support is undermined in the empirical chapters of this thesis. The substantive theory that develops is one of social interaction in the context of the new family. The meaning of social interaction in this context is shaped by perspective, the situational context and the relationship within which it occurs. While social interaction is inclusive of notions of social support it is not restricted to them. Understanding social support within the broader experience of social interaction renders a holistic picture of what is going on in the context of the new family.

Finally, I demonstrate that using a qualitative research methodology to explore the meaning of social support in a specific context improves our understanding of social support in a number of ways. It reveals varied and detailed meanings that can be used to improve research within a particular social context; it highlights processes that can inform research in other social contexts, and, it raises questions that are important for the general discussion of social support.

DECLARATION

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being available for loan and photocopying.

Philippa Williams

August 2005

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Whenever I travel to unfamiliar places I have an uncanny ability to lose my way. Verbal directions and maps lose all value in a mind muddled by foreign words, smells, sights and sounds, and I inevitably find myself sitting by the road side hoping a taxi (or rickshaw) will come by and transport me to more familiar surrounds. Occasionally, nothing comes and I must find my way by what ever means possible. Though burdened with trepidation, it is a journey of true discovery; it is one I would hesitate in choosing, but never regret having taken.

Getting lost is easy; I manage to do it with very little help. Finding ones way, however, is far more challenging and without the company, help and good counsel of others, it is near impossible. The journey I have taken toward my goal of a doctorate has been long and arduous. It has been punctuated by periods of intense excitement and others of protracted anxiety. Most significantly though, it has been a journey enriched by getting lost. Finding my way would not have been possible without the company, help and good counsel of so many people.

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Part one

Chapter 1

INTRODUCTION

> "Even the grandest theories start as seedlings in the soil of human beings' efforts to survive and produce their own identities and futures through a multitude of 'trivial' labours. The Platonic idea of knowledge which contends the necessity of *transcending* the everyday, the mundane, in order to arrive at things which can be universally known, has successfully blinded us to this simple experiential fact."
>
> (Oakley 1992, p. xii)

> "We need to expand the concept of social support from its current oversimplified treatment to achieve a greater understanding of the complexities of social life"
>
> (Heller, Swindle, & Dusenbury 1986, p. 469)

Questions about what constitutes social support and how and why social support might benefit health and well-being have been the focus of discussion and debate for over 30 years. Theorists strive to define social support and, as a result, it has been conceptualised in multiple ways, yet no definitive definition of the term exists. Despite this, empirical research has continued unabated, albeit undermined by an unquestioning acceptance of one or other of the many definitions and measurement tools that are available in the academic literature. The result is a lack of consistency and comparability among studies of social support and, more importantly, a concern about the validity of research attempting to study a concept that is not fully understood.

In this thesis I study the meaning of social support in order to address three main questions:

1. How is the concept of social support defined in the literature?
2. What is the meaning of social support in the context of the new family?
3. How does a contextualised understanding of social support contribute to research and the wider discussion about social support?

I address these questions in two ways:

First, I explore the meaning of social support as it is defined in the academic literature. A critical appraisal of the literature is conducted in order to clarify the way social support has been developed and defined, and to assess the impact this has on the utility of the concept for research. Because the concept of social support is used in research across several disciplines and in numerous contexts, I contain my assessment of its appropriateness and utility for research to a single contextual example, that concerned with the new family.

Second, and again by way of example, I use qualitative research methods to explore the meaning of social support in the context of the new family. Forty nine new mothers, 11 new fathers and 20 grandmothers participated in focus group discussions about their experiences and views of social support in the days, weeks and months following the birth of a first baby. This study uses grounded theory to develop a theoretical understanding of social support in the context of the new family, and builds on the findings of other qualitative studies in this area. [1]

I conclude that the concept of social support lacks clarity and utility for research, and its development has been based largely on deductive research and theoretical discussions that aim to provide generalised definitions. This pursuit of an all-encompassing definition of social support, and a reliance on quantitative, hypothesis testing investigations of the concept, is limiting research and inhibiting important theoretical discussion.

My qualitative approach to the study of social support demonstrates the context specific nature of its meaning and suggests that, as a concept, social support cannot and should not be extracted from the broader and more complex experience of social interaction. In the empirical chapters of this thesis the data shifts the focus from social support to one on social interaction. This shift is predicated by my analyses of discussions with new mothers and grandmothers, which indicate that an understanding of social support is only possible within a broader understanding of social interaction, and that to focus on social support in isolation renders a partial and limited picture of what is going on.

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[1] Initial analysis of mothers' and fathers' data indicated the importance of grandmothers in this context and a decision was made to focus on the experiences of new mothers and grandmothers. Fathers' data was consequently treated as supplementary. Chapter 5 explains how data was used in more detail.

The substantive theory of social interaction that develops throughout this thesis is characterised by multiple expectations and needs, pluralistic considerations, and interactions between people in the postnatal period that may be assessed as positive, negative or ambiguous. It is inclusive of notions of 'social support' but not restricted to them. As such it provides an understanding of the detail of social interaction in the context of the new family that can be used with confidence in research with similar people, in a similar context. It also provides an understanding of the processes of interaction in the context of the new family, the value of which extends beyond the substantive area to contribute to the general discussion of social support.

THESIS SCOPE, STRUCTURE AND OUTLINE

Thesis scope

This is a qualitative public health thesis and is necessarily multidisciplinary and broad in its scope. It is also a thesis about social support and social interaction, concepts that are themselves the focus of many disciplines. As a result, I do not align myself wholly within any one discipline. Instead I draw on the theory and literature of public health, nursing, sociology, and psychology in an effort to understand how social support is defined and operationalised for research and practice in public health and the social sciences.

In this thesis I build substantive theory in order to address a very practical problem with the measurement and manipulation of social support in the context of the new family. I do not, however, develop a definition of social support. Nor do I develop social theory, family systems theory, nursing theory or psychological theory. I consider broadly, not deeply, the theoretical perspectives of the disciplines on which I draw. I acknowledge the place of theoretical perspectives and discussions in the development of the concept of social support, but recognise that their depth and complexity are absent from working definitions of the concept. In a sense, by building substantive theory, in an empirical manner, I am bridging the gap that has developed between theoretical discussions of social support and empirical research and practice in public health and the social sciences.

This thesis is problem driven, not theoretically driven. However, the nature of the questions raised by the problem of defining the meaning of social support, and the methods chosen to address these questions, are broadly underpinned by a constructionist epistemology. Constructionism holds that meaning is constructed through our interaction with the world we inhabit. Meaning, therefore, is variable. This variability exists between people inhabiting

different social, cultural and historical worlds, as well as within people as they traverse different social, cultural and historical worlds.

In this thesis the current meaning of social support is seen as problematic because there is a consistent lack of consideration of context and interaction in the development and application of definitions of social support. A theoretical perspective that reflects a constructionist view of meaning and speaks directly to these problems is symbolic interactionism. For symbolic interactionism meaning is constructed or modified through an individuals interaction with their social world. As a theoretical framework, it encourages an examination of social phenomena that respects social context and considers interaction, and the subjective interpretation of interaction, the primary focus of attention. Although it does not drive this thesis, symbolic interactionism influences this thesis in a pragmatic way by offering a guiding framework within which to investigate the meaning of social support and interpret my findings.

Definition of terms

Common terms used throughout this thesis include 'social support', 'social interaction' and 'the new family'. These terms will not be defined at the outset. The reason for this is that their meanings vary and these variations are the subject of this thesis. [2]

Thesis structure

This thesis is divided into four parts.

Part one consists of Chapters 1 and 2. In these chapters I introduce the thesis and articulate the theoretical perspectives that shape it.

Part two consists of Chapters 3 and 4. In these chapters I identify a problem with the way social support is conceptualised in the academic literature, and I raise concerns about the validity of research, in the context of the new family, that uses general definitions and measures of social support.

[2] New mothers and Grandmothers conceptualise the 'new family' in different ways. A discussion of these different meanings (one focusing on a nuclear new family, the other on an extended new family) is had in chapter 7.

Part three consists of Chapters 5 to 8. In these chapters I describe how I used a constructionist grounded theory approach[3] to explore the meaning of social support in the context of the new family and I develop a substantive theory of social interaction in this context that integrates the perspectives of new mothers and grandmothers and is informed by the perspectives of new fathers.

In Part four, Chapter 9, I return to the questions raised throughout this thesis and draw conclusions about the implications of the thesis for research and wider discussions of social support.

Thesis outline

Chapter 2 articulates the epistemological and theoretical perspectives that influence the questions asked in this thesis, the methods I use to explore those questions and the lens through which interpretation is made. As a broad epistemology, constructionism underpins every aspect of this thesis. It shapes the nature of the questions I ask and the manner in which they are explored and interpreted. As a social theory, symbolic interactionism is consistent with a constructionist epistemology. It provides a frame of reference that delineates the focus of my questions and which guides me in my choice of methodologies and methods.

Chapter 3 introduces the concept of social support and identifies its meaning as problematic. Based on a critical appraisal of social support definitions found in the academic literature, I argue that current definitions disregard lay understandings and their consequent lack of detail and contextual relevance may be seriously undermining research. I suggest that a contextualised approach to the definition of social support is necessary to improve clarity in research, and result in intervention or practice that is useful. I also assert that the development of a contextualised understanding of social support requires a qualitative approach so that the detail and meaning of social support can be explored, in depth, with groups of people for whom research, intervention and practice is ultimately intended.

Chapter 4 reviews the evidence that indicates social support is important in the context of the new family and highlights the multiple meanings of social support that exist in this area of

[3] My interpretation and use of grounded theory as a methodology has been guided by the ideas and work of Kathy Charmaz (1990; 1995; 2000) and are explained in detail in chapter 5.

research. I argue that the inconsistent results evident in the pregnancy and parenting literature regarding the role of social support are due to both inconsistency of definition across studies and, most importantly, to a paucity of contextually derived and appropriate definitions. This chapter also highlights the one-dimensional concern with the support needs of mothers in this area of empirical research and illustrates a neglect of the relational nature of social support. I conclude this chapter with an assessment of the contribution of the existing body of work to our collective understanding of social support in the context of the new family. In so doing, I make an argument for conducting qualitative research that explores the meaning of social support to people in the context of the new family prior to operationalising the concept for either measurement or intervention.

Chapter 5 is my account of the methodology used for the empirical part of this thesis. I address why I chose a constructionist grounded theory methodology to study the meaning of social support in the context of the new family, describe why and how I used focus groups to collect data from mothers, fathers and grandmothers, and document the analytical methods I used. In addition, this chapter traces the steps I have taken from a randomised controlled trial, originally proposed, to the grounded theory study discussed in subsequent chapters. It shows that as well as being an exploration of the meaning of social support in the context of the new family, this study has been an exploration of method, and very much an exploration of myself.

Chapter 6 presents a grounded discussion of the meaning of social support and social interaction to new mothers in the days, weeks and months following the birth of a first child. The theoretical understanding that I develop through this chapter challenges the conceptualisation of ‘social support’ as a set of behaviours with inherent positive value. ‘Social support’ is just one possible assessment of social interaction in the months following the birth of a baby. In this chapter, I begin to re-place[4] the concept of social support in a relational milieu characterised by practices that are sometimes assessed as positive, sometimes assessed as negative and sometimes assessed in an ambiguous way. These assessments translate into five ways of ‘being there’, the meanings of which are shaped by the meaning ascribed to the relationship within which they occur, and expectations of practice within that relationship. In turn, the meaning of the relationship is refined or redefined as a consequence of how someone is thought to have ‘been there’, and this influences expectations of future interaction. This cyclical process of making meaning through

[4] I use the term ‘re-place’ to indicate my academic process of putting the concept of social support back in its place; that is to say, back within a broader more complex discussion of social interaction.

interaction also contributes to how women come to identify themselves as mothers. Developing an identity as a mother, however, is not contained within the process of 'meaning-making'; rather, it traverses the process of 'meaning-making'.

Chapter 7 adds depth to my theoretical understanding of social interaction by considering the perspective of grandmothers. While the perspective of grandmothers supports the shift in focus from social support to social interaction that was warranted in chapter 6, it also demonstrates that my understanding of social interaction, as it developed in chapter 6, was uni-directional and one-dimensional and, therefore, inadequate. By directly comparing the models presented in chapter 6 with my analysis of the grandmothers' discussions I demonstrate that grandmothers have a more complex and sophisticated understanding of what it means to interact and 'provide support' in the context of the new family. At the heart of this complexity are the pluralistic considerations of grandmothers. While the new mothers indicated that their primary consideration during interaction was for themselves, these grandmothers considered the new mother, the new father, the parents as a couple, the baby and themselves. This pluralistic consideration is reflected in the way grandmothers assess their interactions with new mothers and how these assessments are translated. For grandmothers, there were eight ways of 'being there' in the postnatal period. These eight ways of 'being there' demonstrate an incongruence of meaning between new mothers and grandmothers that is largely explained by <u>who</u> they considered when assessing interaction and whether they conceptualised the new family as nuclear or extended.

Chapter 8 presents a grounded theory of social interaction in the context of the new family that integrates the analyses developed in chapter 6 and chapter 7. Three theoretical models constitute this grounded theory. These three models build on each other, and render different aspects of this grounded theory accessible to the researcher. The first is a model of context. This model defines the context of the new family in terms of its members and their relationship to each other. The second is a model of interaction. This model represents what people do, and illustrates how meaning is made of practice and relationships in a cyclical and continuous process. The third is a model of process. This model simplifies the process of interaction and illustrates that through it, new mothers and grandmothers are developing identity in relation to the baby.

Chapter 9 returns to the questions raised throughout this thesis. I discuss how my contextualised understanding of social support and social interaction can contribute to research and how it can contribute to the wider discussion of social support. To end this chapter, and this thesis, I return

to the problem that motivated my research in the first place. I conclude that my empirical understanding of the dynamic and developmental processes of social interaction within the context of the new family, will allow me to revisit my original aim to improve social support for new parents. It will encourage me to reconsider my focus on social support as an ‘independent variable’ and redirect me toward a more holistic consideration of interaction in this context.

PERSPECTIVES UNDERPINNING THIS THESIS

> "You and I will allow ourselves to be led at times into very theoretical material indeed. Nevertheless, we will refuse to wear the charge of being abstract intellectualisers, divorced from experience and action. It is our very enquiry into human experience and action that sends us this far afield. The long journey we are embarking upon arises out of an awareness on our part that, at every point in our research – in our observing, our interpreting, our reporting, and everything else we do as researchers – we inject a host of assumptions. These are assumptions about human knowledge and assumptions about realities encountered in our human world. Such assumptions shape for us the meaning of research questions, the purposiveness of research methodologies, and the interpretability of research findings. Without unpacking these assumptions and clarifying them, no one (including ourselves!) can really divine what our research has been or what it is now saying."
>
> (Crotty, 1998, p. 17)

CHAPTER INTRODUCTION

In this chapter I articulate the epistemological and theoretical assumptions that influence the questions asked in this thesis, the methods used to explore those questions and the lens through which interpretation occurs.

This is a thesis about the meaning of social support and in this chapter I discuss constructionism as the epistemology underpinning all the questions I ask herein. Constructionism regards meaning as a product of our interaction with the world we inhabit and it recognises that the meaning of any particular concept may vary across and within different social contexts. While constructionism underpins my rationale for studying the meaning of social support, symbolic interactionism offers a guiding framework within which to investigate the meaning of social support and interpret what I find. In particular, it encourages an examination of social support that respects experience and considers interaction the primary focus of attention (Blumer, 1969).

In this chapter I discuss constructionism and symbolic interactionism and articulate their influence on this thesis. The final section of this chapter sets out the way in which I adopt a symbolic interactionist framework to my research purposes. In particular I discuss symbolic interactionism's consideration of context and I explore the methodological position of symbolic interactionism.

Articulating underlying premises

In their discussion of the major paradigms and perspectives influencing social research, Guba and Lincoln (1994) argue that no inquirer "ought to go about the business of inquiry without being clear about just what paradigm informs and guides his or her approach." (p. 116). In a similar vein Michael Crotty (1998) suggests that,

> "In developing a research proposal, we need to put considerable effort into answering two questions in particular. First, what methodologies and methods will we be employing in the research we propose to do? Second, how do we justify this choice and use of methodologies and methods?" (p. 2)

Kathy Charmaz (2000) offers a similar rationale: She states, "If we examine our epistemological premises, we can acknowledge the limits of our studies and the ways we shape them" (p. 528). To this end I will discuss constructionism and symbolic interactionism as important influences on how the phenomenon of social support is considered and studied in the context of the new family. I will, however, resist the temptation to align myself wholly within any particular paradigm, the temptation being to apply prescribed assumptions and criteria to my study area. I endeavour to be guided by, not restricted by, the established premises of constructionism and symbolic interactionism. With this qualification in mind, figure 2.1 broadly represents the epistemology, theoretical perspective, methodologies and methods that comprise this research.

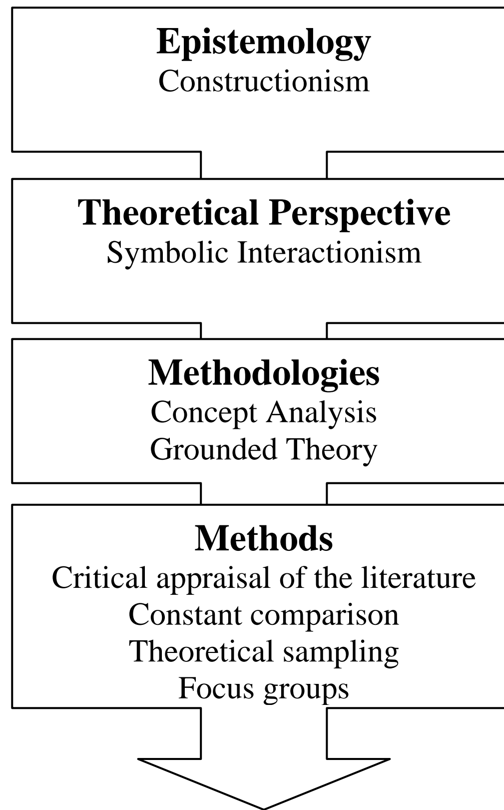

Figure 2.1: Perspectives, methodologies and methods that comprise this research[1]

The simplicity of this diagram may imply clearly defined perspectives and textbook methodologies; however, this is not the case. Nor is the relationship between epistemology, theoretical perspective, methodology and methods straightforward or even linear. The following discussion will explicate the thought and perspectives that have influenced this study and the degree to which I have aligned myself with contructionism and symbolic interactionism. It will provide a rationale and justification for looking to concept analysis and grounded theory to guide the inquiry into the meaning of social support in the context of the new family. And it will expound the parameters of interpretation that apply to this study.

The meaning of meaning

I am interested in understanding the meaning of social support in the context of the new family for the purpose of informing research and practice. A valid understanding of the meaning of social support will enable the researcher, the health professional, the policy maker or, indeed, the

[1] Figure 2.1 is based on one proposed by Crotty (1998).

general public, to proceed effectively in their endeavours to enhance the experience of new families. So, what is the meaning of social support in this context and how do we gain knowledge of it? Such epistemological questions are age-old.

From the time of the ancient Greek philosophers there have been continual shifts between rational and empirical arguments about the world, our knowledge of it and the meanings we ascribe to it. Consider an aging Socrates; it is possible that having been condemned to death for impiety and corrupting the young, Socrates posed the question ‘what is social support?’ To which his student Plato would have answered, ‘Social support exists independently of and prior to any supportive behaviour or supportive person. It exists in its own right, apart from the world of our experience, yet we recognise it in the world we experience. It is possible that through much thought we could discern the true nature of social support.’ I do not agree with this rational, Platonic notion of a static metaphysical concept, the essence of which may be gleaned in everyday experience. However, even if it were so, I do not believe it is a useful way to think about a concept such as social support when the reason for contemplation is to incorporate it into research or employ it in some other practical way. Unless the ‘true’ meaning of a concept matches the individual’s meaning and related behaviour then research, intervention and practice will not benefit from knowing the ‘true’ meaning and will not succeed in its goal to improve the lives of human beings.

My pragmatism on this issue underlines the choices I have made regarding this thesis. Inherent in my study aims is a desire to understand the meaning of social support in the context of the new family in order to improve research and practice. It is not simply to understand the meaning of social support in order to improve knowledge of it. There is a very practical intent to the research conducted and reported here. In all my reading and consideration of the philosophical underpinnings of this thesis, one thing keeps bothering me: I did not approach this thesis from a solid foundation in any philosophical school of thought; I approached this thesis with a series of practical questions, all of which were borne out of a desire to improve social support for new parents. As a consequence of asking these questions I arrived at a crossroad. This crossroads was signposted: **objectivism, constructionism, subjectivism, post-modernism**. I noticed that along each road was another signpost: **quantitative, qualitative, concept analysis, phenomenological research, grounded theory, discourse analysis, feminist critique**. And down these roads, other signposts still: **random sampling, statistical analysis, survey, focus groups, interviews, observation, critical appraisal**. The decisions I made regarding which roads to go down were

pragmatic decisions. I took the roads that I thought would provide me with the most useful answers to the questions I had posed. At each junction I considered all the possible alternatives. At the first junction there was hesitation. Some of these roads were familiar and safe so I proceeded in their direction, but they were the wrong roads for this journey and I returned to the junction to get my bearings. I eventually traveled along a new but strangely familiar path to **constructionism** from which the road to **symbolic interactionism** was clearly marked. At this junction there was considerable choice. I finally decided to walk toward **concept analysis** and **grounded theory**, though the road was not always smooth.

The point of this analogy is to show that, in this thesis, it is the study question that takes precedence, not just over method, but also over theoretical perspective. I will not relieve epistemology of all precedence though, as a constructionist inclination ensured the questions would be posed in the way that they were (Annells, 1996). But having a constructionist epistemology does not necessarily limit the theoretical perspectives I can utilise. I chose perspectives that I believed would best answer my questions.

CONSTRUCTIONISM

One does not choose an epistemology merely to suit a research question; one's epistemology informs all aspects of one's life. However, very often people do not question their own epistemology; they do not think about whether they believe objects have inherent meaning or whether meaning is something we bestow on an object. If this is the case in research, little thought goes into finding the most appropriate way to tackle a research question. Instead, research questions are chosen or adapted to suit a methodology with no thought to the genesis of that methodology or its limitations. It is highly unlikely that there are methodologies that have no appropriate application, but all methodologies can be used inappropriately. I agree with Guba and Lincoln (1994), Crotty (1998) and Charmaz (2000) that finding or developing the right methodology requires a researcher to articulate their views about knowledge and meaning and to be faithful to that view in the design of their research.

Crotty (1998) defines constructionism as,

> "the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings

and their world, and developed and transmitted within an essentially social context." (p.42)[2]

Constructionism may have its roots in the ideas of the Greek Stoics who opposed the essentialist view of meaning put forward by Aristotle (Dingwall, 2001), but it is from the idealism of Kant that modern notions of constructionism are descended (Audi, 1999; Dingwall, 2001). Like Locke and Hume before him, Kant was an empiricist who believed that our knowledge of the world was dependent on our experience of the world (Magee, 1987; Tarnas, 1991; Audi, 1999). However, while Kant believed we are inherently endowed with the 'Categories' needed to interpret the world and construct meaning (Magee & Passmore, 1987; Tarnas, 1991), contemporary constructionism rejects this idea in favour of the notion that relevant concepts and practices are historically and culturally influenced (Audi, 1999). These ideas were evident in Kuhn's book 'The Structure of Scientific Revolutions' (Kuhn, 1970) where he argued that scientific observation and method were relative, that they were theory dependent and restricted, and that scientists with fundamentally different assumptions lived in fundamentally different worlds.

Constructionism mirrors the notion of 'intentionality' espoused by phenomenologists such as Husserl, Heidegger, Merleau-Ponty and Lyotard. 'Intentionality' sees human consciousness as being directed toward objects, and objects being shaped by human consciousness (Crotty, 1998). In essence, it sees humans as being in the world, not merely observers of it. It opposes the Cartesian split of mind and body and instead holds that "no object can be adequately described in isolation from the conscious being experiencing it, nor can any experience be adequately described in isolation from its object." (Crotty, 1998, p.45). Constructionism embodies this image of meaning being generated through the act of humans engaging in their human world. In so doing, it rejects objectivism, which imbues objects with inherent meaning, and subjectivism, which places an emphasis on the individuals' subjective experience while negating the influence of the object (Schwandt, 2000; Crotty, 1998). Constructionism is not simply concerned with the everyday construction of meaning. On the contrary, it acknowledges that we are born into a

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[2] Crotty draws a distinction between the terms constructionism and constructivism; the former referring to an epistemology where social constructions of meaning are in focus, the later focusing on the "meaning-making activity of the individual mind" (Schwandt, 1994 in Crotty, 1998). Although the literature uses these terms interchangeably and inconsistently at times, I will adopt the term 'constructionism' to reflect the focus on socially constructed and transmitted meaning throughout this thesis.

meaningful world constructed and bestowed upon us by our culture, but insists that these meanings are not static (though some may be stable). Meaning is constantly being constructed through our engagement with the world and our attempts to make sense of it (Crotty, 1998; Schwandt, 2000).

Acknowledging a Constructionist epistemology has influenced this thesis in two significant ways. First, it has prompted me to question the post-positivist/objectivist approach that has dominated the investigation of social support, and my own previous research experience. Second, it has persuaded me to acknowledge that meaning varies and has allowed me to ask questions that inquire into that variability: What is the meaning of social support in the context of the new family? This is one such question. Throughout this thesis other questions arise that also reflect a constructionist perspective. Questions such as 'how does the meaning of social support differ between new mothers and grandmothers?' Why is meaning different for new mothers and grandmothers?' Context is explicit in all these questions, as is the notion that meaning may vary depending on the social context within which it is constructed.

The nature of these questions highlight a concept and a context that is essentially interactional. This has led me to consider symbolic Interactionism, a theoretical perspective that respects the social construction of meaning and offers a rationale for studying it.

SYMBOLIC INTERACTIONISM

> "Symbolic interactionism examines the symbolic and the interactive together as they are experienced and organised in the worlds of everyday lives. It looks at how meanings emerge, are negotiated, stabilised and transformed; at how people do things together through joint actions; and how interaction strategies organise such meanings at all levels of collective life." (Plummer, 1991, p.ix).

Robert Dingwall (2001) outlines the rich history of symbolic interactionism that, like constructionism, dates back to the Greek Stoics and includes Immanuel Kant, Charles Darwin, Adam Smith, Charles Cooley and Georg Simmel as contributors of thought. But perhaps the most salient influence on symbolic interactionism has been pragmatism (Dingwall, 2001; Crotty, 1998).

By the time Darwin's theory of evolution was published in 1859, science had become the new religion and human reason had become venerated as the source of knowledge. But the certainty of science and philosophy was to be questioned over and over again. Charles S. Peirce was one of the first to question the certainty of scientific knowledge. As a pragmatist, Peirce believed that for a concept to have meaning it must relate to something that has happened or could happen; to something we do or could do (Magee & Morgenbesser, 1987). In other words, for a phrase to be meaningful it must relate to experience, actual or observed. When this is the case, the phrase will accurately represent a belief held by the speaker. However, if there is doubt about our belief, then it needs to be revised through methods of inquiry. Applying the same argument to the meanings and beliefs of science, Peirce's notion of 'fallibilism' held the conclusions of science to be tentative (Audi, 1999; Magee & Morgenbesser, 1987). Influenced by Peirce but diverging from him, William James criticised traditional philosophies on the grounds that they were not relevant to the problems facing his generation. He proposed finding theories that worked; by which he meant that the truth of a proposition or concept should be judged by experience (Magee & Morgenbesser, 1987; Audi, 1999). Also a pragmatist, John Dewey saw science and the acquisition of knowledge as a dynamic process. Rather than being observers, human beings were part of the world they tried to understand. Like other living organisms, survival is our main concern, and knowledge is the key to our survival. However, our knowledge and the beliefs we hold about our environment are often inadequate and it is through the process of inquiry that we increase or improve our knowledge and understanding of the world (Magee & Morgenbesser, 1987).

Having been influenced by all these thinkers, particularly the pragmatists, George Herbert Mead lectured on notions of the mind, self and society and described the self as something that "arises in the process of social experience and activity, that is, develops in the given individual as a result of his relations to that process as a whole and to other individuals within that process" (Mead, 1934, p. 135). Society is a necessary condition for the development of the mind and the self, yet it is dependent upon them for its existence. For Mead, the self is reflexive in that it can consider itself as an object, just as it can consider any other object or situation it encounters (Mead, 1934). In other words, it can interact with its self. With this capacity, "the human being ceases to be a responding organism whose behaviour is a product of what plays upon him" (Blumer, 1969, p.63). It was this idea of the self that set Mead against the behaviourist psychology of the time (Dingwall, 2001). Nearly a century later behaviourism still holds sway over much of psychology (Benner & Wrubel, 1989), but through the efforts of students and advocates of Mead's social

psychology, the theoretical notions of socially constructed and modified meanings evident in his lectures have found a place in symbolic interactionism.

Herbert Blumer coined the term symbolic interactionism, and is credited with distilling the ideas of G.H. Mead, into three simple premises: (1) that people act toward things on the basis of the meanings that the things have for them; (2) that the meaning of such things is derived from, or arises out of, the social interaction that one has with others; and (3) that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things encountered (Blumer, 1969, p.2).

There has been some criticism of symbolic interactionism from within as well as outside the movement. From within, criticism has focused on symbolic interactionism's neglect of human emotion and the unconscious (Brittan, 1973) and on conceptual and methodological ambiguity (Kuhn, 1964; Denzin, 1969). In a detailed critique, Meltzer et al. (1975) lend support to these criticisms. They do, however, acknowledge the work of symbolic interactionists such Cooley, Goffman, Riezler, Gross and Stone, who have studied various aspects of human emotion; and they see conceptual ambiguity as stemming from deeper sociological perspectives on the individual and society.

The most salient criticism of symbolic interactionism from critics working within and outside the perspective is that it fails to give adequate consideration to larger social structures, and that its focus on the specific limits its general applicability (eg. Gouldner, 1970; Huber, 1973; Turner, 1978; Stryker, 1988; Cohen, 1989; Warshay & Warshay, 1986; Fine, 1992). In summarizing their response to the earlier of these critics, Meltzer et al. (1975) comment that such criticisms have "a measure of validity" (p. 116) but add that symbolic interactionism is "a general perspective on human behaviour and social life; and, therefore, whatever influences that behaviour or structures that social life is a proper object of concern." (p. 120). A more convincing argument against such criticism comes from David Maines (1988). Maines considers Blumer's neglect of societal organisation a myth that has been perpetuated by a narrow reading and understanding of Blummer's writing. He explicates Blumer's consideration of social organisation, institutions and history and argues that:

> "The interactionist perspective for Blumer was one designed to help scholars understand human conduct in any arena of social life and at any scale of analysis. And it is absolutely

clear that Blumer (1966, p. 538) included the manifest analysis of large-scale organisation as a needed and significant undertaking for interactionist work" (Maines, 1988, p51).

More recently, Snow (2001) has argued that much of the criticism of symbolic interactionism is due to an over reliance on Blumer's three premises. These three premises, which were stated earlier, focus on the individual, their meanings and their interpretation of symbols of communication. Social structure, though relevant to symbolic interactionism, is not explicit in Blumer's three premises. In an effort to encompass the wider concerns of symbolic interactionism, Snow proposes four broad and inclusive orienting principles: (1) the principle of <u>interactive determination</u> requires the consideration of the interactional contexts or relationships in which the focus of study is embedded (be that an individual a group or a social movement); (2) the principle of <u>symbolisation</u> highlights the process through which situations, people and groups take on particular meanings and the extent to which symbols and meanings are routinely or uniquely conveyed; (3) the principle of <u>emergence</u> focuses attention on those aspects of social life that are not routine and where there is the potential for change, either in the organisation and texture of social life, or in associated meanings and feelings; and (4) the principle of <u>human agency</u> highlights the active, willful character of human beings and considers biological, structural and cultural factors as predispositions or restraints on action rather than determinants of action. Rather than being an alternative conceptualisation, Snow proposes these four principles as an extension of Blumer's symbolic interactionism, noting that they encompass Blumer's emphasis on meaning and interpretation, and develop areas alluded to or implied in Blumer's work.

Mihata (2002) agrees with Snow's clarification of the tenets of symbolic interactionism and places emphasis on the complex nature of the questions it asks. According to Mihata, symbolic interactionism "incorporates both self and other, both individual and society, both agency and structure, and does so in a framework that is multidimensional, multilevel, and dynamic." (p.572). It is this complexity that produces emergence, the third of Snow's principles. However, it is the focus on the interactional context (the first of Snow's principles and the essence of Blumer's three premises) <u>and</u> an examination of other data such as "meaning' or subjective interpretation" (Mihata, 2002, p.573) that distinguishes symbolic interactionism from other approaches. Addressing the complexity of a social phenomenon allows generalisability, but not in the sense of a 'general theory' which is reductionist and simplifies phenomena to a point where it cannot be applied to any context (as will be demonstrated with social support) (Mihata, 2002). It

is not a one-size-fits-all understanding that symbolic interactionism strives for, but an adjustable fit.

Relating symbolic interactionism to this thesis

I have already stated that my approach to symbolic interactionism is a pragmatic one in the sense that its tenets seem to fit with the purpose of this thesis. This is a point worth making because if I were conducting this thesis stringently from the point of view of a symbolic interactionist, I would be charged with designing a study and an argument that responded in some way to the various criticisms applied to this perspective and its proponents. In effect my study would be as much about justifying the perspective as it is about examining the meaning of social support.

For this thesis symbolic interactionism offers a way of looking at social support that corresponds to the questions posed and implied: What is the meaning of social support to the various people interacting within the unfamiliar context of being a new family? How do these meanings intersect? How is meaning conveyed within this context? How are the meanings developed and how are they modified by the shared experience of being a new family? What is the meaning (or, what are the meanings) of social support identified in this context? These questions are 'complex' as Mihata (2002) would suggest and this thesis will consider empirical data as well as data on the meaning and definition of social support in the literature.

A focus on context

It is not the aim of this thesis to 'generalise' findings in the sense proposed by Mihata (2002). While it may be a goal of symbolic interactionism to arrive at a 'complex metatheory', or to "include the manifest analysis of large-scale organization" (Maines, 1988, p. 51), this should not preclude a focus on the 'simple' or 'contextual'. Despite their cogent arguments for symbolic interactionism's place in the study of larger social structures, the previously mentioned symbolic interactionists would agree that an over correction is not the answer. Rather the comprehensive application of symbolic interactionism should be acknowledged. A focus on the 'simple' or 'contextual' is justified by the aims of a particular study, but it may also serve as a necessary research step toward an understanding of the 'complex' or 'large-scale'.

The empirical chapters of this thesis bring the individual and their relationships into focus while the wider social context remains blurred and in the background. Symbolic interactionism, while

not restricted to this contextualised focus, is consistent with it. I acknowledge macro influences on the meaning of social support but I choose to explore them only at the level of individual relationships within the context of the new family. In keeping with this micro focus, the results of this study will be most useful for research and practice at an individual and family level; however, they may inform and stimulate a more general discussion of social support.

The methodological position of symbolic interactionism

Although the questions asked by this thesis are explicit in both Blumer's and Snow's conceptualisation of symbolic interactionism, the method of answering them is less explicit. As suggested by various critics, there is no clear methodological prescription attached to symbolic interactionism. There are, however, methodological guidelines in Blumer's essay 'The methodological position of symbolic interactionism' (Blumer, 1969). At the heart of Blumer's methodology is a respect for the empirical world under study. He suggests the following:

> "Methods are mere instruments designed to identify and analyse the obdurate character of the empirical world, and as such their value exists only in their suitability in enabling this task to be done. In this fundamental sense the procedures employed in each part of the act of scientific inquiry should and must be assessed in terms of whether they respect the nature of the empirical world under study – whether what they signify or imply to be the nature of the empirical world is actually the case. Thus the underlying scheme of the empirical world used in the act of scientific inquiry needs to be critically examined to see whether it is true; the problems set for study need to be critically studied to see whether they are genuine problems *in the empirical world*; the data chosen need to be inspected to see if in fact they have in the empirical world the character given to them in the study; similarly, the empirical world has to be examined, independently of the study, to see if the relations staked out between the data are found in their asserted form; the interpretations of the findings, particularly since they arise from sources outside the study, need to be given empirical testing, and the concepts used throughout the course of the study are in special need of scrutiny to see if they match in the empirical world what they purport to refer to. Nothing less than this is called for in methodological treatment." (p27).

As Blumer would have it, at the heart of this thesis is a desire to explore the meaning of social support in the context of the new family in a way that respects the experiences and views of people experiencing that context. The questions asked in this thesis respond to Blumer's suggestions that the problems of social science be critically studied to "see if they are genuine problems in the empirical world" and that the concepts of social science be scrutinised "to see if they match in the empirical world what they purport to refer to". In a sense, the methodological position of symbolic interactionism proposed by Blumer can be seen to provide a certain methodological ethos, but it does not provide a systematic approach to the study of social phenomena.

A methodology that does provide a systematic approach to the study of social phenomena, and which reflects the methodological ethos espoused by Blumer, is grounded theory. In this thesis, the methods of grounded theory have been used to scrutinise the concept of social support within a concept analysis methodology. A constructionist grounded theory approach has also been used to address the main empirical question of this thesis, namely, what is the meaning of social support in the context of the new family. These two methodologies are described in greater detail in Chapters 3 and 5 respectively.

CHAPTER SUMMARY

In this chapter I have discussed the underlying assumptions of constructionism and symbolic interactionism and related them to the questions and aims of this thesis. As an epistemology, constructionism underpins every aspect of this thesis. It determines the nature of the questions I ask and the manner in which I explore and interpret these questions. As a social theory, symbolic interactionism is consistent with a constructionist epistemology. However, it provides a frame of reference that delineates the focus of my questions and which guides me in my choice of methodologies and methods.

Part two

Chapter 3

DEFINING THE PROBLEM: DEFINING SOCIAL SUPPORT

CHAPTER INTRODUCTION

In this chapter I introduce the concept of social support and raise questions about the clarity of its definition. I describe how I conducted a critical appraisal of social support definitions in order to evaluate the way in which they have been developed, and to assess the impact this might have on the utility of the concept of social support for research, intervention, and practice. Based on this critical appraisal, I argue that a contextualised approach to the definition of social support is necessary to improve clarity in research, and result in intervention or practice that is useful. I also assert that the development of a contextualised understanding of social support requires qualitative methods to explore the meaning of social support with groups of people for whom research, intervention and practice are ultimately intended.

A BRIEF BACKGROUND

The notion of social support, and the thesis that it is good or even necessary to have social support, is not new. Although the term was coined only in the second half of the 20th century, its intuitive properties have been written about and extolled for centuries. Darwin (1871/1952) wrote extensively of the benefits of being a social animal. In particular, being part of a cohesive group provided protection from predators and continuation of the species. Darwin also conferred emotions such as love, satisfaction, pleasure, and sympathy on the social animal. With reference to sympathy, Darwin stated, “Those communities which included the greatest number of the most sympathetic members, would flourish best, and rear the greatest number of offspring” (p. 309).

In his oft-cited study of suicide, Durkheim (1952) analyzed the effect of family membership on suicide. According to Durkheim, adequate family density is most important in protecting against suicide; however, it is the properties of the dense family group that are most applicable to the discussion of social support. In particular, Durkheim referred to consistently sharing in the “group life,” where “collective sentiments are strong” and “each individual conscience is echoed in all others, and reciprocally.” (p. 201). Durkheim recognised that the more a group has in common, the more “active and constant is the intercourse among its members” (p. 202) and the

more socially integrated it becomes. Extending this rationale to political societies, Durkheim concluded that the more strongly a group is constituted, the greater it protects against suicide.

At the turn of the 20th century, Simmel (1917/1950a) wrote about the social life of groups and noted that in a small social group, “the contribution of each to the whole and the group’s reward to him are visible at close range; comparison and compensation are easy” (p.88). In a subsequent essay, Simmel (1908/1950b) discussed the negative psychological impact of urban living compared to rural living; Thomas and Znaniecki (1920) developed this discussion in their study of Polish migrants to America. They concluded that leaving their socially cohesive Polish villages for a large and impersonal American city resulted in social disorganisation and behavioural problems for the migrants.

Although these authors never used the term ‘social support’, a brief look at the social support literature would lead many to conclude that that is indeed what they were talking about. From these early discussions and studies, it would be difficult to discern exactly what aspects of the social context were beneficial to which people and under what circumstances. However, since the introduction of the term ‘social support’ in the 1970s, the discussion of such questions has been vast. To this end, we have seen a proliferation of definitions and theoretical discussions of the concept of social support. However, none have been accepted as definitive and the lack of consensus about the definition of social support has resulted in a lack of consistency and comparability among studies. More importantly, the validity of studies attempting to measure or influence social support has been undermined by the use of generic definitions, because they lack contextual sensitivity.

The Collins Dictionary (Collins, 1989) defines ‘definition’ as “the act of making clear or definite” (p. 329). Even the most cursory investigation into the social science literature will reveal that the definition of social support is neither clear nor definite. In an analysis of the linkage between theory and research related to social support, Hupcey (1998a) stated,

> “Social support is a multi-faceted concept that has been difficult to conceptualise, define and measure. Although this concept has been extensively studied, there is little agreement among theoreticians and researchers as to its theoretical and operational definition. As a result, the concept remains fuzzy and almost anything that infers a social

> interaction may be considered social support. Social support researchers have consistently ignored the complexity of the concept and have measured the variable in a simplistic manner." (p. 1232)

My initial review of the social support literature concurs with this view. However, I was unable to discern why there was so much disagreement among theoreticians and researchers, nor was it clear how the complexity of social support could be revealed. In the following section I describe the methods I used to critically appraise definitions of social support in the academic literature in order to address these initial questions.

ANALYSING THE CONCEPT OF SOCIAL SUPPORT IN THE ACADEMIC LITERATURE

Concept analysis

In this section I discuss the importance of conceptual definitions and I introduce concept analysis as a way of scrutinising the 'maturity' of a concept and assessing its usefulness for research, intervention and practice. Although the idea of a concept might be as variable as any other, the Collins Dictionary (Collins, 1989) defines it as "a general idea that corresponds to some class of entities and consists of the essential features of the class." (p. 264) This definition would be supported by most people but will be augmented here by Morse (1995), who described concepts as "abstract 'cognitive representations' of perceptible reality formed by direct or indirect experience" (p. 33).

Concept development does not reside wholly within the realm of academia. It is intrinsically linked to language and cultural development, and in this sense, Morse's description of a concept is most fitting. Yet, it is within the realm of academia that concepts are examined and where their "development" as academic tools becomes important. Let us be clear about the fact that when a 5-year-old says, "I hope I get a bike for Christmas," and when a woman says, "I love you," they have enough understanding of the concepts of *hope* and *love* to use them appropriately. In fact, when a woman says, "I love you," she has enough "direct or indirect experience" (Morse, 1995, p. 33) to know how the concept of love will vary depending on whether she says this to her child, her lover, her mother, or her friend. Concept development in an academic sense is necessary for purposes of academic discussion and understanding. Unfortunately, the more a concept is developed within academia, the more complex and/or generalised it seems to become. Either way, its application for research, intervention, and practice is limited, as it cannot provide the

detailed "reality formed by direct or indirect experience" that is peculiar to the context being studied.

To illustrate this further, consider the intense academic scrutiny applied to concepts such as caring, hope, empathy, and, indeed, social support. Despite this attention, no single definition for any of these concepts is accepted as the ultimate definition, to be used confidently in research across all contexts. Instead, the sheer volume of information about these concepts encourages some researchers to ignore their complexity and employ simplified, generic measurement tools in their work. Although these tools might have good psychometric properties (though many do not), their relevance to a particular group of people in a particular situation is unknown. Rather than shying away from concept complexity, however, we need to acknowledge that concepts that are shared by academia and lay people, such as caring, hope, empathy, and social support, are complex because they are used and understood in a myriad of ways, even within the same culture and language groups. If researchers articulate this premise, the next logical question would be How do the people I wish to study use and understand the concept of care, or hope, or empathy, or social support?

In this chapter I have critically appraised definitions of social support to ascertain the "maturity" of the concept of social support and to assess its utility for research, intervention, and practice. A mature concept is one that is well defined "with characteristics or attributes identified, boundaries demarcated, preconditions specified, and outcomes described" (Morse et al., 1996, p. 255). According to Morse et al.:

> "Concept analysis techniques may be used to evaluate the level of maturity or the level of development of selected … concepts in five ways: (a) to identify gaps in … knowledge; (b) to determine the need to refine or clarify a concept when the concept appears sloppy or appears to have multiple meanings; (c) to evaluate the adequacy of competing concepts in their relations to phenomena; (d) to examine the congruence between the definition of the concept and the way it has been operationalised; or (e) to ascertain the fit between the definition of the concept and its clinical application." (p. 256)

The concept of social support as it is discussed and defined in the literature appears mature but needs clarifying. Morse and colleagues suggest that when a concept "appears 'mature,' and there is a large body of literature that includes definitions and rich descriptions, such as clinical exemplars and quantitative instruments, but the concept is measured using various variables and is applied in different ways in research" then the type of concept analysis that should be undertaken is "concept clarification" (p. 270). As well as evaluating the maturity of a concept according to the five ways suggested by Morse et al. (1996), I evaluate the methods used to develop concepts and their definitions, and the congruence this has with how the concept is used.

Unlike other qualitative methods, articles describing the methods of critical appraisal of the literature are few. According to Morse (2000), "A critical appraisal of the literature is conducted in order to explore the pragmatic utility of concepts…It provides information about the usefulness of the concept to science" (p. 334). In an earlier article, Morse et al. (1996) briefly described a number of techniques that are used when analysing the literature. Starting with a relatively large body of literature, or 'data base', most researchers would in some way adhere to the following techniques: (a) Sort the literature into categories and often subcategories. (b) Note commonalities and differences among the categories, then compare with other parts of the literature so that assumptions, values, and content can be made explicit (c) Ask questions of the literature to enable concept delineation if necessary. Morse went on to outline four guiding principles for conducting a critical appraisal of the literature: (a) be clear about the purpose; (b) ensure validity; (c) identify significant analytical questions, and (d) synthesise results. These principles are described comprehensively and preserve the principles of research rigor; however, they are not meant to be prescriptive.

Applying concept analysis to social support

The aim of my concept analysis was to clarify the way in which social support has been developed and defined in the literature, and to assess the impact this has on the utility of the concept for research, intervention, and clinical practice. Keeping this in mind, I appraised the literature critically using the following procedures.

Identifying definitions of social support

I identified existing definitions of social support through a search of academic databases, including Psychinfo, CINAHL, Medline, and EBSCOhost (which includes Academic Search Elite and Health Source: Nursing/Academic Edition). Once identified, an indication of the current

use of definitions was determined through a search of the Social Science Citation Index and the CINAHL database between 1996 and 2001.

For the identification of definitions, the term ‘social support’ was initially entered into the search for each database. This resulted in an unwieldy number of articles. Subsequent searches included terms such as ‘definition’, ‘concept’, ‘theory’, ‘meaning’, and ‘instrument’. These searches were more manageable and uncovered many, but not all, of the articles used in this study. By far the most satisfactory method of identifying definitions of social support was a cumulative technique. This technique located all references to definitions of social support in the articles found through initial database searches. These references were then obtained, further references identified from the text, and so on. I carried out the initial searches in 2001, with additional database searches being conducted up until 2004. Although these searches were extensive, they cannot be said to be exhaustive. Despite this, I am confident that the definitions located represent the bulk of those that exist and are adequate for a critical appraisal of the literature.

I considered a statement delineating the concept of social support a definition under the following circumstances: (a) the author explicitly or implicitly identified it as a definition of social support; (b) the author used it to guide his or her discussion of social support; and (c) the author used it to guide his or her research into social support. Identified definitions and supporting discussions provided the data on which these findings have been based. I tabulated all identified definitions, and identified and analyzed characteristics about their development and scope.

Analysing definitions of social support

The first step was to critically appraise the definitions of social support in each article using a four-step process that was guided by grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998) and the guiding principles suggested by Morse (2000). First, I created a table containing columns for the reference, the quoted definition, and key attributes of each definition. Second, I grouped similar attributes from all definitions into categories. Third, I refined categories to eliminate repetition and to identify characteristics of remaining categories, and, fourth, I derived a composite definition of social support from the analysis to act as an overarching synthesis of existing definitions (Figure 3.1).

Judging the appropriateness of existing definitions

By way of example, definitions were examined to ascertain their appropriateness for use in the context of being a new parent. As well as appraising their main attributes, I reviewed each definition for the following: consideration of support provider; approach to definition development; context from which, and for which, definition was derived; and intuitive applicability to the context of being a new parent (Appendix 3A).

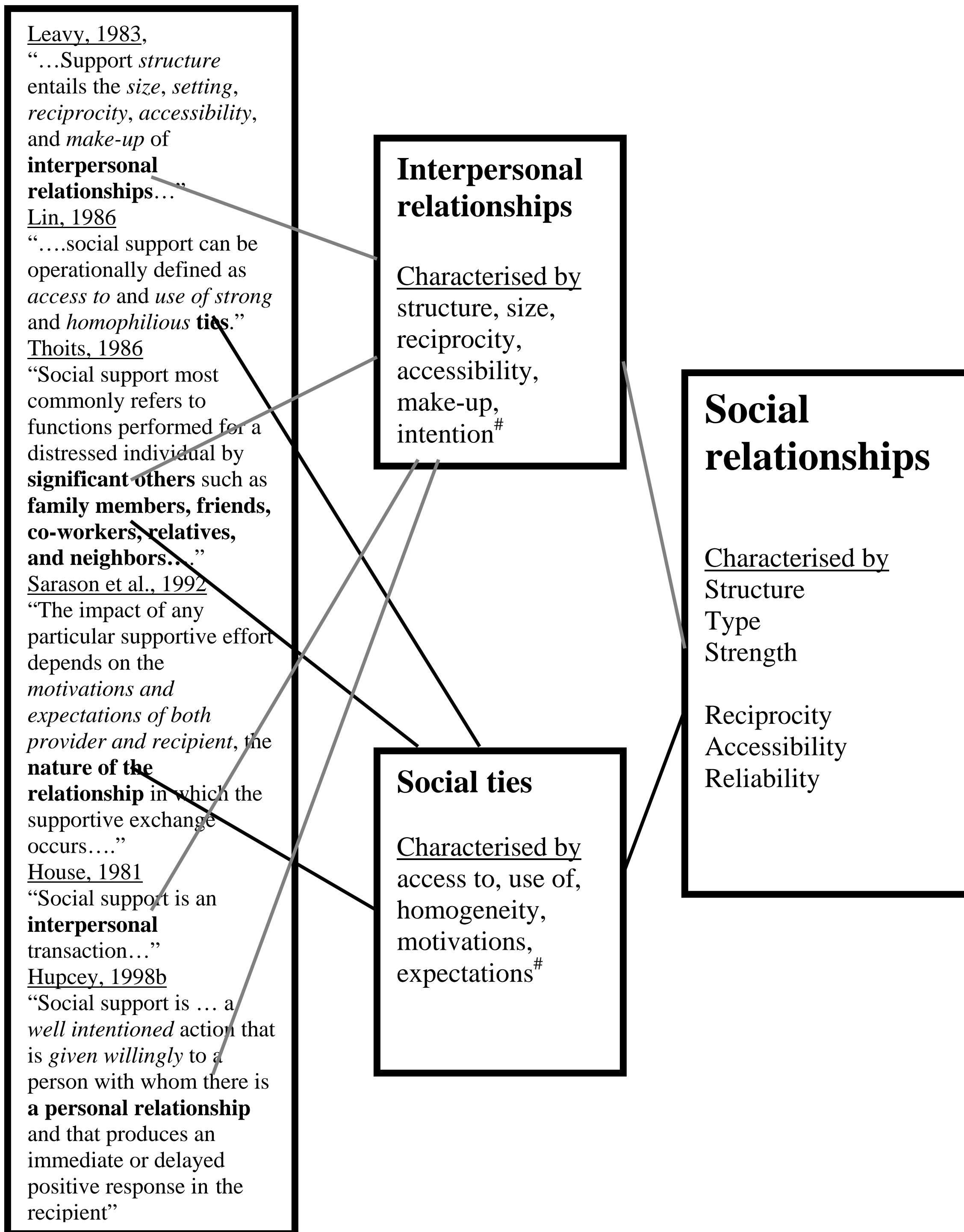
I judged the maturity of the concept of social support by assessing the clarity and uniformity of the concept across definitions and the utility of the concept in the context of being a new parent. In particular, maturity was judged against three of the four principles described by Morse et al. (2002): The epistemological principle – Is the concept clearly defined and differentiated from other concepts? The pragmatical principle – Is the concept useful? The linguistical principle – Is the concept used consistently and appropriately? A fourth principle, the logical principle, asks whether the concept holds its boundaries through theoretical integration with other concepts. It was not my intention to determine the extent to which the concept of social support was integrated with any other concept. Therefore, judging concept maturity against this principle was beyond the scope of this study.

A CRITICAL DISCUSSION OF THE CONCEPT OF SOCIAL SUPPORT

In this section I discuss the findings of my critical appraisal of definitions of social support. My conclusions provide a rationale for exploring the meaning of social support from a contextual perspective using qualitative methods of inquiry.

Thirty definitions of social support were identified from the literature (Appendix 3A). Twenty-five of these definitions were in current use across a range of disciplines and research areas. Nine were in current use in the area of pregnancy and parenthood (Appendix 3B).

The critical appraisal of all definitions identified a number of categories, both shared and unique. These categories include notions of time (short or long term) and timing (when); relationships and social ties (structure, strength, type, nature); supportive resources (emotional, material, skill or labour, time, cognitive, information, feedback); intentionality of support; impact of support



* Only part of definition reproduced here
\# Subsequent analysis places some characteristics with other categories
Words in **bold** identify categories (Interpersonal relationship, Social ties) Words in *italics* represent characteristics of categories

Figure 3.1: Analysing definitions of social support

Step 4: composite definition and synthesis of definitions of social support *

Social support can be defined temporally as short term or enduring and its meaning and significance may vary over the life course. Social support requires the existence of social relationships, with their structure, strength and type determining the type of social support available. Whether social ties are supportive depends on certain conditions such as reciprocity, accessibility and reliability, and an individual's use of the social relationship. Social relationships have the potential to provide supportive resources which include emotional resources. These may take the form of emotional expression which may sustain an individual in the short or long term; instrumental emotional support which may help an individual master their emotional burdens; coherence support which may be overt or covert information resulting in confidence in an individual's preparation for a life event or transition; validation which may result in an individual feeling someone believes in them; and inclusion which may result in a sense of belonging. Many aspects of the emotional resources offered by others can be considered either conditions of emotional provision, outcomes of emotional provision or both; for example, feeling loved or cared for, feeling attached to or able to confide in another may be conditions or outcomes of effective emotional resource provision. Other outcomes may include the sustenance of self esteem, security and a reliable alliance with another.

Other supportive resources include: intimate resources such as sharing of one's self, material resources such as the provision of goods, money or tools, skill or labour resources, time resources such as when one provides companionship, accompaniment or extended care, and cognitive resources which may be direct or indirect cognitive guidance, usually regarding a specific problem and usually overt except in the case of social comparison which is covert.

As well as the potential provision of supportive resources, social ties may also distract an individual from their problem focus. The provision of information or feedback regarding the recipient or their situation in particular or generally is inherent across all the supportive resources. Potentially supportive interactions may be intentional or unintentional and have a positive or negative impact on the recipient and or the provider. The impact of potentially supportive interactions is influenced by recognition of an individual's need and the extent to which supportive behaviours are perceived to have satisfied the need or resulted in a positive outcome for the recipient.

Perceived and actual social support is also influenced by characteristics of the recipient such as their affective state, appraisals of need, self and the resources they are offered, and the action they take. Characteristics of the provider also influence social support and include appraisals of need and self, the willingness of the action they take and the outcome of their actions for themselves and their relationship with the recipient.

* Shading corresponds to information identified in step 3.

(positive or negative); recognition of support need; perception of support; actual support; satisfaction with support; characteristics of recipient; and characteristics of provider. For ease of presentation and to demonstrate the complexity of the concept of social support as it is described in the literature, these categories have been synthesised into a composite definition (see step 4, Figure 3.1).

The social support literature is immense. Despite this, the concept of social support remains confusing and this critical appraisal confirmed no single definition was adequate for use in the context of being a new parent. Broadly speaking, this critical appraisal suggests that the way researchers and academics have approached the task of defining social support may render it inadequate for empirical research. Most authors draw on theoretical discussions or quantitative research bound by theoretical frameworks of others. As a result, it has been very difficult to operationalise these definitions because they lack exemplars or 'grounding' in experience or a specific context. The two authors in this critical appraisal who did derive their definition from a specific context, also provided detailed exemplars which aid understanding and utility of their definitions (Coffman & Ray, 1999, 2001; Gottlieb, 1978).

The roads to definition

There have been a number of excellent discussions of the concept of social support and its definitional complexity (Hupcey, 1998a; Stewart, 1993). As is the case with this study, these authors have found that the concept of social support has been defined in various ways. Definitions range from the very vague and non-specific, for example, "adequate evidence that actions are leading to anticipated consequences" (Cassel, 1976, p.113), to the very detailed and specific definitions developed by Gottlieb (1978) and Coffman and Ray (1999, 2001), which will be discussed in greater detail below. In addition to the specificity of the various definitions of social support, authors have approached the development of definition from disparate angles. Some authors build on the work of others directly, by explicitly including it in their own definition of social support. For example, Leavy, (1983) builds on the definition developed by House (1981), and Shinn et al. (1984) build on that stated by Shumaker and Brownell (1984). Others build on previous work indirectly through an inductive use of the literature to date (Barrera & Ainlay, 1983; Cohen & Syme, 1985; Cutrona & Russell, 1990; Heller et al., 1986; Hilbert, 1990; House, 1981; MacElveen-Hoehn & Eyres, 1984; Schaefer et al., 1981; Shinn et al., 1984; Shumaker & Brownell, 1984; Vaux, 1990). Some authors demonstrate little critical rejection or acceptance of prior definitions in the development of their own (Pilisuk, 1982;

Procidano & Heller, 1983). As illustrated in my own composite definition (Figure 3.1, step 4), the concept of social support is a complex one. Attempting to break it down and understand it through an analysis of the academic literature continues to ignore the importance of contextual detail. Not to know the detail of social support in a particular context will lead to problems when trying to measure or manipulate social support in a research or practice setting.

Only two of the thirty authors identified for this critical appraisal have employed qualitative methods in the development of their specific and contextualised definitions of social support. Using semi-structured interviews with a sample of single mothers, Gottlieb (1978) developed a classification scheme of informal helping behaviours based on the experiences of this group of women. Content analysis of the interviews revealed 26 categories of helping behaviours, which were organised into four main constructs: emotionally sustaining behaviours; problem solving behaviours; indirect personal influence and; environmental action. Each of these constructs was clearly defined and exemplified using quotes from women in the sample. More than 20 years later, Coffman and Ray (1999, 2001) used a grounded theory approach to develop a theory of support processes in low-income African American women during high-risk pregnancy and early parenthood. Data from these women, close support providers and health care providers were collected through interviews and observation. While the substantive theory of support that emerged was labeled 'mutual intentionality', the phrase 'being there' summarised the women's definition of support. 'Being there' implied that "the support giver was available and willing to provide help when needed" (p.479). Other constructs emerging from their data were 'caring', 'respecting', 'sharing information', 'knowing', 'believing in' and 'doing for'. Like Gottlieb, Coffman and Ray explicitly defined each construct that emerged from the data and exemplified it with quotes from the study participants.

When comparing existing definitions of social support, it is clear that the method used to develop the definition has a major influence on construct inclusion. From the point of view of research, intervention and practice, definitions need to be operationalised. It is by way of the constructs, inherent in definitions, that this occurs. It has been noted in other reviews that, despite the many definitions of social support, they all possess common characteristics (Hupcey, 1998a). This convergence is most evident in the definitions that are derived using the literature, and it is no wonder, since they have used other definitions in the development of their own. In many cases it is simply the terminology that is different, as the assumed meaning of constructs remains the same. Consider for example the constructs of emotional support (Cutrona & Russell, 1990; Heller

et al., 1986; Hirsch, 1980; Procidano & Heller, 1983; Schaefer et al., 1981), emotional concern (House, 1981), emotional assurance (Pilisuk, 1982) and intimate interaction (Barrera & Ainlay, 1983; Hilbert, 1990). While a few authors define what they mean by this construct (House, 1981; Schaefer et al., 1981), others assume a collective understanding. Such an assumption is misplaced when it comes to adopting one of these definitions in a research study. In order to use a definition of social support to guide research, intervention or practice, the constructs of the concept must, themselves, be clearly defined. Without a clear understanding of what each construct in a definition means, the definition itself cannot be operationalised and is not useful.

Contrast these often vague but convergent constructs with the unique construct of 'being there' (Coffman & Ray, 1999). While it could be argued that this is simply another term for emotional support, the detail given by the authors allows this construct to be operationalised in terms of availability of time, energy and space. Because of the qualitative development of their definition, Coffman and Ray were also able to include information about the timing of this type of support and the nuances of this type of support when provided by different people. Of course, this definition is only intended to be used with women who share the characteristics of their sample. Some may see this as a limitation of the definition, arguing that its application is restricted. I dispute this, and argue instead that its restricted application makes this definition a powerful tool in research, intervention and practice with low-income African American women during high-risk pregnancy and early parenthood.

Considering theoretical underpinnings

A second factor influencing construct inclusion in definitions of social support is the theoretical perspective of the authors. Thirty years of discussion and investigation of social support has resulted in an excess of possible conceptual and theoretical underpinnings for the phenomenon. In a thorough examination of social support and its significance for researchers and practitioners in the field of nursing, Stewart (1993) outlines a number of theories that have impacted on the conceptualisation of social support. These include: Coping Theory; Social Comparison Theory; Social Exchange Theory; Attribution Theory; Social Learning Theory and Social Competence.

In addition to theoretical perspectives, definition construction is also subject to underpinning paradigms. The most salient in the discussion of social support is the stress, coping and social support paradigm. The concepts of stress, coping and social support, and the interrelationships among them, have been discussed in relation to both physiological and psychological health.

Early theorists were particularly concerned with the role of social support in the prevention of disease (Caplan, 1974; Cassel, 1976). They suggested that evidence from animal and human studies indicated a buffering or cushioning effect of social support, which protected the individual from the "physiologic or psychologic consequences of exposure to the stressor situation" (Cassel, 1976, p. 113). To explain the observed protective effects of social support, Cobb (1976) subscribed to the theory that social support facilitated coping and adaptation; that it acted as a moderator of life stress. These explanations may be considered examples of the stress-buffering model of social support which states that social support protects individuals from the harmful effects of stressful events and facilitates coping (Stewart, 1993).

An alternate model is the main-effect or direct-effect model. Rather than intervening between stressors and the individual, this model proposes that social support directly benefits well-being by fulfilling basic social needs (Thoits, 1982), or through emotionally induced effects on immune system functioning (Pilisuk, 1982). Interestingly, regardless of the model they subscribe to, these authors construct social support in a similar way, emphasising the individual's need for access to support, to feel cared for and part of a group. The difference between those definitions that subscribe to the buffering model and those that subscribe to the main-effect model lies in the timing of support, with main-effect advocates implying a more continuous role for social support, and buffering advocates emphasising social support as a response to times of stress.

This discussion has highlighted the complexity and ambiguity of the concept of social support. Yet research that includes social support as a variable measures the same constructs over and over again (Hupcey, 1998a). Only a facet of the concept is ever operationalised for research, and measures of social support invariably fall into one of three categories: (a) social network and social integration variables, (b) received support, and (c) perceived available support (Hupcey, 1998a). Despite being important to theorists, the conceptual and theoretical models that underpin many of the existing definitions are ignored when it comes to operationalising these definitions for research. Perhaps one explanation for the superficial measurement of social support in research is in fact the complexity and ambiguity of the concept. It would be impossible to operationalise all related constructs, or to consider all theoretical and conceptual models of social support in any one study. It would perhaps make sense to limit measurement to one discrete model of social support. In doing this though, how can one be sure one has captured the <u>meaning</u> of social support? It appears we cannot, unless the model of support we choose to operationalise

reflects the meaning of social support to the people we are studying, within the context of interest.

The case for context

One thing that is striking in this appraisal is the generalised or global nature of definitions of social support. Some of the authors of these definitions acknowledge that the concept of social support is a complex one, and imply that its meaning may be dependent on context. House (1981) actually suggests that to attempt to measure all aspects of social support indicated in his definition "would be impossible and fruitless in any single situation or study" (p. 28). He goes on to say that it is the task of research to discover which issues are important. In a similar vein Shinn et al. (1984) suggest that efforts to improve health and well-being by increasing social support should begin with an assessment of an individuals needs and social support constraints. Cohen and Syme (1985) believe that "the meaning and significance of social support may vary through the life cycle" (p.4) creating a need to understand the meaning of social support at different periods in life. A global definition of social support is certainly appealing, but the continued pursuit of an all-encompassing definition is not only futile, it may be seriously limiting research, intervention and practice.

The concept of social support is not in its infancy. However, when judged against the epistemological, pragmatical and linguistic principles described by Morse et al. (2002) it is clearly not fully developed or 'mature'. Rather than being well defined (The epistemological principle), there are multiple and competing definitions. While it can be broadly operationalised (The pragmatical principle), there is a lack of contextual detail to make it useful for research. And although the concept of social support is broadly utilised, its definition is inconsistent and often inappropriate (The linguistic principle).

It is naive to think that a concept can be developed to a point where it can be applied, usefully, to all situations. At a certain point, its development needs to become context specific. This in turn will develop a broader understanding of the concept, which in its turn can be discussed and debated. Given its theoretical and practical complexities, the concept of social support has surely reached this point. While many have alluded to this (Cohen & Syme, 1985; House, 1981; Shinn et al., 1984), none have explicitly argued for a different approach to how the concept of social support is defined.

In light of this discussion I am advocating a qualitative and contextual approach to the definition of social support. Theoretical discussions of social support are important, but should remain secondary and in response to research that details what is and is not socially supportive and why from the view point of those experiencing a particular situation. I am proposing a change in the way researchers and theorists approach the difficult question of 'what is social support?' We should move away from the deductive hypothesis-testing approach that has dominated research and discussion until now, to an inductive hypothesis-forming approach. Rather than imposing a definition on a context in which it may not fit, we should derive definition from context to ensure it does fit with the research or practice context. This can only be done by asking people what the meaning of social support is for them. Qualitative methods are best suited to this task and may be used as part of a qualitative paradigm of inquiry (such as Phenomenology, Ethnography, Grounded Theory, etc) or simply as a series of techniques (Morse et al., 1996). Qualitative methods of data collection such as unstructured and semi-structured interviews, focus groups and observation make it possible to identify what is socially supportive in what circumstances. The complexities and nuances of relationships, timing and modes of delivery can be discerned using qualitative methods, and participants are in a position to clarify the information they give. Just as importantly, qualitative methods can identify what is not socially supportive even when intention is good. In contrast, a theoretical approach to the development of a definition of social support allows it to become entrenched in a conceptualisation that is removed from real life. A quantitative approach may collect data from an appropriate subset of people, but the techniques used to do so, such as surveys or structured interviews, are necessarily influenced and constrained by the researchers' own understanding of the concept of social support. The details derived from a qualitative approach allow researchers to operationalise the concept of social support in a way that adheres to the meanings prescribed by people with direct experience of the context they wish to study (Creswell, 1998). This in turn will allow confident measurement and intervention that will ultimately lead to confident conclusions about the role of social support in certain contexts, something that has certainly been lacking in research to date.

CHAPTER SUMMARY

In this chapter I have argued that the concept of social support, as it is defined in the literature, is under-developed. Multiple definitions developed in a logical deductive fashion and designed for the most generalised application, undermine the usefulness of the concept of social support for research, intervention and practice with specific groups of people in specific contexts.

These shortcomings render the concept of social support, as it is currently defined, ill-equipped for guiding measurement or intervention in research and practice. When definitions were examined to ascertain their appropriateness for use in the context of being a new parent, none were judged appropriate. The main reason for this in many cases was the lack of detail provided about definitional constructs, and in all cases the lack of evidence that the definitional constructs actually represent what is thought to be social support by new parents. The definitions offered by Gottlieb (1978) and Coffman and Ray (1999) were considered inappropriate because they were clearly developed from the study of the experiences and views of specific vulnerable groups of mothers who do not necessarily represent new parents in general. A decade after developing his 'classification scheme of informal helping behaviours' Benjamin Gottlieb and his colleague Mark Pancer (1988) suggested, 'There is a need for more qualitative, descriptive research documenting the supportive and stressful transactions that prospective or new parents engage in with members of their social networks" (p.265).

In order to illustrate the implications of using an underdeveloped conceptualisation of social support in health research, my next chapter focuses on the example of the new family and explores the meaning of social support in research conducted in this area.

C h a p t e r   4

EXPLORING THE MEANING OF SOCIAL SUPPORT IN RESEARCH CONDUCTED IN THE CONTEXT OF THE NEW FAMILY

> "The utilisation of poorly understood concepts in research will, at the most basic level, result in questionable reliability and validity, in excessive and antagonistic discourse between researchers, and in misunderstandings in the communication of research findings to both the scientific community and to practitioners."
>
> (Morse et al., 1996, p.254)

CHAPTER INTRODUCTION

In chapter 3 I argued that the concept of social support was variously and generally defined and that its use in research was problematic. In this chapter I contextualise these conclusions by briefly reviewing the evidence that indicates social support is important in the context of the new family, and highlighting the multiple meanings of social support that exist in this area of research. I argue that the inconsistent results evident in the pregnancy and parenting literature regarding the role of social support are due to both inconsistency of definitions across studies and, most importantly, to a paucity of contextually derived and appropriate definitions. This chapter also highlights the one-dimensional concern of empirical research in this context, and illustrates a neglect of the relational nature of social support. I conclude this chapter with an assessment of the contribution of this body of work to our understanding of social support in the context of the new family. In so doing, a clear argument is made for conducting qualitative research that explores the meaning of social support to people in the context of the new family prior to operationalising the concept for either measurement or intervention.

THE IMPORTANCE OF SOCIAL SUPPORT IN THE CONTEXT OF THE NEW FAMILY

Social support is important in the context of the new family. However, the evidence for this, which comes primarily from correlational and intervention studies, demonstrates a degree of inconsistency that, I will argue, stems from an inadequate understanding of the meaning of social support to people being studied.

Correlational studies

A woman experiencing motherhood for the first time faces many challenges. Research indicates that how she deals with these challenges is mediated by her relationships at this time and the degree to which these relationships are supportive. As well as studying the structure and roles of supportive relationships (Cronenwett, 1984; Cronenwett, 1985a; Park & Dimigen, 1994; Richardson et al., 1991; Jordan, 1989; Power & Parke, 1984), researchers in this area study the relationship between social support and various physical and psychosocial outcomes of pregnancy and parenting. In an early study of the relationship between psychosocial assets, stress and pregnancy outcome, Nuckolls et al. (1972) found that high psychosocial assets (which included support offered by extended family, friends and community), was associated with fewer complicated pregnancies in women who reported high life stress, but not in women who reported low life stress. These authors conclude that, "by strengthening psychosocial assets (a task which surely is not beyond human ingenuity), presumably we could reduce the incidence of illness and improve the quality of life" (p.440). Many researchers have since sought to explore the relationship between support and outcomes of pregnancy and there is evidence that social support is positively associated with various aspects of physical and psychosocial health, including: abstinence from alcohol, cigarettes and caffeine (Aaronson, 1989); general health and well being of expectant mothers (Brown, 1986a; Zachariah, 2004) and fathers (Brown, 1986a); stress, anxiety and depression in expectant mothers, (Tietjen & Bradley, 1985); attitude of mothers toward fetus (Tietjen & Bradley, 1985; Cranley, 1981; Cranley, 1984) attitude of fathers toward fetus (Cranley, 1981; Cranley, 1984); satisfaction with marital relationship (Rankin et al., 1985; Tietjen & Bradley, 1985); and use of anaesthesia during labour (Copstick et al., 1986).

Social support has also been shown to influence the parenting experience, and is associated with the general health and well being of mothers and fathers (Brown, 1986a); postpartum marital adjustment for mothers (Tietjen & Bradley, 1985; Rankin et al., 1985); mother's perception of baby (Priel & Besser, 2002; Crnic et al., 1983); mother's perception of self (Crnic et al., 1983; Reece, 1993); depressive symptomatology for mothers (Priel & Besser, 2002; Leathers et al., 1997; Small et al., 1994) and fathers (Leathers et al., 1997); family well being (Darlington & Miller, 2000); sensitivity and expressiveness of the mother toward baby (Contreras et al., 1999; Goldstein et al., 1996; Colletta, 1981); acceptance of baby by mother (Colletta, 1981) and mother's ability to cope with child care (Tarkka, 1999).

Although research in this area focuses predominantly on the health and well being of mothers, there is also evidence suggesting that social support has a positive effect on infant health at birth (Collins et al., 1993), infant behaviour (Crnic et al., 1983) and child development (Tinsley & Parke, 1987). In addition, providing support to new parents and grandchildren provides opportunities for reciprocity within the family, which affords support to grandparents (Tinsley & Parke, 1987).

On the whole, correlational studies present a positive picture of the role of social support in pregnancy and parenting; however, there are exceptions. Several of the studies already mentioned report no association between social support and some outcome measures of pregnancy and parenting, while others report conflict (Richardson et al., 1991), reduced parent sensitivity to child (Contreras et al., 1999; Goldstein et al., 1996), and increased depressive symptomatology in mothers (Leathers et al., 1997). These negative findings are in the minority, however, and since the study by Nuckolls and colleagues in 1972, researchers have been encouraged by the results of correlational studies to put "human ingenuity" (p. 440) to the test and try to improve quality of life, for mothers and babies in particular, by improving and augmenting available social support in the prenatal and postnatal periods.

Intervention trials

Although retrospective and correlational studies have shown that social support during pregnancy and postpartum is associated with better physical and psychosocial outcomes for women and babies, intervention studies have not been so convincing. For example, in relation to pre-term birth and low birth-weight, a number of randomised controlled trials have found little evidence for the effectiveness of social support interventions (Bryce et al., 1991; Heins et al., 1990) (Spencer et al., 1989; Rothberg & Lits, 1991). In a systematic review of fourteen trials, conducted for the Cochrane Library, additional support during pregnancy was not shown to reduce the number of low birth weight babies or improve other important medical outcomes for mothers and babies (Hodnett, 2001a). Oakley et al., (1990) in their study of social support and pregnancy outcome, did report a slightly higher mean birth weight for intervention group mothers compared to a control group, however the statistical power of this study was low. While this study sheds little light on the relationship between social support and low birth weight, it did find an association between the social support intervention and other medical and psychosocial outcomes such as admission to hospital during pregnancy, physical health problems of mothers and babies following discharge and emotional well-being of mothers. In contrast to these studies, Norbeck

and colleagues found that participation in a tailored social support intervention did significantly reduce the rate of low birth weight in a group of African American women considered to have inadequate social support prior to the intervention (Norbeck et al., 1996).

Randomised controlled trials of social support during labour and birth are less equivocal. For instance, a Guatemalan study of lay woman support during labour found that women in the experimental group had shorter labours, were awake for longer after delivery and interacted with their babies more than women in the control group (Sosa et al., 1980). In a subsequent study, these investigators found that social support provided by female companions resulted in fewer perinatal complications, including caesarian section and oxytocin augmentation, and fewer admissions of infants to neonatal intensive care (Klaus et al., 1986). A systematic Cochrane review of fourteen trials of caregiver support for women during childbirth also concluded that continuous support during labour has a number of benefits for mothers and babies and no harmful effects (Hodnett, 2001b).

As was the case with social support interventions for pregnancy, evidence from postpartum intervention studies are mixed. Morrell and colleagues (2000) conducted a large randomised controlled trial of community postnatal support and found no difference in health status between women in the intervention group and women in the control group. In another study, no reduction in rates of depression were found at 6 months postpartum for women who attended extra support groups during pregnancy compared to controls (Stamp et al., 1995). Other intervention studies have found more positive results. In a telephone intervention study where mothers with difficult infants were telephoned up to five times and given information, advice and empathic listening, the intervention group was found to have significantly less fatigue and symptom distress than mothers in the control group (Thome & Alder, 1999). Encouraging results have also been found in two intervention studies of women suffering from postpartum depression identified in a Cochrane review (Ray & Hodnett, 2000). In both studies (Appleby et al., 1997; Holden et al., 1989), social support resulted in a significant reduction in depression at 25 weeks postpartum. However, as noted by Ray and Hodnet these studies do not answer questions about what type of support should be provided by whom, at what times and for how long. This conclusion may provide some insight into the variable results of pregnancy and parenting studies, and the consistent results found in studies concerned with social support during labour and birth. The latter necessarily restrict conceptualisation of social support to a specific type (companionship), person (partner, lay woman or midwife) and time (duration of labour). Pregnancy and parenting

studies are much more diverse in their scope, though restricted, in the main, to manipulating social support from health professionals.

WHAT THIS REVIEW REVEALS ABOUT THE STUDY OF SOCIAL SUPPORT IN THE CONTEXT OF THE NEW FAMILY

This brief review of the importance of social support in the context of the new family indicates two things. First, correlational studies indicate that social support is likely to be important to the health and well being of members of a new family, though it is not at all clear what types of support are needed, by whom and at what times. Second, there is confusion and inconsistency between the results of correlational and intervention studies about the role of social support in the context of the new family. This lack of consensus, especially among intervention studies, may indicate that little or no association exists between social support and factors related to the transition to parenthood. Intuitively, and on the basis of correlational studies, this seems improbable. A lack of consensus is more likely to be due to poor and variable methodology, with many studies suffering from low recruitment rates, small sample sizes and unrepresentative samples. In addition, inconsistency in the use of definitions and measures across studies makes it difficult to interpret results and compare findings. However, while methodological rigor undoubtedly contributes to the validity of study findings, it is my contention that there is a preceding condition that is not being met in many individual studies and in this area of research as a whole, and that is an understanding of the meaning of social support. My argument in this chapter is that the definitions and measures of social support used in research in this context do not adequately represent the meaning of social support for the groups of people that are being studied.

To support this argument, the following section will illustrate the inconsistencies of meaning that exist in this area of research, and highlight the paucity of contextually derived meanings of social support in the context of the new family.

Many meanings of social support

The research reviewed in this chapter so far corresponds generally to either a correlational research design or a randomised controlled trial design. While the methodological quality of these studies varies widely, what is more surprising is the variability of the meanings that have been attached to the concept of social support. Forty studies of social support in the context of the new family were referred to in the first section of this chapter. This is by no means an exhaustive

review of the literature in this context, but it is adequate in order to illustrate the multiple meanings of social support that exist. Table 4.1 summarises the way social support has been conceptualised in these studies.

Among these 39 empirical studies, social support was measured or operationalised in 39 different ways. Seventeen standardised measures of social support were used across studies. Some were developed out of definitions identified in the critical appraisal of social support (described in chapter 3), including those described by Barrera and Ainlay (1983), Sarason et al., (1992), Kahn & Antonucci (1980), Thoits (1986) and House (1981). A few studies chose to modify existing measurements of social support for use in the context of pregnancy or parenting, and 20 did not use any existing measure, deciding instead to measure social support according to their own conceptualisation of the concept. With few exceptions, the detail provided by these studies regarding the development of their chosen measurement or intervention parameters was minimal. Although reference was often made to original sources, this lack of information restricts the reader's ability to judge the appropriateness of their conceptualisation of social support for the context studied.

Table 4.1: Measurement and operationalisation of social support in the context of the new family

Study	Measurement * or operationalisation of social support	Theoretical underpinning #
Zachariah (2004)	**Norbeck social support questionnaire** (Norbeck et al., 1981)	
Priel & Besser (2002)	**Social support questionnaire (SSQ)** (Sarason et al., 1983)	Social cognition theory Attachment theory
Morrell et al. (2000)	**Duke functional social support scale** (Broadhead et al, 1988) SS operationalised for intervention as "effective practical and emotional support, including helping the mother gain confidence in caring for her baby and reinforcing midwifery advice on infant feeding" (p.3)	
Darlinton & Miller, (2000)	**The family support scale** (Dunst et al., 1984)	
Contreras et al. (1999)	**Social support network questionnaire** (Rhodes et al., 1999) **Arizona social support interview schedule** (Barrera et al., 1981) Modified for study	
Tarkka et al. (1999)	**Norbeck social support questionnaire** (Norbeck et al., 1981) Other measures developed for study	Kahn's theory of social support (Kahn, 1979)
Thome & Alder (1999)	Social support operationalised as giving information and advice and empathic listening	Cognitive behaviour therapy
Leathers et al. (1997)	**Social support network inventory (SSNI)** (Flaherty et al., 1983) Modified for study	
Norbeck et al. (1996)	**Norbeck social support questionnaire** (Norbeck et al., 1981) Social support operationalised for intervention using empirical evidence from qualitative research with study population	
Goldstein et al. (1996)	**Social support scale** (Levitt et al., 1986) **Social network diagram** (Kahn & Antonucci, 1980) Additional questions about satisfaction with support from own parents and partner	Stress and coping perspective Stress buffering hypothesis
Stamp et al. (1995)	Very vague – social support operationalised as additional antenatal and postnatal 'groups' that acknowledged the abilities of women and focused on practical and emotional planning for and expectations of life changes after baby is born.	
Park & Dimigen (1994)	Social support inventory, based on **Global satisfaction scale** (Fiore, 1980) & **social support questionnaire** (Sarason et al., 1983)	
Gjerdingen & Chaloner (1994)	Questions adapted from Cohen's **Dimensions of social support scale** (Schaefer et al., 1981) and Blake's **Tangible support scale** (Blake & McKay, 1986)	
Small et al. (1994)	**Social support questionnaire** (Sarason et al., 1983) Practical support operationalised as childcare & housework	
Collins et al. (1993)	Measures of received social support; baby's father support; health care provider support and network resources developed for study	Stress and coping perspective Main effect hypothesis and Stress buffering hypothesis considered
Reece (1993)	**Norbeck social support questionnaire** (Norbeck et al., 1981)	Study and measure of social support based on theoretical work of Kahn (1979)
Cooley et al. (1991)	Social support operationalised as presence and stability of living arrangements of partner and grandmother –vague	
Richardson et al. (1991)	**Inventory of social contacts (ISC)** (Richardson, 1984)	
Bryce et al. (1991)	Social support operationalised as expressive support – sympathy, empathy, understanding, acceptance, affection, confidante. Existing Social support determined by women's description of household members	Conceptualisation of social support based on Thoits (1982)
Rothberg & Lits (1991)	Social support operationalised as two or more 20minute visits with a social worker who helped woman deal with stress factors,	

	problems at home or work, and encouraged compliance with clinical advice and instructions	
Heins et al. (1990)	Support operationalised as regular professional midwifery, one-on-one care. Informational in the main.	
Oakley et al. (1990)	Social support operationalised as contact and support according to needs of mothers - vague	
Aaronson (1989)	**Personal resources questionnaire (PRQ)** (Brandt & Weinert, 1981) Measure of received support developed for study – Questions about family members behaviour re. Smoking, drinking, caffeine	Stress and coping perspective Stress buffering hypothesis
Spencer et al. (1989)	Social support operationalised for each client – individually tailored	
Jordan (1989)	Social support operationalised using definition developed by House (1981)	Conceptualisation of social support based on House (1981)
Tinsley & Parke (1987)	Social support measure developed for study determined extent to which families received physical, financial, informational and emotional support	
Copstick et al. (1986)	Social support questions developed for study included general questions about partner providing general support or specific pain control technique support	
Klaus et al. (1986)	Social support operationalised as emotional and physical: rubbing back, holding hands, providing explanation and encouragement	
Rankin et al. (1985)	Social support questions developed for study included questions about expectations for support; help after birth; support that was actually utilised and how helpful it was	Life span perspective
Tietjen & Bradley (1985)	Social support measure developed for study - social network characteristics and structure; types of support offered	Stress and coping perspective- Stress buffering and main effect hypothese considered
Cronenwett (1985a)	**Social network inventory (SNI)** (Cronenwett, 1984;Cronenwett, 1985b)– based on House (1981)	Social network and social integration perspectives
Brown (1986a)	**Support behaviors inventory (SBI)** (Brown, 1986b)	Stress and coping perspective Stress buffering hypothesis
Cranley (1984)	Social support questions developed for study - general support questions	Developmental perspective
Cronenwett (1984)	**Social network inventory (SNI)** (Cronenwett, 1984; Cronenwett, 1985b)	Social network and social integration perspectives
Crnic et al. (1983)	Interview schedule for social interaction	Ecological perspective Stress and coping perspective- Stress buffering and main effect hypothesis
Cranley (1981)	Social support questions developed for study - measured presence of a strong social support system. Open ended forced response questions about the social support network available	Attachment theory
Colletta, (1981)	Stress, support and family functioning interview – developed for study	
Sosa et al. (1980)	Social support operationalised as physical contact, conversation and presence of friendly companion (not previously met)	
Nuckolls et al. (1972)	**The adaptive potential for pregnancy scale (TAPPS)** (Nuckolls et al., 1972)	Stress and coping perspective - Stress buffering hypothesis

*- Standardised measurements in bold
- Refers to theoretical perspectives referred to in article

Variations in measurement or operationalisation of the concept of social support can be accounted for, to some degree, by considering the theoretical underpinnings of some studies. On the whole, empirical research in this area has been underpinned by either a stress-buffering model of social support (e.g. Goldstein et al., 1996; Morrell et al., 2000) or a main-effect model of social support (e.g. Aaronson 1989; Priel & Besser, 2002). Some studies explore both models of support simultaneously (e.g. Collins et al., 1993). The stress-buffering model hypothesises that support increases a person's ability to cope with stressful situations thus reducing the effect of the stressor on health. This model has evolved out of a stress and coping perspective based on the work of Lazarus (1966) and Lazarus and Folkman (1984) and extended to the phenomenon of social support by Cobb (1976) and Cassel (1976). The main-effect model of social support proposes a direct influence of social support on health. In other words, social support has a positive effect on health even in the absence of stress (Thoits, 1983). This model of social support has roots in various social and psychological perspectives, including social cognition (Barone et al., 1997); symbolic interactionism (Blumer, 1969); social-equity or social-exchange theory (Gouldner, 1960; Homans, 1961); attachment theory (Bowlby, 1969); and ecological perspectives (Bronfenbrenner, 1979). It is important to note that, while there was a theoretical underpinning to many studies, other studies did not justify their conceptualisation of social support according to any underpinning perspective, and they provide little or no rationale for the measures and definitions they use.

As well as representing the varied and inconsistent meanings of social support for research in the context of the new family, these empirical studies point to another problem of meaning. In addition to inconsistency across studies, it is worth considering the inconsistency between correlational and intervention studies. One plausible explanation for this inconsistency might be that correlational studies tend to rely on people interpreting questions about social support according to their own understanding of what social support is, while intervention trials impose a meaning of social support on participants through the use of standardised interventions. When asked a question from a standardised social support questionnaire, such as "how much does this person make you feel liked or loved?" (Norbeck et al., 1981, p.265), respondents in a correlational study assess these qualities of support according to their own understanding of the meaning of support. For some, feeling 'liked or loved' could result from minimal interaction, while others may need more intense and overt interaction in order to feel this way. Both types of people could respond to this question positively despite having received or perceived different types and amounts of supportive interactions. While these studies, and studies that focus on social

network characteristics, tell us something about the association between feeling supported and health, or social networks and health, they do not tell us much about the meaning of support to their participants, nor how best to intervene. In intervention trials, investigators interpret social support theory and/or the findings of general exploratory and correlational studies in order to design an intervention. They then impose this intervention on participants without knowing whether or not it corresponds to participants' understandings of what is socially supportive in the context they are studying. Differences in the degree to which a study leaves room for participants to interpret the meaning of social support could explain the discrepancy between correlational and intervention studies as much as differences in methodology.

The quality of research findings must be judged not only on the rigor of methodology but the appropriateness of that methodology and the questions asked. For new mothers it may not be sufficient to ask if they have friends or relatives who can offer 'emotional concern', 'instrumental aid', 'information' and 'appraisal' (House, 1981). It may be more useful to ask if they have friends with small children who can share their own experience and provide a model of behaviour (Gottlieb, 1978), or whether those most available to the new mother are likely to provide affirmation of her child care decisions, or judgment of her child care decisions (Coffman & Ray, 1999). It is the detail of social support and an understanding of its place within relationships that will yield useful information. While general definitions can act as a guide, they cannot offer the detail necessary to ask the questions that will inform a researcher, or a clinician, or a policy maker about what constitutes social support in the context of the new family.

Moving beyond general conceptualisations of social support in empirical research

For both correlational and intervention studies, if the researcher neglects to consider the participants' meaning of social support, then there will be a poor fit between intervention and measurement tools and the research context. An indication that meaning is being neglected in this area of research is the use of general definitions and measures of social support. Eleven of the standardised measures used in these studies were <u>not</u> designed specifically for the contexts of pregnancy or parenting. Where investigators modified measurement tools, or developed their own, this indicates that they recognised that the meaning of social support in the context of pregnancy or parenting has unique characteristics not represented by general measurement tools. This was stated clearly by Collins and colleagues (1993) who justified the development of their own measurement tools by saying:

> "Although there are several existing measures of enacted support, none was appropriate for use with the present sample …For instance, the widely used measure, the Inventory of Social Support Behaviours (ISSB; Barrera et al, 1981) has 40 items, which was much too long for repeated use in the clinic. In addition, this instrument does not differentiate types or sources of support, does not measure satisfaction with support, and contains highly specific behavioral items that were not well suited for our study needs." (p.1246).

In developing the Social Network Inventory, an inventory designed for use with new parents, Cronenwett (1985a) relied on the definition by House (1981). However, in an effort to increase clarity of meaning for lay subjects "instrumental support was relabelled material support and appraisal support was relabelled comparison support" (p.348). Unfortunately, rather than explore the meaning of social support in the context they are studying, these, and other investigators, assumed an understanding based on either the general literature or their own experience of the context, and imposed this meaning on study participants. I contend that this does not pay sufficient attention to the complexity and varied nature of the phenomenon of social support, and that it shows little respect for the experiences and views of participants. In addition, if the researchers' meaning of social support does not match the participants' meaning of social support, then regardless of other methodological merits of the study, it will only superficially contribute to our understanding of the role of social support in the context of the new family.

In stark contrast to all other studies reviewed, one group of investigators did recognise the need to explore the meaning of social support in the context they wanted to study. As a response to what they considered a lack of empirically-derived social support intervention studies, Norbeck and colleagues conducted qualitative research to explore the social support needs of pregnant, low-income African American women prior to developing a tailored intervention to reduce the rate of low birth-weight babies. As indicated earlier, the results of their randomised trial indicated that this tailored intervention did indeed reduce the rate of low birth-weight babies (Norbeck et al., 1996). The difference between this study and other trials of social support during pregnancy was the use of criteria to select participants as having inadequate support prior to the study and, importantly, an empirically based intervention. By considering characteristics of social support that have been associated with pregnancy outcomes in correlational studies, and conducting qualitative research to explore the meaning of social support in this context, there was a good fit between the intervention developed by these investigators and the research context. Consequently, this study makes a significant contribution to our understanding of the role of

social support during pregnancy for low-income African American women. It also makes a significant contribution to our treatment of the concept of social support in empirical research.

It seems that problems with the meaning of social support are not restricted to the context of the new family. In a review of social support theory and measurement, Lakey and Cohen (2000) make the following observations and ask the following questions: Social support research has not yet identified the naturally occurring concepts that people use to think about their relationships. Do study participants share our concepts of support? Could the support questions we ask call to their minds a completely different set of concepts than we intended? And do concepts like supportiveness mean different things to different people? If so, what are the implications for the assessment of social support? (p. 39) These are important questions whose answers may further erode confidence in the literature that inspired them. But how do we go about answering these questions? Lakey & Cohen offer no suggestions other than "More research is needed on the determinants of social support…" (p.46). But what form will this research take?

Considering qualitative explorations of meaning

This review illustrates a bias in empirical research concerned with social support in the context of the new family. This bias is toward quantitative methods of scientific enquiry that rely on theories and conceptualisations of social support developed through a process of logical deduction. And yet, contrary to the observation that, "social support research has yet to identify the naturally occurring concepts that people use to think about their relationships" (Lakey & Cohen, 2000, p.39), examples of research that explore the meaning of social support to people who have experienced pregnancy, parenting and grandparenting do exist, but are perhaps overlooked because of their methodology.

A number of qualitative studies have been conducted which were designed to explore the experience of pregnancy and motherhood. Most of these discuss social support as part of these experiences and offer various insights into the meaning of social support to an evolving sense of identity during pregnancy (Seibold, 2004); to decisions about where to give birth (Pettersson et al., 2004); in the context of being a new mother (Hendricks, 1998; Barclay et al., 1997; Brook, 1997; Rogan et al., 1997); and in relation to new mother's views on postnatal depression (Thurtle, 2003). One study, conducted by Podkolinski (1998) specifically explores women's experience of social support in the postnatal period. By conducting her study, Podkolinski "wanted to reflect the reality of women's lives" and "include women's experience as a way of

knowing" (p.209). She did this by giving women an opportunity to describe their experience, their desires and disappointments in an unrestricted way through self-report diaries and interviews. Her findings reveal not only the detail of who provides social support at this time, and what types of support they provide; but also what support these women wanted and why.

Qualitative studies exploring the experience of fatherhood are few. However, there is growing recognition that a man's need for support and encouragement during the transition to fatherhood may be as important as a woman's need during the transition to motherhood (Barclay et al., 1996; Barclay & Lupton, 1999; Finnbogadottir et al., 2003). In a grounded theory study of the experience of expectant fathers, Jordan (1990) concluded that new fathers struggle to find relevance as parents, instead being seen as breadwinners or helpmates. One study suggests that the father-infant relationship is influenced by the emotional and informational support received from wives (Anderson, 1996); and another notes a lack of social and professional support for fathers whose pregnant partner is at risk of preterm labour (May, 1994). Grandparenthood has also been the focus of a relatively small number of qualitative studies. Despite this, some insights are offered by this body of work that provide clues to some of the questions posed by Lakey and Cohen (2000). These studies shed light on the kind of support provided by grandparents to the new family, including direct and indirect support of the child (Kornhaber, 1985; Kivnick, 1985), support of the marital relationship between parents of the child (Kornhaber, 1985), and advice about childcare (Tammentie et al., 2004). In addition they suggest that conflict is an aspect of supportive relationships when a child is born (Tammentie et al., 2004) and relate this conflict to the dynamics of relationships in transition (Fischer, 1981; Fischer, 1983a; Fischer, 1983b; Fischer, 1983c), historical changes in the supportive role of grandparents (Kornhaber, 1985), inability to fulfill an expected supportive role (Kivnick, 1985) and different understandings of the meaning of social support (Hansen & Jacob, 1992). Finally, the use of qualitative methods of investigation have highlighted that support between the generations is bi-directional around the time of a child's birth, and that the provision and receipt of support by grandparents and new parents provides opportunities for both growth and conflict within these relationships (Hansen & Jacob, 1992).

While none of these qualitative studies attempted to operationalise the concept of social support, two qualitative studies identified in the critical appraisal of the social support literature did. The previously described studies of Gottlieb (1978) and Coffman and Ray (1999; 2001) operationalise social support for the contexts of single motherhood, and high-risk African

American women during pregnancy and parenting respectively. They provide clear categories of support with multiple exemplars to aid utility of their meanings. These meanings of support (which are grounded in the experiences and views of their participants) would be powerful tools in any correlational or intervention studies with similar groups of women. Despite this, no studies have directly utilised the meanings of social support developed by Gottlieb and Coffman and Ray, though it should be said that Gottlieb's 26 categories of informal helping behaviours have been used in the development of some generalised definitions (e.g. House, 1981) and measures of social support (e.g. Barrera et al., 1981). A search of the Web of Science Citation Index also showed that the work of Podkolinski (1998) was similarly ignored in quantitative studies of social support in the context of the new family. And while the qualitative work of Hansen and Jacob (1992) has been cited on a few occasions, no effort has been made to operationalise their findings for the measurement or intervention of social support in an intergenerational context.

This limited review of the literature demonstrates multiple meanings of the concept of social support for research in the context of the new family, and a neglect of meaning grounded in the experiences and views of people experiencing social support in this context. Throughout this chapter I have referred to the context of the new family. The new family may include members of the nuclear family such as mother, father and child, as well as members of the extended family, such as grandparents, aunts and uncles. Where possible I have discussed research concerning fathers and grandparents, but the vast majority of research in this area is concerned with the effects of social support on the health and well being of mothers and, to a lesser extent, babies. The effect of this research is to present social support as a commodity that is divorced from relational processes. By extracting social support from its relational milieu, researchers in this area have created an artificial variable that has measurable characteristics, but which may not adequately represent what is going on between people in the days, weeks and months following the birth of a baby.

To pursue these shortcomings further, the next section will discuss how empirical meanings of social support ignore the complexities of social interaction and the relationships within which interaction occurs.

Social support as a commodity rather than a relational process

In this section I highlight the gap between theory and empirical research concerned with social support in the context of the new family. Although theorists emphasise relational aspects of

social support, and include discussions of negative interaction, these concerns are rarely reflected in empirical studies in this context. By focusing in this section on the role of grandparents, I aim to highlight the limitations of ignoring relational processes in the empirical study of social support in this context, and make an argument for the consideration of the meaning of social support from various perspectives within the same context.

So far this chapter has demonstrated that social support takes many meanings, yet one thing is agreed: Social support is a phenomenon that occurs between two or more people; it occurs within relationships. Theoretical discussions of social support emphasise the importance of relationships (Heller & Lakey, 1985; House, 1981; Shumaker & Brownell, 1984; Heller et al., 1986; Gottlieb & Pancer, 1988; Dunkel-Schetter & Skokan, 1990; Sarason et al., 1990; Coyne et al., 1990; Sarason et al., 1992; Coffman & Ray, 1999), reciprocity (Cobb, 1976; House, 1981; Shumaker & Brownell, 1984; Shinn et al., 1984; Dunkel-Schetter & Skokan, 1990; Antonucci & Jackson, 1990; Coffman & Ray, 1999), and provider motivations and characteristics (Stewart, 1989; Thoits, 1986; Dunkel-Schetter & Skokan, 1990; Heller et al., 1986; Kessler et al., 1985; Hupcey, 1998a) in the provision and receipt of social support. A number draw attention to the negative impact of relationships and interactions intended as support (Schaefer et al., 1981; Coyne et al., 1988; House, 1981; Shumaker & Brownell, 1984; Shinn et al., 1984; Heller et al., 1986; Gottlieb & Pancer, 1988; Stewart, 1989; Sarason et al., 1992; Rook, 1992; Hupcey, 1998a; Coffman & Ray, 1999). Clearly, theorists from various research traditions and theoretical perspectives share a concern for relational aspects of social support, yet very few empirical studies consider the relationship within which social support occurs, nor the negative impact of social interaction, in the context of the new family. The result is a superficial understanding of social support as discrete, one-directional interaction, which at best benefits the mother and child, and at worst has no effect on either. When one considers the way social support has been defined in empirical studies in this context, it is no wonder. The many meanings of social support have one thing in common; they conceptualise social support as inherently positive interaction.

The term 'social support' defies negative descriptors, and in many intervention studies it has not proved to be a very useful research concept. It is an inherently positive term that relates to action, and this has influenced researchers and participants alike to focus primarily on the impact of positive behaviours on health outcomes. The narrow focus on supportive behaviours in this area ignores the complexity of social interaction (Cochran, 1993) and overlooks the effects of negative forms of interaction. In a study looking at the relative impact of positive and negative

interactions, Rook (1984) found that negative social outcomes were more strongly and consistently related to the well-being of widowed women than positive social outcomes. In addition, she found that positive and negative interaction appeared to be unrelated. Similar results were found in a study looking at the relative roles of family functioning and social support on health. In this study, Franks et al (1992) found aspects of family functioning such as emotional involvement and criticism to be more powerful predictors of health than social support. Despite this evidence, and theoretical arguments placing social support within various relational processes, research in the context of the new family continues to measure and treat social support as an independent variable. This has resulted in the absence of any serious consideration of support providers in empirical research and in turn, a lack of concern for the social and individual processes of which social support is an important, and dependent, factor.

Social support as a relational process: considering grandparents in the context of the new family

Rather than considering social support as an interaction between two or more people, both quantitative and many qualitative studies in the context of the new family consider it an action directed from family or friends to a new mother. The few exceptions highlight the inadequacies of this conceptualisation of social support. Of particular significance to this thesis is a study by Hansen and Jacob (1992). Their qualitative study of intergenerational support during the transition to parenthood revealed that many things influence the nature of support, including developmental issues for the parent and grandparent generation, family relationships, family coping styles, and continuities or discontinuities of cultures and traditions. By considering the perspectives of more than one generation, these authors add dimension to the concept of social support in this context. Although they did not extend their study to the development of an integrated meaning of social support or substantive theory in the context of the new family, they highlight complicated relational aspects of social support between parents and grandparents that are not evident in other studies.

Although the role of grandparents in the provision of social support is an aspect (though not a focus) of many quantitative studies in this area of research, most of these studies fail to distinguish between grandparents and other ‘family’ or ‘family and friends’ (Small et al., 1994; Park & Dimigen, 1994; Reece, 1993; Richardson et al., 1991; Brown, 1986a; Tietjen & Bradley, 1985; Rankin et al., 1985; Cronenwett, 1984; Power & Parke, 1984; Crnic et al., 1983; Colletta, 1981). Those that do make a distinction have found that grandmothers are one of the most

significant providers of support to new mothers (Tarkka, 1999; Contreras et al., 1999; Goldstein et al., 1996; Cooley & Unger, 1991) and are particularly important for the provision of ‘functional support’ such as house work and child care (Tarkka, 1999; Contreras et al., 1999; Cooley & Unger, 1991), and ‘emotional support’ (Tarkka, 1999). Unfortunately, these studies provide very little insight into the processes of support provision from grandparents, and tell us simply that grandparents (grandmothers in particular) are significant figures in the support networks of new mothers. By contrast, qualitative studies that focus on the experience of being a grandparent do shed some light on these processes. Though they are few, these studies indicate that the birth of a grandchild impacts on grandparents in various ways. Among these is the desire or obligation to provide support to the child and its parents (Tinsley & Parke, 1984; Tinsley & Parke, 1987; Kornhaber, 1985; Kivnick, 1985; Bass & Garo, 1996; Kitzinger, 1996).

Consistent with the parenting literature, the grandparent literature reinforces the role of grandmothers as a primary source of support for new parents. Where the two bodies of literature differ is the extent to which this relationship is recognised as bi-directional. A focus on grandparents has led to an exploration of what it means to be a grandmother, and by association, what it means to be a ‘provider’ of support in the context of the new family. Reciprocity is a recurring theme in the grandparent literature and the degree to which grandparents receive support from family members is implicitly or explicitly explored in a number of articles (Tinsley & Parke, 1984; Tinsley & Parke, 1987; Troll, 1985; Kornhaber, 1985) and books (Kitzinger, 1996).

As is the case with becoming a mother, the degree to which relationships are supportive during this time impacts greatly on an older woman’s transition to grandmotherhood. Unlike the transition to motherhood, becoming a grandmother is dependent on these relationships as they are the means by which she accesses her grandchild. The degree to which grandparents can control their grandparenting behaviours impacts greatly on their identity as grandparents and their satisfaction with their grandparent role (Kivnick, 1985). Parents, as mediators and moderators of grandparent interaction within the new family (Robertson, 1975; Fischer, 1983c; Fischer, 1983b; Troll, 1983; Kornhaber, 1985; Troll, 1985; Robertson et al., 1985; Tinsley & Parke, 1987), are in a position to support or hinder grandparents in their efforts to provide support and realise their expected grandparent and parent role.

A consideration of the literature on grandparenting underscores the limitations of current empirical research in the context of the new family. Grandparents represent just one of the 'network members' available to new parents in the empirical literature, but this discussion highlights the significant role social support plays in their relationships with their family, their ability to provide support and their own transition to grandparenthood. Ignoring the relational nature of social support serves no purpose in empirical research. A holistic approach to the study of social support, which recognises relational processes and various perspectives, is likely to illuminate not just those behaviours that are socially supportive to new mothers, but the range of interactions that exist in the context of the new family, the antecedents and outcomes for all involved and the processes upon which they lie. The following section will extend this argument and provide a rationale for using qualitative research methods to explore the meaning of social support in the context of the new family.

CHAPTER SUMMARY: RATIONALE FOR USING QUALITATIVE RESEARCH TO EXPLORE THE MEANING OF SOCIAL SUPPORT IN THE CONTEXT OF THE NEW FAMILY

The importance of social support in the context of a new family is evidenced by the extensive body of empirical research that has been conducted in this area. This research also points to significant problems with the way social support has been conceptualised and measured in this context and raises questions about the validity of research that ignores participants' understandings of social support. A number of theorists and investigators agree that social support is a complex phenomenon that exists within social relationships and is mediated by contextual factors. Yet, with few exceptions, the quantitative studies reviewed in this chapter limit themselves to general descriptors of what constitutes support in the context of the new family. These descriptors mirror those found in definitions of social support and include 'functional support' 'emotional support' 'tangible support' 'instrumental support' and so on. Network factors are also reported, and again they reflect a general approach to support in this context, which is highlighted by the neglect of grandmothers as an identified network member. What these studies do not do is provide detail about what is supportive, from whom, at what times and why. And although relationships are clearly acknowledged in these studies to the extent that a persons network is deemed important, no effort is made to examine these relationships in more depth to determine processes of interaction, nor is there any interest in determining the detail of social support.

In a discussion of the methodological issues in social support and social network research, O'Reilly (1988) states,

> "If research findings are intended to help us better understand the social processes related to social support and ultimately to develop interventions aimed at improving health outcomes, then the indices used to measure support need to be consistent with conceptual definitions, differentiate the multidimensionality of support, specify the perceived adequacy of support and, where appropriate, identify not only general supportive behaviour but the specific supportive behaviours and interactions that are presumed to affect the health outcomes being measured." (p.870).

Two things undermine the ability of research in this area to achieve O'Reilly's goals. First, a lack of detail exists about the process of social support within particular relationships in the context of the new family, and second there is reluctance on the part of quantitative researchers to utilise the findings of the few qualitative studies that do exist.

The call by some theorists to conduct more "qualitative, process-oriented research" (Gottlieb & Pancer, 1988, p.254) to study social support in this context has been taken up by very few researchers. Those who have pursued a qualitative path include Gottlieb (1978), Hansen and Jacob, (1992), Podkolinski, (1998) and Coffman and Ray (1999). These investigators have explored the meaning of social support from various perspectives within the context of the new family. Only Gottlieb (1978) and Coffman and Ray (1999) operationalise their findings in any way, and Coffman and Ray are alone in developing a theoretical model of social support processes. Considered together, the findings of these studies re-place social support within the relational context from which it has been extracted by most empirical research; they also provide evidence that can be used in the development of empirically-derived interventions of social support as suggested by Norbeck and colleagues (1996), and the development of empirically-derived measurements. Despite this, with the exception of Gottlieb (1978), their work is under-utilised.

In the first chapter of the book 'Social Support Measurement and Intervention: A Guide for Health and Social Scientists' (2000) Cohen, Gottlieb and Underwood conclude that:

> "There is convincing evidence that social networks and support influence our health. What we need to know now is which network structures and support functions, under what conditions and for what reasons? This is the level of knowledge that can provide a deeper understanding of how social relationships influence our health and give us the necessary guideposts for the development of successful models of intervention. Taking a theoretical perspective means using a measurement strategy that is tailored to specific research aims and contexts" (p.14).

This conclusion is wholly supported by the conclusions of this chapter. Interestingly, these authors, and others writing chapters in the same book, (Lakey & Cohen, 2000; Brissette et al., 2000; Wills & Shinar, 2000; Reis & Collins, 2000) consistently overlooked the suitability and power of qualitative methods of investigation to address these research aims. In contrast, this chapter provides a convincing argument for the view that qualitative research that studies the meaning of social support and relationships to people experiencing a particular situation is a necessary first step in building and modifying theory, and developing "measurement strateg[ies] that [are] tailored to specific research aims and contexts" (Cohen et al., 2000, p.14).

Hupcey (1998b) suggests that research concerning social support in all contexts "has become stagnant". To remedy this she recommends investigating the concept in a way that includes "both the provider and recipient of social support and the congruence between these two individuals." (p. 316). In part 3 of this thesis I do as Hupcey suggests. In chapters 5 to 8 I describe a grounded theory study of the meaning of social support in the context of the new family, which explores meaning from the perspective of the 'provider' and 'recipient' of social support in this particular context. In addition to its empirical aims, this qualitative study demonstrates the value of qualitative research in the building and modification of social support theory, and the development of measurement and intervention strategies.

Part Three

Chapter 5

STUDY METHODOLOGY AND METHODS: A JOURNEY

> "The research story never replicates the lived experience. *Rather it renders it more or less usefully"*
>
> (Charmaz, 1995, p. 55)

CHAPTER INTRODUCTION

Chapters 3 and 4 demonstrated that the meaning of social support in the context of the new family was poorly understood. This lack of conceptual clarity has resulted in a body of empirical research that is contradictory and confusing, and which offers only vague recommendations for community intervention and practice. Empirical research appears fundamentally flawed because of a lack of consideration of the meaning of social support to research participants, and this raises the question, 'What is the meaning of social support in the context of the new family?' As a research question, it implies exploration. It does not wish to verify or test any prior hypothesis, but instead aims to explore and develop an understanding of a particular concept in a particular context.

In this chapter I discuss why a constructionist grounded theory methodology was chosen to address this research question. I describe why and how focus groups were used to collect data from mothers, fathers and grandmothers, and I document the analytical methods I used to construct a grounded theory of the meaning of social support in this context. In addition, I highlight the struggles I had with certain methodological conventions, particularly the place of the extant literature in the research process.

As well as documenting my study methodology and methods, this chapter traces the steps I have taken from my originally proposed randomised controlled trial, to the grounded theory study discussed in subsequent chapters. It shows that as well as being an exploration of the meaning of social support in the context of the new family, this study has been an exploration of method, and very much an exploration of myself. Throughout this chapter, and subsequent empirical chapters, I avoid the strict application of grounded theory terminology, preferring instead to use language that is familiar to readers from a range of disciplines and methodological backgrounds. The

chapter is written as a reflexive temporal narrative and begins with a discussion of the role of reflexivity in my research process.

REFLEXIVITY IN MY RESEARCH PROCESS

Reflexivity in qualitative inquiry encompasses several aspects of the research process. Being reflexive about one's own experience and theoretical understandings helps us become aware of influences on our research questions (Charmaz, 1995). By reflecting on the relationship between researcher and participant we are in a position to address issues of power and trust in the research process, and are better able to understand the research process and its findings (Hall & Callery, 2001). Reflexivity is a way of "critically inspecting the entire research process" (p. 224), from conceiving a research question, to collecting data, to analysing data, to making an account of research findings (Schwandt, 2001). The relevance of the research context to the development of knowledge is also addressed through a reflexive style. Characteristics of the researcher, characteristics of participants, the reasons they come together and the conditions under which they come together, all contribute to the type of information that is shared between participants and researcher, and the way data is interpreted and developed into theory (Hall & Callery, 2001).

In order to understand my place in the research process I have maintained a high degree of reflexivity throughout the conduct of this study. I have achieved this through various means, including an examination of my experiences as a mother and as a quantitative researcher, the ongoing review of my interaction with participants during focus group discussions, recording thoughts and concerns about decisions regarding the collection and analysis of data, transcribing supervisor meetings and recording my reflections on what was discussed, and of course traditional memos. Reflexivity underpins the 'interpretive authority' of this study (Thorne, 1997) (see rigor, below) by providing an avenue for assessing and articulating the influence of my own understandings on my interpretation of methods and data. Conducting this research in a personally honest and transparent fashion enhances the likelihood that I have rendered this context in a way that will be useful to research and practice.

In reconstructing my research process I acknowledge that this written account is not simply <u>about</u> my research process and findings, it is <u>part</u> of my research process and findings (Schwandt, 2001). Throughout this account I provide examples of reflexivity. I begin with a discussion of the context within which this research was conceived.

Context defined

When my first child was 18 months old I decided to enroll in a doctoral program. The first decision I needed to make was what I was going to study. I approached this in a very pragmatic way. I asked myself what I was most interested in, and then I asked myself if I would be able to sustain that interest over several years. The answer came easily. One look at the pile of books on my bedside table was enough to convince me that I should study parenting, but what aspect of parenting?

I thought about my experience as a first time mother. Generally it had been very good. I was enjoying motherhood and I was confident in my mothering. I thought about the experiences of other mothers I had met. They were not always so positive, and I began to think that social support was a key factor in the experience of a first time mother (or father). Apart from the occasional feeling that my friends had deserted me (I was the first amongst my close friends to have a baby), and my frustration that every time my mum came around she insisted on cleaning the bathroom, I felt that I was well supported. My situation was particularly fortunate as my partner, Shannon, had a job that meant he could be home most of the day. I believed that it was his consistent and understanding support that was the key to my positive experience as a first time mother. I decided I would study social support and the experience of parenthood.

I had a background in quantitative research, in particular, in survey research and randomised controlled trials of community health interventions. I did not consider any other type of research methodology for my study. As far as I was concerned this was a doctoral study, it had to be methodologically sound, so I would conduct a randomised controlled trial – the gold standard.

My initial research question was developed so that it reflected my chosen methodology; ‘does an antenatal social support education intervention improve the support and parenting experiences of first time mothers and fathers?’ I proposed to conduct a randomised controlled trial of an intervention designed to educate significant others about practical ways to offer support following the birth of a baby. In the experimental group, grandmothers, best friends or siblings of prospective parents were to be invited along to an antenatal education class dedicated to the subject of social support. These parents, and parents in two control groups, would then be followed up and asked to complete various measures of perceived and received support, coping and mood.

Although my randomised controlled trial looked good on paper, was supported by my supervisors and given ethical approval, it had a number of problems, the most significant of which was a problem of definition. This thesis is a product of that problem. The following section traces the steps I took from positivism to constructionism, and from a quantitative methodology to a qualitative methodology

BIRTH OF A RESEARCH QUESTION: RETHINKING METHODOLOGY

I commenced my doctoral candidature confident that my quantitative study would satisfy all the tenets of good research design but blasé about the epistemology that underpinned it. My first step was to find an appropriate definition of social support; however, I was spoilt for choice. My study was spoilt, literally, for there was too much choice. The first part of this thesis was born out of that initial search for a definition and is, itself, my justification for this grounded theory study of the meaning of social support in the context of the new family.

My critical appraisal of definitions of social support (see chapter 3) and my subsequent review of the empirical literature concerned with social support in the context of the new family (see chapter 4), suggested a gap in our understanding of social support. What was significant about this gap in knowledge was the extent to which it impeded the conduct of my original research proposal. Having established that the concept of social support was not fully mature, and that it was in need of contextual clarification and development, I could not justify my original research proposal. I did not know how I should operationalise and measure the concept of social support for the context I wished to study. Morse (1995) suggests that the application of a poorly developed concept to the research process could become "a source of invalidity" (p. 44), and so, after much encouragement, and with a certain amount of trepidation, I proposed a new research question: 'what is the meaning of social support in the context of the new family?' This question could not be answered using a randomised controlled trial, nor any other quantitative method I was familiar with, and so I began my journey toward qualitative research and grounded theory.

Discovering grounded theory

The best way to answer my new research question was to ask members of a new family what social support meant to them. Qualitative methods of inquiry are the most appropriate for the exploration and development of concepts used in the social sciences (Morse, 1995; Hupcey, 1998b), and my supervisor (LB) suggested I consider a grounded theory approach. Grounded theory offered a method that would guide me in my data collection and analysis. At first glance

the procedures seemed systematic and, coming from a quantitative tradition, this felt comfortable. Its focus on meaning, as it is expressed by those who participate in social research, was ideally suited to my research question. However, now that I had begun to question my previous research assumptions, which were based on positivism, I was concerned about the apparent objectivist and post-positivist underpinnings of grounded theory. I had come to realise that I had been blindly following objectivism and positivism throughout most of my research career. I was only beginning to understand my own philosophy of meaning and, while I could not yet articulate my own perspectives, I knew they were not positivist in nature. The outcomes of research, my research at least, would be a product of my interpretation of the experiences and views of participants, and this interpretation would be influenced by my own experiences and views. Was I bound by the epistemology of the founders of grounded theory? Or could I make it work for me, on my terms?

In the following section I address these questions. I discuss the development of grounded theory as a research paradigm and draw attention to arguments suggesting its suitability within a constructionist epistemology.

GROUNDED THEORY: BACKGROUND AND DISCUSSION

Grounded theory is a qualitative methodology that has its roots in the symbolic interactionism founded on the work of George Herbert Mead (1934) and articulated by Herbert Blumer (1969)[1]. Barney Glaser and Anselm Strauss introduced their grounded theory approach to social research in 1967 with the publication of their book 'Discovery of Grounded Theory'. The grounded theory proposed by Glasser and Strauss was originally developed to bridge the gap between theory and empirical research in sociology, and to answer the positivist criticism that qualitative research lacked rigor (Smith & Biley, 1997). Glasser and Strauss recognised that while there had been considerable efforts to improve qualitative methods for theory testing and verification, theory generation had been neglected. In contrast to theory that is generated through a process of logical deduction from *a priori* assumptions, grounded theory is generated through the systematic and simultaneous collection and analysis of data. The analytic procedure of 'constant comparison' allows empirical data to be used in the development of theory and the verification of theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998). These two processes occur simultaneously and assure a "respect [for] the nature of the empirical world under study" (p.27), a fundamental

[1] See chapter 2 for a detailed discussion of the influence of symbolic interactionism on this thesis.

requirement of scientific inquiry according to Blumer (1969). Glaser and Strauss (1967) suggest that theory which is grounded in the empirical world is eminently suited to the context from which it has been generated whereas theory that is generated in a logical-deductive fashion is not.

The philosophical and theoretical underpinnings of grounded theory cannot be stated simply. Most discussions of grounded theory trace its development to symbolic interactionism, particularly that articulated by Blumer and the Chicago school of sociology, but few venture further than this. Those that do, highlight the varied epistemological and theoretical influences on grounded theory and include the work and philosophies of scholars such as Kant, Darwin, Park, Thomas and Znaniecki, and others who proposed various forms of inductive analysis of social phenomena (Bridger, 2005). These varied influences were present during the development of grounded theory and are evident in the diverse applications of the method today. The most notable influences on grounded theory of course, are the diverse backgrounds of Glaser and Strauss; the former being influenced by critical realism and post positivism, the later by pragmatism and symbolic interactionism.

Although these two sociologists successfully collaborated to bring about an initial description of the aims and methods of grounded theory, they eventually took grounded theory methodology in two slightly different directions. While the aims of both methodologies are to generate theory that is grounded in empirical data, Glaser and Strauss came to disagree about some of the methods employed to achieve this aim. The differences between the two methodologies have been described by a number of authors (Charmaz, 2000; Eaves, 2001; McCann & Clark, 2003). In essence, the Glaser methodology (Glaser & Strauss, 1967; Glaser, 1978; Glaser, 1992) is context focused and approaches the data with no preconceived ideas. By letting the data tell the story, theory is said to emerge. The quality of this theory is evaluated by considering how well it fits the data; how well it works in explaining and interpreting the context from which it came; how relevant it is to the context from which it came; and how modifiable it is in the face of a changing social context. In contrast, the methodology developed by Strauss and Corbin (Strauss & Corbin, 1990; Strauss & Corbin, 1994; Strauss & Corbin, 1998) considers the influence of the wider social structure on the context from which empirical data is gathered. While data is the primary reference for emerging theory, various sensitising sources are acknowledged, including the literature, experience, research objectives and the use of a structured paradigm model that considers data within a wider social context. Theory is evaluated according to a number of

criteria based on quantitative research standards such as validity, reliability and sensitivity, as well as criteria for evaluating the empirical grounding of the theory.

At the heart of the difference between the Glaser and Strauss and Corbin methodologies is the degree to which theory is allowed to emerge from the data and the extent to which predetermined considerations are imposed on the data. Through a process of substantive or open coding followed by selective coding, the Glaser methodology allows theoretical understanding to emerge from the data. Although similar, the Strauss and Corbin methodology places less emphasis on emergence by including an intermediate coding procedure known as axial coding. Axial coding is a process of "reassembling data" (Strauss & Corbin, 1998, p. 124) that utilises a paradigm model designed to focus attention on conditions that give rise to social phenomena. Another analytic tool called the "conditional/consequential matrix" is used to "stimulate analysts' thinking about the relationships between macro and micro conditions" (Strauss & Corbin, 1998, p.181). These additional procedures are thought by some grounded theorists to 'force' the data (Glaser, 1992; Kendall, 1999; Charmaz, 2000), and consequently undermine it.

A constructionist grounded theory

The perspectives of its originators inform the majority of grounded theory research conducted today. Most grounded theory research sits within a post-positivist framework, the underlying assumption being that an objective reality exists and that a systematic examination of the data will bring the researcher close to the reality of the situation or, indeed, will allow that reality to emerge. Clearly this epistemological foundation of objectivism and post-positivism is contrary to the approach that underpins this thesis (see chapter 2). An alternative to conducting grounded theory within an objectivist epistemology is to conduct it within a constuctionist epistemology (Annells, 1996), such as that proposed by Kathy Charmaz (2000).[2] Charmaz suggests that grounded theory methods can be used, and are used, by researchers with diverse epistemological stances, from objectivism to constructionism. She argues that, "we can adopt grounded theory strategies without embracing the positivist leanings of earlier proponents of grounded theory" (p. 510). For Charmaz, a constructionist grounded theory "assumes that people create and maintain meaningful worlds through dialectical processes of conferring meaning on their realities and acting within them" (p. 521). Rather than searching for an external reality, constructionist

[2] Where Charmaz uses the term constructivist, I will use constructionist for the sake of consistency within this thesis. The assumptions implied by Charmaz are congruent with my understanding of constructionism as defined by Crotty (1998).

grounded theory tries to "find what research participants define as real and where their definitions of reality take them" (p. 523). Unlike the predominant grounded theory methodologies, a constructionist grounded theory recognises multiple levels of interpretation, from that of the participant interpreting their lived experience, to the researcher interpreting the participants' account of that experience (Charmaz, 2000).

Although I see grounded theory as an appropriate methodology for a study that is informed by constructionism, it is important to note that this is not a universal opinion. In fact, Barney Glaser has recently argued against grounded theory as a constructionist methodology (Glaser, 2002). Reminiscent of his rebuke of Strauss and Corbin's development of grounded theory (Glaser, 1992), Glaser (2002) describes Charmaz's constructivist grounded theory as "in favor of [qualitative data analysis] methods and descriptive capture" (para. 9)[3]. He thinks it falls short of conceptualisation, undermines participants' data and dresses up researcher bias as an integral part of the research process rather than just another variable. Much of Glaser's concern about the constructivist grounded theory proposed by Charmaz can be reduced to a fundamental difference in epistemology. Glaser's post-positivist perspective cannot entertain the constructionist notion that the researcher is always part of the research product, no matter what type of research that is. The questions asked, the leads followed, the results reported are all decisions made by the researcher and are the result of myriad influences. It is not possible for a constructionist researcher to consider themselves completely objective. Even Glaser (1992) concedes that this is not "humanly possible" (para. 19). A constructionist grounded theory is one that acknowledges and considers the researcher's place in the research product (Charmaz, 2000), but it does not focus on the researcher at the expense of the data. Glaser seems to be arguing against constructionism as much as he is arguing against Charmaz's "remodeling" (para. 40) of grounded theory.

Glaser argues, "[Charmaz's] constructivist position is totally irrelevant to GT methodology" (2002, para. 32). While a constructionist position may be irrelevant to a Glaserian grounded theory methodology, I agree with Charmaz (2000) and Annells (1996) that a constructionist grounded theory is still possible. With regards to this thesis, grounded theory methods are useful research tools for a study of meaning that is informed by constructionism. This position reflects that of Annells (1996) who suggests:

[3] This reference is from an on-line journal. Paragraph numbers are recommended for citations.

> "It is vital to recognise that the [grounded theory] method is subject to evolutionary change with differing modes resultant and is therefore not static in regard to philosophical perspective, fit with a paradigm of inquiry, and research process" (p.391).

It also echoes the views of Johnson et al. (2001) who suggest that a 'pure' grounded theory is inconsistent with constructionism (as well as interpretive, interactionist and hermeneutic perspectives) for which there are "no 'real' natural laws concerning socially derived knowledge and therefore no possibility for a 'pure' method for the social or interpersonal science" (p. 248). These authors imply that, while the fundamental methods of a constructionist grounded theory will reflect those originally derived by Glaser and Strauss (1967), other methods may change to suit the constructionist perspective as well as the style of the researcher. This point has particular resonance with regard to the various methods employed in this thesis.

Constructing a grounded theory method that worked for me

Grounded theory offers systematic inductive guidelines for the collection and analysis of data in order to develop substantive and middle range theoretical frameworks that explain the context under study (Charmaz, 2000), and which provide meaningful and useful insights into social phenomena (Strauss & Corbin, 1998). Although there are some fundamental analytic procedures adhered to by most grounded theorists, such as 'constant comparison' and 'theoretical sampling' (Strauss & Corbin, 1998; Charmaz, 2000), varied perspectives leave many grounded theory methods open to interpretation. How data is collected and analysed will influence the development of theory and for this reason it is essential to describe and justify the methods used in any grounded theory study (Stern, 1994; Cutcliffe, 2000). In this section I will describe and justify the methods used in this grounded theory study. In particular I describe and reflect on participants and sampling, collecting data, data analysis and rigor of the research process.

PARTICIPANTS AND OTHER DATA SOURCES

Sampling

Initially, new mothers living in the affluent seaside suburb of Manly in Sydney, Australia, were purposefully sampled (Cutcliffe, 2000) because they had recent experience of being a first time mother, and were likely to be good informants (Morse, 1991) about the meaning of social support in the context of the new family. No other criteria for sampling was determined prior to the study, but as it turned out, all of the women who participated in initial focus groups were in long term

heterosexual relationships with the father of their baby, were aged 22 years or older, and could be categorised as middle class (by virtue of their prior occupation and education).

Theoretical sampling (Cutcliffe, 2000) of new mothers and fathers attending antenatal classes at King George V Hospital (KGV) was carried out in response to these initial focus groups. I wanted to sample mothers from a more socially diverse area of Sydney in order to compare their experiences and views of social support with those of initial participants and to follow-up on tentative theoretical codes developed during preliminary analysis of initial focus groups. I also wanted to sample fathers in order to include their perspectives in my study. Although I chose a socially and culturally diverse area from which to sample theoretically, my decision to approach women and men attending antenatal classes resulted in a potential sample that shared many characteristics with the women who had already participated in focus groups. I decided at this stage that I would proceed with sampling via antenatal classes, as this would provide a focused sample from which I would be able to develop a substantive understanding of the meaning of social support in the context of new families who shared the following characteristics: partnered, heterosexual, middleclass and non-indigenous Australian.

Deciding to sample grandmothers

Preliminary analysis of initial discussions with mothers in Manly and discussions with mothers and fathers at KGV highlighted two important issues concerned with social support in the context of the new family. The first was the role of grandmothers in the lives of both mothers and fathers. Grandmothers were discussed at length in all focus groups with new mothers. Their presence or absence seemed to have direct and enduring outcomes for the mothers in this study. Grandmothers were also conspicuous in discussions with new fathers, and although their influence was often felt indirectly through the grandmother's interaction with the new mother, the outcomes for the new father were significant.

The second issue arose primarily in discussions with new fathers and concerned the role of the work place in supporting a man who has just become a father. This issue was of great interest to me; however, after some discussion with supervisors and fellow students, I decided that I would not pursue both issues in further sampling, but would instead focus my attention on grandmothers. This led to further theoretical sampling of grandmothers.

It was not feasible to approach grandmothers related to the women and men who had so far participated in focus groups for two reasons. I had assured mothers and fathers that participation in a single focus group discussion was all that was required of them, and I was reluctant to approach them with a second request. Also, I did not want to compromise those who had participated by asking them to act as mediator between their mothers and myself. In the end, the grandmothers who participated in this study responded to a newspaper article that spoke about the experience of being a grandmother and gave information about my study. Because the grandmothers referred to in discussions with new mothers and fathers varied in terms of the number of grandchildren they had, as well as their socio-demographic characteristics, I decided to sample grandmothers with one or more grandchildren from two contrasting areas of Sydney. One area was my own suburb of Manly; the other was the more socially diverse area of southern Sydney.

My final source of data was the published findings of other qualitative studies of social support in the context of the new family or of being a parent. I had considered this literature prior to conducting focus group discussions, and in the later stages of analysis I sought to incorporate it into my substantive theorising, thus building on the work of others (Morse, 2002). Consideration of this work and the formal inclusion of these varied perspectives in my analysis allowed me to do this in a transparent way.

Saturation and triangulation

Before I complete this discussion I would like to comment on two methodological notions that are relevant to sampling. The first is theoretical saturation. Although theoretical saturation (Strauss & Corbin, 1998) is meant to signal the end of data collection for many grounded theorists, I concur with Charmaz (2000) and Morse (1995) that 'saturation' is a rather elastic term. I could have collected more data and this may have allowed me to develop my understanding of social support in the context of the new family in even more detail and with even greater conceptual depth. However, the constraints of time did not allow this. Even if it had, my constructionist perspective warns me against the assumption that saturation is even possible. For me, meaning does not reflect a static reality that can be revealed through the collection of the right amount and type of data. Rather than saturation, I aim for a useful rendering of the meaning of social support (Charmaz, 1995) that will contribute to research and practice in this context.

The second methodological issue related to sampling is 'triangulation'. Various authors suggest that the use of multiple methods of data collection can overcome the partiality of relying on data from one source (Lincoln & Guba, 1985; Creswell, 1998). The implication is that, if one collects data through focus group discussions with new mothers, as well as diaries and perhaps observation, then one can present a more complete picture. Silverman (1985; 1989) notes that this understanding of triangulation is underpinned by a positivist perspective, which assumes that where these data sources intersect is the point of least bias. Triangulation, in this sense, is a way of validating findings. In this study I did not attempt to increase the validity of my findings through multiple methods of data collection. What I did do, however, was collect data from multiple perspectives. Where these perspectives intersect is the point of shared meaning, and I consider these meanings no more or less 'valid' than the points of divergence. I seek only to respect the views and experiences that have been shared with me and with other researchers (in the case of previous qualitative findings), not to judge their 'accuracy'.

Participants

Details of the women and men who participated in all focus groups are documented below.

Mothers

Forty-nine new mothers aged 22 - 39yrs (mean = 32) with babies aged less than 20 weeks, participated in this study. All of these women were living with the father of their baby. Thirty-two (65%) were married the remainder were living in a de facto relationship. Thirty-six (73%) of these women were tertiary educated and 31 (63%) were born in Australia. The 18 (37%) women born outside Australia came from New Zealand, Asia, Europe, Ireland and the United Kingdom, North America, South Africa and South America. No Aboriginal or Torres Straight Islander women participated in this study. All participants spoke good English.

Initially 32 first time mothers' were purposefully sampled via mothers' group meetings organised by the Early Childhood Health Centre in the suburb of Manly in Sydney, Australia. At one of their mothers group meetings I discussed the nature of the study, gave them an information letter (Appendix 5A) and asked them to complete a short demographic survey (Appendix 5B). Women were then given the opportunity to ask questions about the study and were themselves asked to nominate a convenient time and place for the focus group discussion to take place.

A further 17 first time mothers were recruited via parent education classes at a large teaching hospital in the city of Sydney. This time, I discussed the nature of the study and provided an information letter (Appendix 5C) and an opportunity to ask questions during an antenatal education class. I then asked all class members (women and men) to complete the short demographic survey and to indicate if they would be willing to be called a few months after the birth of their baby to be asked if they would like to take part in the study (Appendix 5D). A list of willing participants was given to the childbirth education coordinator prior to arranging focus groups in order to exclude those who had a stillbirth, or whose baby required an extended stay in hospital. Fortunately all babies were born healthy, and approximately four months after this initial meeting all mothers who agreed to be contacted were telephoned and asked if they were still willing to attend a discussion group.

Fathers

Eleven new fathers aged 27-51 years (mean = 36) with babies aged less than 20 weeks were drawn from the same parent education classes described above. Nine (82%) were married the remainder were living in a de facto relationship. Ten (91%) of these men were tertiary educated and 7 (64%) were born in Australia. The four (36%) men born outside Australia came from New Zealand, Asia, Europe and the United Kingdom. No Aboriginal or Torres Straight Islander men participated in this study. All participants spoke good English. These fathers were the partners of women participating in focus groups and recruitment procedures were identical.

Grandmothers

Twenty grandmothers aged 48 – 71yrs (mean = 59) took part in this study. These women had between one and seven grandchildren (mean=3) aged between two months and 18 years. Seventeen participants (85%) had a grandchild less than two years of age. Nine women (45%) were maternal grandmothers, four (20%) were paternal grandmothers and seven (35%) were maternal and paternal grandmothers. Eighteen women (90%) lived less than 30 minutes drive from at least one grandchild. Only two of these women (10%) were tertiary educated and eight (40%) were in paid employment. Seventeen (85%) were born in Australia, the remainder came from Greece and Ireland.

Grandmothers were recruited via newspaper articles in Northern and Southern Sydney. The articles described the study, and the time and location of focus groups, and asked grandparents to contact me if they wanted more information or were interested in taking part. Grandmothers who

decided to take part were sent a confirmation letter with the focus group details and instructions on how to get to them. Focus groups were held in various locations convenient to the participants.

Literature as data

A fourth source of information about social support in the context of the new family was the published findings of four relevant qualitative studies. These included a study by Gottlieb (1978) of informal social support provided to a sample of single mothers; a study by Podkolinski (1998) designed to explore women's experience of support in the early postnatal period; a study by Hansen and Jacob (1992) which studied intergenerational support during the transition to parenthood; and a grounded theory study by Coffman and Ray (1999) which explored the social support processes in low-income African American women during high-risk pregnancy and early parenthood.

DATA COLLECTION PROCEDURES: FOCUS GROUPS

Background and rationale

The focus group, or the focused group interview, has been used to ascertain the experiences and opinions of groups of people since the 1920s (Wilkinson, 2004). However, it was their use by sociologist Robert Merton to evaluate audience response to radio programs, which heralded the widespread use of focus groups as an investigative tool (Krueger, 1994; Stewart & Shamdasani, 1990). Prior to the 1970s the focus group was an important tool in market research because it gave manufacturers an insight into the opinions and habits of consumers that allowed them to tailor their products and advertising (Krueger, 1994). In more recent years, focus groups have been used in a variety of fields, including education, social sciences and health. Although focus groups should not be used in all circumstances, there is consensus that they are particularly appropriate when the goal of research is to determine the nature and range of participants' knowledge, experience, views and feelings about a specific issue, and where the issue is one with a public face (Kitzinger, 1995; Krueger, 1994; Stewart & Shamdasani, 1990).

As a qualitative research method the focus group uses group processes to help people explore and express their views and experience (Kitzinger, 1995). Using either a series of open-ended questions or a topic guide, the group facilitator is able to guide discussion within a group of people who share a common experience, such as that of being a new parent or being a grandmother (Krueger, 1994). Focus groups were chosen for my study to collect data about the meaning of social support in the context of the new family for the following practical reasons:

group interaction could facilitate the expression of individual experiences and general points of view that may be underdeveloped in a one-to-one interview (Kitzinger, 1995; Krueger, 1994); a group consisting of people with the shared experience of motherhood, fatherhood or grandmotherhood may encourage discussion of sensitive issues surrounding support and relationships following the birth of a baby (Kitzinger, 1995); I would be able to interact directly with participants, allowing for clarification and probing of responses (Stewart & Shamdasani, 1990), but my presence and perceived power would be diminished due to the presence of other participants and the multi-directional conversation (Wilkinson, 2004); group consensus could assist in highlighting salient issues surrounding support, while group differences could prompt the exploration of 'why'; and, finally, focus groups are a relatively low cost and time efficient method for collecting in-depth information from a number of people (Krueger, 1994; Stewart & Shamdasani, 1990).

Focus groups and constructionism

Another significant reason for using focus groups to collect data was their suitability to the constructionist perspective underpinning this work as a whole. Constructionism maintains that meaning is constructed through the interaction of people with each other and with the world around them, and that this meaning is developed and transmitted within social contexts (Crotty, 1998). Research is not exempt from this process of meaning, and as a social context (Wilkinson, 2004) I considered focus groups akin to the mothers' group. I was interested in the social construction of meaning and thought the conversational language and interaction possible in a focus group might provide some insights into this. While I did not analyse the conversational aspects of focus group discussions, I was aware of the context of the focus group in the construction of meaning. Articulating views and sharing experience within a group allows for the clarification and development of an individual's meaning (Wilkinson, 2004), and I considered this a first step in the development of a theoretical conceptualisation of the meaning of social support in the context of the new family. By diluting my presence and power in the data collection process (Hall & Callery, 2001), I hoped to encourage the distillation of important issues through the interaction of the group. In this way, participants worked together in a synergistic way to determine the issues that they, as a group, considered important (Wilkinson, 2004). This is illustrated by the following example, in which all four participants in a new mothers' focus group discuss the timing and outcomes of contact with other people in the postnatal period.

P2 when you're in hospital you can't stop people coming, you have an influx of people turning up you know, and its almost like once you get home people disappear off the face of the earth.

P1 After two weeks [agreeing].

P2 Yeah.

P1 Everyone rang for two weeks and then it was like Monday morning on the third week, bang, nothing.[P2 yeah] No one called any more, and its like, ok, deal with it you're on your own now [P2 yeah]. And I felt lonely. [P2 yeah] It's like people were there on the phone or in (?) but there was no(?) I didn't think I'd be so lonely.

P2 and I think people feel like they can't just drop in, you know because either you're asleep, people say, 'oh…"

P4 Would you feel comfortable with people just dropping in?

P2 Not in the first couple of weeks .

P4 (Something about not wanting people dropping in).

PW So you didn't feel comfortable with people dropping in, in the first couple of weeks?

P4 Quite a few weeks actually, especially for long periods of time (…….).

P3 But that's when everyone wanted to drop in, right at the beginning, and then no one wants to see you. When you're starting to cope, no one's around.

P2 Well in fact even those first couple of weeks, are probably not the time you necessarily need people there, because you're in, you're in a euphoria of stuff going on, you're awake 20 of the 24 hours of the day - so you don't. Most of it's a blur. It's later on down the spectrum that you probably do need more, I don't know (?)

PW What do you need the people for? (lots of banter- not picked up)

P4 Just to talk to.

P3 In those first 8 weeks you can go for like 12 hours without a conversation [P? I know] unless you're on the blower.

Focus group context

When I began conducting focus groups my first child was less than 2 years old, and my experiences of first time motherhood and social interaction within that context, were fresh in my mind. Initial focus groups were conducted in my local area, a coastal suburb of Sydney, Australia, and although I did not know the women who participated, we shared many characteristics, including Anglo-Celtic ethnicity, middle-class status, heterosexuality, new motherhood and co-habitation with the father of our baby. Subsequent focus groups with mothers and fathers were conducted in a more diverse socio-economic and cultural area of Sydney, though participants remained a fairly homogenous group. At the time I conducted these focus groups I was visibly pregnant with my second child. By the time I began focus groups with grandmothers, my second child was a few months old.

Focus groups were held in various settings. Initial groups with new mothers in Manly were held either at the Manly Early Childhood Health Centre (two groups) or in the home of a participant who was due to host the mothers group the week the focus group was scheduled (three groups). Groups with mothers and fathers recruited through KGV, were held in the same location as antenatal classes (six groups). Groups with grandmothers from Manly were held locally at my home (two groups) and in the home of a participant (one group), and groups with grandmothers from Southern Sydney were held locally in a meeting room at Kogarah Uniting Church (two groups).

While the physical location for each group was different, I tried to create a comfortable environment conducive to discussion in a number of ways. At the start of each group I asked participants to attach a nametag so that others and myself could address them by name. Participants were then asked if they would like a cup of tea or coffee, or a cold drink, and they were encouraged to help themselves to a slice of cake (home-made) prior to the start of the discussion. Providing morning or afternoon tea encouraged some casual conversation between participants prior to the focus group, and helped people relax in what might have been an unusual situation for some.

Characteristics of individual focus groups

Despite sharing general social and demographic characteristics, each focus group was different, and these differences influenced discussions. The focus groups varied in size from three participants (one fathers' focus group) to nine participants. The majority of groups consisted of between four and eight participants and these seemed to offer the best opportunities for participation and dynamic discussion. Focus group discussions with new mothers were also seemingly affected by the time that had elapsed since the birth of babies. A couple of early focus groups were conducted within eight weeks of birth. These groups seemed to have less to talk about, and were less likely to report negative experiences. With the benefit of hindsight, this is not surprising. Eight weeks is not a long time and these women had not had time to experience a diverse range of interactions, nor had they had time (or perhaps energy) to reflect on their interaction with others. Groups consisting of participants who were well acquainted, through their mothers' group meetings, produced particularly rich and insightful discussion. Some of the issues we discussed had been reflected on previously by these groups, and they seemed very comfortable discussing the positive and negative aspects of motherhood and social support. As one participant said

> *"I think, only now we're probably just breaking down the barriers. At first we probably put up a front at mothers group 'yes we're coping, its fine [general agreement and laughter] [P? rubbish – laugh] and then over the last couple of weeks you start to realise (general laughter – obscures a few seconds)... forget it. Now, its like 'My hair's falling out, is yours?' and all the reality …It might be the fizz in the champagne but it works a treat. [P? Absolutely]" (Mother FG2)*[4]

Of course, another significant characteristic of focus groups was my participation. During initial focus groups I chose not to share my own motherhood with participants. I was making a conscious attempt to maintain professional distance. I did not want to influence what was said in the discussions by highlighting the similarity between participants and myself. I did not want my own experience to be a subject of contemplation within the discussion. The following memo was written after the third focus group.

August 1, 2000: Note about interaction with participants. **Re: Focus group 3 – New mothers, Manly** I found this a difficult group, as only a few were willing to disclose or discuss. I asked too many yes/no questions in an attempt to keep the discussion going. I found it almost impossible to refer to my focus group schedule as the conversation never took off between participants and was always directed at me, making it difficult to refer to notes without seeming rude. I spoke too much and did not encourage discussion very successfully. I wonder if I should share with participants that I am also a mother? It might encourage more sharing, I'll think about it.

As a result of these simple reflections I did a number of things. First I asked my supervisors to listen to the focus group tapes and critically comment on my part in the discussions. Second, I arranged to be a scribe for focus groups being conducted by other researchers. Third, I reconsidered the need to remain distant and 'professional' during focus group discussions, and began to consider the advantages and ethical imperatives of relating to participants in a reciprocal way that recognised and fostered the collaborative development of meaning (Hall & Callery, 2001). On further reflection, I realised I was trying to maintain a false sense of objectivity, a criteria of rigor I had brought with me from my quantitative research experience. While I am certain that sharing the fact I was a mother would have influenced discussions, I do not believe that withholding this information served my study well. To the contrary, if I had been more open with these early groups, it may have engendered a feeling of ease and familiarity that facilitated their own sharing of experience. Subsequent focus groups with new mothers and fathers in a different area were conducted when I was visibly pregnant with my second child. Being pregnant

[4] Throughout these empirical chapters participant statements are used to explicate analysis. These statements are identified in the following way: whether speaker was a mother, father or grandmother followed by the focus group they participated in. For example, Gran FG3 or Mother FG2.

was something I could not hide, and it invariably elicited questions about other children. In these groups I found that sharing the experience of parenthood hastened a feeling of rapport between participants and myself, and perhaps encouraged a more open discussion. By the time I conducted focus groups with grandmothers I was comfortable about sharing information about my own children, but I allowed myself to be led by the information requests of the group. In all groups I was at least asked if I had children.

The focus group schedule

I decided I would use a focus group schedule (Krueger, 1994) to conduct focus group discussions (Appendix 5E). This schedule contained a number of general questions designed to encourage discussion about issues relating to social support in the days, weeks and months after a baby is born. In particular, the questions focused on:

- What kind of support was wanted or needed by a new family
- Who provided support
- What did people do or not do
- How was support reciprocated
- How was support negotiated
- What was not supportive
- What were the costs and benefits of supportive and unsupportive behaviour
- What was the role of relationships in support

These questions evolved from group to group and primarily acted as a guide (and initially a crutch) for me. On the whole, I only referred to them if the discussion stalled. Most discussions had a life of their own, and I chose to follow the discussion rather than lead it, intervening only when the topic was clearly unrelated to the study area.

ETHICAL CONSIDERATIONS

Prior to the submission of ethics applications for this study I spoke at length on the phone and in person with the nursing unit manager and the attending early childhood nurse at the Manly early childhood health centre, as well as the antenatal education coordinator and the antenatal educators at the King George the V Hospital. I was aware that I would be a visitor in their workplace and I wanted to assure them of my respect. I was also aware that without the support

of these women, I would not have been able to conduct my study. These discussions proved essential. They allowed me to build rapport and to familiarise myself with the environment in which new mothers and fathers were cared for and in which many focus groups would be conducted. They also enabled a sharing of information that informed all concerned about the reasons for the study and its likely conduct, and they provided staff at the early childhood centre and King George V Hospital an opportunity to raise concerns and make suggestions that I could then factor into my study design. (For example, antenatal educators warned me against leaving an information letter about the study to be handed out by educators. Expectant parents are given copious amounts of written material and were thought unlikely to read the information letter. As a result I changed the procedure to me attending the class and talking about the study, then personally requesting they read the information letter and consider participation.)

At no time were new mothers or fathers coerced into participating. I was aware that approaching them while in a group had the potential to make some individuals feel the pressure of the group to participate. For this reason I provided them with information about the study one week and asked them to indicate their decision whether or not to participate on a reply form that I collected the following week. For women and men in the antenatal classes this worked well. Focus groups were held about six months later and consisted of participants from various antenatal classes who generally did not know each other. For mothers recruited via mothers' groups less discretion was possible. Absentees were conspicuous. Despite this, feedback from mothers who were present indicated that those who were not were absent due to unforeseen circumstances (such as baby sleeping), and that they regretted missing the focus group. Because grandmothers responded to a newspaper article there were no issues regarding coercion.

All mothers, fathers and grandmothers who agreed to participate in the focus groups were asked to read and sign a consent form (Appendix 5F). These forms differed slightly for each group recruited, but all contained clear statements about the nature of the study, the conduct of the focus groups, and the right to withdraw at any time without consequence. In addition, participants were provided the contact details of my doctoral supervisor (LB) and relevant ethics committee liaison personnel in case they had any questions, concerns or complaints during the study.

Because focus groups necessitate the sharing of personal information among a group of people it is necessary to establish ground rules (Morgan, 1997). These ground rules reassure participants that their stories will be respected, and not repeated outside the group in any way that identifies

them. They also request respectful conduct within the group that allows each participant to have their say. The following extract from a focus group with new mothers exemplifies the ground rules discussed in all focus groups.

> *PW The aim of the discussion today is to find out what support or help you all received in the first couple of months following the birth of your baby and what support or help you needed. I am particularly interested to find out about support or help that benefited you as a family. Before we begin though I would like to ask everyone if it is OK that I record our discussion, later on I will transcribe it all, and it means I don't have to take notes and can concentrate on what you say. Is that OK? (general agreement). Great. I should also say that anything you discuss today will remain completely confidential, and although I may use quotes in any publications that arise from these discussions, I will not identify you in any way. If I could ask all of you as well, to respect this confidentiality, so that whatever is said in this group remains with this group. In addition, if you feel you'd rather not discuss something there is no pressure to do so, otherwise, feel free to contribute at any time. Finally, because this is a group discussion and I am taping it, it would help if only one person spoke at a time, that way everyone will get heard. Ok, does anyone have any questions at all?*

Another ethical consideration in the conduct of focus groups was how to address individual expressions of concern or distress arising out of discussions. Prior to conducting the focus groups I considered the issues that might be discussed were not likely to cause distress among participants. I did, however, prepare a list of contact details for various support services related to parenting, including the Early Childhood Nurse, Nursing Mothers Association, Trecillian and Karitane (the later two are both support organisations for new parents, focusing on feeding and settling babies). As it turned out, there were no instances in discussions with new mothers or fathers that warranted my referral to any of these support agencies. On the whole, any indication of concern was responded to by other participants in the discussion, who would often recommend the use of one of these agencies or give more specific advice about childcare.

In one of the grandmothers' discussions, however, one participant was clearly distressed about her relationship with her daughter, who she thought was suffering from postnatal depression, and her lack of contact with her twin granddaughters. In this case, the whole group responded with concern, understanding and a certain amount of advice. For my part I suggested that I could find out about relevant support services and arrange for them to contact her. Following the focus group I did this. A week later I called the participant to make sure she had been in contact with someone. She had, and indicated they were working on various strategies to help her resolve her problem. During the focus group and this follow-up phone call, she also indicated that, despite

being distressed, it was good to talk about her situation with other grandmothers. The following statement was made after she and the other participants had discussed her situation. She refers to herself and her daughter being distressed and her need to stay strong – she saw the chance to speak with other grandmothers as facilitating her resolve.

> *"What a waste of time two people crying, you know you've got to stay in-tact and that's what I'm trying to do. That's what (the newspaper) article did for me. I thought yes, this is the answer for me at the moment is to stay strong." (Gran FG4)*

In addition to being of benefit to this woman, grandmothers from two groups conducted in Manly found the experience so worthwhile they decided to meet again as a social group.

Finally, at no time did any of the participants appear uncomfortable or unhappy with their participation in the focus group discussions. Further, no complaints or concerns were raised with my doctoral supervisor, the various ethics committee liaison personnel or myself.

Ethical approval for this study was received from the following ethics committees:

- University of Technology, Sydney, Human Research Ethics Committee
- Central Sydney Area Health Ethics Review Committee (RPAH Zone)
- Manly Hospital Ethics and Research Committee

In addition, the following ethics committees approved amendments detailing subsequent theoretical sampling:

- University of Technology, Sydney, Human Research Ethics Committee
- Central Sydney Area Health Ethics Review Committee (RPAH Zone)

DATA ANALYSIS

Figure 5.1 illustrates the various components of analysis in this grounded theory study. Despite its linear representation, it was by no means a linear process, nor were the levels of coding strictly delineated. As dictated by all proponents of grounded theory, data collection and analysis occurred simultaneously (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2000), and the process of analysis was circular in nature (Stern, 1980). Analysis went back and forth

between levels of coding, and very often I would code at different levels simultaneously. Rather than breaking down the data in a theoretical way and then "reassembling" it as suggested by Strauss & Corbin (1998), I adhered to a holistic approach to data analysis (Dey, 1999; Charmaz, 2000). Such an approach keeps the whole context in view, "the whole story, the whole body of data" (Charmaz, 2000, p.521). This approach also acknowledges the role of experience and prior knowledge, even in the early stages of data coding (Dey, 1999), and so is consistent with a constructionist grounded theory.

Initial coding and categorising was influenced by theoretical "impressions and intuitions" (Dey, 1999, p.99) of the data which were born out of an interaction between my own personal understandings and experiences, and my participation in the focus group discussions. However, a reluctance to trust these impressions and intuitions lead me, appropriately, back to the detail of the data, where the constant comparison of data and the posing of questions allowed me to develop or discard codes and categories and the links between them in a systematic way. As I became more confident in my analytical skills I allowed myself to explore the impressions and intuitions that I had previously doubted. These, I realised, were the beginnings of abstraction and theorizing. Because they had come early in the process of analysis I had discredited them, but I later saw them as notional renditions of the bigger picture and, as such, they prompted certain questions of the data, the answers to which would elicit further impressions. So the data was never forgotten in this study. I returned continually to its detail in order to develop a more conceptualised understanding of the meaning of social support in the context of the new family, though I was careful to keep in mind that the whole is often more than the sum of its parts (Dey, 1999). This in-and-out approach to the data helped to ensure that the developing theory remained grounded in the data but was not restricted to the mere reassembling of it.

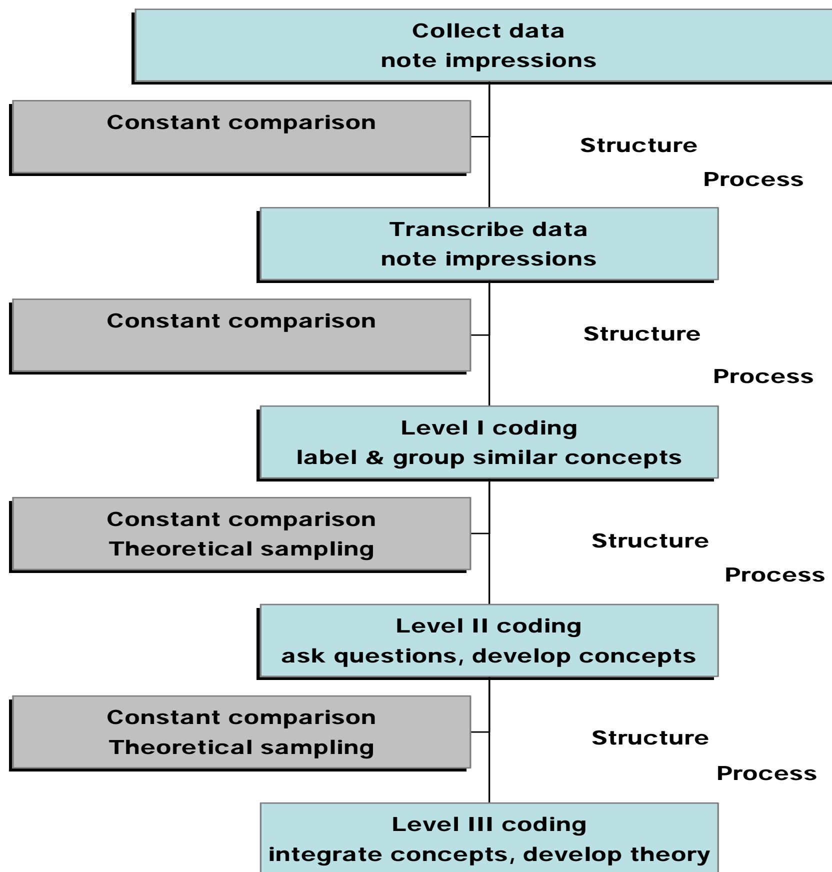


Figure 5.1: Components of analysis

Data management

In order to clarify how data was analysed I first describe how it was managed. I then discuss the role of impressions and intuitions in analysis, and I make clear the role of the literature in the analysis of data. Finally, I describe the various analytical steps depicted in figure 5.1.

I did not use a qualitative analysis software program to manage or assist in the analysis of data because I wanted to learn what would happen to the data during the process of analysis. I thought this would best be achieved with a manual approach. I was also aware of some of the criticisms of the use of these programs, in particular the charge that they may be more suited to grounded theory underpinned by an objectivist perspective, and less suited to a constructionist grounded theory (Charmaz, 2000).

In keeping with a holistic approach (Charmaz, 2000; Dey, 1999), I wanted to maintain the integrity of the data I had collected. Transcribed discussions were formatted using a template that provided columns for group identification information, paragraph numbers and coding. This was done on a PC using a ‘Word for Windows’ program. Multiple copies of transcripts were then printed, and these were used for coding at successively higher levels of analysis. So, for example, one copy would be used for initial line-by-line coding (Strauss & Corbin, 1998), a second copy would be used to group and refine these codes, a third copy would be used to pose questions of the data (related to these codes) and tentative answers and comments would be placed in the coding column. Especially during the early stages of analysis, I did not want to remove data from the context of the discussion. It was important that when I referred to an example of text I was able to read what had come before and what had come after it in order to glean its meaning more fully. As I progressed in my analysis I would group related segments of discussion to separate word files, always maintaining a wide margin of text around the segment of interest, and conscientiously returning to the whole transcript periodically in order to keep the whole picture in focus. This method of data management served me well. It allowed me the tactile pleasure of highlighting, scribbling notes and diagramming, which I find essential to insight and creativity.

Impressions and intuitions

It should be said that my own personal understanding (Dey, 1999) motivated me to study social support in the context of the new family in the first place. When my direction changed from a quantitative intervention to a qualitative exploration, it was personal understanding and experience that had the most influence on the question I posed. One question that I nearly asked was, “what is the meaning of social support to new mothers?” However, I had the impression, from my own experience, that the support received by new mothers may have a flow on effect to new fathers. The support needs of new fathers may also be somewhat neglected in the face of the obvious needs of the mother. Because of these impressions I asked, “What is the meaning of social support to the new family?” So, even before I had collected any data, my impressions and intuitions were shaping the questions I would later ask of the data. Once I began asking these questions during focus group discussions, initial impressions and intuitions based on my own experience were replaced by impressions and intuitions based on discussions between participants. My conception of the ‘family’, for example, extended to grandparents, aunties and uncles, and I began to question my focus on ‘social support’ which seemed inextricably related to other aspects of social interaction.

The first tentative steps in the analysis of this data were also impressions and intuitions. These formed during and immediately after each focus group discussion. The following memo is an example of such an impression

Memo: 26-9-2000: following focus group four (Manly)
Unsolicited advice was seen as damaging, with two participants relating significant distress after being given unsolicited advice that eroded their confidence as mothers. There seems to be a link here between negative (and on reflection, positive) interaction with someone, and development of identity as a mother.

Similar impressions were recorded in situ during the transcription of data. These impressions were typed in blue to distinguish them from the discussion, but were recorded in situ so that they would be considered during the more systematic stages of analysis. The following is an example of an impression recorded during transcription.

"My sister in law. She always makes judgemental comments. Like when he vomits "oh, what has mummy eaten today". She's the 'know it', cos she's got two kids. She's lovely, she's really lovely, but sometimes I find her really difficult to handle because she's always got a comment about him (baby). ***And how do those comments make you feel?*** *Annoyed, yeah, just annoyed, I mean she knows what she's doing I suppose and I don't,[laugh], often.* ***Does it bring home to you that you really don't know what you're doing or that you don't feel confident?*** *Yeah. Sometimes, other times I think, well OK, just smile and keep going, but yeah at times I do feel inadequate when she makes comments, I'm not quite sure what the answer is myself." (Mother FG3)*

[Many women preface negative comments about others with a statement about them being "nice people but…". To me this reflects their difficulty in reconciling the negative effect this person may have on them (e.g. their self-esteem) with their appraisal of the person as a whole. The small negative behaviour is resented for the way it makes them feel – which could affect the relationship]

Impressions and intuitions continued to be recorded in the form of memos throughout the analysis of data. As analysis progressed and my familiarity with the data increased, these impressions and intuitions became more and more a product of my understandings of the data. My own direct experiences as a new mother faded through time and became subsumed in the stories of the women and men who participated in this study.

The problem with literature

One methodological problem I had with grounded theory was the insistence by some grounded theorists that the researcher leave a thorough review of the literature until after the analysis of their data (Glaser & Strauss, 1967; Glaser, 1978; Stern, 1980; Lincoln & Guba, 1985; Strauss & Corbin, 1994). For me, this was not possible as it had been a thorough review of the literature that led me to wonder about the meaning of social support in the context of the new family. It

also led me to grounded theory as a way of answering this question. Would the whole study be undermined because of my prior knowledge of the literature? As a constructionist I think the answer is no. In helping me identify the problem (Hutchinson, 1993), the literature is in a sense my first set of data against which I can compare other data (Cutcliffe, 2000); it also sensitises me to possibilities within the data I collect from participants (Strauss & Corbin, 1998). Finally, because the important issues and concepts in this grounded theory study could not be predicted prior to analysis, it is likely that a prior reading of the literature would only introduce me to a concept, not alert me to its breadth and depth (Strauss & Corbin, 1998). My knowledge of the literature allowed me to work inductively while building on the work of others, which is a valid way of producing grounded theory (Morse, 2002).

A second more difficult issue for me was whether or not to read the literature during the analysis of data, whether to actively seek its influence. In the beginning and middle stages of analysis I avoided doing this because I wanted to immerse myself in the data I had collected. A focused reading of the literature in the early and middle stages of analysis would have indeed influenced my interpretation of the data (Charmaz, 1990; Stern, 1980; Lincoln & Guba, 1985; Strauss & Corbin, 1994) and I wanted to give myself and the data an opportunity to work together, unaided, so to speak.

But then my analysis stalled. I tried all sorts of techniques to move it forward but none of them worked. My supervisors and I were confident I had got to a stage in my analysis where I should start writing my chapters. I was fluent about what I thought was going on in my data, and I expected to refine my analysis during the writing process, but I found writing impossible. It was suggested to me by two of my supervisors (AB & MW) that I needed to start looking at what other people had written in the area. I wasn't sure if it was methodologically appropriate to be reading the literature at this point in my analysis, and yet, it was the progress of my analysis that was prompting me to consider the literature. In desperation I began to read.

How liberating, how inspiring it was to read other people's work in the area of social support and new families! Far from inhibiting my own interpretation, it allowed me to take my analysis further in an effort to clarify where my work stood in relation to the wider literature. I had reached a stage in my analysis where I had identified the main concepts that I thought important, and the literature helped me to explore and explain these concepts with more depth and to build on the work of others. The following section provides one example of my use of the literature

during the final stages of analysis, and is typical of the way I built on the work of Coffman and Ray (1999), Hansen and Jacob, (1992), Podkolinski (1998) and Gottlieb (1978) in the later stages of my analysis.

Working with the literature

One of the studies that I had reviewed during the critical appraisal of the literature, and which I read in more detail during the later part of my analysis, was a study by Coffman and Ray (1999; 2001). They developed a grounded theory of social support for low-income African American women during high-risk pregnancy and early parenthood, which they labeled "mutual intentionality". One of the essential categories in their theory of support was "being there". "Being there" summarised the women's definition of social support and included the concepts of 'caring', 'respecting', 'sharing information', 'knowing', 'believing in' and 'doing for'.

When I came to analyse the data I collected from predominantly Anglo-Celtic, middleclass, Australian mothers, fathers and grandmothers, I too constructed a meaning of social support that identified 'being there' as an essential category. In some aspects it is very similar to that described by Coffman and Ray. It includes sub-categories that directly compare with those of 'respecting', 'sharing information' and 'doing for', as well as others that share some of the characteristics of their remaining categories. These similarities indicate a degree of shared meaning between these diverse ethnic and cultural groups.

Others may argue that I imposed my existing understanding of social support - developed through my prior reading - on the data. I will concede that the work of Coffman and Ray sensitised me (Hutchinson, 1993; Strauss & Corbin, 1998) to the phrase 'being there' in the data I collected. But importantly, what it also did was prompt me to scrutinise the meaning of 'being there' to the women and men in my study. It encouraged me to ask questions that allowed me to build on the work of others (Morse, 2002; Strauss & Corbin, 1998), questions such as, 'What does this phrase mean to participants in my study?' 'Does my data offer any contradictions or support for the concept of 'being there' developed by Coffman and Ray?' 'Does it offer any further insights into the concept?' In a sense I applied the constant comparison method of grounded theory to the published findings of Coffman and Ray. This helped me develop an understanding of 'being there' that lends some support to the findings of Coffman and Ray, but which also adds depth and dimension to the concept. In particular, 'being there', as it has developed through my study, is not simply comprised of positive interactions, as described by Coffman and Ray, rather it is

comprised of interaction that may be assessed as positive, but which may also be assessed as negative or ambiguous. These varied assessments of interaction have been translated into five ways of being there in the postnatal period, which are: ‘being there for me’, ‘being there for you’, ‘being there for us’, ‘being there but not there’ and ‘not being there’.

Thinking about how I would deal with the problem of the literature led me to contemplate why the tenets of grounded theory insist on a degree of ignorance of relevant literature and research. I think the answer lies in the epistemological origins of the method. The post-positivist desire for objectivity is easier to achieve in an interpretive methodology if one has not read other people’s interpretations of a similar subject. If you reject objectivist notions of research, does this tenet of grounded theory lose its significance? I think that it does. Did my thorough review of the literature influence my analysis of the data I collected? I have no doubt that it did, and as a constructionist I will acknowledge it, just as I acknowledge other experiences as influencing my analysis of the data.

By considering the work of Coffman and Ray, as well as that of other qualitative researchers, I have been able to <u>act</u> on their work rather than just <u>reflect</u> on it. In a sense, this allowed me to weave my patch of knowledge – the knowledge developed from my analysis of discussions with new mothers, fathers and grandmothers – into the fabric of knowledge that surrounds it. Part of that fabric is the grounded theory study by Coffman and Ray. I do not want my study to be independent of other qualitative studies of social support. Instead, I want it to be integrated with them, not fully, but just enough so that there is a sense that as researchers interested in the same social phenomenon we are not simply expanding our knowledge, but moving it forward, by respecting each others’ work, using each others’ work, and recognizing opportunities to build on each others’ work.

Levels of analysis

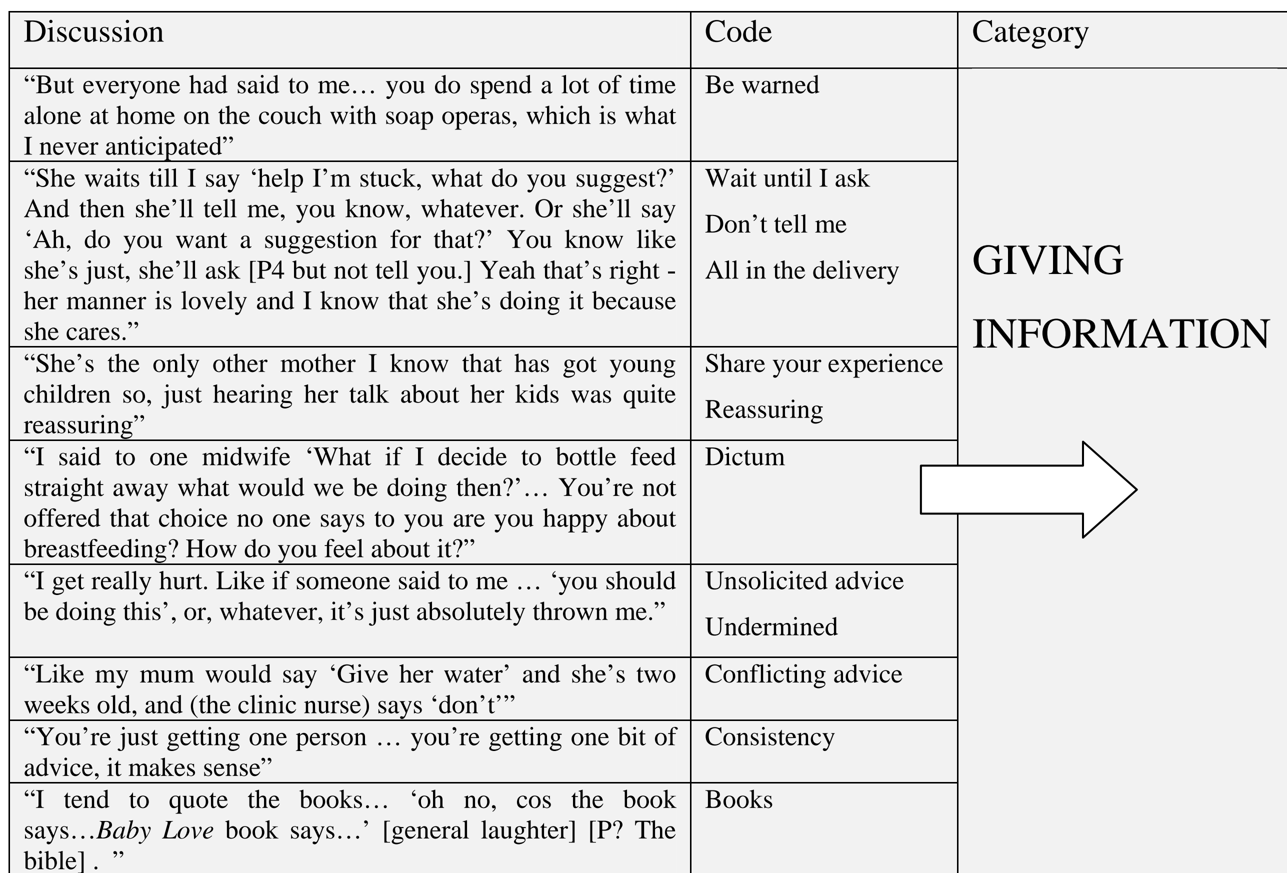
In order to reflect a simple shift in focus rather than delineated purposes, I have chosen to describe coding in terms of levels. While each level corresponds to particular analytical tasks, they have a common purpose, which is to contribute to the development of a theoretical understanding of the meaning of social support in the context of the new family. In this respect the coding, questioning and integrating of data can and did occur at all levels of analysis, though to varying degrees. At each level of coding I also searched for structure (that is, what social support in the context of the new family looked like) and process (how social support in the

context of the new family varied, developed and changed). This was done through the constant comparison of data and categories, within and between data sets (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2000; Stern, 1980). When gaps appeared or questions were raised in the process of analysis, theoretical sampling occurred (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2000; Stern, 1980). In this study, theoretical sampling included the specific sampling of people such as grandmothers and the specific sampling of information from either new participants or previously collected data. This type of sampling enhanced my understanding of certain concepts and processes.

Level I coding

Also called open coding or substantive coding, level I coding consisted primarily of identifying and labelling possible conceptual codes and categories. At this level of analysis I began by asking the question, 'What is going on here?' Each sentence was examined and conceptual codes developed. These were often in vivo codes (Strauss & Corbin, 1998), and initially my inexperience and eagerness not to miss anything created an unwieldy number of them; practically every word was coded from my first transcript. I spent a long time on that first transcript (it was not the first focus group, but was chosen because my impression was that it contained the most depth and breadth of the few discussions I had so far conducted). Analysis of subsequent transcripts was made easier because of this investment. As I gained experience I was better able to recognise the shared attributes of discrete bits of data, and discrete coding was replaced by categorisation for subsequent transcripts (though novel datum was always given a discrete code and compared to previous and subsequent data in order to understand its significance). For example, instead of coding every form of information such as 'advice', 'shared experience', 'books' etc, I started using the conceptualised category of 'information'. In this way, I became aware of some of the characteristics of categories, having developed them inductively, and I was prompted to ask questions of the data in order to learn more about the category, for example, 'Under what circumstances is information supportive?' This process was typical of my early analysis and illustrates the natural shift between level I and level II coding.

Figure 5.2 provides an example of the development of a category using line-by-line coding and categorisation.



Discussion	Code	Category
"But everyone had said to me… you do spend a lot of time alone at home on the couch with soap operas, which is what I never anticipated"	Be warned	GIVING INFORMATION
"She waits till I say 'help I'm stuck, what do you suggest?' And then she'll tell me, you know, whatever. Or she'll say 'Ah, do you want a suggestion for that?' You know like she's just, she'll ask [P4 but not tell you.] Yeah that's right - her manner is lovely and I know that she's doing it because she cares."	Wait until I ask Don't tell me All in the delivery	
"She's the only other mother I know that has got young children so, just hearing her talk about her kids was quite reassuring"	Share your experience Reassuring	
"I said to one midwife 'What if I decide to bottle feed straight away what would we be doing then?'… You're not offered that choice no one says to you are you happy about breastfeeding? How do you feel about it?"	Dictum	
"I get really hurt. Like if someone said to me … 'you should be doing this', or, whatever, it's just absolutely thrown me."	Unsolicited advice Undermined	
"Like my mum would say 'Give her water' and she's two weeks old, and (the clinic nurse) says 'don't'"	Conflicting advice	
"You're just getting one person … you're getting one bit of advice, it makes sense"	Consistency	
"I tend to quote the books… 'oh no, cos the book says…*Baby Love* book says…' [general laughter] [P? The bible] . "	Books	

Figure 5.2: Development of a category

Level II coding

Also called axial coding, level II coding asks questions of the data in order to develop categories and reveal their depth and structure. As I progressed with level I coding, I began to gain an understanding of the data I had collected and I also began to trust my impressions and intuition more. Soon I was allowing myself to ask other questions of the data, questions that were prompted by the initial codes I was developing (Charmaz, 2000). These included questions that would add descriptive depth (Strauss & Corbin, 1998) to developing categories such as, 'Who is this about?' 'What information did they give?' 'When did they give it?' 'Why did they give it?' 'What were the outcomes for those involved?' As well as questions that added meaningful perspective (Charmaz, 2000) to developing categories, such as, 'What is 'information' according to grandmothers?' 'What does it mean to give 'information'?' 'What does it mean to receive 'information'?' 'How is 'information' related to other aspects of this context for this person?' The answers to these questions became the detail that would later suggest the relevant conceptual building blocks of my theoretical understanding of social support in the context of the new family.

There was a point during this level of analysis when I was unsure about how to move the analysis forward. I lacked confidence in my skills as an analyst and my supervisors suggested I re-read 'Basics of qualitative research' (Strauss & Corbin, 1998) for some ideas. The following memo was written at this time and reflects on my early struggle with grounded theory.

June 7, 2004: Memo to my supervisors about analytical methods
Re: Back to Basics

Over the past two weeks I have re-read Strauss and Corbin's 'Basics of Qualitative Research' (1998).

Reading 'Basics' this time around was particularly interesting. The first time I read it I was just starting this study. I had collected a small amount of data, but had barely heard of grounded theory. 'Basics' was my introduction. I remember being moderately overwhelmed by the number of new terms and research techniques I had to add to, and somehow retain in, my porous brain. I wrote many summary notes to try to get a handle on the various analytical steps (I never considered that these steps may vary from one grounded theorist to another), and I spent hours trying to understand axial coding and the conditional/consequential matrix. I never succeeded in this modest goal, and I somehow managed to put this apparent barrier to PhD completion to the back of my mind. I would read it again later and hopefully then it would all make sense. So I put 'Basics of Qualitative Research' back on the shelf and got on with my data collection.

Despite being baffled by this new method, with its unfamiliar terminology, I was always vaguely confident that I would find a way to figure out what was going on in the data that I was collecting. I read a lot more about grounded theory and realised that it was not the precise method I had been led to believe through my reading of Strauss and Corbin. It was in fact an evolving method, fraught with controversy and as factional as the Australian Labor Party.

What a relief! Now I had just-cause to leave 'Basics' on the shelf and proceed in a way that suited my skills and instincts … but then you (AM, MW & LB) suggested I go back to Strauss and Corbin. See how they might be able to help me analyse my data. I have to admit to a certain bias against Strauss and Corbin at this stage. Having read certain criticisms of their systematic approach, I think I had demonised them a bit. Like a reformed smoker I had subconsciously been avoiding any rendition of grounded theory that appeared too procedural; included too many tables; gave too many instructions. My fear of falling back into the familiar territory of objectivism may have blinded me a bit to what is useful and stimulating in 'Basics'.

Reading Strauss and Corbin this time around has been a completely different experience. It all makes sense!!! And the reason, I think, that it all makes sense is that I was able to use my own data, my own emerging categories, my own properties and dimensions, as examples. I didn't have to rely on the example of teen drug use to illustrate the techniques of grounded theory. To this end, I made notes, drew diagrams, asked questions about my data and emerging theory as I read through the relevant chapters in 'Basics'. Combined with a wider reading of grounded theory in general, re-reading 'Basics' has been really helpful in the following ways. 1) I have a better understanding of grounded theory according to Strauss and Corbin; 2) I can better articulate how I have analysed my data; 3) I am better able to explain why I have used the techniques that I have, and why I haven't used other techniques; 4) It has stimulated my thinking about the data and helped me move toward theory. Having said this, I have not adopted the Strauss and Corbin methodology - their 'objective' approach does not suit my own constructionist approach - but I feel that many of the analytic techniques they describe in 'Basics' are very applicable to my study. Perhaps the most acceptable advice from Strauss and Corbin was to "let it happen" (1998, p.78). I think that is what I am doing.

It was a bit confronting, though liberating, to articulate my stubbornness about the methods proposed in 'Basics of qualitative research' (Strauss & Corbin, 1998). Being reflexive helped me

put my stubbornness about 'Basics', and my own approach to analysis into perspective. This exercise gave me the confidence to make decisions about analysis. One of those decisions was not to use any kind of coding paradigm, such as the conditional matrix proposed by Strauss & Corbin (1998), or the situational maps described by Clarke (2003). I agree with others (e.g. Charmaz, 2000; Glaser, 1992) that preconceived coding paradigms can be problematic in that they force the development of conceptual categories. While I appreciate the guidance these coding paradigms may offer the researcher, I was concerned that they would lead to an artificial examination of the data, a search for influences that were not alluded to in the data. I anticipated that they would move me away from the data and into a kind of hypothesis-testing exercise where I would pose questions based on the coding paradigm and then look for answers or 'see' evidence in the data. This preferencing of questions, devised a priori by someone else, seemed to undermine the 'grounded' nature of this method. I preferred instead to be guided by the data and my interaction with it.

Figure 5.3 demonstrates how analysis was refined through the use of pertinent questions and diagramming in level II coding. In this example I am considering the relationships between categories developed during level I coding of mothers and grandmothers data.[5]

[5] The categories depicted in this example alongside the question 'What do people do?' indicate positive behaviours. Further analysis revealed that what people did was value neutral, but was assessed as positive, negative or ambiguous in light of expectations of relationships and situational need.

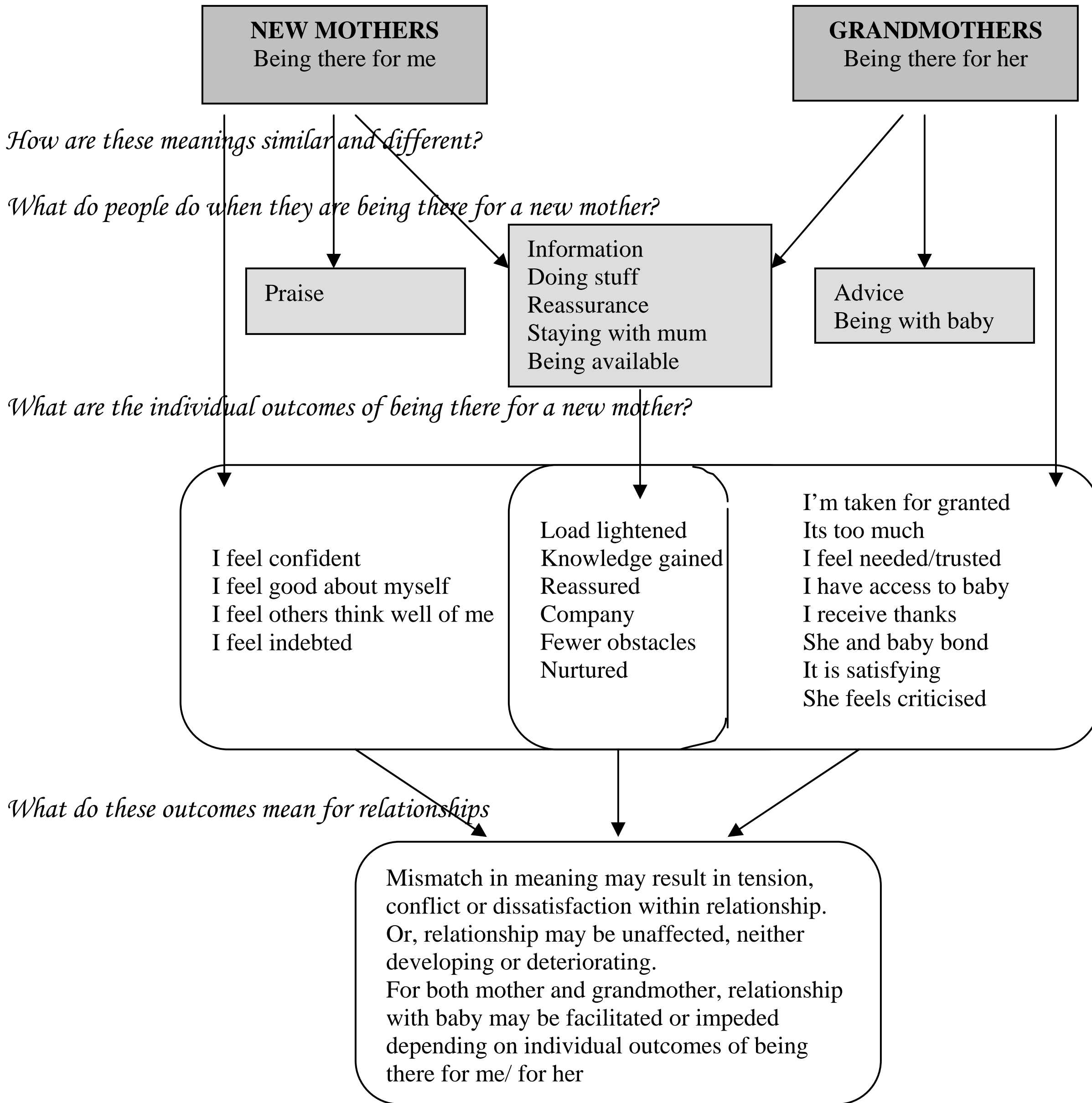


Figure 5.3: Analysis through questions and diagramming

Level III coding

Also called selective coding, level III coding integrates categories and refines the developing theory. I wanted to know what parts went together and how. Once again my impressions and intuitions about what was going on were very important. I had certainly developed ideas about what was going on, and I relied on these ideas when configuring conceptual categories. When working at this level of analysis I would often go for long periods without referring to focus group discussions. Instead I would focus on the conceptual categories that I had previously developed and refer to other qualitative research for inspiration. When I became comfortable with

the development of some aspect of my theoretical understanding of social support in the context of the new family, I would write it out, diagram it and attempt to explicate it by returning again to the focus group discussions. In so doing I would often find myself asking more questions (shifting back to level II coding) or noticing something completely new, yet strikingly obvious given my increased understanding of the context (and so shifting back to level I coding).

The following is an example of the writing out of the conceptualised category of 'being there for me'. In this example I initially felt quite confident that this would be a core category (Strauss & Corbin, 1998) of my theoretical understanding of this context. Writing it out, however, encouraged questions and further exploration of the data; I also began to recognise a process in this context, which I later developed. This example demonstrates the way I used others' qualitative research to stimulate my own analysis. It also illustrates how I articulated my impressions and the kinds of questions that developed out of the interaction between my impressions and the data. These questions are not dissimilar to those posed in various coding paradigms; the difference, of course, is that they were born of the data and my interaction with it.

April 22, 2004
NOTE: "Being there" is how at risk African American mothers described social support in the Coffman & Ray (1999) grounded theory study. Because I read this study prior to my analysis, it is possible that when I examined my own data I became conscious of the term 'being there' sooner than I might have otherwise. However, having acknowledged this possible influence on my interpretation of the data, I have since questioned the appropriateness of the 'being there' category to my data and concluded that it is appropriate, but that it needs refining….

BEING THERE, FOR ME
There is a big difference I think between 'being there' and 'being there, for me'. 'Being there' entered into the language of new mums with such regularity and consistency that it is clearly important to their meaning of social support following the birth of their baby. But it wasn't enough for people to just 'be there'; support meant 'being there, for me'. In a very simplistic way, new mums expected certain people, such as their own mother or partner and sometimes friends, to just be there. For some women this is what happened, but my impression is that very often, new mums were disappointed by the reality of the postnatal support from one or many of their family and friends.

"I thought she would stay with me for the first week. But she didn't. I was a bit disappointed actually" (M2)

'Being there, for me' more accurately represents my understanding of the women's supportive expectations and desires. It reflects the self-centered context within which these mothers exist. It excludes the possibility that 'being there' could serve the person on whom this expectation is placed, as well as the mother. This sounds like a harsh assessment of new mothers, but actually I think our culture places such emphasis on becoming a first time mother that some degree of self-centeredness is inevitable. It may also be essential. No longer are babies born into stable familial communities where roles and behaviours are historically defined and faithfully reproduced. Changes in geographic mobility, women's working habits, societal and cultural expectations, and personal aspirations and expectations have changed traditional supportive relationships. New mums today may have to fend for themselves to a greater extent than their ancestral sisters. Alternatively, they may <u>think</u> they have to fend for themselves or else be perceived as not coping

"Its so stupid and I swore I wouldn't do it, but I think you like people, friends or whatever, to come round and see that you're coping well, that its easy, and you know, no problem." (M2)

I must also remember that the women who participated in this study were predominantly white middle class heterosexual women. They are likely to have lived a life full of choices and been acknowledged for a life well lived. Their expectations of themselves and of others may be quite high and this could be in contrast to women from other walks of life who may expect little from those around them. This highlights the context specific nature of this study and its findings.

'Being there, for me' is essentially what these women want. They want people to act towards them in a way that considers the mothers needs and wishes above their own. This seems to me perfectly reasonable at a time of such transition, which often involves physical and emotional upheaval. It also reflects my own thinking at the time I had my first child. However, while this attitude did indeed seem reasonable and straightforward following my initial analysis of the mothers' data, I am forced to explore it in more depth following the grandmothers' focus groups. Grandmothers recognise a new mothers need to have people there

"Being on call, just being there." (G2)
"I was there for her, for support for her every day." (G2)

But they were also able to clearly express their own needs. In particular, these grandmothers wanted to have a special place in the lives of their grandchild, they wanted to be needed and trusted and appreciated.

"The grandparents should have a special place." (G1)
"You have a great relationship with someone who needs you." (G1)
"Just being wanted, the thought that they'd call me." (G2)

Conflict arises in these relationships when the needs of one person do not fit with the needs of the other. One example of this is when the need of a grandmother to see her grandchild or bond with her grandchild is not, or cannot be accommodated by the new mother.

"She wanted me there, but no touch the baby…I wanted to hold it, but no…On the fourth day she said, 'Would you like to hold the baby?'" (G3)

While the immediate needs of the new mother do, and I would argue should, take precedence over the needs of others, there seems to be a disproportionate lack of consideration by mothers of the needs of support providers, particularly grandmothers. This is mirrored in the social support literature in which support providers are routinely excluded from the discussion. One characteristic of social support that is universally accepted is that it occurs between two or more people. The social nature of social support is perhaps so intrinsic to the concept that its inherent forms of reciprocity have become invisible to many researchers and theorists. While they may be acknowledged, the needs of others are also given little consideration by many new mothers. In the medium and long term, a neglect of the needs of a support provider may lead to an erosion of the support relationship, resulting in inadequate support for the new mother. While new mothers seem able to identify specific actions that are supportive and unsupportive for themselves, they were less likely to recognise the needs of others, particularly grandmothers, as important and therefore worthy of fulfillment. In this respect, they were less likely to acknowledge their role in nurturing and maintaining the supportive relationship, which if healthy, will provide them with adequate support.

"From the moment he was a week old she wanted to baby sit, 'cause her vision is 'grandmother – must baby sit, must bond with baby, must baby sit.'…I'm not ready to hand him over to be baby sat just yet." (M2W247P2)

My initial thinking is that for a socially supportive relationship to work, the needs of both parties need to be given adequate consideration (not necessarily equal consideration). To put aside the needs and desires of one party (seen as the support provider) is to undermine the support relationship, which may lead to the inadequate provision of social support to the new mum. In other words, it may be that for a new mum to feel adequately supported, the support relationship needs to be a healthy one, a functional one, one free of resentment, mistrust, disappointment on either side. At this stage this is a tentative notion borne out of my impressions of the data. I will return to the data to test this notion.

As well as ‘writing out’ conceptual ideas, ‘writing up’ my findings was a key element of level III coding (Charmaz, 1990). Trying to present my findings as thesis chapters was initially very difficult. I found myself writing the chapter around an outline based on the categories and subcategories I had developed during analsyis. The following email to a supervisor documents my reflections on the process of ‘writing up’.

> **July 30, 2004: Email to supervisor**
> Hi Lesley,
>
> Well, I have had a very frustrating three weeks trying to write about my analysis. I have tried numerous ways of writing about what I have found in the data, but none have worked and I have been unable to continue soon after starting each attempt. Observing my frustration and listening to my complaints, Shannon quietly suggested that perhaps I was in a design cul-de-sac, a permaculture term referring to the error of designing your garden around a pre-existing feature that is not in the ideal spot. In my case I was trying to write around chapter headings, or previous blocks of writing that I thought were quite good. Shannon suggested I start from scratch. He gave the example of our chook shed. We have a fantastic chook shed; concrete floor, automatic water trough, well ventilated, large chook run planted with apple trees - ideal, but in the wrong place. It took Shannon a while to realise that while it is ideal to have the chooks near the vegie garden, a vegie garden near <u>these</u> chooks would be unproductive and so his best approach would be to forget about the chook shed and design the garden with no pre-existing features in mind. So I closed all my documents and started from scratch. What is attached is the result of this action. Shannon's advice got me writing again and the writing helped me to see my analysis from a distance. This document is just a summary, Annette and Megan describe it as scaffolding for the discussion chapters, I would love your comments,
>
> many thanks,
> pip

On reflection, what I was doing was considering the parts of my analysis to the exclusion of the whole. My focus on categories, core categories and processes was keeping me from seeing the whole picture (Dey, 1999). In order to see what had developed through my analysis of the data, I needed to remove myself by one more step and write about the big pictue.

Analysing grandmothers’ data

Grandmothers were theoretically sampled in response to initial analysis of new mothers’ and new fathers’ data. This analysis suggested that grandmothers, both maternal and paternal, were a constant presence in the context of the new family. This presence could be physical or symbolic, and interaction between new mothers and grandmothers had both positive and negative outcomes.

I decided I would analyse the grandmothers’ data with the ‘template’ of the mothers’ analysis. In this respect, I looked at the general structure of the analytical diagrams to guide me. I did this for three reasons. First, in keeping with my constructionist approach, I acknowledged that my

interaction with the mothers who participated in this study and my analysis of their discussions was going to influence my interpretation of the grandmothers' data. Rather than denying this and working against it, I decided to work with it. I viewed the grandmothers' data through the lens provided by my analysis of mothers' data, but by consciously looking beyond the lens I did not allow it to restrict my analysis of the grandmothers' data. Second, I wanted to explore the congruence between mothers' and grandmothers' meanings of social support and social interaction. Using the mothers' analysis as a template facilitated this process. Finally, I considered the mothers' data and analysis as primary, and wanted to build on what I had already done rather than treat them separately.

In the end I found that the grandmothers' data had a degree of complexity that was not apparent in the mothers' data, and my analysis of it encouraged me to return to the mothers' data. For instance, prior to analysing the grandmothers' data I had not developed the categories of 'physically present' and 'demonstrating availability'. But because these concepts were strongly represented in the grandmothers' data I wanted to check to see if they were also in the mothers' data. They were, but I had not been sensitive to them earlier. By using the method of constant comparison in this way I was able to explore and expand my analysis of the new mothers data.

RIGOR OF THE RESEARCH PROCESS

Various criteria are suggested for evaluating the conduct and products of qualitative research in general, and grounded theory in particular. Thorne (1997) describes four general principles which are more or less accepted across the wide spectrum of qualitative research methodologies, and which I have been mindful of in the conduct of this study. These include:

- *Epistemological integrity* - The researcher is transparent about their epistemological understandings and consistent in their application. In this study I have clearly stated the constructionist perspective from which this research has been conducted, and I have been careful to employ research methods and an interpretive style that are consistent with a constructionist perspective.
- *Representative credibility* – Theoretical claims are consistent with the way in which the phenomena is sampled and studied. In this study I develop a grounded theory for the context of the new family based on data collected from multiple perspectives within this single context, and from a narrow social, cultural and economic demographic. I do not attempt to infer that this substantive theory can be broadly generalised, though I do endeavour to build

on other substantive research, and I speculate freely about the further development of theory in this area.

- *Analytic logic* – A process of inductive reasoning is evident throughout the research report. In this study I have articulated and exemplified the methods of data collection and analysis, and I have reported extracts from focus group discussions in order to illuminate my interpretations and developing theory, and make explicit the reasoned path I have taken (Thorne, 1997).
- *Interpretive authority* – Assurance that the researchers interpretations are trustworthy. In this study I acknowledge the influence of my own experience and understandings, and I maintain a reflexive approach to both data collection and analysis. While I do not strive for objectivity, I do aim to preference the meanings of participants in this study and to render these meanings in an honest and transparent way (Hall & Callery, 2001; Charmaz, 2000).

CHAPTER SUMMARY

In this chapter I have described my research journey and justified my methodological decisions. I began this study with a positivist perspective and a quantitative methodology, however, the reflexive style that has underpinned the conduct of this study has led to a constructionist grounded theory study of the meaning of social support in the context of the new family.

Chapter 6

BEING THERE: DEVELOPING MEANING THROUGH SOCIAL INTERACTION

> "The nature of the social support gained through relationships with the woman's partner, family, friends, other mothers and health professionals was crucial as women became mothers."
>
> (Barclay et al., 1997, p.726)

CHAPTER INTRODUCTION

In this chapter I present a grounded discussion of the meaning of social support and social interaction to new mothers in the days, weeks and months following the birth of a first child. Primarily, I present my analysis from the perspective of the experiences and views of the 49 new mothers who participated in focus group discussions designed to explore the meaning of social support in the context of the new family. In discussing my analysis I build on the work of previoius qualitative studies in this area. Where relevant, the experiences and views of the 11 new fathers who participated in this study are considered.

The theoretical understanding of social interaction that I develop through this chapter challenges the conceptualisation of 'social support' as a set of behaviours with inherent positive value. 'Social support' is just one possible assessment of social interaction in the postnatal period. In this chapter I begin to re-place the concept of social support in a relational milieu characterised by practices that are sometimes assessed as positive, sometimes assessed as negative and sometimes assessed in an ambiguous way. These assessments translate into five ways of 'being there', which are shaped by the meaning ascribed to the relationship within which they occur, and expectations of practice within that relationship. In turn, the meaning of the relationship is refined or redefined as a consequence of how someone is thought to have been there, and this influences expectations of future interaction. This cyclical process of making meaning through interaction also contributes to how women come to identify themselves as mothers. Developing an identity as a mother is not contained within the process of 'meaning-making'; rather, it traverses the process of 'meaning-making'.

I begin this chapter with a narrative of my analysis.

The women in my study entered motherhood with pre-existing relationships. Their understanding of these relationships and their stereotypes, as well as their desires, led them to form initial expectations about how others would interact with them after the birth of their babies.

In the days, weeks and months following the birth of a new baby, people interacted with the new mother in various ways. These behaviours, or practices, were: 'making contact', 'giving information', 'doing stuff', 'commenting on me and my mothering', 'being physically present', 'demonstrating availability' and 'responding to my experience'. Rather than being inherently positive or negative, these seven practices were value neutral. It was only by assessing the practice of others that new mothers gave meaning to social interaction. This meaning was shaped by the situational context and the meaning of the relationship within which social interaction took place. It was broadly defined as 'being there'.

'Being there' is a complex concept and these women used and interpreted it in five ways. They talked about people 'being there for me' having the most positive outcomes for them. They also talked about people 'being there for themselves'. When this was the case, the outcome was less likely to be positive for the new mother, and was often negative. Occasionally they talked about people 'being there for us'. These times were recognised as having benefits for both the new mother and the person who was there. The two other interpretations of 'being there' were 'being there but not there' and 'not being there'. 'Being there but not there' often occurred when someone was attempting to be there for the new mother but was not successful, while 'not being there' was characterised by an absence of interaction or contact. These five ways of 'being there' were used to describe discrete interactions, but they often pervaded the general manner of interaction between the new mother and particular people.

How a person was 'there', and the outcome this had, were 'assessed' by the new mother in light of her 'expectations'. Some people fell short, some acted as expected and some people were there in ways that exceeded expectation. Relationships that were close and had culturally defined roles in the context of the new family had the highest expectations attached to them. These relationships were most at risk of falling short of expectations. Conversely, those relationships that held no particular significance to the new mother sometimes exceeded initial expectations. A woman's assessment of how someone was there for her in the weeks and months following the

birth of her baby influenced the outcome of that interaction for the mother. The outcome was often immediate and transient, such as a feeling of relief when she accepted an offer of childcare. But it could also be cumulative and enduring, for instance, when continual unsolicited advice left her feeling unsure of herself as a mother. In this sense, a woman's assessment of how someone was 'there' was likely to impact on her process of 'developing an identity as a mother'.

How a new mother 'responded' to the way someone was there also had an impact on the meanings she attached to her relationships. When expectations were met, there was no impact on the relationship. A close relationship was often reinforced however, and a distant relationship could become more distant. However, when expectations were not met, the new mother often felt disappointed, angry or alone. How the new mother dealt with this had an enduring impact on both herself and her relationship. If she did not 'deal with' it at all she remained disappointed. In this situation she was not able to 'move on' <u>with</u> that relationship but, instead, 'moved on' <u>from</u> that relationship (by choice or natural consequence). In other cases, the new mother got to a point where she discussed the issue with the other, thus arriving at a compromise or understanding that allowed the mother and the relationship to 'move on' toward a mutually understood goal. When expectations were exceeded, the positive outcomes for the new mother engendered a reassessment of her relationship with that person, bringing them closer and allowing the new mother and her relationship to 'move on' together.

In 'moving on', the meaning of 'being there' and of the relationship was refined or redefined in the context of the new family, and subsequent expectations were mediated by these new meanings.

'Being there' summarises new mothers' meaning of social support and other aspects of social interaction in the days, weeks and months following the birth of a baby. What people <u>do</u> when they are being there and the <u>meaning</u> mothers make of people 'being there' are described in detail in the following sections.

BEING THERE: WHAT PEOPLE DO

Conceptualisations of social support in the literature have consistently focused on behaviour as a defining characteristic of the concept and, with few exceptions, these behaviours are defined in a general way and as inherently positive (see chapters 3 & 4 for a full discussion). Qualitative studies of social support in the context of the new family endeavour to be more specific about

what is supportive in this context; however, they are just as likely to conceptualise social support as a set of inherently positive behaviours (Gottlieb, 1978) (Podkolinski, 1998). For example, in their study of social support processes in low-income African-American women during high-risk pregnancy and early parenting, Coffman and Ray (1999) summarised the women's definition of support as "being there". "Being there" encompassed other categories of support such as "caring", "respecting", "knowing", "believing in", "sharing information" and "doing for" (p.486), each of which was conceptualised as positive. The theory of "mutual intentionality" that developed in their study explains social support as "a process of mutual, reciprocal transaction through which people meet their needs" (p.490). According to the theory of "mutual intentionality", social support is neither a behaviour nor an outcome; it is a relational process.

While the theory of mutual intentionality enhances our understanding of social support by considering it as a social process and, therefore, context dependent, it continues to preference positive aspects of social interaction. Although acknowledged, negative aspects of social interaction have no place in the theory of mutual intentionality. The result is a good understanding of the process of social support, but only a partial understanding of social interaction in the context studied. The process of social support has been extracted from the encompassing process of social interaction and only part of the story has been rendered.

In this section I discuss seven categories of behaviour, or 'practices'[1], that new mothers in my study described when discussing social support. These practices were assessed by new mothers as positive, negative or ambiguous. My description of positive assessments of practice parallel the 'supportive behaviours' found in other qualitative studies, but in my study, such positive behaviours represent only one aspect of interaction. In addition, these positive assessments of what people do are no more or less important to these new mothers than negative assessments.

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[1] Loftland & Loftland (1984) define practices in the following way "the smallest behavioural unit of a social setting may be envisioned as a social **practice**, a recurrent category of talk and/or action which the observer focuses on as having analytic significance. The category so isolated is, by definition, an activity the participants regard as unremarkable, as a normal and undramatic feature of ongoing life. It is only the analyst who, by collecting instances of it and dwelling on it, singles it out as something remarkable." (p. 71)

Interacting with new mothers following the birth of a baby[2]

In my study, "*being there*"[3] entered into the language of new mothers with such regularity and consistency that it was clearly important to their meaning of social support in the days, weeks and months following the birth of their baby. However, as the following statements indicate, *"being there*" could represent a positive assessment of what people did, or it could represent a negative or ambiguous assessment of what people did in the postnatal period.

> *"My parents are excellent and I think just deep down I just assumed that they would be there if I ever needed anything." (Mother FG7)*
>
> *"This is the way that I would do it, but um, they are there so I don't have to be by myself. So I'm prepared to say ok yes you can do that or I won't make a fuss about you doing something that way because it allows me to have certain freedoms, and you decide not to get cross." (Mother FG7)*
>
> *"While she was there she washed up, she held the baby, she said 'go for a jog while I deal with this'." (Mother FG7)*
>
> *"A midwife came to my house once a day, and they were there, and spent so much quality time with you." (Mother FG3)*
>
> *"When people come over, sometimes they're there for such a long time, its like you're looking at the clock, 'when are you going to go, I've got things to do.'" (Mother FG3)*
>
> *"She was just always there. You know you could ring up and just cry the whole time." (mother FG4)*
>
> *"I have two step children so I think a lot for me was that my husband had been through it before so … just the fact that he was there, 'cause I just assumed he knew what he was doing, you know it felt much more comfortable." (Mother FG5)*
>
> *"It was really difficult because I knew that she kind of wanted to come to the birth, and I didn't want her there, 'cause I just felt like she's not my mother. I mean I'm quite close to her but I don't want her there." (Mother FG4)*
>
> *"I just found they got under my feet, so I gritted my teeth for the half hour that they were there." (Mother FG5)*

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[2]It is important to note from the outset that none of the practices discussed in this first section should be considered in isolation from any of the others. They are not discreet. I have named them in an effort to highlight those practices that seemed important to these women, but each practice may encompass aspects of other practices, so that, for example, 'making contact' may be assessed in a positive way, but only if the person making contact responds to the new mother's experience with respect.

[3] Participants' phrases and statements are indicated in italics with double quotation marks. Where I have made a Analytical categories and concepts are indicated in normal font with single quotation marks.

"I thought no worries, they would be there, but crunch time came and I got there and she was having a fit and I'm out there on my own basically because they didn't know what to do." (Mother FG7)

"I'm going to Canada for five weeks, just the baby and myself to see all my family, and I'm thinking it's a long time to be on my own with the baby, but I know all of my support networks are going to be there, so um, I'm looking forward to that." (Mother FG6)

"She happened to be there and she came into the labour with me and she was there well and truly from the word go." (Mother FG8)

"I just sort of thought that she'd be there." (Mother FG2)

"And just to be there, just a quick phone call, a quick chat… Just to show you're not alone, that you haven't been forgotten just because you've had a baby." (Mother FG2)

"My husband was like 'what does it matter if she's there, if she wants to be there', and I just thought 'it really matters to me, I just didn't want her there. And I didn't even want her there like on the day we came home." (Mother FG4)

"It's the reassurance that there's someone else there."(Mother FG1)

"You've got every right to have a cry and if they're there to cheer you up, that's nice." (Mother FG2)

New mothers described seven practices, which represent what people did when they were 'being there' in the postnatal period. In the following section I discuss each of these practices in detail. The seven practices were:

- Making contact
- Giving information
- Doing stuff
- Commenting on me and my mothering (Comparison and Evaluation)
- Responding to my experience
- Being physically present
- Demonstrating availability

Rather than being inherently positive and therefore indicative of social support, these practices were, when taken in isolation, essentially value neutral. New mothers were only able to define a practice as supportive or unhelpful <u>by considering the situational context and the relationship within which it occurred</u>.

Making contact

These new mothers acknowledged that having a baby "*changed*" their lives, and one of the most salient changes was the degree to which others made contact with them. Stories about who made contact with new mothers and how, when and why they made contact, permeated all the focus group discussions. Contact with others was how these women maintained or established a sense of connection and "*community*". Unfortunately, contact from others was not always regular, timely or welcome and this often resulted in a feeling of disconnection or alienation.

The birth of their baby seemed to trigger a surge of contact from family, friends, work colleagues, and health professionals, but for many women this subsided after only a couple of weeks, leaving the new mother feeling *"lonely", "isolated"*, and "*forgotten*".

> *"When you're in hospital you can't stop people coming, you have an influx of people turning up you know, and it's almost like once you get home people disappear off the face of the earth." (Mother FG2)*

While some of these women had been *"warned"* they would *"spend a lot of time alone"*, others found the *"loneliness of motherhood"* quite unexpected. For some the lack of contact and resulting disconnection was a total contrast to their prenatal working lives.

> *"From one minute going to work and constant socializing ...most of my day was spent talking to someone, to talking to nobody... I think that was a big shock, you know, you're all of a sudden isolated. I felt like I had no one." (Mother FG2)*

Regardless of their experience in the weeks and months following the birth of their baby, all of the women who participated in this study talked about connecting with others. In particular they talked about staying connected with some friends, re-establishing a connection with other friends, getting connected with new friends and feeling part of a community in the weeks and months following the birth of their first baby.

> *"I've got friends, a lot of friends who don't have children and so they bring me back into the real world." (Mother FG4)*

> *"I've got friends who had children before me and I think we became more distant then, but now that I've got a child we've become closer again ... I think it's because they think, oh ok, now you're going to be able to be part of this sort of club again, you know." (Mother FG4)*

> *"I find mothers' group, I look forward to it every week [general agreement]…. we're all really different personalities, but there's a meeting point where it all just clicks. We've all got babies the same age group. Physically we've gone through the same things." (Mother FG2)*

> *"I think more than ever in my life I feel like I'm part of a community. And that I have a debt …because people that I've known around here for years suddenly talk to me and talk about the baby and all that, and, you start knowing their stories." (Mother FG3)*

Regular and timely contact with friends who didn't have children provided these women with an opportunity to *"get away from"* the baby for a while and experience the *"real world"*. This did not always happen, however, and many of these new mothers described their contact with childless friends as absent, *"sporadic"* or *"badly timed"*. The lack of contact from some friends resulted in a changed and often deteriorated relationship that left the new mother feeling *"angry"* or *"disappointed"*.

> *"The relationships with the people you used to work with I think change. Well the DINKS* (double income, no kids). *It's like I have gone into the other world again and for some people they are just cut off. Like my person that was directly under me. I rang and said 'ring me anytime you know, I'm often at home.' But there isn't this ringing. I knew she was going to leave and she resigned and they had a farewell and they didn't invite me and that really pissed me off. We had a good working relationship. I was really upset, disappointed, and I was fuming." (Mother FG8)*

By reflecting on their own behaviour prior to having a baby, younger mothers, in particular, were able to explain their friends' inadequate contact as the result of having *"no idea"* what it is like to have a baby. Older mothers were also able to reflect on their behaviour and attitudes prior to becoming a mother, and they generally report their childless friends in a more favourable light, indicating that repeated exposure to new parents influences the communication skills of older childless friends.

In contrast to childless friends, friends who had children were more likely to stay in touch in a regular and timely way. In addition, having a baby was sometimes an opportunity to reestablish a relationship with an old friend. In both cases new mothers describe this contact as beneficial to

them and to their relationship with these friends. They explain their connection as a result of their friend *'knowing'* what they are going through.

> *"Her baby's a year now, but we went to school together, and lost contact, …. Now that we've both had children we've become really good friends…We talk on the phone all the time." (Mother FG3)*

As the previous quotes indicate, the telephone was a convenient way for these women to connect with friends. While this was common to all women, it was a particularly important mode of contact for women whose family and friends lived some distance from them. For women whose family and friends lived overseas, Email was also an important way of making contact and staying connected.

> *"Well even though she was just down the telephone line, like in Melbourne, um, she was just always there, you know you could ring up and just cry the whole time [yeah] and she'd just say 'it's alright darling' you know, and that's all you needed." (Mother FG4)*

> *"I have a really close-knit set of friends who are all in England, I have a big phone bill, so that's where I kind of get my emotional support." (Mother FG4)*

> *"I've got my friends in Japan, and I've been contacting them by Email, so um by email you don't have to worry about, when you've got time. You can just send email and they check the email. .. its easier, maybe, talking on the phone is good too but, email has been really good for me." (Mother FG3)*

Being "*part of a community"* was important to these new mothers. For some older mothers they felt they *"can finally relate"* to their friends with children; they talked about being *"in the club now"*. For younger mothers the opposite was often true. Having a baby made it a *"bit harder"* to do the things they used to do with their friends and they sometimes felt they had less in common.

> *"I'm sorry I don't have five hours to sit here with you while you tell me why the latest guy you're dating is no good… That's been really hard 'cause I love my friends and I want to have time for them but it's been a pain in the arse." (Mother FG7)*

Making contact with other new mothers also provided a sense of community particularly for women who had few or no friends with babies. For many of these women, an organised mothers' group was an opportunity to connect with other mothers in the local area, to *"not feel guilty"* about talking about their baby, and to share stories with women who have *"gone through the*

same things". Although five of the focus groups were existing mothers groups, not all of the women in the remaining groups attended a mothers group. The most common reasons for this were that they had a number of friends having babies around the same time or that they had been able to establish themselves in a similar community of new mothers who lived in their neighborhood. For one younger mother, mothers group was an alienating experience, one where she felt "*judged*" by the other mothers.

> *"There was a 10 year gap between me and the next person. And they looked at me like I was a freak and I was like, ok. I don't think 26 is too young to have a kid. I'm sorry, you know. Maybe if I was 16 you think that would be awkward but, no…They were all like, she must have messed up her life kind of look. And I was like, this is really judgmental. I never felt so uncomfortable in my life. I just sat there and ended up not talking to anybody." (Mother FG7)*

For many of the mothers in this study, the birth of their baby *"all of a sudden"* gave them the opportunity to make contact with all sorts of people in their local neighborhood. Neighbors *"rallied round"*, people stopped to *"chat"* and *"talk about the baby"*, notes were left saying *"if you need anything, call us"*, and everyone offered to *"mind"* the baby. Regardless of the degree to which they utilised the help on offer, these new mothers described this experience as fostering the feeling that they were *"part of a community"*. Their new baby allowed them to form relationships with people, to start *"knowing their stories"* in a way that was not as easy before they became mothers.

> *"Suddenly this community clicks into place and because you've had a baby it shows you a whole new world. [P yeah] Also that, I don't know, you're not threatening or something, and people are really nice and really helpful and, you know, the lady at the corner shop is really chatty. It's a different world, you feel like a part of a community." (Mother FG6)*

For these new mothers, the isolation of motherhood was relieved when they could maintain or reestablish a connection with old friends and develop a connection with new friends. Making contact with others gave them a sense of community, and timely and understanding contact from friends, family and neighborhood facilitated a positive experience of the first few months of new motherhood. On the other hand, when contact was absent, untimely, or insensitive to the situation of the new mother, she felt isolated or alienated.

Giving information

Becoming a mother for the first time was like starting a *"new career"* for many of these women. Some women described it as *"the hardest job in the world"*, and likened their stay in hospital to a *"crash course"* or *"apprenticeship"* where they would gather as much information as they could before going home and doing it "*alone"*. These women were also aware that others saw them as a novice and, although they often craved information about their baby and how to mother him/her, it was important that this information was delivered in a way that increased their knowledge while at the same time preserving their confidence and growing sense of themselves as competent mothers. If they felt *"undermined"* or *"confused"* by the way information was given, the value of the information was often lost to these women.

There was overwhelming agreement amongst these new mothers that *"shared experience"* was the ideal way to receive information about babies and mothering. This notion of shared experience applied equally to grandmothers, sisters, friends, and people in the neighborhood, and it was a common feature of the mothers' group experience.

> *"…my mother-in-law has got to be the most fantastic support I've had …* ***What do you think it is about her that makes the help or support that she gives you so good?*** *The fact that she does, like I know that she knows it all because she's had her own kids, and supported my sister in-law with her kids, but she never kind of says that she knows it all. Like she says,' what do you want?'* [lots of agreement from others] *… But also the fact that she doesn't say to me 'Oh, you know, do you think you should be doing this?' or that kind of stuff. She waits till I say 'Help I'm stuck, what do you suggest?' and then she'll tell me, you know, whatever. Or she'll say 'Ah, do you want a suggestion for that?', you know like she's just, she'll ask…[P4 But not tell you] Yeah that's right. Her manner is lovely and I know that she's doing it because she cares." (Mother FG6)*

> *"Obviously there's ones you click with more than others but it's just that you can chat to them all. Everyone's experience is different, and you learn from peoples experience as well.' (Mother FG6)*

Although *"shared experience"* usually referred to the sharing of personal mothering experiences, some of these women also spoke about midwives and early childhood nurses sharing their professional experience. In particular they seem to differentiate between information that is given as a dictum and information that responds to the individual mother. Information about breast-feeding was particularly prone to dictum.

"I had a lot of trouble with breast feeding at the start, and it was really painful and I got mastitis and bla bla bla, and you know, all the books, ... all the midwives as well, say 'Oh! Don't put anything on your nipples, don't use any cream, don't use a nipple guard, do it all naturally, you know. I was going for about three weeks and I was at the point where I couldn't feed him any more I was in such pain." (Mother FG4)

One woman thought it was the *"busy"* hospital *"culture"* that encouraged midwives to impart their knowledge rather than share their experience. Women who had midwives visit them in their home as part of the early discharge program described quite a different experience.

"I came home on early discharge program, and that was fantastic. It was so good...A midwife came to my house once a day, and they were there, and spent so much quality time with you. I really felt the value of one on one, and my partner was there and he could ask questions and it was just great." (Mother FG3)

Sharing experience allowed these new mothers to gather a variety of ideas and opinions about mothering and try them out until they found a way of mothering that suited them. When information was offered in this way these mothers felt *"reassured"* and *"relaxed"*, they felt comfortable *"asking for advice"* in the future and *"appreciative"* of the experience shared. The positive impact of sharing experience was also reflected in the relationships these mothers developed with those sharing their experience.

"My sister in law, she's been really good. She's got two children. She's got a ten year old and a six year old and just speaking to (her) even not talking about things, we're just close. She's the only other mother I know that has got young children so, just hearing her talk about her kids was quite reassuring." (Mother FG7)

However, when information was given in the form of *"unsolicited advice"* or as a dictum, these new mothers described feeling *"confused"*, *"undermined"*, *"inadequate"* and *"really upset"*. Even if they thought the advice might be *"good advice"* they were reluctant to take it. As well as being ineffective, unsolicited advice often had a detrimental effect on the mother's relationship with the person giving advice.

"I have a girl friend that has three kids... If you've had kids yourself I'm really happy to listen to you. But things like 'Where's he sleeping? Don't have him in your bed' and then goes off on this whole tirade about why you shouldn't have them in the bedroom with you, and then 'When are you going to move them out?' and stuff like that. So straight away that's just shut that door to any advice I would ever seek from her." (Mother FG4)

"And my aunt is just like your mother-in-law. She was like 'Are you ok … would you like this done?' she was nursing (my baby) while I was in hospital. But (my mother-in-law) just kept on offering, you know, 'You should do this, you should that', and she was here for about three weeks and they were the longest three weeks of my life. I was trying to get used to being a new mum and (my partner) and I getting a routine with (the baby). And my aunt would just like take her away, you know nurse her and all that sort of stuff, but (my mother-in-law) was just offering opinions. And like I knew that she was excited and I was giving her a lot of leeway, but then when my husband took her to the airport with my father-in-law, he actually phoned me from the car park to say they are on the plane [laughter]. Utter relief." (Mother FG6)

Another important aspect of being given information for these new mothers was *"consistency"*. Receiving the same information from a number of sources or continual information from a single source, led to less *"confusion"* and *"frustration"*. This was particularly important for information coming from health professionals, but also applied to information given by grandmothers, sisters and friends.

"Like my mum would say 'Give her water' and she's two weeks old, and (the early childhood nurse) says don't." (Mother FG4)

"We were keen to get out of the hospital as well. Every midwife has something different to say and we were so over it and it was like, just go away" (Mother FG7)

These women needed information about their baby, about breast-feeding and about childcare. However, it was important that this information was given in a consistent and appropriate way. Sharing experience rather than giving unsolicited advice respected the woman's experience and facilitated a positive view of herself as a mother.

Doing stuff

Many of these women were surprised at how hard it was to *"manage all the jobs"* of motherhood in the weeks and months following the birth of their baby. Although they expected to be *"on top if it", "physically and emotionally"* they were not. As a result, these new mothers had no trouble identifying a number of *"practical"* ways others could help them after their baby was born. Among them were *"cooking", "shopping", "vacuuming", "cleaning"* and *"watching the baby"*. For women who actually had someone to *"do stuff"* for them, they describe *"an extra pair of hands"* as giving them the opportunity to *"just sort of crash out"*, to recover from the birth or to have *"some semblance of a normal life"*. Doing stuff, however, was not a straightforward

interaction. These women made it clear that who does stuff, what they do, when they do it and why they do it, determines whether the help benefits the new mother, or undermines her desire to succeed independently and, consequently, her developing sense of her self as a competent mother.

Having someone do stuff immediately after the birth meant *"the load was lighter"* for these new mothers and this helped ease the transition they had to make to motherhood.

> *"My baby was two weeks early and my husband's leave hadn't started from work and so he had to go back to work for a week and my mother came in that week and she basically took him. She only brought him to me to be fed, and most of the time I was either sleeping or reading or trying to have some semblance of a normal life, and that was really good. Apart from mum doing those sorts of things, and she cooked and cleaned and shopped and all the rest of it, my husband does a lot of stuff. He does a lot of housework, he looks after (the baby) all the time, and I guess other than that, my sister has also taken him out a few times during the day. Those sort of practical things have been, I guess, the things that stand out the most rather than emotional support I think." (Mother FG8)*

It was quite clear from the discussions of these women that doing stuff was not at all straightforward. Who did stuff, what they did, when, how and why they did it, were critical factors when deciding the value of people doing stuff. For example, even though many women talked about wanting friends to *"just do it"*, to *"turn up on your door step"* and say *"I"m going to clean up"*, there was considerable consensus that housework was a *"personal thing"*. Some women found help of this kind *"really confronting"* and admitted that accepting it was an admission that they *"can't cope"*. When this was the case they would reject the offer, even if they *"couldn't manage all the jobs"* themselves.

> *"Here you are one minute, managing, working full time, doing the cooking, doing the cleaning, and the next minute you've got this new-born baby, and you can't manage anything. And I think that's overwhelming…. You know if someone, say a friend, actually just, they'd have to turn up not ring up and say offer it, 'cause you're going to say 'no'[P? yep] [P? yeah] because you feel like you're putting them out, you feel like [P? you can't cope] yeah. You're saying 'I can't cope', kind of thing. But if they just turn up on your door step, saying, 'Ok I've the day off', or 'I've got an afternoon off, I don't expect any of your time'… 'cause that's what most of them demand of you, is your time and you're barely coping as it is [P? yeah]… and just said, 'I'm going to clean up." (Mother FG2)*

On the whole, these women were more comfortable with their own mother doing housework, and some spoke favourably about their mother-in-law *"installing"* herself after the birth and being an *"extra pair of hands"*. It was clear that this arrangement had the most benefits for the new mother when the older woman took her cue from the new mother, and when the new mother was a willing participant in the arrangement.

> *"They come down every other weekend or every third weekend or so they come down. And if there's, like if I notice something about him, I'll say 'What's that?' Or I'll watch her if she's putting him down. I'll watch how she does it and maybe repeat that if it worked well. She treads very lightly because I'm a pretty definite person so she is fantastic; she's been fantastic with (baby). There is potential for mothers sometimes to be a little overbearing. Like 'She should be on solids already.' 'She should be on a four hour routine.' all that business. She treads very lightly so I tend to take her advice pretty well." (Mother FG8)*

If this was not the case, any benefits for the mother were negated.

> *"And even (my in-laws), they will always be there, even if it's too much for me because, especially the mother who's always right and she actually wanted to help me. But I just didn't need her help at the start … At the start it was just too much, like 'leave me alone for a bit'." (Mother FG8)*

One activity that was almost universally appreciated was *"cooking"*. These mothers wanted their friends and family to *"feed"* them. To *"bring a meal"* or *"cook dinner"* was *"the most important thing"* friends could do in the weeks after the birth. Preparing dinner was seen as an impossible task for some of these women and from that point of view bringing a meal meant they had to deal with *"one less issue"*. But food and cooking was much more than *"practical"*. These women recognised that *"for someone to bring you a meal, it's a big investment"*. Food is a way to nurture the body and these women felt nurtured by those who invested their time in cooking a meal. It made *"a huge difference"* to them and it was *"so appreciated"*.

At first glance, doing stuff does not seem complicated, but getting it right was not straightforward. These mothers related numerous experiences that indicate the importance of who does what, and when, to the value of the help given or offered. In some cases mothers felt required to *"reward"* people for their practical help

> *"She'd turn up with the pre-prepared lasagna and salad and all that, which was good. Um, but then she'd want to play with the baby, you know, at 9 o'clock at night ... as a reward for bringing the food. And it would be like, 'No, don't look at him. You wake him up, you settle him'" (Mother FG2)*

Sometimes the timing was wrong, with many of these women sharing stories about grandmothers offering to look after the baby *"too early"* when they *"weren't ready to let go"*. At other times, these women had trouble accepting offers of childcare because they did not *"trust"* people who had *"no experience with children"*.

Why people did stuff was also important. When these women perceived interactions or offers of help as self-serving, they were less likely to report it as beneficial to themselves.

> *"For her its more of a selfish thing, she wants to be involved and be there but she's not really thinking about ...where I'm coming from." (Mother FG3)*

> *"From the moment he was a week old she wanted to baby sit, 'cause her vision is 'grandmother – must baby sit [general laughter], must bond with baby – must baby sit'. You know, really, from a week old it was 'When can I baby sit, and I'm going to buy a car seat, and I'm going to do this..." and its like – I don't need – its like (another participant) said, someone offered to take the baby too early," (Mother FG2)*

It is important to note that while many women spoke about others doing *"too much" "too early"*, it was also common to hear women say that early on they *"needed a bit more help"*. Despite these individual differences, all these examples illustrate that these women wanted particular people to do stuff in a way that responded to their unique needs. If practical help was given by the right person, at the right time and in the right way, it fostered the woman's need to develop a positive sense of herself as a mother.

Commenting on me and my mothering – comparison and evaluation

The women in this study spoke about the *"challenges"* of motherhood. For some they were small, for others they were large but in all cases positive assessments and comments about themselves and their mothering helped these women meet the challenges of motherhood successfully. These assessments and comments came in the form of comparison and evaluation. Unfortunately, the way people compared or evaluated a woman and her mothering often negated any reassurance that might have been intended. Furthermore, positive evaluation in the form of praise, though desired by many of the women in this study, was hard to come by.

Comparison

New mothers needed reassurance when they were *"unsure"* or when their *"confidence"* waned. At such times they needed to know that they were *"doing a good job"* or *"doing the right thing"*. They needed to know that what they were experiencing was *"normal"* and that they weren't *"being stupid"* when they had concerns about their baby. It helped these women to know that things will *"get easier"* or that *"everything is ok"*. The most likely source of reassurance for these new mothers was comparison. Friends with children were a particularly good source of comparison as their recent mothering experience *"put things into perspective"* for these new mothers.

> *"I just rang and said 'Help!' Two in particular who had all sorts of experiences. Numerous friends who are more than willing or friends of friends who I might seek out if I had an experience and thought 'Oh God this is so hard'. And they could say 'Yeah I remember that was really terrible for me too,' or 'It gets easier.' or whatever. That support was great." (Mother FG8)*

Mothers group was also a great source of comparison. *"Everyone's just finding their way at the same time"* and new mothers can discuss their experience and *"progress"* in an environment where they *"don't feel threatened"*.

> *"I've thoroughly enjoyed it, I think its been for me, good to go once a week. I look forward to it because I think 'Oh this has happened, (baby's) been doing this during the week, you know, is that normal?' And then I can go and sort of be talking to a couple of mums who say 'Oh yes, my babies that.' or what ever, and it is the reassurance that everything is ok ... I was thinking 'Oh gosh, I'm the only one who experiences this' and until I talked to people... I go ok, that weight's gone now. Yeah, I think its great." (Mother FG6)*

There were some examples in this study, however, where comparison was not always reassuring. This was the case when women could not relate their own experience to that of others and it was important in these circumstances for new mothers to make contact with someone who did have a similar experience.

> *"Oh he's an absolutely delightful baby but he's extremely loud and its very hard in the middle of the night when you've got this screaming child. So the people from my mothers' group, I guess who I kind of clicked with, are people who've also had quite difficult babies. So, a lot of our friends have these lovely delightful placid babies who sleep through the night, or at least they tell you they sleep through the night, who say 'Oh don't worry you just have to do this.' And we think 'Oh gosh it's all my fault' or whatever, whereas it's*

just individual babies. And I guess when you talk to other people who say 'Oh yeah, well I've only had three hours sleep, how many have you had?' and you know, 'Let's go out. ' That, you know, that was really nice." (Mother FG6)

Evaluation

As well as friends, these women spoke about maternal and paternal grandmothers, great grandmothers, sisters and brothers all evaluating their mothering in the weeks and months following the birth. Like 'comparison', new mothers felt reassured if their experience was evaluated in a positive way. However, even in the absence of doubt about their own mothering, these women wanted to be told they were *"doing a good job"*, that they were dealing with the trials of motherhood well, and that they were *"amazing"*. For these women, it was not enough to know they were *"doing a good job"*; they wanted that knowledge reflected back to them by the people around them. Positive evaluation, or praise, helped these women maintain confidence and a positive image of themselves as mothers.

"I had him telling me all the time, 'You're a great mum. You're the best mum in the world', and stuff like this, and that was so nice to me to think, ah, he's actually appreciating what you're doing." (Mother FG4)

"But there's nothing wrong with some positive reinforcement, even though you know you're doing a good job, and that's where Lilly (local early childhood nurse) does such a good job, because you walk away thinking 'She thinks I'm the best mum in the world." (Mother FG2)

Very often however, opportunities for reassurance or validation were lost because of the way evaluations were made. If these women felt they were being *"told"* what they *"should"* do or what their experience *"should"* be, they often felt invalidated or that *"it's all my fault"*. Very often, such comments were made in an indirect way, as in the following example.

"My sister in law. She always makes judgmental comments. Like when he vomits "Oh, what has mummy eaten today". She's the 'know it', 'cause she's got two kids. She's lovely, she's really lovely, but sometimes I find her really difficult to handle because she's always got a comment about him (baby). ***And how do those comments make you feel?*** *Annoyed, yeah, just annoyed, I mean she knows what she's doing I suppose and I don't [laugh], often.* ***Does it bring home to you that you really don't know what you're doing or that you don't feel confident?*** *Yeah. Sometimes, other times I think, well OK, just smile and keep going, but yeah at times I do feel inadequate when she makes comments. I'm not quite sure what the answer is myself." (Mother FG3)*

On the whole, people commented on a new mother or her mothering either indirectly, by reflecting on their own experience and thus allowing the new mother to compare it to her own, or by evaluating her experience directly. Both forms of comment could result in the new mother feeling reassured. This was particularly important when she was overwhelmed by her daily experience or was feeling vulnerable. However, if the new mother felt she compared poorly to another's experience, or if she felt she was being evaluated negatively, her confidence could be undermined. Interestingly, these new mothers also wanted people to evaluate them and their experience in a way that I have identified as praise. In the absence of self-doubt, praise acknowledges the new mother's achievements and maintains her developing sense of confidence in herself as a mother.

Being physically present

For these women the first few weeks of motherhood were a *"lonely"* and *"isolating"* time in which they felt themselves *"floundering"* with the tasks of caring for a baby, and unable to *"manage all the jobs"* around the house. It was important at this time, when they were *"not used to"* the *"constant and changing"* needs of a baby, and when they had trouble *"keeping up with those demands"*, that these new mothers had someone who would *"stay with"* them for the first week. Rather than being a symbolic presence, these women wanted certain people such as their partner, mother, mother-in-law and friends to be physically present – to be a companion, a helping hand or a source of knowledge as they try to *"get used to being a new mum"*.

Women who had someone physically present in the early weeks describe it as being *"very supportive"* and *"making a huge difference"*. For those who had someone physically present during a particularly challenging time, they felt *"looked after"* and able to *"relax"* and have their *"own time and space"*.

> *"My mother-in-law actually came up for two weeks and sort of installed herself... it was fantastic. I think just not to have to think about, I think mainly vacuuming and shopping and preparing meals really... I could just go and sleep and just sort of crash out, so that was really great." K2W46*

> *"My little fella, he picked up that horrible flu bug that was going around in probably week two-and-a-half I think, week three, and my husband was, um, overseas for work for a few days, so I just went up to my parents' place and that was just heaven. 'cause I was feeling you know, really stressed. He was waking and feeding a lot more, he sounded like he couldn't breathe properly and it was just fantastic to have the emotional support there, and give him to mum, and I was expressing sometimes and breast feeding the*

other, and she'd give him a bottle and I'd go away and have a bath and have my own time and space. And you know, from feeling a bit stressed with it all I could still feel relatively relaxed in that environment, for that sort of time period. That was a really good time, a very emotional time." (Mother FG5)

Throughout these discussions women talked about their partners being physically present and acting as a buffer between them and the world. Some partners would monitor and restrict visitors according to the needs of the new mother, others would encourage girlfriends to *"get her out of here"* while they looked after the baby for a while. Very often, partners were the middlemen when the new mother felt a boundary or a relationship needed negotiating.

"Oh, it was just stressful, and I said to (my partner), 'You need to go and talk to your mother.' ***And did he****? Yeah, he just said 'Mum (she) wants to do it this way so just let it be, ok? 'Cause you know, this is her experience so just let her do what she wants to do. You know if she needs any help she'll come and ask you. Just let her go.'* ***And did she, after that talk did she change?*** *Oh, she was a whole new person." (Mother FG6)*

Once again new mothers felt *"looked after"* and *"protected"* when their partner acted in this way. In addition, having a partner take on the responsibility of monitor, protector and middleman had benefits for others within this context. Relationships and boundaries, particularly with paternal grandmothers, could be safely negotiated through the father of the child, and fathers sometimes felt empowered by these responsibilities at a time when they are excluded from many of the tasks and processes surrounding a new baby.

"The funny thing for men is that everything exists previous to having a baby and nothing exists after having a baby. And nothing exists in the hospital for them. They're not even allowed to stay with you up there or eat up there when you stay. My partner is obsessed about the fact that they are not included you know what I mean. ... He thinks its ridiculous, he wants to fight. Instead of being a feminist and trying to fight for female rights he's fighting for men's rights as parents..., And he's been extremely protective to a point where I reckon that his testosterone levels are actually affecting his body. He's got more masculine, he's really bulked up - no exercise at all. I think there must be an increased level of hormones. ***Who's he being protective of?*** *Just of us. Like say we go out and you've got mother and daughter pushing a pram or you're carrying her and somebody tried to walk into you because it's Sydney and people do that and you can't avoid that, and he's like 'I had my fists clenched, you know, this guy was going to walk into you and I was ready to hit him.' And I was like 'What do you mean?' and he's like 'I know, I just felt really protective'. And I'm like 'You walk in front of me from now on, Don't walk behind and wait for something to happen you just walk there'. He's like 'What's going on with me' and I said 'Well I think you're just going through the change of being a dad and this is how it's affected you as a person'." (Mother FG7)*

This notion of the father acting as a middleman or a buffer is supported by the new fathers' data. One father described himself as a 'conduit to the outside world.'

> "*For me I've got the workplace and people to talk to all day and I'm happy to come home and talk to my wife. But she's only got me and I'm her conduit to the outside world. And because we live out of town a lot of her social supports aren't around and that's been difficult for her and I would of liked a lot more support for her a lot more of her friends, family to be visiting, being involved. And I've welcomed her mother coming to stay." (Father FG1)*

Fathers recognised the new mother's need to have someone physically present in the weeks and months following the birth, but were not always aware of how they could facilitate contact.

> *"Days will go by when no one has turned up or no one has visited. It must be pretty hard for her. I recognise that but I don't have a lot of ways of influencing that." (Father FG1)*

Once again, it is not simply enough for someone to be physically present. These women wanted certain people with whom they had a good relationship to intuit their needs and stay with them in a way that respected their desire to *"find their way"* as a mother in the early weeks. For some women this was not the case and the absence of a companion or the presence of someone whose interaction worked against the new mother instead of with her, resulted in *"disappointment"*, strained relations, and excessive *"loneliness"* and *"isolation"*.

> "*My Mum... I thought she would stay with me for the first week.* ***Yeah?*** *But she didn't [laugh]* ***She didn't?*** *Yeah. I was a bit disappointed actually." (Mother FG2)*

> "*Basically I had no support, like my partner had to go straight back to work about two days after I got home from hospital, my parents went home...I think that was a big shock, you know, you're all of a sudden isolated, I felt like I had no one." (Mother FG2)*

Being physically present with a new mother in a way that suited her needs allowed her to pass through the first few weeks of motherhood with relative ease. If the obstacles of isolation, fatigue and an increased workload were sensitively removed, these women began to develop a positive sense of themselves as mothers, and their relationships with those who were with them grew.

Demonstrating availability

These women wanted certain people to be available to them in the weeks and months following the birth of their baby. The notion of availability pervades all aspects of social support discussed so far, and applies to partners, grandmothers, friends, neighbors and health professionals alike.

Whether they called on available support or not, these new mothers appreciated knowing that someone *"would be there"* if ever they needed anything.

> *"My friends in Australia and from overseas, lots of my friends they just said 'whenever you need us just ring up'. It was good to know, even if I didn't need the help, I could call my partner's parents, they were always around." (Mother FG8)*

> *"It really helps knowing you've got all these resources, and one of the things that I've been really quite impressed with is that there is things like Tresillian, Nursing Mothers, and different things that perhaps you can call. You Know, my local doctor, and the Early Childhood Centre, it's that network that, ok, you might not be tapping into, but you know they're there." (Mother FG6)*

Most new mothers saw maternal and paternal grandparents as available to help, if needed. With their own mothers, some of these women *"just assumed that they would be there"*. Others discussed availability with their mothers prior to the birth of their baby.

> *"I said to mum if 'I needed, if I thought I needed her, could I call her and ask her to come and stay.'" K3W28*

While they were less likely to '*assume*' the availability of paternal grandparents, many women became aware that their partners' parents *"were always around"* if help was needed.

There was no clear indication in this study that maternal grandmothers were more available or that their support was accessed to a greater extent than paternal grandmothers or vise versa. However there were some differences in the types of support sought from maternal and paternal grandmothers. For instance, new mothers seemed more likely to approach their own mother for reassurance that they were *"doing a good job"* or to do *"stuff"* around the house, because of the very *"personal"* nature of these things. On the other hand they would ask both maternal and paternal grandmothers for advice about mothering or to look after the baby. They also seemed

equally willing to access support made available to them from either the maternal or paternal grandmother.

Rather than the symbolic relationship of 'mother' or 'mother-in-law' dictating the interaction, it seems that the actual relationship between these women was much more important. These new mothers appreciated the availability of both maternal and paternal grandmothers when they were already in a *"close"* relationship, and as long as the older woman was sensitive and respectful of the new mother's need to *"get used to being a new mum",* and her desire to do it her *"way"*. If the relationship between the new mother and the older woman was emotionally distant, if the new mother didn't *"trust"* the older woman's skills, or if the new mother felt her decisions or experience would be questioned, then she was less likely to access available support.

> *"We asked my mother-in-law to look after her on Friday night. It was our first night out, she just said "If you want me to take her for a week, I'll take her off your hands." so,* ***So that was pretty easy?*** *Oh, it was very easy. But with my own mother I had more difficulty, my mother came down from Queensland, and I had more difficulty asking my mother for support, for some reason. I guess because she'd been away from my life for such a long time, and suddenly she came down when I was having a young baby, and it was quite difficult. I thought I'd asked for enough just by coming down, and I didn't want to ask any more of her." (Mother FG3)*

In demonstrating availability, the right *"approach"* may not only benefit the new mother but also her relationship with the person who makes themselves available. This may perpetuate the supportive relationship allowing for continued support for the new mother.

> *"I look forward to my mother coming down. I tell my mum 'Mum I really look forward'. That's one of the side benefits. Mum is not as close to me as she is to my other sister but I think it's drawn us close together. As a first time mother and I've actually enjoyed her company. We've enjoyed each other's company. …Before I've always felt that I needed to get away. We've actually enjoyed each other's company and had giggles. Things like that - so that's been a good thing" (Mother FG8)*

These new mothers wanted certain people to be available to them after their baby was born in a way that respected their need to mother their baby in their own way. When people demonstrated they were not available, they would be *"disappointed"* and feel they had to *"deal with"* motherhood on their own. However, being available was no guarantee that a new mother would access a potentially supportive person. Many of these mothers described themselves as very *"independent"* in the weeks and months following the birth of their baby, coping with "*no*

support or help" except from their husbands, who could be *"really extraordinary"*. In these circumstances, the benefits of having people available were forgone, both in terms of the new mother and her relationships.

***Responding to my experience*[4]**

In all their interactions these women said they wanted others to 'respond to their experience' in a way that showed respect for it. They wanted friends, family and health professionals to show *"sensitivity and intuitiveness"* to their unique situation, to *"listen"* and, above all, to respect their decision to do it *"my way"*.

> *"If you can express what you need. There are some people who sort of tell you things rather than just listen to what you need. And like even when you go to professionals for help, you want them to listen to what you're saying, rather than think 'Well I've seen this before'. I think just listen on an individual basis to what you're saying." (Mother FG6)*

It has already been illustrated that regular and timely contact and companionship, shared experience, appropriate practical help and positive comparison and evaluation were appreciated by new mothers. In addition to any other benefits, these interactions demonstrated respect for the new mothers' experience because they were born out of an *"understanding"* of the general experience of new motherhood as well as the woman's unique situation and her need to *"get used to being a new mum"*. However, people did not always respond to a new mother's experience with respect for her unique situation. Very often these women felt they were being *"compared"* to other mothers or to ideal stereotypes. Other parents and the new mothers partner were often described as making such comparisons.

> *"Like everyone says to you, 'Oh breast feeding's the most natural thing in the world.' Its not. It doesn't just automatically happen you know … And I think men, no matter how good your partner is, think - oh well, that, 'you're born to breed, you know, [general laughter] you're meant to know that. My mother knew that therefore you must know that'. [P? yeah.]" (Mother FG2)*

At other times these women felt they were being *"judged"* and that their decisions were being questioned or their experience misunderstood. When this occurred they would feel *"annoyed"*,

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[4] As stated in an earlier footnote, these practices are not discrete categories of behaviour. 'Responding to my experience' is perhaps the most pervasive of all the practices discussed here. While it is explicated in this section, it is implicit in all other practices.

"really awful" about a decision they had made, *"undermined"* or under *"pressure"* to conform. Being judged not only had a negative impact on these new mothers, it was damaging to their relationships. Many women described themselves as physically or symbolically distancing themselves from those they found judgmental.

> *"I've got my partner's family, every time I go round there – because I'm going back to work-full time next week – and I've just got a nanny who's going to look after him, and every time I go round there it's the pressure of 'Oh, how are you going to be when you go back?' 'Oh, you're going to be...' and so it makes me feel really awful that, you know, to think I'm ditching him and going back to work five days. 'How are you going to cope five days without him?' And so yeah, I feel like sometimes I don't want to go round there because I think 'Oh they're just going to go through this again' and it's really hard." (Mother FG3)*

Responding to a woman's experience of motherhood in a positive way meant abandoning the stereotypes and being sensitive to her situation, listening to her concerns whilst refraining from judgment and acknowledging her accomplishments without comparing her to others. When these women felt their experience as a new mother was being respected, they felt validated. This engendered confidence in her abilities as a mother and in her relationship with the person she was interacting with.

Section discussion and summary

'Making contact', 'giving information', 'doing stuff', 'commenting on me and my mothering', 'being physically present', 'demonstrating availability' and 'responding to my experience', are descriptions of what people did when they interacted with a new mother in my study. As simple descriptors, they incorporate many supportive behaviours described in the social support literature. To illustrate this, I have identified six parallels between the practices identified in my study and supportive behaviours identified in other qualitative studies. First, when the outcomes of 'doing stuff' are positive, it corresponds to what Podkolinski (1998) described as "practical support with household chores" (p.212), what Gottlieb (1978) referred to as providing "material aid and/or direct service" (p. 110) and what Coffman and Ray (1999) termed "doing for" (p. 488). However, while these authors describe a type of behaviour that is inherently supportive, 'doing stuff' is value neutral and the detail provided by new mothers reveals the variable nature of this practice and its outcomes. Hansen and Jacob (1992) recognised that many new parents did not want help in the first few weeks after a baby is born, and that to provide practical assistance at this time was often seen as interference. In a similar way, as a value neutral practice 'doing stuff'

encompassed all variants of behaviour and the consequent outcomes, including the negative notion of interference.

Parallels with previous qualitative work can also be found for other practices. For example, shared experience is a way of 'giving information' that was usually described as having positive outcomes for new mothers. Shared experience corresponds with what Gottlieb (1978) described as "provides testimony of own experience" (p.111), what Podkolinski (1998) described as "sharing experience" (213), and what Coffman and Ray (1999) termed "sharing information" (488).

For these new mothers, reassurance and praise were positive assessments of the way someone 'commented on me and my mothering'. Although there are no parallels for praise, the way new mothers discussed reassurance corresponds with the confidence-building behaviour referred to as reassurance by Gottlieb (1978) and Podkolinski (1998).

If someone was 'responding to my experience' with respect and an understanding of the new mother's unique situation, they were doing what Gottlieb (1978) termed reflecting respect, what Hansen and Jacob (1992) described as understanding and accepting the new parents choices and practices regarding their child and the two categories Coffman and Ray (1999) labeled "respecting" and "knowing" (p.487).

Being 'physically present' was sometimes assessed in a way that reflected Gottlieb's categories of 'provides companionship' and 'provides accompaniment in stressful situation' (Gottlieb, 1978), as well as the notion of being looked after described in Podkolinski's study (Podkolinski, 1998).

Finally, positive assessments of availability correspond to what Coffman and Ray (1999) described as being "available and willing to provide help when needed" (p.486), what Gottlieb (1978) categorised as "reflects unconditional access" (p.111) and what Hansen and Jacob (1992) described as remaining available while at the same time respecting the new parent's wish for autonomy.

While my study corroborates many findings of previous qualitative work, it also highlights the complexity of <u>social interaction</u> that has previously been ignored or understated. In their

discussions of social support, new mothers often reported people behaving toward them in a way that had significant negative outcomes for themselves and their relationships. Unlike the academic literature, they were unable to discuss 'social support' in isolation from other aspects of social interaction. Despite this, there are few parallels for negative or ambiguous interaction in previous qualitative studies. My study redresses the disproportionate focus on positive aspects of interaction, and renders a more complete picture of the experience of social interaction for new mothers.

In this section I have focused on practices and demonstrated that what people <u>do</u> when they are 'being there' is not inherently positive. Instead, practice is assessed according to the situational context and the relationship within which a new mother interacts with another person. In the next section I describe the <u>meanings</u> mothers gave to their assessments of practice. In particular I focus on how these meanings were shaped by a new mother's relationships and how they shaped those relationships in turn.

BEING THERE: WHAT IT MEANS

New mothers assessed the practices of others in the days, weeks and months following the birth of their babies. Sometimes these assessments were positive, sometimes negative and sometimes ambiguous. Underpinning these assessments were five interpretations of 'being there'. These were:

- 'Being there for me'
- 'Being there for yourself'
- 'Being there for us'
- 'Being there but not there'
- 'Not being there'

These ways of 'being there' gave meaning to interaction. They were shaped by the situational context and the relationship within which the practice occurred, and included consideration of who was 'being there' what they did, how they did it, when they did it, and perceptions of why they did it. Figure 6.1 represents the five meanings of 'being there' from the perspective of new mothers.

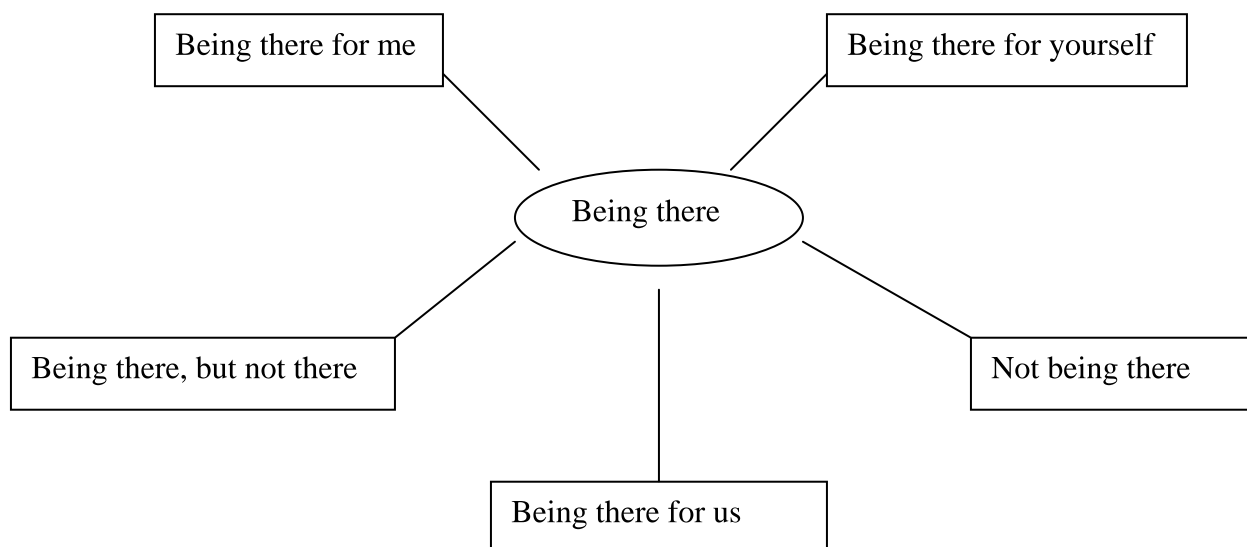

Figure 6.1: Five meanings of 'being there' from the perspective of new mothers

Five meanings of being there

The five ways of 'being there' presented in Figure 6.1 transcended behavioural aspects of social interaction, and gave meaning to new mothers' assessments of social interaction. The meaning new mothers gave to social interaction in the days, weeks and months following the birth of their baby was dependent on whether the interaction was assessed by the new mother as appropriate for her particular situation and appropriate within her relationship with the person she was interacting with. In other words, did the right person do the right thing, in the right way, at the right time and for the right reasons?

In summary, new mothers talked about people 'being there for me' when they recognised the intent of practice was to meet their needs, and they assessed it as having positive outcomes for themselves. When they talked about people 'being there for us', new mothers recognised practice as having benefits for both themselves and the person who was 'being there'. 'Being there for themselves' was used to give meaning to practice that new mothers thought was self-interested. The outcome of practice in this case was less likely to be assessed as positive for the new mother, and was often assessed as negative. 'Being there but not there' was often the meaning given to practice that new mothers recognised as intended to meet their needs in some way, but which they assessed as unsuccessful. Finally, 'not being there' was the meaning given to an absence of interaction or contact from a person or at a time when interaction was expected. These five ways of 'being there' were used to give meaning to discrete interactions between a new mother and

another person, or to the general manner of interaction between a new mother and a particular person. The five ways of being there are exemplified below.

'Being there for me'

When someone was 'being there for me' new mothers' recognised the practice as intended to meet their needs and they assessed it as having a positive outcome for themselves. Figure 6.2 illustrates some of the outcomes discussed by new mothers when someone was 'being there for me'.

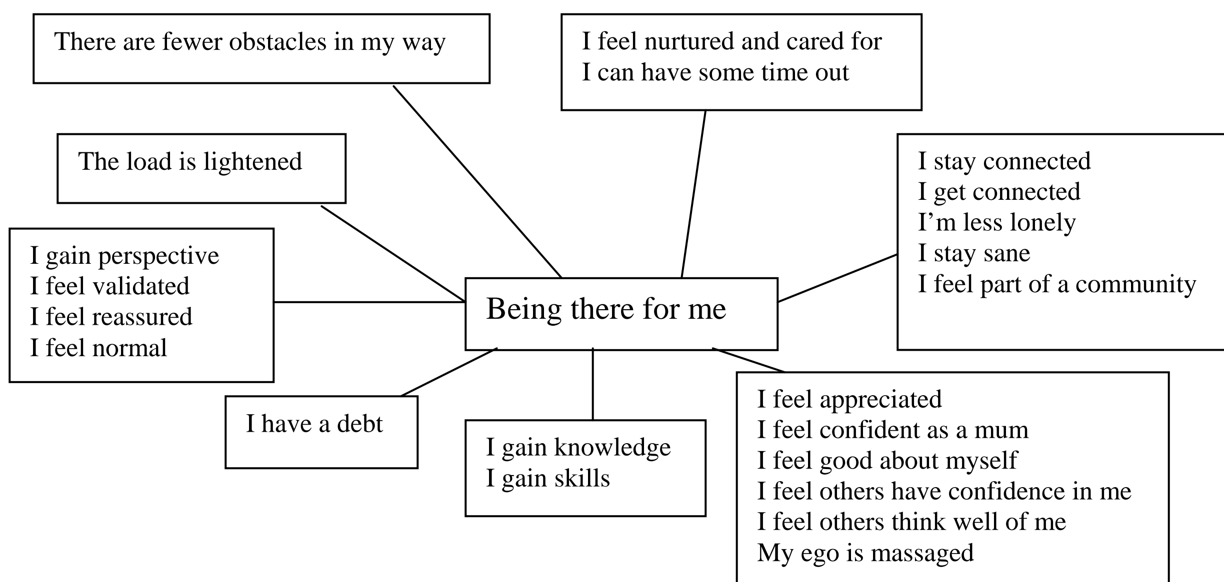

Figure 6.2: Outcomes of 'being there for me'

In the following extract, a new mother spoke about what she wanted in terms of support, and what she received.

> *"Ring up and say 'Hi'. That's what I wanted, I wanted my best girlfriends to just ring up and say 'How're you going?' 'Are you having a shocker? are you having a good one? I'll talk to you tomorrow or the next day.'* ***And did that happen?*** *Um, it, it happened sporadically. It happened with one particular girl who is a very close friend and she was wonderful. She would ring and just leave a message, or whatever, and she seemed to always ring at the perfect time, when I needed to talk to someone … She's already got two children, that made me reassess our friendship, and, um, I thought gee, I wish I'd been more supportive of her when she had had her children, but, at that stage [P? You didn't know] Nah, I didn't have a clue. And then another girlfriend who's one of my closest girlfriends didn't at all and I was very disappointed in that, and still am.* ***And does she have children?*** *No [P? Do you still see her?] Yeah, I still see her [P? Does she know you're*

disappointed?] No. ***Do you think that might have been part of it, that she actually doesn't know what was needed?*** *I don't think she has any clue, um, what its like to have a new baby at home, as I didn't." (Mother FG2)*

This new mother identified the, who, what, how, when and why of 'being there for me', and its antithesis, 'not being there'. For this woman, her girlfriend with children kept in touch by phoning regularly. Her regular contact was assumed to have arisen out of her knowledge of what it was like to have a new baby at home. The outcome of this girlfriend 'being there for me' was that the new mother stayed connected and felt reassured. In addition, the relationship between the two women was strengthened. In contrast, her girlfriend without children did not call at all, ostensibly because she did not know what it was like to have a baby at home. The outcome of this girlfriend 'not being there' was that the new mother had a prolonged feeling of disappointment. In addition, the relationship between the two women suffered.

'Being there for us'

When 'being there for us' was the meaning given to a social interaction, the new mother had assessed the interaction as having a positive outcome for both herself and the other person. Figure 6.3 illustrates some of the outcomes discussed by new mothers when someone was 'being there for us'.

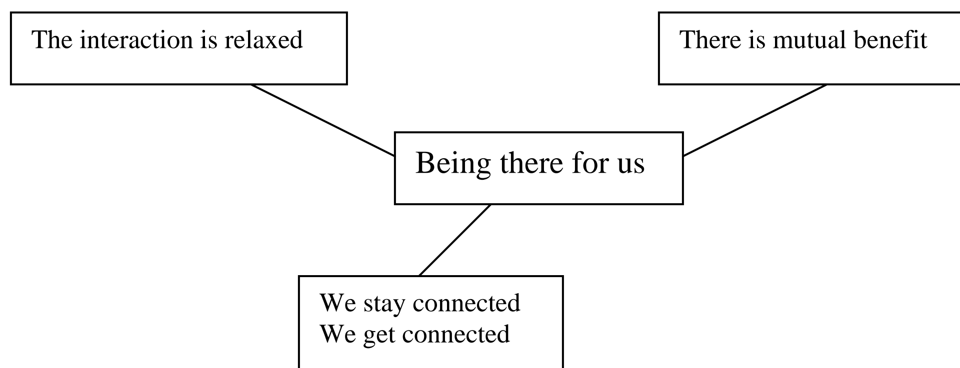

Figure 6.3: Outcomes of 'being there for us'

Although it was only referred to occasionally, 'being there for us' is exemplified in the following excerpt.

> *"My mum lives in Clovelly, so I actually ended up spending a few nights over there at the beginning. (Baby) cried a lot and it took us a couple of weeks to realise that I didn't have enough milk. ... Mum was wonderful 'cause she just kind of said 'I didn't want to say anything, you know, but good'. 'cause for mum, I was still her little girl. Even though I was trying to look after (baby), mum was trying to look after me, and saying, you know, 'you can't feed every hour and every half hour and keep going', you know, where as from most people you get 'Don't bottle feed, its not good for the baby'. But you know, I don't have any milk. You can't pretend ... and everyone says 'You've got to breast feed...(baby noise??). Mum was really good 'cause she'd say 'You know, I love (baby) dearly but you're mine, you're exhausted and that makes you cranky and tired" (Mother FG4)*

In this case, the new mother's mother cared for her and validated her decision to bottle feed at a time when she was struggling with breast-feeding. Her own desire to care for her daughter coincided with her daughter's need for care and validation. The older woman was sensitive and respectful of her daughter's unique situation and, because she waited for her daughter to approach her, the outcome in this situation was mutually beneficial.

'Being there for us' is exemplified again in the following excerpt

> *"My parents came down when I first came out of hospital for a week, um, and they're coming down for Easter, which will be nice.* **So what's nice about them coming down***? The nice thing is actually to see them with him, and also I have a very good relationship with my parents. It's more like it's not the parent child thing, we've now moved onto to just being friends. We all like food and Charles stands out in the kitchen with mum and it's really relaxed...So that's really nice, but its actually seeing them with (the baby) and playing with him and just the enjoyment.... But other than that we seem to just cope." (Mother FG6)*

Once again, the new mother acknowledged the needs of the grandparents. These mutually beneficial interactions appear to occur within relationships characterised by mutual respect and open communication. In this case the mother described her relationship with her parents as friends rather than parent-child, indicating equality within the relationship and perhaps an absence of control.

'Being there for themselves'

When someone was 'being there for themselves' they were behaving in a way that was not appropriate for the specific situation of the new mother. Instead they were behaving in a way that

the new mother assessed as self-serving. New mothers assessed the outcome of this interaction as ambiguous or negative. Figure 6.4 illustrates some of the outcomes discussed by new mothers when someone was 'being there for themselves'.

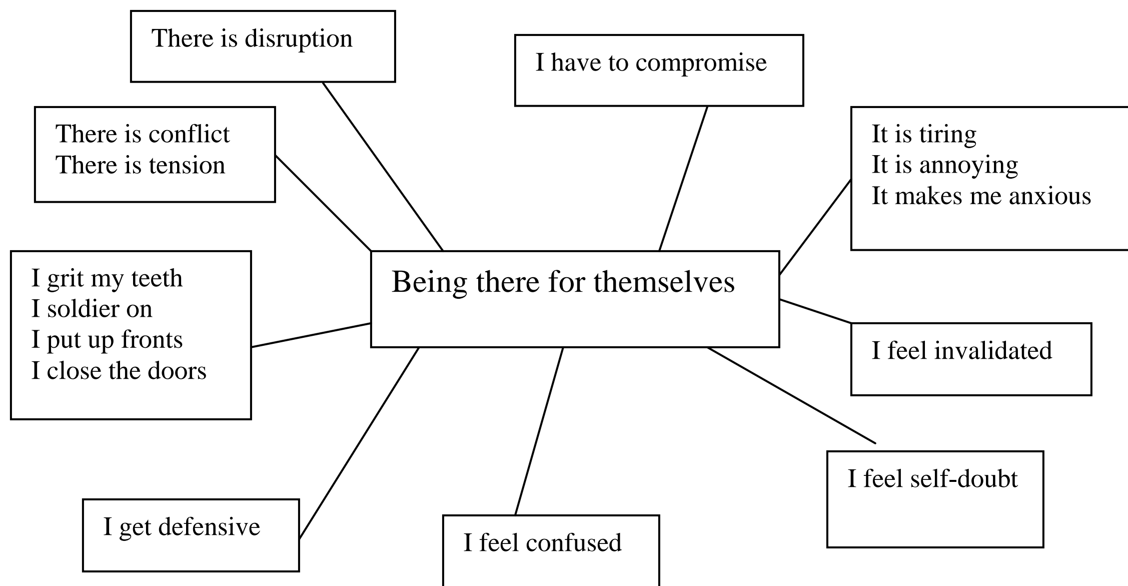

Figure 6.4: Outcomes of 'being there for themselves'

Very commonly, these women spoke about people 'being there for themselves'.

> *"My mother-in-law, she's lovely, but the first week I came home after the birth she phones me twice a day. And I'm fine, I really don't need her to phone me twice a day, and then she got really upset that she wasn't involved enough. And I spoke to her really nicely and said "Look I've got my own mum, you're not my mum, and if I need help I'll call you, you know that I will" but twice a day! In the first week. You just can't, it's impossible. So I think sometimes other people forget what it was like for them. And for her it's more of a selfish thing, she wants to be involved and be there but she's not really thinking about where I'm coming from. So that's difficult, it's the one thing perhaps you don't need." (Mother FG3)*

Again, the who, what, how, when and why of 'being there for themselves' is explicit in this woman's statement. For this woman, her mother-in-law made contact with her by phone, twice a day in the first week because of her own need to be involved. This unwanted interaction was thought to arise out of selfishness and forgetting what it was like to be a new mother. Neither the mother nor the mother-in-law had their needs met in this situation; the outcome was not positive for anyone and the relationship required clarification.

'Being there but not there'

When someone was 'being there but not there' they were also behaving in a way that was not appropriate for the specific situation of the new mother, however she did not assess their intent as selfish. Instead, the new mother considered the behaviour misguided or inconsiderate and she assessed the outcome of this interaction as either ambiguous or negative. Figure 6.5 illustrates some of the outcomes discussed by new mothers when someone was 'being there but not there'.

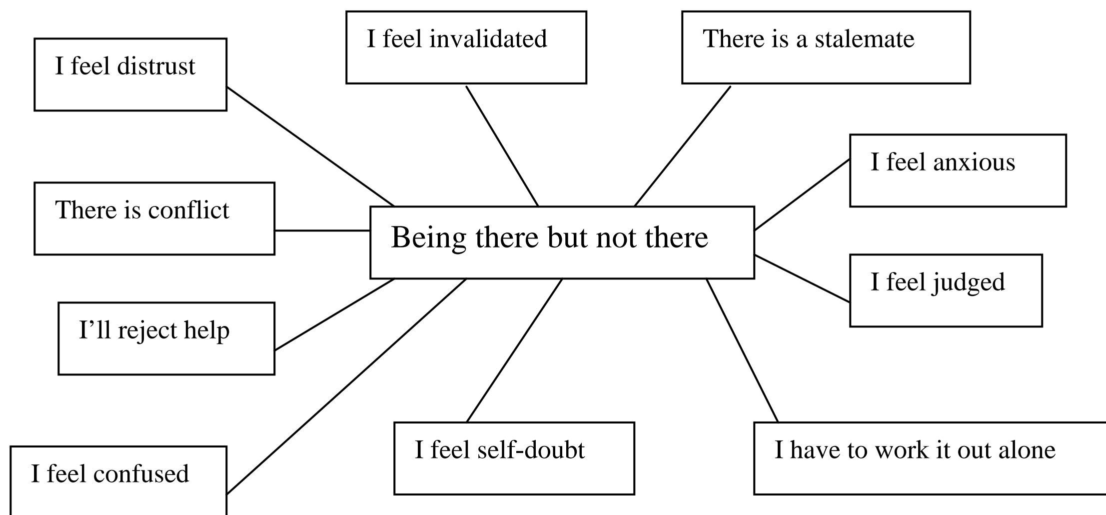

Figure 6.5: Outcomes of 'being there but not there'

Although 'being there for themselves' and 'being there but not there' had similar outcomes, the who, what, how, when and why were often different. Unsolicited advice often fell into this category. Although it may have been well meaning, sometimes attempts to help had very negative outcomes for a new mother

> *"Unsolicited advice, that just, yeah. I mean maybe it's good advice, but sometimes, like, I remember he was about two weeks old and I went into one of the chemists in (town) to get something for him or me I can't remember what it was now, and I had him in a papoose, in a pouch, and the woman across the counter, she was 50 or something, had her own children, started telling me how, you know, it was really bad that I had him in the pouch and that he was obviously much too hot and I should take him out immediately, and I was just in tears on the way home because I was just mortified." (Mother FG4)*

In this case a shop assistant, an older woman, gave advice that was not requested, very early on in the woman's new role as a mother. It may be that the older woman perceived a need in the new

mother, or more likely she perceived a need in the baby. This example demonstrates an insensitivity and lack of respect for the new mother's experience. As a very new mother she may be *"unsure"* and lacking *"confidence"* in her role as a mother. "*Unsolicited advice"* was perceived as a criticism and this eroded, rather than built, her confidence and positive image of herself as a mother.

Very often, attempts to be there for the new mother were rejected for various reasons.

> *"My dad, has said that he would love to come down and look after (baby) when I go back to work, ... I know he couldn't do the job. You know he wouldn't give (baby) the kind of care that I'd like to give him, whereas my mum's here now helping me for three weeks and its wonderful. I can walk out of the door and not worry at all ... whereas my dad?? Dad thinks it's fine to just leave him on the floor crying while dad goes, you know, down the street and buys what he needs for groceries, and little things like that .... Very well meaning, and he's doing what he thinks is right, 'cause he says 'Doesn't hurt 'em to cry'" (Mother FG4)*

This woman talked about her father offering to look after her baby when she returned to work. Despite the good intentions, the new mother did not *"trust"* her father to care for her baby. He was not the person she wanted to provide this kind of help. Because she could anticipate that she would not benefit from her father helping in this way she rejected it.

'Not being there'

When someone was 'not being there' the new mother had identified an absence of interaction from a person, in a situation where interaction was expected. When this was the case the new mother assessed the outcome for herself and her relationship as negative. Figure 6.6 illustrates some of the outcomes discussed by new mothers when someone was 'not being there'.

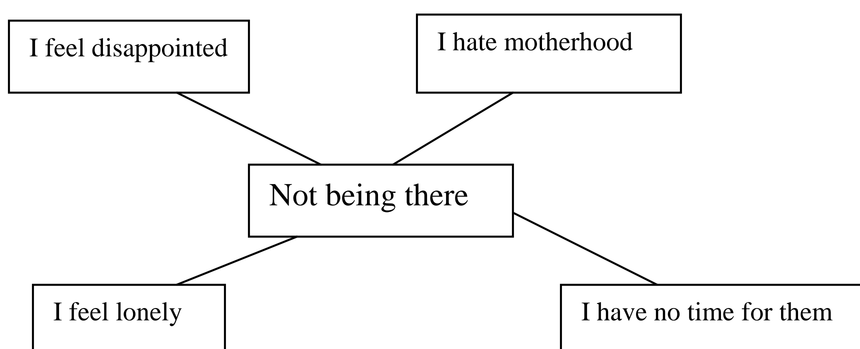

Figure 6.6: Outcomes of 'not being there'

These mothers were particularly disappointed when someone they expected to be there was not.

> *"Before I had the baby …, one girlfriend in particular had a baby and she's got no family and I really feel let down, because, I was always going up there on days off. I'd ring, I'd take the kids, you know, even just two hours so she could have time. And it's amazing how from where I lived to where she lived is obviously perceived as not a long distance, but from where she lives to where I live it's a huge distance and I haven't got any of that back from her and its really (???) what sort of friendship is this? Its different to the one you thought it was.* ***Yeah?*** *And so yes, it would, it would have been lovely to have that reciprocated.* ***And for you, has that damaged your relationship in some way?*** *Absolutely, absolutely, I just think, 'well, I have no time any more, I'm sorry." (Mother FG4)*

The outcome for the mother in this example was disappointment and anger. Her expectation that her friend would be there for her in the way she was there for her friend was not met and so she had *"no time anymore"* for the relationship. Although there may be many reasons for her friend 'not being there', this mother offers no explanation.

As well as talking about their own experiences, these mothers spoke hypothetically about no one being there

> *"I'm sure you'd get it together eventually, but that first month or so, it, you'd really be lost" (Mother FG5)*

> *"You'd be lonely, 'cause you're not used being at home, by yourself" (Mother FG5)*

While these women rarely spoke about having no one 'there' for them, these comments highlight the possible outcomes for mothers in less fortunate circumstances.

Section summary

As a concept, 'being there' incorporates five forms of social interaction in the postnatal period. Its meaning is not judged according to what people do, but how new mothers assess what people do, in other words, do new mothers think the right person did the right thing at the right time in the right way and, importantly, was the practice focused on meeting the needs of the new mother?

The new mother's assessments were determined by her unique situation and the relationship within which the interaction occurred.

Conceptualising 'being there' as one concept with five meanings, extends the conceptualisation of "being there" developed in the work of Coffman and Ray (1999). Rather than reflecting a single positive or supportive meaning of interaction, 'being there' can now be understood as a concept that reflects the pluralistic nature of social interaction in the postnatal period. But how do new mothers make assessments of interaction? The following section places 'being there' in the middle of a process of 'meaning-making' in the postnatal period.

'MEANING-MAKING'

The assessments new mothers make of how people are 'there' are shaped by the outcomes of social interaction with those people. These outcomes are mediated by the expectations and meanings new mothers attach to their relationships and to 'being there' in this context. Although alluded to throughout this chapter, the process of 'meaning-making' in the postnatal period has so far not been elucidated. In a sense, the discussion so far represents a static description of the meaning of 'being there' to new mothers. What it does not represent is the dynamic and developmental character of this context. It tells us nothing of the stages in the process of 'meaning-making' that are occurring in the postnatal period. Implicit in the four published qualitative studies reviewed during this analysis is the notion that positive (or supportive) outcomes of interaction facilitate a positive parenting experience. Gottlieb, however, cautions against equating support behaviours with supportive outcomes by stressing that his study did not address the efficacy of support, only the provision of support (Gottlieb, 1978). This suggests that somewhere between interaction (provision of support) and outcome (efficacy of support) a process exists. This section is focused on the stages of 'meaning-making' in the days, weeks and months following the birth of a baby. It identifies a dynamic and developmental process that links a mother's expectations and assessments of interaction to outcomes of interaction.

The work of Coffman and Ray (1999) and Hansen and Jacob (1992), point to such a process when they discuss the changing nature of relationships during the postnatal (and prenatal) period. The work of Coffman and Ray develops a substantive theory of support that explains the relationship between recipient and provider as reciprocal, and having a mutual intent to meet the needs of the new mother. When this is the case, feelings of well-being increase and the mother's relationship with the person with whom she is interacting is "enhanced or transformed" (Coffman

& Ray, 1999, p. 489). The theory of 'mutual intentionality', developed in their study, focuses on social support and so sheds little light on the process initiated by negative or ambiguous interaction. Hansen and Jacob (1992), on the other hand, do discuss negative and ambiguous interaction in the postnatal period and suggest that, if expectations of support are not met, disappointment may ensue and this "can interfere with the giving and receiving of support" (p. 475). Unfortunately, theirs was a descriptive study and no effort was made to discern the processes that lead to disappointment and interference with the giving and receiving of support.

Refining and redefining the meaning of being there and the social relationship

In my study, what the new mother expects of others, how she assesses and responds to interaction and how she deals with and moves on from outcomes, are central to meaning development and change. These stages in 'meaning-making' are the process through which change occurs and they incorporate all aspects of interaction.

A new mother's initial meanings and expectations of relationships and 'being there' must be reconciled in some way with her experience of those relationships and the meaning she gives to the way people are 'there' after her baby is born. Reconciling expectation with experience is a process that can reinforce or change the meaning of a relationship for a new mother. It can also change her understanding of what it means for someone to 'be there' in the weeks and months following the birth of a new baby. This interpretation builds on the observation that unmet expectations can interfere with the support relationship (Hansen & Jacob, 1992). Unlike the theory of 'mutual intentionality' (Coffman & Ray, 1999), the process of developed in my study is applied to all social relationships and all social interaction. Rather than preferencing relationships and interactions that are assessed as supportive, the process of 'meaning-making' within social relationships in the postnatal period is holistic in its approach and its application. Figure 6.7 illustrates the stages in the process of 'meaning-making'.

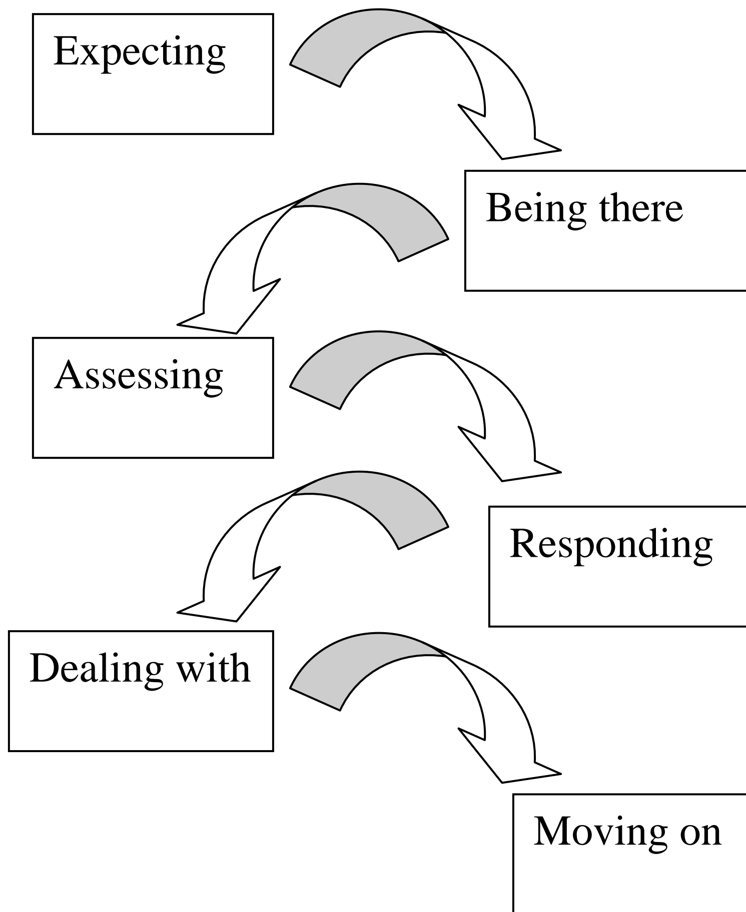

Figure 6.7: Stages in the process of 'meaning-making'

Meaning is refined and redefined through a process of 'expecting', 'being there', 'assessing', 'responding', 'dealing with' and 'moving on'.

Women expected, needed or wanted certain people to interact with them in certain ways after the birth of their first child. In particular they wanted people to 'be there for me' or 'be there for us'. How they were actually 'there', and the intentions of their interaction, were 'assessed' according to a woman's initial expectations, needs and wants. She may assess the interaction positively; her own mother may *"be around"*, her partner may be *"fantastic"* or her friend may *"always ring at the perfect time"*. When people were 'being there for me' or 'being there for us' the new mother's 'response' was to feel *"nurtured"*, *"reassured"*, *"appreciated"*, *"part of a community"*. When this was the experience, the new mother was in a position to 'move on' with the relationship, refining its meaning, and the meaning of 'being there' within that relationship.

On the other hand, a new mother may 'assess' an interaction in a negative way. She may have to *"beg"* her own mother to come and help, she may expect her partner to get *"more time off work"* than he does or she may sit by the phone waiting for her girlfriends to *"ring and say 'How're you going?'"* When people were 'being there for themselves', 'being there but not there' or simply 'not being there', the new mother's response was to feel *"alone"*, *"overwhelmed"*, "*disappointed"*, *"unsure"*, *"confused"*, "*frustrated*'. When this was the experience she had an opportunity to 'deal with' it. She either accepted her circumstances and said to herself *"deal with it, your on you're own now"*, she choose to *"ignore"* it, she tried to *"negotiate"* future interactions or she did not 'deal with' it at all. Whether she dealt with it and the way she dealt with it determined how she 'moved on' in that relationship.

If the new mother was able to 'assess' an interaction with insight into the needs and circumstances of the person she was interacting with, and if she was able to 'deal with' the unwanted interaction in a way that considered her own needs and circumstances as well as those of the other person, she was likely to 'move on' with that relationship. She did this by redefining the meaning of the relationship, and the meaning of 'being there' within it. However, if this did not happen, or if the new mother felt negotiation or compromise were not possible or desirable within a particular relationship, then she was likely to 'move on' from that relationship, redefining it in a way that reduced its capacity to 'be there for me' or 'be there for us' in the future.

This process of 'meaning-making' is significant because it explains how new mothers make meaning of what people do and how this meaning is instrumental in refining or redefining relationships. This process is also significant because it contributes to other processes occurring within the same context. One such process, which was implicit in discussions with new mothers, was the process of developing an identity as a mother. Developing an identity as a mother is not bound by the process of 'meaning-making' described here, nor is it necessarily bound by the months following the birth of a baby. It is, however, influenced by the process of 'meaning-making' that occurs during this period, and so it exemplifies the significance of the process.

Developing an identity as a mother

In the days, weeks and months following the birth of their babies, these new mothers were refining or redefining the meaning of their relationships with their partners, their own mothers and fathers, their in-laws, their siblings, their friends and the community. Most importantly, these

women were defining their relationship with their baby and developing an identity of themselves as mothers. If interaction was assessed positively, and a new mother considered people were 'being there for me' or 'being there for us', then her experience of motherhood was likely to be positive. She was less likely to feel *"lonely"* and *"isolated"* and more likely to feel *"part of a community"*. She was less likely to feel *"unsure"* of herself as a mother and more likely to feel *"confident"*. She was less likely to be struggling with all the *"jobs"* of motherhood and more likely to feel *"on top of it"*. Implicit in discussions with both mothers and fathers was the idea that a positive experience in the postnatal period influenced a woman's developing identity as a mother. If given the opportunity to do it in her *"own way"*, a woman developed confidence in her abilities as a mother. On the other hand, if her efforts were undermined by *"unsolicited advice"* or an absence of interaction, a woman developed doubt in her abilities as a mother. The process of 'meaning-making' in the postnatal period influenced the way new mothers assessed their experience and, therefore, this process had an influence on the development of a woman's identity as a mother.

Figure 6.8 illustrates the process of developing an identity as a mother. The influence of the process of 'meaning-making' within social relationships in the days, weeks and months following the birth of a baby is explicitly and implicitly illustrated in this figure.

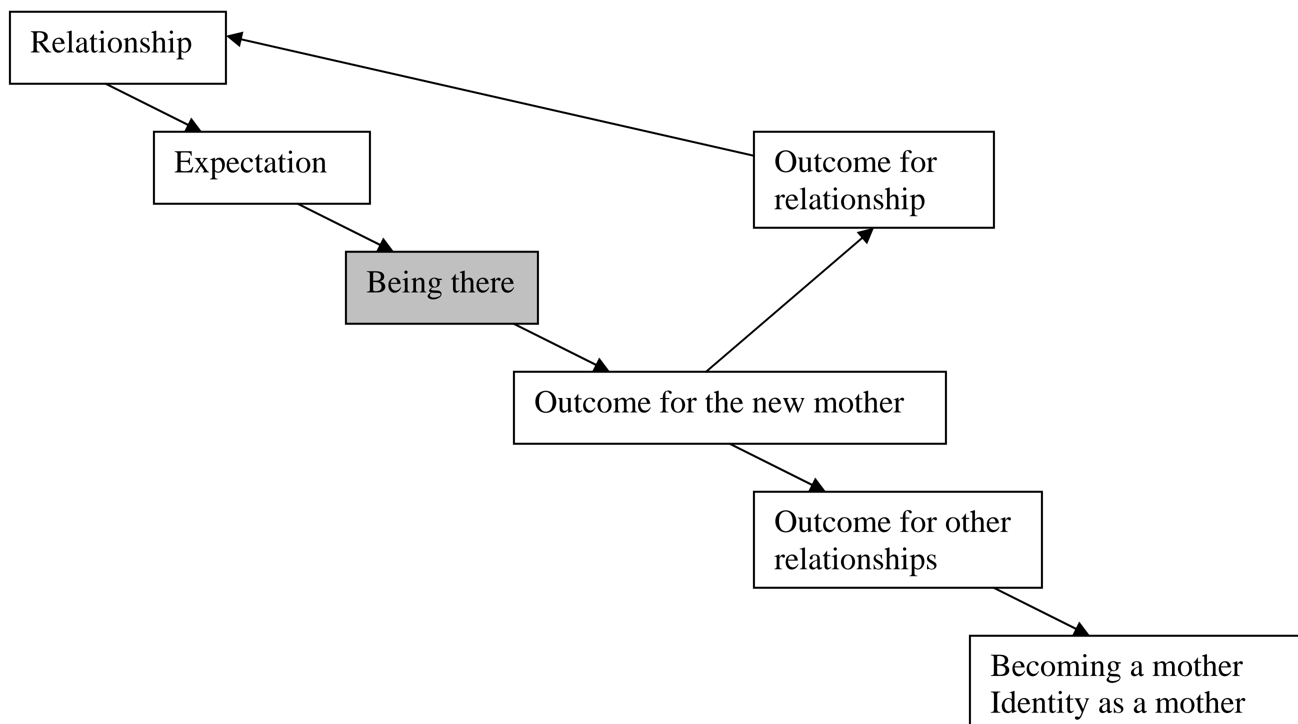

Figure 6.8: Developing identity as a mother through social interaction

Many of these new mothers talked about wanting to project an image of themselves as coping with all the jobs of motherhood.

> *"I want them to go back to the office and say '(she) is great, she's having a fabulous time, bla,bla,bla.' Not, 'kitchen was a mess, washing's everywhere and this and that and the other' you know, absolutely. And I guess that's a pride thing, whereas maybe 100 years ago not one of us would be on our own, we'd all have a support network of lots of women helping us out, and that's not available anymore." (Mother FG3)*

This was the identity they wanted to develop, but if people were not 'being there for me' or 'being there for us' it was difficult to achieve. These new mothers' indicated that if people were not 'there' in a way assessed as appropriate, their experience was counter to the development of an identity as a mother who was *'coping'* and doing it her way.

> *"My partner finished work at the beginning of November and he was born in December, so he was home all the time, which for a lot of people, I'm going to sound really ungrateful, but it was cramping my style. I didn't get any time to sort of get to know my baby or feel confident. My husband was there all the time in this two bedroom apartment that we live in, always giving advice on this, this, this, and this. Always sitting there watching us feeding ... And I think I just had lots of insecurities as well, about what I was doing, and he'd be sitting there being equally opinionated ... But then he started a job three weeks ago, thank goodness." (Mother FG8)*

These new mothers also indicated that they sometimes struggled to include some of their pre-baby identity into the identity they were developing as a mother. 'Being there for me' gave these mothers *"me time"*. It also contributed to a feeling they were still relevant in the lives of their friends.

> *"I can get my mum to (look after baby) two days, but I'm working. I'd love a day where I can go down to Grace Brothers and just look around [general laughter], or you know, just go and get my hair done, or just a little time out for me. I'm starting to feel like I'm wearing 20 different hats and not one of them is for me. I'm missing the me time ... But I think that I've got to a point where it's time to surrender and say ' Ok, I'm a mum, I'm a partner, I'm the this, the that [P? Cook, the cleaner] the cleaner. Time for me." (Mother FG2)*

> *"Yeah I think that's a good idea. And just to be there, just a quick phone call, a quick chat. [P? Yep, every now and then - or more often than every now and then.] Just to show you're not alone, that you haven't*

been forgotten just because you've had a baby. [P? You still like to know what your girl friends have done on Saturday night.] And what, you know, your girlfriends who are mothers are doing." (Mother FG2)

Finally, the way people were there during the postnatal period had an impact on the confidence these new mothers had in their ability to mother their child. If people commented, in an insensitive way, on how a new mother was mothering her child, or in a way that did not respect her unique experience, she was likely to feel confused and to doubt her decisions or abilities as a mother.

"I've read all the books. I've seen lots of things. But I still feel a little unconfident, certainly. And so when other people say, 'Oh well whatever,' or they just kinda throw your rhythm and say 'In my day I did it like this', then I feel even worse. I think 'Oh gosh' and I tend to sort of, its not very healthy, but I tend to kinda think 'Oh maybe I'm really doing it wrong', Do you know what I mean? [P? You question yourself.] Yeah, and I don't really need that stress as well as the fact that I'm trying to do it the best I can." (Mother FG6)

'Developing an identity as a mother' was a process that was greatly influenced by the way people were 'there' for a woman in the weeks and months following the birth of her first baby. Social interaction that respected a woman's experience, that encouraged and empowered her in her new role as a mother appeared to assist in a smooth and positive transition to motherhood. On the other hand, an absence of interaction, or interaction that undermined, confused, challenged, caused doubt or anxiety was likely to inhibit a smooth transition.

Figure 6.9 combines all the analytic diagrams so far and illustrates the dynamic and cyclical nature of 'being there' within the social relationships of a new mother. It shows that the meanings of 'being there' and the social relationship, and the expectations associated with these meanings are subject to change, and that this change is a process that occurs within the social interaction of a new mother and another person.

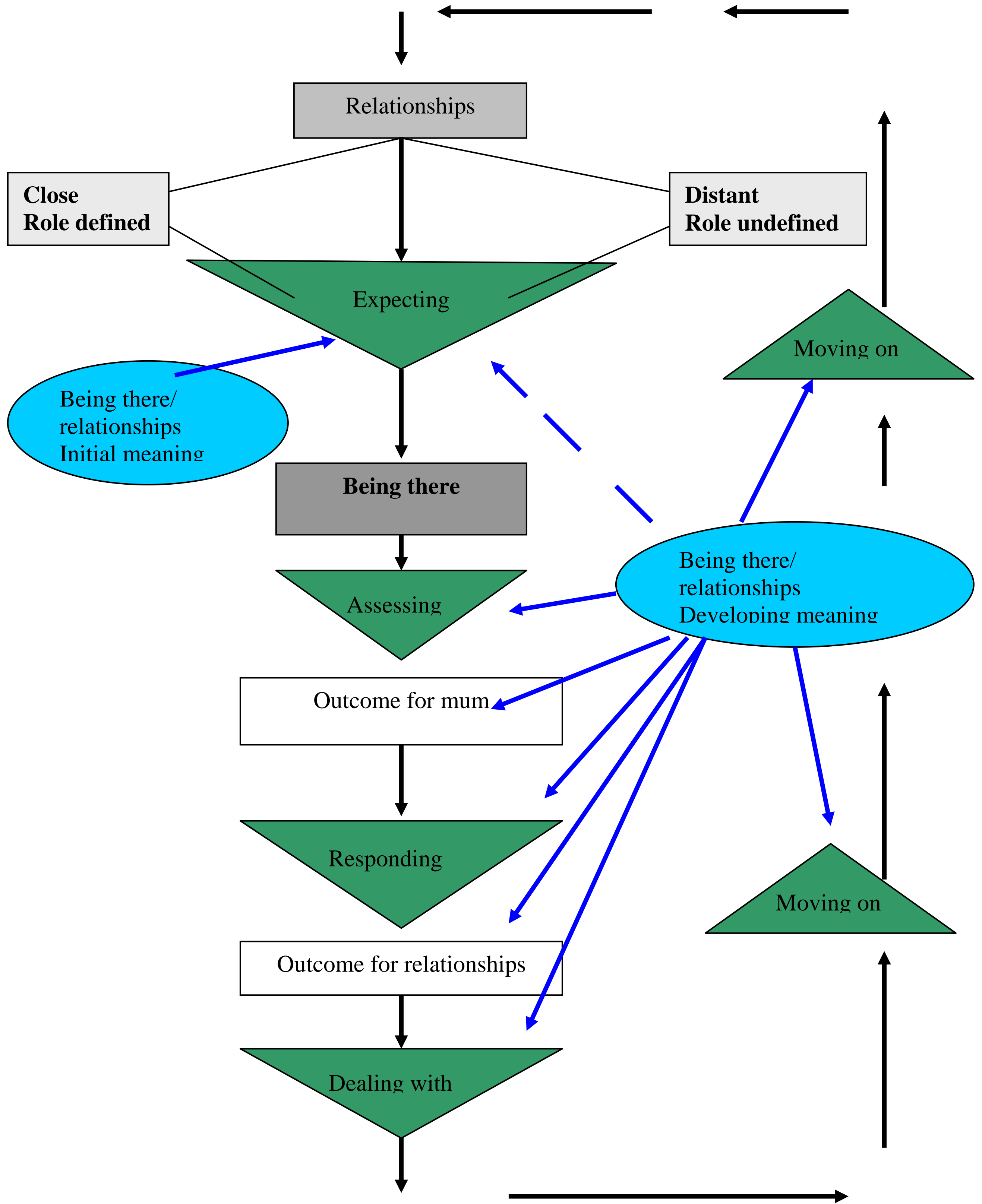

Figure 6.9: 'meaning-making' processes in the postnatal period – the centrality of 'being there'

CHAPTER SUMMARY

In this chapter I have developed a theoretical understanding of social support and social interaction in the postnatal period from the perspective of new mothers. This understanding challenges the way social support is usually conceptualised in empirical research in the context of the new family in three significant ways. First, it demonstrates a complexity of meaning, the detail of which is peculiar to this context and this group of people. Second, it highlights that social support is not characterised by positive behaviours or practices. Instead, it is characterised by positive assessments of practices that are inherently value neutral. Third, it indicates that, as a concept, social support renders only a partial picture of what is going on during interaction in the postnatal period. The new mothers in this study talked about positive assessments of practice as one aspect of social interaction. The whole picture was much more complex and included positive, negative and ambiguous assessments of practice which were translated into five ways of 'being there' in the postnatal period.

The meanings new mothers gave to 'being there' were defined, in part, by the meanings they gave to the relationships within which interaction occurred. Although shaped by relationship, how someone was assessed as 'being there', was also a definer of relationship. The degree to which expectations of 'being there' were met had a significant impact on a new mother's understanding of her relationship with the person she was interacting with. In a cyclical way, how a new mother refined or redefined the meaning of her relationship with someone influenced her expectations of that relationship in the future and consequently changed what it meant for that person to 'be there' during future interaction. This theoretical understanding highlights the interdependent shifts in meaning that can occur during the process of social interaction in the postnatal period, but it is also significant because it demonstrates that, through this process of social interaction, a new mother gave meaning to her own experience in the days, weeks and months following the birth of her baby, and this played a significant role in the development of her identity as a mother.

Perhaps the most salient finding in this analysis is the importance of social relationships to the meaning of social interaction for these new mothers. These women recognised that social support was an outcome of social interaction, and that social interaction occurred within relationships. This chapter has shown that, as a concept, social support should be considered in relation to the wider social phenomenon of social interaction. However, to explore social interaction, in any context, from the perspective of only one person would result in only half the story. For this

reason I decided to explore the perspective of people often cast in the role of support provider. The person most often referred to by these new mothers and fathers was the grandmother of their baby. In the following chapter I will consider my developing understanding of social support and social interaction from the perspective of a group of grandmothers.

Chapter 7

ADDING PERSPECTIVE: THE MEANING OF SOCIAL SUPPORT TO GRANDMOTHERS

> "In the normal course of things, every time a child is born, a grandparent is born and a new three-generational family is formed. This is a natural and organic relationship manifested in people's minds, expressed through their attitudes and behaviors, and experienced as emotions. This is a biological given that has occurred since humankind's beginnings."
>
> (Kornhaber, 1985, p. 162)

CHAPTER INTRODUCTION

In this chapter I enrich and extend my theoretical understanding of social support and social interaction by considering the perspectives of 20 grandmothers[1]. As was the case in the previous chapter, where relevant, the views and experiences of the 11 new fathers who participated are also considered. While the perspective of grandmothers supports the focus on social interaction, rather than social support, that was warranted in the previous chapter, it also demonstrates that my understanding of social interaction, as I developed it in the previous chapter, was uni-directional[2] and one-dimensional[3] and, therefore, inadequate. By directly comparing the models presented in the previous chapter with my analysis of the grandmothers' discussions I demonstrate that grandmothers have a more complex and sophisticated understanding of what it means to interact and 'provide support' in the context of the new family. At the heart of this complexity are the pluralistic considerations of grandmothers. While the new mothers indicated

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[1] The focus group discussions with grandmothers should be seen, in this study, as representing another perspective on the meaning of social support in the context of the new family. This perspective is characterised by two roles commonly referred to in the literature on postnatal social support. They are, the role of support provider and the role of grandmother. My analysis of this data has been thorough, and has employed all levels of coding described in chapter 5, however, I only present findings that contribute to my theoretical understanding of social support and social interaction in the context of the new family.

[2] By uni-directional I mean to imply that my understanding of social interaction in this context was limited to an account of how others behaved toward the new mother.

[3] By one-dimensional I mean to imply that my understanding of social interaction in this context was limited to one perspective.

that their primary consideration during interaction was for themselves (and they regard the baby as an extension of self), these grandmothers considered the new mother, the new father, the parents as a couple, the baby and themselves. This pluralistic consideration is reflected in the way grandmothers assess their interactions with new mothers and how these assessments are translated. For grandmothers, there were eight ways of 'being there' in the postnatal period. These eight ways of 'being there' demonstrate an incongruence of meaning between new mothers and grandmothers that is largely explained by who they considered when assessing interaction and whether they conceptualised the new family as nuclear or extended.

As was the case with chapter 6, I begin this chapter with a narrative of my analysis.

A baby is born into a family and community that already has established relationships. For a woman becoming a mother for the first time, her experience of these relationships, and her ideas about the role each relationship might play, influenced her expectations of support in the days weeks and months following the birth of her baby. An older woman, anticipating the birth of her first, second or fifteenth grandchild had expectations and desires for her role as a grandmother to this child and her role as a mother to the parents of her grandchild. These expectations and desires often predated the adult relationship she had with the parents of her grandchild, sometimes originating before the birth of her own children, but was likely to grow from the time her own children were young. When a child was born, the older woman considered herself part of an extended family and this influenced the way she was there in the context of the new family. How she was 'there', and the degree to which this satisfied her expectations and desires, had certain outcomes for the older woman as a grandmother, and also as a mother. How the older woman was 'there' was also assessed according to the expectations of the younger woman and the outcome for her reflected whether expectations were met, not met or exceeded. For both women, their assessment of how and why the older woman was there in this context and the way they responded to interaction, impacted on their relationship. How mothers and grandmothers dealt with any changes or conflict in their relationship determined how that relationship and those women moved on in the context of the new family.

During the days, weeks and months following the birth of a baby the younger woman was becoming a mother and the older woman was becoming a grandmother. For the new mother, her expectations of how the grandmother would be there, and her assessment of how the grandmother was actually there, was likely to impact on her relationship with the grandmother, her relationship

with her partner and her experience of motherhood. These things, in turn, were likely to influence how she saw herself as a mother. For the grandmother, the way she was there and the access this gave her to her grandchild, had an impact on her ability to form a relationship with the baby. A woman's identity as a grandmother was strongly influenced by the relationship that was allowed to develop between herself and her grandchild.

CONSIDERING SOCIAL INTERACTION FROM THE PERSPECTIVE OF GRANDMOTHERS: A MEANINGFUL DIFFERENCE

In this section I demonstrate that the meanings grandmothers attributed to their interaction were based, not only a consideration of the needs of the new mother, but also on a consideration of the needs of the new father, the parents as a couple, the baby and, importantly, the grandmothers' own needs during the days, weeks and months following the birth of a grandchild. Because grandmothers had multiple considerations during interaction at this time, the criteria against which they assessed their interaction was often different to that of new mothers and so the meanings they gave to interaction were sometimes incongruent with the meanings new mothers gave to interaction.

The language used by grandmothers to discuss social support and social interaction in the days, weeks and months following the birth of a grandchild was similar to the language used by new mothers. As was the case for new mothers, the term 'being there' best described the meaning of social interaction for grandmothers and it represented positive as well as negative and ambiguous assessments of interaction in the postnatal period.

"I'm always there for them. Eespecially after I lost my husband, they are my life." (Gran FG4)

"Being there whenever they needed me. I was only a phone call away." (Gran FG4)

"I'd want to go up and stay there but she'd send me home just before he got in from work." (Gran FG4)

"She want me there but no touch the baby." (Gran FG4)

"I was there for whatever she wanted doing." (Gran FG4)

"I needed them to be there and we would often speak on the phone." (Gran FG4)

"I just want to be there for them and I'm not being a door mat when I say that." (Gran FG5)

"I knew I was going to be very involved and both of them seemed to think that, you know, I would be there and I would help a lot" (Gran FG1)

"I'll be able to be there to look after him, which I'm enjoying, and she'll be enjoying going out without him I'm sure for a little while." (Gran FG2)

"Well I just wanted to be there for my daughter." (Gran FG2)

"That's what we are here for - to be close and to be there on call." (Gran FG2)

"I was out there every day, every single day, because she just wanted me to be there with her to support this new baby … I was there every day all day with her. To support her. Just to be there." (Gran FG2)

"A few times when I've been a little off - had a sore throat or coming down with something - she doesn't really want to know about it. It's like if mum's sick who's going to look after (baby). Mum can't get sick mum's just got to be there." (Gran FG2)

Grandmothers described seven practices that represented what they did when they were 'being there' in the days, weeks and months following the birth of a grandchild. These practices were:

- 'Making contact'
- 'Giving information and advice'
- 'Doing stuff'
- 'Being physically with the baby'
- 'Responding to their experience'
- 'Being physically present with the mother'
- 'Demonstrating availability to the family'.

These practices correspond, in general terms, to the practices discussed by new mothers. They were value neutral and grandmothers gave them meaning by articulating who it was their practice was focused on, and assessing the outcomes of their behaviour, and subsequent interaction, on themselves, the new mother, the new father, the parents as a couple and their grandchild. As was the case with new mothers, consideration of the relationship within which interaction occurred mediated these assessments. The following exchange illustrates this.

"I would ring up and say 'Hi, how are you? Can I come and help or something?' 'No, no, no'. Then Nicholas would ring and say mum just drop in. And I would say 'I can't do that because she said no'. So there were a few difficulties. ***Did you get the impression when he was saying just pop in, that he was saying that because he thought that your daughter-in-law did need help?****. Exactly* ***Or because he thought you wanted to pop in?*** *No, maybe a bit of both to be fair, but I think it was more she needed just a wee bit of support and her mum doesn't continue to live in Sydney. The parents have moved out of Sydney. So she really needed someone, but obviously I wasn't the right person [P? Gee that's a shame.]" (Gran FG1)*

Many of the practices of 'being there' were described in similar ways by grandmothers and new mothers; however, their different perspectives resulted in some variation within these practices. Practices described by grandmothers that were similar to those described by new mothers included 'making contact', 'giving information and advice', 'doing stuff', 'responding to their experience', 'being physically present with the mother', and 'demonstrating availability to the family'. By way of example I will explicate two of these practices, 'information and advice' and 'demonstrating availability to the family'. A simplified comparison of all practices can be found in Appendix 7A and 7B.

Information and Advice

These grandmothers recognised the new mother as inexperienced and believed they *"have the knowledge"* that is sought or needed to assist her in her new role as a mother. On the whole they were aware that new mothers wanted to do things their *"own way"* and they acknowledged that it was *"not their place"* to tell them how to mother their babies. This did not, however, stop them from forming opinions about the way their daughters and daughters-in-law mothered their grandchild, and very often these grandmothers disagreed with the way their grandchild was being mothered. Despite this it was very important for many of these grandmothers to *"hold back"* their own opinion. In holding back they were respecting the experience of the new mother and preserving their relationship with her.

New mothers talked about *"shared experience"* being the ideal way to receive information. Grandmothers also talked about *"shared experience"*, but in two different ways. Many of them said that they *"waited to be asked"* before they gave advice or information. In responding to such a request they would share the experience they had as young mothers, and this corresponded to what new mothers meant by *"shared experience"*. However, these grandmothers also talked about sharing their experience when no information or advice had been sought but when the grandmother believed the new mother might benefit. When this was the case it corresponded to what new mothers referred to as *"unsolicited advice"*.

> *"I think Sarah thinks I am disapproving but I am not. I'm just a different generation trying to give input about what worked for me ... It's all a generation thing. I don't believe it's strictly a conflict - well it is - but I think it is more generational." (Gran FG1)*

New mothers reported feeling *"confused", "undermined"* and *"inadequate"* when offered *"unsolicited advice"*. Information given in this way made it more difficult to *"get used to being a new mum"*, and often had a negative impact on the relationship between the mother and the person offering the information. The previous statement illustrates that grandmothers recognise this to some degree but that it may not stop them giving advice *"about what worked"* for them. For other grandmothers, the thought of familial disharmony did stop them from giving unsolicited advice, as illustrated by these statement made during a discussion about giving advice.

> *"I don't because I would hate to fall out with my daughter-in-law. I know I won't with my son but I would hate to have any sort of words with my daughter-in-law." (Gran FG5)*

> *"I would definitely withdraw when it comes to their parenting 'cause that's such a personal thing. We are only grandparents and I always want to be able to be welcomed. I always want to be part of their family." (Gran FG5)*

On the whole, *"holding back"* and a *"gentle"* approach to giving information was the general consensus amongst these grandmothers. However, they discussed numerous instances of when they did *"say something"*. These examples illustrate the varying degrees to which grandmothers were aware of the negative impact of *"unsolicited advice"* and the occasions when they thought familial harmony was worth risking. One experienced grandmother of six thought *"it didn't matter"*.

> *"If I offered advice and they took it fine, if they didn't, well it didn't matter." (Gran FG1)*

Whereas another was very careful not to *"rock the boat"*.

> *"I don't want to rock the boat. I probably can say things to her but I don't choose to." (Gran FG1)*

Some of these grandmothers saw it as their responsibility to offer unsolicited advice in the interests of their grandchild or the well being of the new mother, as illustrated in the following comment.

"No as far as breastfeeding goes I mean, I thought that they should be weaned, in fact I think I might of told (my daughter) I thought she could wean (the baby) which was the last one 'cause she had shocking mastitis. It kept returning." (Gran FG1)

These grandmothers recognised that new mothers needed information about how to care for their baby and sometimes themselves in the period following the birth of a baby. They also acknowledged that new mothers did not want to be told what to do, and that unsolicited advice may cause conflict between the grandmother and new mother. However, the consideration these grandmothers had for various members of the new family, meant there were times when they felt unsolicited advice was warranted.

Demonstrating availability to the family

In keeping with the desire of new mothers to have people available to them after the birth of their babies, grandmothers were willing to be *"on call"* and *"be available"*.

"The fact that I'm there. I will have the baby anytime they want, whatever, if it's a last minute thing. I think it's an emotional support ... I don't ask questions…and that works really well." (Gran FG1)

"I think in the beginning cooking, taking a meal down, shopping, basically being there whenever they needed me. I was only a phone call away." (Gran FG4)

For many grandmothers being available to the new family meant to *"be there for them 24 hours a day, seven days a week"* for whatever reason. Other grandmothers put conditions on their availability, telling their families that they were *"not available full on full time"*, or that they were happy to baby-sit but not there to do the house work. For all of these grandmothers though there was a strong sense of wanting to be available in times of real need. This was evident for both maternal and paternal grandmothers, working and retired grandmothers, younger and older grandmothers. For many of these grandmothers, availability was more than a way of 'being there' in the postnatal period; it was also part of what it meant to be a grandmother. The following statement is indicative of many.

"That's what we are here for, to be close and to be there on call." (Gran FG2)

Being available was also discussed as an existing aspect of the relationship between many maternal grandmothers and their daughters, and these grandmothers assumed that their daughters knew they were available to them.

> *"She knows I'm there." (Gran FG4)*

> *"She knew she could call on us at any time and I'd be there … It's really just being comfortable with each other enough to say 'Hey do you need some help? I'm here.' and if she says 'No' I know I back away. And if she says 'Yes' we just end up talking." (Gran FG3)*

Maternal grandmothers could often assume more about their relationship with the new mother than paternal grandmothers. However, paternal grandmothers were just as likely to be *"called on"* as maternal grandmothers as long as the relationship between the grandmother and the new mother was *"close"* and respectful.

When the relationship was *"close"*, grandmothers spoke about being available to each other. For some, this was directly related to the context of the new family; many grandmothers just appreciated being allowed to 'be there'.

> *"(At night) I feed the baby, I clean it, I put it to sleep and I go in the room and put it in the bassinette upstairs and (my daughter-in-law) sleep right to the morning until 5 o'clock when the baby gets up. So she had sleep all night and she appreciates all that. And I appreciate her because she lets me do it." (Gran FG4)*

For others there was recognition that they were available for each other in ways that were peripheral to the birth of the baby.

> *"I'm there if they need me. Sometimes they know that I need my space so I don't see them. Other times I say 'look I've got nothing to do for an hour can I call in?'" (Gran FG5)*

This notion of reciprocity was so prevalent in the grandmothers' data, but very underdeveloped in the new mothers' data. While mothers were conscious of *"thanking"* and *"appreciating"* others for demonstrating they were available and for 'being there for them', they were less likely to talk about the intrinsic benefits that being called on had for grandmothers. It was the *"special place"* accorded the grandmother who was *"on call"*, *"there all the time"* and *"just a phone call away"*

that these grandmothers desired, because having a *"special place"* in the life of their grandchild and being an important part of the *"family structure"* contributed to the meaning these grandmothers ascribed to their relationships and their identities as grandmothers. As one grandmother said,

> *"You have a great relationship with someone who needs you." (Gran FG5)*

These grandmothers recognised the need of a new family to have help available to them in the postnatal period and, to varying degrees, these grandmothers wanted to be called on to help the new family. However, this did not always happen and while many of these grandmothers acknowledged that the mother of their grandchild seemed perfectly capable of coping without much help, they lamented the lost opportunity to develop relationships within the family that was afforded by being asked to *"be there"*.

The examples of 'information and advice' and 'demonstrating availability to the family' illustrate that grandmothers and new mothers share an understanding of certain practices of 'being there' in the context of the new family. I will now elaborate on two significant differences between the way practice was described by grandmothers and new mothers. The first is the absence of a category of practice in the grandmothers' data indicating that commenting on the mother or her mothering was a practice in and of itself. This is exemplified by a discussion of praise, which was identified as a need by new mothers but was overlooked by grandmothers. The second is the inclusion of the practice of being 'physically with the baby'. This practice was identified in its own right by grandmothers, but was subsumed into other practices by new mothers.

The absence of praise

When grandmothers reflected on the comments they made about the new mother or her mothering, they talked about 'responding to their experience'. This corresponds to the practice of 'responding to my experience' described by new mothers, and includes watching and listening, and responding with contact, advice, practical assistance, reassurance or concern at a time and in a way the grandmother considered appropriate to the experience and needs of the new family. What grandmothers did not talk about was how they commented on the new mother and her mothering. By way of example, I will elaborate on one type of comment that was important to new mothers, that is, praise.

New mothers wanted people to praise their efforts and accomplishments as a new mother. In the absence of self-doubt, praise acknowledged a job well done and bolstered a new mother's developing sense of confidence in herself as a mother. As one new mother stated,

> *"There's nothing wrong with some positive reinforcement, even though you know you're doing a good job," (Mother FG2)*

Grandmothers, however, did not discuss praise as a way of supporting the new mother. Although they often had praise for the new mother during focus group discussions, this was often tempered by their own experience or judgment of what was appropriate.

> *"My youngest daughter is like Mrs Mother Nature - cloth nappies and the environment. I'm really proud of her in one way. But cloth nappies have to be changed more often, and she will breast feed until they're 110 yrs old...I said, 'Look, I really think she needs to be weaned' and she said 'Don't you start, my husband's at me too.'" (Gran FG1)*

> *"She's the most wonderful mother as far as caring for them, but you mustn't advise her, that's telling her what to do." (Gran FG1)*

Praise, as a way of commenting on the new mother and her mothering provides a clear example of incongruence between the expectations of new mothers and the practice of grandmothers in the context of the new family.

'Being physically with the baby'

Another example that highlights a difference in the way grandmothers and mothers understand social interaction, was the grandmothers' desire to 'be physically with the baby'.

Grandmothers talked extensively about spending time with their grandchild in a way that was not related to helping the new mother. Grandmothers wanted to be physically with their grandchild in order to develop a relationship that would be special to both the grandmother and the child. This desire was consistently and strongly stated in all focus groups with grandmothers and is illustrated by the following statements.

"I was there for three days and I was... Oh, I wanted to hold it. No. Not until the fourth day she says 'Mum would you like to hold the baby?' I said 'I'd love too'. You just have it and it's yours." (Gran FG4)

"I think involvement in that child's life, a place. This is Nana and she's someone special as opposed to neighbours or anybody else. A place in their life, in their family structure. I think that's all I would like. Which I get, it's lovely." (Gran FG5)

"The grandmother should have a special place." (Gran FG5)

"I'm it, I'm the grandmother - I quite like that idea, I get (my grandson) all to myself." (Gran FG2)

While new mothers recognised the desire of grandmothers to be physically with their grandchild, it was often seen as a hindrance to 'being there for me'. New mothers alluded to the grandmother's practice of 'being physically with the baby' when they referred to constant offers to baby sit or visits from grandmothers that resulted in playing with the baby but not doing anything for the mother. One new mother stated:

"My family have thoroughly enjoyed the whole thing but some of the help is really misguided. ***In what ways?*** *Um, well they're kind of there to play with the baby and I just found that, in the early days, I just needed a bit more help for me." (Mother FG6)*

The intent and outcomes of this practice were often seen by the younger woman as competing with her needs and so it was usually assessed by them in a negative or ambiguous way, and was rarely seen as legitimate.

In contrast, grandmothers discussed 'being physically with the baby' as an imperative. The primary consideration of 'being physically with the baby' was the grandmother's need to *"bond"* with her grandchild. As one grandmother said:

"I stayed holding that baby all that time and we just bonded." (Gran FG1)

This process seemed essential to all of the grandmothers in this study. It could be achieved directly, by gaining access to the baby for no other reason than to satisfy the grandmothers' need to develop a relationship with the baby, or indirectly, while engaging in other practices such as 'doing stuff' or 'being physically present with the mother'. The following statement is indicative

of the feeling among many grandmothers in this study, that access to their grandchild was only possible if they engaged in practices that might be assessed as positive by the parents of their grandchild.

> ***Do they call on you?*** *"No not really she still is breastfeeding so I haven't babysat. They are always taking him with them wherever they go. Oh just very few times to pick up a few groceries and things but other than that, no. I wish they did I would see him more often." (Gran FG4)*

Such a sentiment corresponds to comments by new mothers that indicated a trade off during interaction with grandmothers. The following statement, which was presented in the previous chapter, is a clear illustration of this.

> *"She'd turn up with the pre-prepared lasagna and salad and all that, which was good. Um, but then she'd want to play with the baby, you know, at 9 o clock at night ... as a reward for bringing the food. And it would be like, 'No, don't look at him. You wake him up, you settle him'." (Mother FG2)*

Ultimately, 'being physically with the baby' in the days, weeks and months following the birth, was seen by these grandmothers as an opportunity to lay the foundations of a *"special"* relationship between themselves and their grandchild that would continue throughout their lives. Of course, access to the baby was largely determined by the mother of the child, and to the degree that access was given generously, these grandmothers considered being able to 'be physically with the baby' an acknowledgement that they were part of the new family into which the baby had been born. The following exchange during one focus group summarises these final comments.

G "It's like (another participant) was saying, the grandparents should have a special place, they should have."

G "And the parents can encourage that by sort of saying 'Go and tell nanny what you did' and just promoting you as a person."

PW ***How could they do it initially in those first six months? What is it that parents can do to sort of foster this closeness or bond?,***

G "I suppose showing that they trust you to look after their baby."

G "And handing the baby over when you get there like saying can you feed them or bath them."

G "That's a real compliment isn't it?"

G *"Which you don't do with people outside your immediately family. That's kind of an acknowledgment thing. 'Cause if they grow up with that then they know clearly where you are in their life and I think that helps when they are little." (Grandmothers FG5)*

With the exception of 'being physically with the baby' and commenting on the new mother and her mothering, grandmothers talked about the practices of 'being there' in a way that reflected the practices of 'being there' described by new mothers. Insofar as these practices are essentially value neutral, this simply reflects general agreement about what people do in the context of the new family. What people do is easily observed, so agreement about the practices of 'being there' is not surprising. Where a significant difference existed between new mothers and grandmothers is in the meanings they gave to these practices. While some of these differences in meaning have been alluded to in this section, the following section will discuss, in detail, the different meanings of 'being there' that underpin assessments of interaction for new mothers and grandmothers.

ADDING PERSPECTIVE: WHAT 'BEING THERE' MEANS TO GRANDMOTHERS

Grandmothers had a more complex understanding of social interaction in the context of the new family because they considered a wider range of people than did new mothers. While new mothers considered themselves the primary focus during interaction, grandmothers considered the needs of new mothers, new fathers, the parents as a couple, the baby and themselves when interacting in this context. The needs of all these people were considered primary at different times, and grandmothers often had to juggle competing needs during interaction.

These multiple considerations gave meaning to the practice of grandmothers and further meaning was gained when a grandmother assessed the resulting interaction. These meanings can be translated into eight ways of 'being there' in the days, weeks and months following the birth of a grandchild. These were:

- 'Being there for her'
- 'Being there for myself'
- 'Being there for us'
- 'Being there for them'
- 'Being there for my son' (described by paternal grandmothers)
- 'Being there for baby'
- 'Being there but not wanted'
- 'Not being there'

These eight meanings of ‘being there’, which are depicted in figure 7.1, provide a counterpoint to the five meanings of ‘being there’ described by new mothers. While some of these meanings reflect a primary consideration for the needs of the new mother, other meanings of ‘being there’ reflect a primary consideration for someone other than the new mother. Except for ‘being there for myself’, those meanings that reflect a consideration for someone other than the new mother are, in this study, unique to the grandmothers.

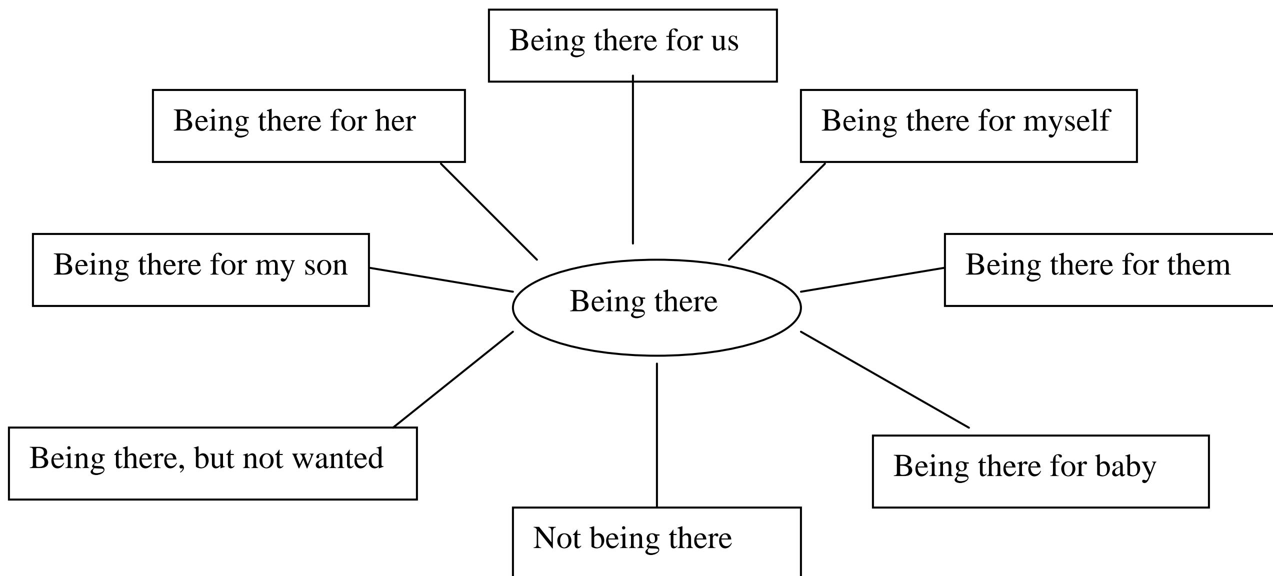


Figure 7.1: Eight meanings of ‘being there’ from grandmothers’ perspective

In this section I describe what ‘being there’ means to grandmothers. First I describe those meanings of ‘being there’ that reflect a consideration of the new mother. These meanings mirror meanings of ‘being there’ described by new mothers. Then I describe those meanings of ‘being there’ that reflect a consideration of someone other than the new mother. One of these, ‘being there for myself’, finds a counterpart in ‘being there for yourself’, which was the meaning given to interaction that new mothers assessed as benefiting the other person. The other meanings do not have counterparts in the new mothers’ conceptualisation of ‘being there’ and are, in this study, unique to grandmothers.

7.3.8 Considering the new mother

In their discussions, grandmothers spoke about social support and social interaction in ways that clearly demonstrated a degree of shared meaning with new mothers. Three meanings, which

mirror meaning indicated in the new mothers' discussions, are 'being there for her', 'being there for us' and 'being there but not wanted'. These meanings also share a primary consideration of the new mother during interaction.

'Being there for her'

When a grandmother was 'being there for her' she was considering the needs of the new mother in a way that corresponded to the new mothers' meaning of 'being there for me'. When 'being there for her' was the meaning given to interaction, a grandmother had assessed her practice as having a positive outcome for the new mother. Figure 7.2 exemplifies the meaning that is shared when grandmothers conceptualise interaction as 'being there for her' and when new mothers conceptualise interaction as 'being there for me'.

"My mother-in-law has got to be the most fantastic support I've had. She's come over on the days when I'm sick or whatever and said, 'I'll just take him for a walk'. And her walks aren't like the 20 minutes, 'Oh here he is back'. They go for the three hours. So I can have a sleep or read a book or go to the shop or that kind of stuff." (Mother FG6)

"Just to take the load off when necessary basically. In whatever way." (Gran FG4)

Figure 7.2: Being there for me/ Being there for her

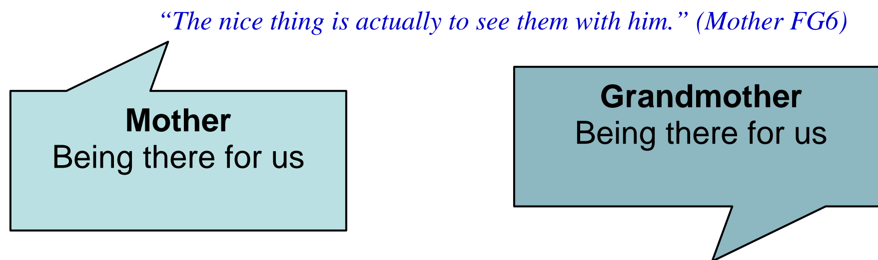
Grandmothers and new mothers understood that 'being there' for the new mother meant responding to an implicit or explicit need of the new mother in a way that was acceptable to her. The following statement from a grandmother is an example of this.

> *"One afternoon I went around there and she could hardly stand. I knew she wasn't well and I went around and oh, she could hardly, she was just shocking. In fact I think she might of rung me to go to the doctor. That was one time when (the baby) was born she did rely on me a lot, this lass whose mother is in Queensland, and I was grateful that she did." (Gran FG3)*

What is notable in this statement is the effect 'being there for her' has on the grandmother. For this grandmother, she was *"grateful"* that her daughter-in-law relied on her. This sense of gratitude for being given the opportunity to 'be there for her' was a common feature of all focus group discussions with grandmothers.

'Being there for us'

When a grandmother was 'being there for us' she was considering the needs of her family while at the same time meeting some of her own needs. This meaning mirrors the mothers' meaning of 'being there for us'. When 'being there for us' was the meaning given to interaction, a grandmother had assessed her practice as having a positive outcome for herself and the parents of her grandchild. Figure 7.3 exemplifies the meaning that is shared when grandmothers conceptualise interaction as 'being there for us' and when new mothers conceptualise interaction as 'being there for us'.



"Then when she's living with me at the same address, well she wants to get out to the gym and get her figure back and everything. She'll be able to just pop out and I'll be able to be there to look after him which I'm enjoying and she'll be enjoying going out." (Gran FG2)

Figure 7.3: Being there for us/ Being there for us

Grandmothers were far more likely than new mothers to talk about 'being there for us'. For new mothers and grandmothers alike, 'being there for us' represented interaction that considered the new mother as well as other people and was assessed as positive for all involved. The following statement illustrates that the needs of grandmothers were often met when they were able to meet the needs of new parents.

> *"I didn't have a mother as someone who supported me, and never have, so it was always my dream to be close to my children and ever since I had my children I just made sure that we were all friends. I was 18 when I had my son. My daughter got married at 19, I thought, you beauty, but I never asked, I was determined not to. She waited ten years and then she had a son and my son had a girl so after waiting ten years they all started breeding together. The three of them have started and I was just determined that we would always be really good friends. No matter what happened I would support them because I think I really missed out on that. I used to see the mums in the shopping centre and think I wish I had a mum and I just really missed out on that and I think my mum has. My mum is alive, but I think my mum's missed out on that as well." (Gran FG5)*

‘Being there for us’ was also the meaning given to reciprocated interaction characterised by time spent together with no particular focus on helping.

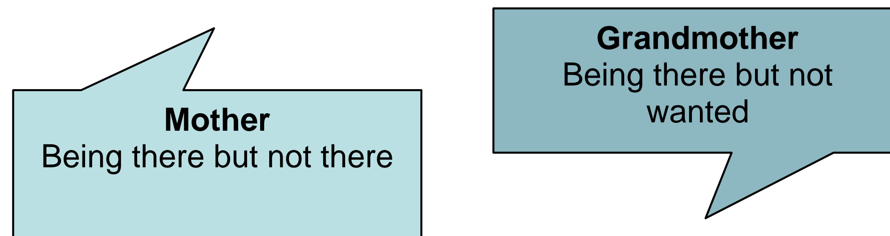
> *“My children know that of a Sunday (my husband) and I always have that day together. That’s our day to go out together. We’ve done that for about the last five years so now that they have (the baby) they often say ‘Oh mum and dad are you going out on a Sunday?’ We say ‘We always go out of a Sunday’, and they want to come with us and they want to be part of our little outing. So quite often the last few months they have joined us and we’ve gone out for lunch and they come with the baby and we just have like a little family day and it’s just so nice that they want to be part of what we do.” (Gran FG2)*

These examples highlight the difference between ‘being there for her’ and ‘being there for us’. Regardless of what they do, how or when, these grandmothers are explicit about the positive outcomes of ‘being there for us’ for themselves, their family and their family relationships. A balance of benefit to all involved is an important aspect of ‘being there for us’ and there is a strong sense that new parents are being there for the grandmother, as much as the grandmother is being there for them, on these occasions.

‘Being there but not wanted’

When a grandmother was ‘being there but not wanted’ she was considering the needs of the new mother, or perhaps the baby or the father, but her efforts were rejected or she felt underutilised. ‘Being there but not wanted’ mirrors the new mothers’ meaning of ‘being there but not there’. Both grandmothers and new mothers recognise that the grandmother is intending to ‘be there’ in a positive way, however the outcomes of interaction are usually assessed in a negative or ambiguous way. Figure 7.4 exemplifies the meaning that is shared when grandmothers conceptualise interaction as ‘being there but not wanted’ and when new mothers conceptualise interaction as ‘being there but not there’.

“So she’s trying to offer what she perceives as help but its not actually. So I’ve had to, in the nicest possible way, say ‘thank you very much, but I don’t need it’.” (Mother FG2)



“I moved up from Melbourne to be here…And I’m waiting for the phone to ring” (Gran FG1)

Figure 7.4: Being there but not there/ Being there but not wanted

Although there were times when grandmothers described interacting with a new mother in a way that they initially considered was 'being there for her', subsequent interaction indicated to them that what they did was not wanted by the new mother. When this was the case, the meaning given to the interaction was 'being there but not wanted'. The following story from a grandmother is an example of this.

> *"She had a very very bad accident. She couldn't get on her feet for two months and she was still breastfeeding him and at that stage she was, you know, she was a real mess, and I was minding (the baby) full time from nine to five until when his father came home he took over. And I wasn't in agreement then, and I expressed my view that she should stop breastfeeding and give herself a chance to pick up and get better and also it would be more convenient if she's sleeping. She really had a bad six months, really, and I just said 'It's silly, he's old enough' but oh dear did she get upset. She told me to mind my own business. She kept feeding him until he was about two, two-and-a-half." (Gran FG1)*

In this example the grandmother is clearly thinking of the physical needs of the new mother but is insensitive to the mother's desire to continue breastfeeding during this difficult time. New mothers indicated that this *"unsolicited advice"* can *"undermine"* their attempts to mother their child in their *"own way"* and impact negatively on their relationship with the person giving it. This process, which is implied in the above statement, does not belie the grandmother's consideration of the new mother. However, while the meaning given to her initial interaction would have been 'being there for her', it changes to 'being there but not wanted' when the new mother rejects the advice.

Some grandmothers acknowledged that by rejecting help the new mother is expressing a desire to *"get there herself"*. While they respect this to a degree, there is a sense that they are not fully aware of its importance to the new mother.

> *"He would be crying, … and I used to go up there just to see if everything was ok. That sort of is seen as interfering. (My daughter-in-law) was trying to get through it herself and she probably didn't want me helping.* **Why do you think she might of thought it was interfering. Was there anything she said or did?** *Yes she'd say 'I'm ok I'll fix him up I'll settle him he's ok'. She wanted to be able to and I would say'If you want me to help'. And I guess she was trying to get there herself. She was getting settled. But having a screaming child it's hard not too. But it will be interesting with the next one. Although it's different*

circumstances 'cause it's the second, she'll be more experienced and we're not living there. And whether she'll be as keen to do it on her own. Yes whether she will ring me up on the phone." (Gran FG3)

At other times, grandmothers described feeling impotent in their efforts to be there for the new mother.

"I know I'm not brilliant but no matter what I said or did it was wrong and that was really hard for me 'cause I thought well I'm just going to back off" (Gran FG1)

These statements indicate that grandmothers felt the new mother or father did not always want them there. This supports what was found in the mothers' data and points to a conflict of need at this time. The data from both mothers and grandmothers also pointed to a lack of understanding of the needs of each other. In particular a mother's need to find her *"own way"* and develop the skills and confidence she needs to become a mother, and the grandmother's need to *"mother"* her own child and develop an identity as a grandmother by building a relationship with the baby.

Considering someone other than the new mother

When grandmothers considered someone other than the new mother during interaction in the context of the new family, it could sometimes be construed as 'being there but not there' by new mothers and, consequently, as 'being there but not wanted' by grandmothers. However, it could also be assessed in a positive way by both the grandmother and the new mother, particularly if the new mother perceived some benefit to herself, despite the primary consideration being someone else.

Only one of these meanings of 'being there' has a counterpart in the new mothers conceptualization of 'being there'. 'Being there for myself' reflects a focus on the grandmother that many new mothers conceptualised as selfish and inappropriate in the days, weeks and months following the birth of their baby. Taking into account the grandmother's meaning of 'being there for myself' extended my understanding of 'being there' in the context of the new family. I no longer saw it as defined in relation to how it impacts on the new mother alone, but how it impacts on other members of the new family also. This understanding was reinforced by other meanings of 'being there' that were unique to the grandmothers' discussions, including,

'being there for myself', 'being there for baby', 'being there for them', 'being there for my son' and 'not being there'.

'Being there for myself'

When 'being there for myself', a grandmother was primarily considering her own needs; however, the outcomes of 'being there for myself' depended on what the grandmother did and the interaction that followed.

The grandmothers who participated in this study were interested and involved in the lives of their families. When these grandmothers were 'being there for myself' they were usually considering their need and desire to develop a relationship with their grandchild. They recognised the baby as *"part of me"*, and for some the desire to begin this relationship was overwhelming. Sometimes grandmothers were given the opportunity to 'be there for myself' in a way that had no impact on other members of the new family. One grandmother related such an occasion. In so doing, she also demonstrated the significance of the grandmother-grandchild relationship and its place in the cycle of life.

> *"I had a very emotional wonderful experience. I knew, I sort of thought she was going to be fairly quick; I had a special dress all ready and I jumped in the shower when I heard them go up to the hospital …She was still in the delivery room when they brought the baby down and (my son-in-law) said 'The placenta won't come away … they are going to take her up to theatre.' And he said 'I'm going up there'… Well I said 'Is it ok if I stay with the baby?' and he said 'Yeah, do what you like' sort of thing. So off he went and I had the most beautiful… I just stood. I didn't touch him, didn't do anything, I just stood near the bassinette and the nurses backwards and forwards. I just talked to him, talked and talked and told him about things. … Then (my son-in-law) had to go to work probably 9.30 or so and (my daughter) was still out with the anesthetic; and I stayed holding that baby all that time and we just bonded. But when I got home … I walked in the house and no one was there and I went upstairs, and all of a sudden, and it still brings tears to my eyes, my mother died when my kids were three or four or four and five, I just wanted my mother. I was brokenhearted I wanted my mother and that's all there was to it. I know I went up there then and I just sobbed and sobbed." (Gran FG1)*

For another grandmother, contact with her twin granddaughters was limited because of her estranged relationship with her daughter. However, her desire to be with her granddaughters motivated her to try and 'be there for myself' even though the chance of success was slim.

> *"I said 'Ok I don't want to upset you I just want to see the babies'." (Gran FG4)*

Very occasionally grandmothers were aware that because their desire to be with the baby was so strong, their interaction with their family was insensitive to the parent's needs.

> *"I waited for my youngest daughter. We waited a long time because she lived with her husband for ten years even before they got married and my husband and I used to think what about if this relationship tethers out after ten years but eventually they got married after ten years and then they waited another two years before they had a baby, and she'll be four next week and I knew that this was the most wonderful thing that could ever happen to me. I was the worst, I was a pain in the neck because I just went overboard 'cause I'd waited so long" (Gran FG2)*

This account supports the mothers' data, which indicated grandmothers' interaction in the days and weeks following the birth could be motivated by 'selfish' reasons, as demonstrated in this statement from one new mother,

> *"And for her it's more of a selfish thing. She wants to be involved and be there but she's not really thinking about ...where I'm coming from" (Mother FG3)*

However, many new mothers did not demonstrate any depth to their understanding of these *'selfish'* reasons. They considered their own needs and desires for interaction the primary concern during the postnatal period. This, of course, has a certain legitimacy, but their assessment of a grandmother's consideration of her own need *"to be involved and be there"* as *"selfish"* indicates a lack of understanding, on the part of the new mother, about the significance of this time to the grandmother. When the experiences and views of mothers and grandmothers are considered simultaneously, a lack of mutual understanding seems apparent.

'Being there for baby'

When a grandmother was 'being there for baby' she was considering the needs of her grandchild. The outcomes of 'being there for baby' depended on how the grandmother's practice was assessed by the parents (though usually the mother) of her grandchild.

In their discussions, new mothers rarely separated their needs from the needs of their baby. New mothers usually construed a comment referring to the new baby as a comment about their ability to mother their child. Grandmothers, on the other hand, saw the mother and baby as quite separate individuals, and responded to their needs as separate individuals. There were numerous

examples of grandmothers offering advice about baby care or feeding that were motivated by the perceived needs of the baby. This *"unsolicited"* advice was sometimes acknowledged as falling on deaf ears or being rejected, and it was often acknowledged as causing conflict between the grandmother and the new mother. For new mothers, advice that responded to the baby's need was often seen as a criticism of their mothering. The mother's own need for positive evaluation, praise and understanding were considered as well as, or instead of, the need of her baby. In the following account, a grandmother describes how difficult 'being there for baby' sometimes is.

> *"I felt they should either change the brand of nappy because of this dreadful, dreadful rash or go to cloth nappies. They didn't change anything and he already had bowel surgery at four months. He nearly died, so he had problems. And he had some dreadful falls, breaking arms and all sorts of things …And I became so angry … In the end I did say something to my son and he just said 'Don't say anymore'. And I thought well I can't…And I still have a bit of guilt because she's the most wonderful mother as far as caring for them, but you mustn't advise her. That's telling her what to do. This little boy has probably two broken arms and terrible head bangs on the head, and one of them was when he was standing beside this mother, she wasn't holding his hand and she went down the stairs and forgot to hold his hand and he walked. … And I do have guilt that I wasn't stronger and more insistent even if it begged the relationship. I mean he's healthy now and in every other aspect my daughter-in-law is a good mother. So I don't know whether I did right or wrong but it's past." (Gran FG5)*

For this grandmother, 'being there for baby' meant standing up to her son and daughter-in-law and offering *"unsolicited advice"*. She recognised that by 'being there for baby' she may be risking her relationship with the parents, and that the mother would not appreciate it. For this reason she held back to some extent. The fact she held back demonstrates the influence of relationships on the way grandmothers are there in this context. These grandmothers were aware of the fragility of relationships. However, the *"guilt"* this grandmother felt as a result of holding back is testament to the responsibility she feels toward the baby as an individual.

'Being there for them'

When a grandmother was 'being there for them' she was considering the needs of the parents as a couple. A grandmother assessed the outcomes for the new parents as positive if she was able to 'be there for them'. In addition, she anticipated that 'being there for them' would benefit her grandchild and possibly herself in the long run.

When grandmothers spoke about 'being there for them' they would often draw on their own experience as a mother of young children, or the experiences of peers who have experienced the

break up of their grandchild's family. One grandmother, who had a difficult relationship with her husband, commented,

> *"In our marriage I thought if only we can get out of this house, sit quietly and have a meal or a cup of coffee … So I decided every now and then I just say 'Look I will come down Thursday evening. You go out and have a cup of coffee.'" (Gran FG1)*

These grandmothers described *"watching"* and *"listening"* for *"warning bells"* that the relationship between the parents of their grandchild may need some help. One grandmother described what she did when these *"warning bells"* rang.

> *"There are things that ring warning bells that I see. I don't ever interfere with their relationships and all the rest of it, you know, but I can see things happening, as it does in all marriages and relationships, you know. Like my daughter's baby wouldn't sleep through so she always took him into the bed with her. So he was always in the middle of the two of them. Two years actually. So I thought right when do they get together. So I thought ok. I used to go down, I would stay overnight … or else I would just drive down there … put (the baby) in the pusher at seven o'clock in the morning go for a walk down to the lake and give them an hour, an hour and a half together you know … You sometimes see if you stand and watch, you sometimes see when they need help personally and they don't want to ask." (Gran FG1)*

A clear motivation for 'being there for them', was the desire to preserve the relationship between the parents for the child's sake. Another motivation, particularly for paternal grandmothers, was to ensure continued access to the grandchild, as illustrated by the following statement.

> *"I would be horrified if the marriage broke up and I wasn't allowed access to the child, which can happen, which I'm seeing happen." (Gran FG3)*

'Being there for them' was a way of 'being there' in the context of the new family that had potential benefits for all family members. Grandmothers relied on their own experience as a mother and their understanding of marital relationships to guide their practice on these occasions.

'Being there for my son'

When a grandmother was 'being there for my son' she was considering the needs of her son and attempting to meet his needs indirectly, by meeting the needs of the new mother.

The following statements illustrate the maternal motivation to continue to look after their son that many grandmothers have, and the recognition that the best way to do that was by helping the new mother. By doing this, grandmothers were taking the pressure off their son, reducing his workload and also reducing opportunities for tension in his relationship with the new mother.

> *"But I love to be there for my son and I think that's the satisfaction you get because you are helping your son by assisting your daughter-in-law and it makes his life easier. And that's another thing my son resents - because he feels I'm always there at a drop of a hat and her parents aren't, and so he's sort of, he gets a little bit upset ... He says 'Hey mum you shouldn't do that much'. It doesn't worry me. I'm doing it for my son more than, I love my daughter-in-law and my grandson, but I think it's your son that you're thinking of more." (Gran FG4)*

This indirect benefit to new fathers was evident in discussions with new fathers. Although very few fathers took part in this study, there was an indication in the three focus groups that were conducted, that if their partner was happy and her load was lighter, the father was happy and his relationship with his partner benefited. The following statements from new fathers illustrate these sentiments.

> *"If she's happy, I'm happy." (Father FG3)*

> *"If she's supported and happy it makes the relationship easier." (Father FG3)*

When grandmothers' were 'being there for my son' in a way that was acceptable to the new mother, their interaction was assessed positively by all members of the new family. Having said this, it should be noted that these grandmothers did not talk about being there for their sons in a way that was clearly assessed as negative by their daughters in law. Nor did new mothers explicitly indicate that when grandmothers were 'being there but not there' it was because of a focus on the needs of the new father rather than the new mother. It is likely that such interaction did occur, but that it was not readily perceived as such by the participants of this study.

'Not being there'

When these grandmothers were 'not being there' they had little or no interaction with their grandchild and the new parents. The grandmothers who participated in this study were interested and very involved in the lives of their families, and they assessed a lack of interaction in a negative way. However, while these grandmothers intended to 'be there' in various ways during

the days, weeks and months following the birth of a grandchild, they provided some insights into why it was not always the case.

For these grandmothers, not being there was either due to geography, a poor relationship with one of the parents or a combination of these. Even for these grandmothers, a relatively short distance was sometimes a barrier to the practice of 'being there'. One grandmother described how her practice of 'being there' was made so much easier when her daughter moved from a house that was half an hour away to one that was in an adjacent suburb.

> *"Life has been fantastic ever since 'cause we are so close … It really made a difference, the area where she was living, just coping… it was harder for us to get down there. You know we took more time… Really, convenience changed our relationship." (Gran FG4)*

For other grandmothers, the distance was too difficult to overcome and 'not being there' clearly impacted on their relationships with grandchildren. One grandmother described the reason she was 'not there' for her son's family and the outcome this had on her relationship with her grandchildren.

> *"I don't see those two children as much, they live further away. But her mum's there, her mum's there for everything. So I don't know those two children as well. I probably can't say I love them as much just cause I don't know them as well." (Gran FG5)*

For another grandmother, the impact of distance on her relationship with her oldest grandchild, who lived in Greece, was demonstrated by the fact that she did not refer to that child until the end of the discussion. When she did refer to her grandchild, she said,

> *"I've got a grandchild, eight, I see once a year. Sometimes I can't go once a year. He doesn't know me. I'm the grandmother who bring the toys." (Gran FG4)*

A troubled relationship between a grandmother and a new parent also resulted in 'not being there'. The negative outcome for a grandmother in this situation is evident in the following statement from a grandmother who had fallen out with her daughter who was suffering from postnatal depression, following the birth of twins.

> *"(She said) 'I don't want you near the children' ... So that's where it's ended. I can't see the children... And I cry, cry, cry...Even though I'm not seeing (my daughters) babies there's still the connection with them; I can smell them you know, they're not here but I can smell them. You know how you can smell their skin and I haven't seen them for three weeks." (Gran FG4)*

The connection this woman feels with her granddaughters is palpable; "*I can smell them you know, they're not here but I can smell them*". It was a connection understood by all the women in this focus group and many tears were shed for the loss they knew they would not be able to bear. 'Not being there' was not the intention of these grandmothers, so their discussions only shed some light on why other grandmothers may be unexpectedly absent after the birth of a grandchild. What their discussions did highlight was the impact of 'not being there' on a grandmother's ability to develop a relationship with her grandchild and, to a lesser extent, her opportunity to refine her relationship with the parents of her grandchild.

EXPLAINING MEANINGFUL DIFFERENCE

Considering the perspective of grandmothers highlights similarities and differences in the way new mothers and grandmothers conceptualised social support and social interaction in the context of the new family. Although new mothers and grandmothers identified similar practices of interaction, some of the meanings they gave to these practices were different. These differences are important because they further explain why a new mother or grandmother makes positive, negative or ambiguous assessments of practice and interaction. At the heart of these differences in meaning is a difference in <u>who</u> was considered by new mothers and grandmothers during interaction in the context of the new family. New mothers primarily considered themselves. They gave meaning to interaction by assessing the outcome of practice on themselves. Grandmothers, by contrast, considered <u>many</u> people. At different times they considered the new mother, the new father, the parents as a couple, the baby, and themselves. These multiple considerations gave meaning to their practice and subsequent interaction.

These multiple considerations have been found in other qualitative studies concerned with grandparents and are often associated with the need or desire to fulfill a particular role in the context of the family. The intention to meet their own need for contact with their grandchild, for example, was expressed by Kornhaber (1985) who observed that, for grandparents, "there is an urgency to make contact with the new child, a need for intimacy that initiates the 'vital connection'" (p.164). Kornhaber also observed a motivation to support the parents as a couple,

which indirectly satisfied grandparents' desire to support their grandchild; and a motivation to support their grandchild directly by providing "a safety net for the child – when parents fail" (1985, p.164). With regards to supporting the parents as a couple, Fischer (1983a) noted that when a couple had a baby there was a reluctance, on the part of paternal grandmothers, to cause tension between the couple by commenting on their daughters-in-law to their sons.

In the context of being a grandmother, these multiple considerations are not surprising. However, the discussions conducted with grandmothers for this study were focused on the meaning of social support in the context of the new family, not on the experience of being a grandmother. For these grandmothers, the meaning of social support was entangled with meanings of interaction, which were shaped, in large part, by their consideration of a number of family members. Many of these meanings were incongruent with the meanings new mothers gave to social support and interaction in this context because mothers expected and wanted interaction to reflect a single intention, that is, to 'be there' in a way that focused exclusively on the needs of the new mother. This maternal focus on the self was also indicated in Hansen and Jacobs' study of intergenerational support during the transition to parenthood. They observed that, although grandparents needed support from their adult children, new parents were, necessarily, very self-involved in the months following the birth of a baby (Hansen & Jacob, 1992).

The meaningful difference that has been observed in this study is largely explained by whom it is that new mothers and grandmothers consider when conceptualising social support in the context of the new family. But why was the grandmothers' understanding more complex, and why did they consider more people when interacting?

Understanding meaning from different perspectives

Central to the grandmothers' meanings in this context was the understanding that the birth of a baby marked the formation of a new family, in an extended sense. This had a number of implications for how grandmothers understood what was happening during this time. These understandings are different to those of new mothers because new mothers understood the birth of their baby as marking the formation of a new family, in a nuclear sense. [4]

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[4] By extended I mean a family that includes the parents and child as well as other members of the family, in this case the grandmother. By nuclear, I mean a family that includes the parents and child but which excludes other members of the family.

In their discussions, grandmothers referred to a number of things that shaped their meanings of 'being there'. One of these was their role in this context. These grandmothers identified two roles, that of 'mother' to their child and perhaps their child's partner and that of grandmother to their grandchild. These roles focus on different people, and the way they might influence interaction and the meanings grandmothers gave to interaction is illustrated in the following examples.

> *"I'm still very aware that by helping her I'm helping my son and yes, probably if I was really honest, that is my main motivation and gives me a lot of joy. But he appreciates it as well." (Gran FG4)*

> *"I really hoped that I could continue on as my mother had left off when she passed away. She was a wonderful nanny to my girls. She virtually reared the youngest one, and she was just so close to her. And I would go over there and she would cry all the way home for Nan, but not for me or anybody else. And that was my big hope; that I would be able to do that for (my daughter's) child. And this is what (my daughter) had said to me, 'I hope you spoil him mum like Nan spoilt me'." (Gran FG2)*

These statements illustrate that the focus of interaction and, therefore, the reference point for meaning, shifts depending on the role an older woman is attempting to fulfill during interaction.

Grandmothers also indicated that life experience had shaped their meanings of 'being there' in this context. This included their experience as a grandmother (for those who had a number of grandchildren), their experience as a mother, their experience of their grandparents, their observations and experience of their own parents as grandparents, the experiences of their contemporaries, changes in working patterns of women, changes in father involvement, and changes in expectations. These were not just assumptions made by grandmothers; they were lived experiences. The following table illustrates the breadth of experience that influenced grandmothers' meanings of 'being there' in the context of the new family.

Table 7.1: Experiential influences on grandmothers' meanings of 'being there'

Statement by grandmother	Type of experience
"I've got grandchild I don't mention … I don't mention 'cause I will break down….I've got grandchild eight I see once a year. Sometimes I can't go once a year. He doesn't know me. I'm the grandmother bring the toys… Bring the toys that's all…and he's eight. He doesn't know me … I never see him. As a baby I never see him…Now my (granddaughter) is growing up she sees me all the time. Tomorrow I'm going to walk and take her everywhere. I teach things, songs, prayers, everything. It's not the same." (Gran FG1)	Experience as a grandmother
"I get a little emotional talking about this. When I had my children I didn't have any support at all. A lot of problems I had with my mother." (Gran FG2) *"I didn't have a mother as someone who supported me and never have so it was always my dream to be close to my children and ever since I had my children I just made sure that we were all friends… I used to see the mums in the shopping centre and think I wish I had a mum, and I just really missed out on that, and I think my mum has, my mum is alive, but I think my mum's missed out on that as well." (Gran FG5)* *"I never had someone to sort of play with children and it was hard work so, yeah, maybe I'm kind of thinking well it's kind of nice to do this and just play." (Gran FG5)* *"I knew what I was going to do. I was very excited and we, me and my brothers as children, we didn't have any grandparents … and my children didn't. They had two grandfathers into their teens but that's all. I was determined, because I missed mum so much.* ***When you had your children?*** *Yes, yes, yes it was sad not being able to share them and of cause the help would of been great too … It was just a big hole in our lives and even my two, they said they missed not having grandparents. So I knew I was going to be very involved." (Gran FG1)*	Experience as a mother
"I didn't have grandparents and that's why I wanted to do what I would of loved them, if I had grandparents, to do. That was my picture of what they would be like." (Gran FG1) *"The best days of my life as a little kid were with my grandmother. I still miss her." (Gran FG5)*	Experience of their grandparents
"I think you kind of model it on your own mother to some degree. If you think about what your mum did that maybe you didn't like and try not to do that. But I was determined I wasn't going to interfere and I wasn't going to offer advice until I was asked." (Gran FG1) *"Well I think I had very good examples in my own parents and my husband's parents as grandparents." (Gran FG4)*	Experience of their parents as grandparents to their children
"I have four children who are all very happily married and in very strong relationships and I don't need to worry in that respect at all. But my friends son, his wife just called the marriage off, and I've seen how devastating that has been. They have one little boy and it has been absolutely devastating. She's had to fight for her rights, fight to see this little boy and it must be so hard for grandparents to see a relationship like that." (Gran FG3)	Experience of their contemporaries
"Well I certainly say, now society is more lenient with children." (Gran FG2) *"Now I think there is a bit too much pressure to breastfeed." (Gran FG2)* *"You see in our day we didn't have the pressure of instantly going back to work. They instantly have to." (Gran FG5)* *"Because the girls are so fortunate these days from what I can see. They have so much support from their husbands or their partners. I see (my son-in-law) there changing nappies, wiping her bottom, doing all this. My husband wouldn't of known where to put a nappy pin or anything like that." (Gran FG2)*	Experience and observations of changes in social and cultural attitudes

For grandmothers, a life of experience was not without its disadvantages. Time had passed since the grandmothers were new mothers, and their memories of what it was like to interact with others as a new mother may have faded. Socially and culturally their experience was different to that of their daughters or daughters-in-law, and this shaped the extent of their insight into the experience of a new mother in the 21st century.

New mothers, by virtue of their inexperience, had a restricted view of this context compared to grandmothers. Their role in this context was that of new mother, and their experience of this context was limited to knowledge of the experiences of their contemporaries, sometimes their own mothers, and the vast number of publications and services available to them. The following statements indicate the salience of books in the knowledge base of new mothers and, as the final statement illustrates, this is acknowledged by grandmothers.

> *"I read in a book a few weeks ago that, you know as a women, you need, you don't crave that intimacy as much because you're getting it from the child all the time." (Mother FG4)*

> *"I tend to quote the books. 'Cause they'll do this, you know, give her soup, and I'll say 'Oh no, 'cause the book says…Baby Love book says…' [general laughter] [P? The bible.]" (Mother FG4)*

> *"All those books don't help." (Mother FG2)*

> *"I've read all the books, I've seen lots of things, but I still feel a little unconfident" (Mother FG6)*

> *" I read, as you said, you've read books, like I read Baby Love and there is not always one routine. You are not looking for one routine that really works." (Mother FG8)*

> *"And books aren't supportive about these things either. I found books tend to be fairly dogmatic about breastfeeding too." (Mother FG8)*

> *"This is the thing they all think that they have to be. Look at the books. Everyone else is coping, how come my place is in a mess and I'm still in my dressing gown." (Gran FG1)*

As one would expect, these publications and services focus on the new mother and her baby. However, they often marginalise fathers, and they barely acknowledge grandparents. When grandparents are acknowledged, it is as a source of 'support' or a cause of distress, but rarely as a

participating member of a new family with legitimate expectations and needs in relation to the baby.[5] The image presented to new mothers by popular literature and health services does not foster a consideration of anyone other than the new mother and her baby. While this is unlikely to be the only influence, it does seem to be manifested in the way new mothers have conceptualised the new family in this study.[6]

The roles grandmothers and new mothers occupied, and the experiences they drew on meant that they viewed the context of the new family from different perspectives. Because of their breadth of experience grandmothers had many perspectives. This gave them a vantage point from which to see what was going on in this context, which encouraged an understanding of the new family that included the mother, the father, the baby and themselves[7]. This understanding of the new family as extended, facilitated a consideration of the many people who made up the new family during the grandmothers' discussions of 'social support'.

By contrast, new mothers had limited experience and this experience promoted a view of this context that took in only one perspective. Their experience also encouraged them to conceptualise the new family as nuclear, that is, consisting of the father, themselves and their baby, and this understanding meant they limited their interpretation of 'social support' to themselves and their babies.

These disparate understandings of the new family as either extended or nuclear had further implications for how grandmothers and new mothers gave meaning to interaction following the birth of a baby. These are related to who they considered in this context and they are summarised as follows:

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[5] The following publications were reviewed for their consideration of grandparents: Fallows & Collier, 2004; Dix, 1987; Goldberg et al., 1998; deVaus, 1992; Kendall-Tackett, 2001.

[6] Interestingly, popular publications for grandparents, while few, orient the grandparent in three ways: 1. Toward the mother's needs and experience, 2. Toward the child's physical and developmental needs and the development of a relationship with the child, and 3. Toward the grandparents needs and role expectations. Popular publications about motherhood, on the other hand, orient the mother either toward herself, that is, her experience, emotions and identity, or toward her baby's physical and developmental needs. This mirrors, to some extent, how the meaning of 'being there' has been represented in this thesis. I do not intend to explore this to any greater extent in this thesis, but I recognise the potential significance of media representations of motherhood in the construction of meanings in the context studied here. The following publications were included in a brief review of popular grandparent publications: Readers Digest, 1997; Kitzinger, 1996; Strom & Strom, 1991.

[7] Grandmothers also included grandfathers in their conceptualisation of the new family. For a few participants, grandfathers were an impediment to interaction within the new family, but on the whole, grandfathers were represented as a silent partner in the activities of the grandmother.

- Understanding the mother and baby as a unit or separate beings
- Understanding social interaction in this context as multi-directional or one-directional
- Understanding the postnatal period as a time of transition for the new mother and the grandmother[8], or for the new mother alone.

Understanding the mother and baby as a unit or separate beings

Grandmothers thought of their grandchild as being distinct from the new mother. This meant they could orient themselves toward the needs of the baby. However, 'being there for baby' sometimes put them in a position of being opposed to the new mother. This is illustrated in the following account.

> *"About potty training... she dirties her pants and she panics, the baby hates it ... and I said to her 'Surely she's ready for the potty'. 'No no no she's got to know the difference between wee and pooh and be able to say 'I want to be able to go to the potty'''... So I think I've twice suggested 'Do you not think she's ready', and so that was a source of conflict for a while." (Gran FG1)*

For the new mothers the new family was nuclear and at its centre were the mother and her baby; new mothers talked about their babies as extensions of themselves. This is not surprising, nor am I suggesting it should not be so, but it does demonstrate why the meaning of 'being there' was sometimes different for the new mothers and grandmothers in this study. In the above example, the grandmother's concern for her grandchild was in conflict with the new mother's desire to parent her child in her own way. In this instance the grandmother was 'being there for baby'; however, new mothers described similar incidents in a way that was self referential; they assessed interaction in terms of its impact on themselves and their baby as a unit. If a new mother felt criticised or inadequate she assessed interaction as negative and the meaning she gave to interaction was 'being there but not there'. The previous example from a grandmother suggests this, as does the following statement from a new mother.

> *"I get really hurt, like if someone said something about um, you know, 'you should be doing this', it's just absolutely thrown me, 'cause I feel like I'm doing quite well and like he seems really good and he's really happy and so, all that sort of thing… Like my mother once said something and my mother-in-law once said something and its just like, I was in tears. I didn't tell them but I've had to turn away ... I spoke to my partner about it. He made me look at it in a different light. She was just being unthoughtful. He didn't think*

[8] I have no doubt that fathers and other members of the extended family are experiencing a transition at this time, but a discussion of other members of the family is beyond the scope of this thesis.

that she was specifically trying to criticise what I was doing, but that's what I had seen it as. If I hadn't had the outlet of being able to talk to him about it I would have found it hard to get over." (Mother FG6)

Understanding social interaction in this context as multi-directional or one-directional

These grandmothers considered themselves part of the new family and they indicated that they expected some of the benefits of interaction to flow towards them. In this sense, they were not mere 'providers' of 'support' to new mothers; they were participants in a complex relational context characterised by reciprocity.

"I think to recognise. You don't want them to say thank you every five minutes but just to appreciate that you are doing it out of the kindness of your heart for the love that you've got for them. It's just a natural thing to do things for them … like Maria said, they let you help them. Sometimes they don't always want you there." (Gran FG4)

"I look after (my grandson) three days a week it's like such a healing thing for me looking after him cause I'm able to, I guess, do the things that I maybe didn't have the knowledge about when I had (my children) … I think at the end of the day, when I think of (my grandson) down the track, I cherish this time with him now … I've given so much of my love unconditionally but I do believe that it comes back in some other way … grandma and grandpa will always be special. At the end of the day that's what I wish for, that's what I hope for, that he will think we are special and love us like we love him." (Gran FG2)

These examples illustrate that reciprocity in this context was not simply saying thank you. Instead, reciprocity meant providing the grandmother with the opportunity to fulfill their role as a mother or grandmother through their interaction.

New mothers, on the other hand, by putting themselves at the centre of a nuclear new family, were encouraged to assess interaction in relation to their own needs, desires and expectations. The meanings they gave to 'being there' in this context were clearly self-referential and this is illustrated in the following statement, which was also referred to in chapter 6.

"My mother-in-law, she's lovely, but the first week I came home after the birth she phones me twice a day. And I'm fine, I really don't need her to phone me twice a day. And then she got really upset that she wasn't involved enough. And I spoke to her really nicely and said "Look I've got my own mum, you're not my mum, and if I need help I'll call you, you know that I will." (Mother FG3)

Of course it is reasonable for a new mother to desire less frequent contact from her mother-in-law in the week after giving birth, but what this example demonstrates is that, even though she knew her mother-in-law wanted to be involved, this new mother assessed interaction with reference to her own needs alone. The meaning given to interaction would have been ‘being there but not there’ or ‘being there for yourself’, and her way of ‘dealing with’ this negative assessment of interaction was to define her mother-in-law as an alternative source of support. In doing so, she has demonstrated an ignorance of the importance of her child’s birth to her mother-in-law. This is likely to influence the way she ‘moves on’ in her relationship with her mother-in-law. It is also likely to influence the way her mother-in-law ‘moves on’ in her relationship with the child.

Understanding the postnatal period as a time of transition for the new mother and the grandmother or, for the new mother alone

Grandmothers saw the days, weeks and months following the birth of a baby as a time for a new mother to develop an identity as a mother. However, they also saw it as a time for themselves to develop an identity as a grandmother. Because they considered themselves a member of the new family, they recognised that the birth of the baby marked a transition in their lives just as it marked a transition in the lives of the parents. They also recognised that there was a degree of interaction between their own transition and that of the new mother or, in this example, the new father.

> *“The reality of your son turning up with his son in his arms. I said (to my son) one day. ‘Let me just pinch you, to make sure this is really happening to us’. It’s a big transition in your life.” (Gran FG4)*

This grandmother clearly articulated that the baby was something that was *“happening to us”,* not just her son, but herself as well. When she spoke of a transition, she was making a collective statement.

In contrast, new mothers thought of the transition they were experiencing as occurring in isolation from the transition being experienced by grandmothers. While they acknowledge that grandmothers are developing an identity as a grandmother during this time, they see this transition as separate from their own transition. If they saw it in competition with their own transition, they were likely to invalidate it by describing it as selfish. The following illustrates this observation.

> *"And for her it's more of a selfish thing, she wants to be involved and be there but she's not really thinking about ...where I'm coming from" (Mother FG3)*

Again, new mothers are assessing interaction in relation to themselves. In this example, the need of the grandmother to 'be involved and be there' is considered unimportant. This understanding is challenged, however, when we consider this context from the perspective of grandmothers. Their perspective indicates that, for some grandmothers at least, there is an imperative to 'be there' at this time.

The differences discussed in this section echo similar differences described by Kornhaber (1985). In interviews with more than 1000 grandparents Kornhaber explained differences in understanding as historical changes characterised by a shift from mutual support within families to independence of family members. He referred to these changes as 'the new social contract'.

> "[The new social contract] has removed grandparents from their grandchildren as well as from their natural role as involved parents. This new arrangement of intergenerational interactions has been labelled a contract because it is an agreement, most often mutual and unstated, between grandparents and their adult children that the grandparents will no longer be involved in the rearing of children." (p.160)

The grandmothers in my study demonstrated a greater intent to be involved than was perhaps indicated in Kornhaber's study, but that is likely to be due to the self-selection of participants in a study about social support and new families. While the grandmothers in this study had not renounced the idea of being involved in the lives of their children and grandchildren, my analysis of discussions with grandmothers, and new mothers, suggests that a 'new social contract' may indeed be in development.

'MEANING-MAKING' – AN INTERACTION OF PERSPECTIVES

My comparison of the grandmothers' discussions with the new mothers' analysis supports my theoretical contention that the period following the birth of a baby is marked by a dynamic and developmental process of 'meaning-making' (and meaning change) for new mothers. Grandmothers recognised this, however, they also recognised this period as a time of 'meaning-making' for themselves. The following statement illustrates how interaction between a

grandmother and new mother can change the meaning of their relationship and define how a grandmother is 'there' for the new family.

> *"My daughter-in-law is an accident emergency nurse who comes from a family of 12 right. Now she's had babies, she's fifth in the line of twelve, right, so I always respect the nursing side of her character as being a very capable girl and also the fact that she has looked after babies since she was not more than a baby herself because there was always a baby in the house, right. So there is two reasons there why she may know a lot more about things than I do … My son is very, very busy at work and I'd say that there was a day in their lives when she has rung him at work and said she was absolutely shattered and he said to her 'Ring mum. That's your solution, ring mum.' She did … And mate that's just been how it's been. From then on if she needs anything I'm the first one she rings. … I feel she's like a daughter… So that's how my involvement came with my son's first born, and it just went on, and he's now got two boys and a little girl and it's just been like putting on your slippers. But I think that the main thing is the daughter. If she was too proud or too whatever not to call, if she hadn't done that, that was the catalyst, ring mum. I was there for whatever she wanted doing." (Gran FG4)*

This example illustrates many of the stages in the process of 'meaning-making' and demonstrates the applicability of this process to the experience of the grandmother in this context. The grandmother is 'being there for her' by responding to the new mother's expressed needs. The way the grandmother is 'there' is 'assessed' in a positive way by both the grandmother and, as far as we can tell, the new mother, who 'responds' by calling on her mother-in-law in the first instance *"if she needs anything"*. Meaning seems to have developed in harmony for this grandmother and her daughter-in-law and through their interaction with each other they have 'moved on' and forward in their relationship, and the grandmother has developed an understanding of her role in the family that is as comfortable as *"putting on your slippers"*.

Figure 7.5 illustrates that meaning is refined and redefined for grandmothers through stages in a process that mirrors that of new mothers.

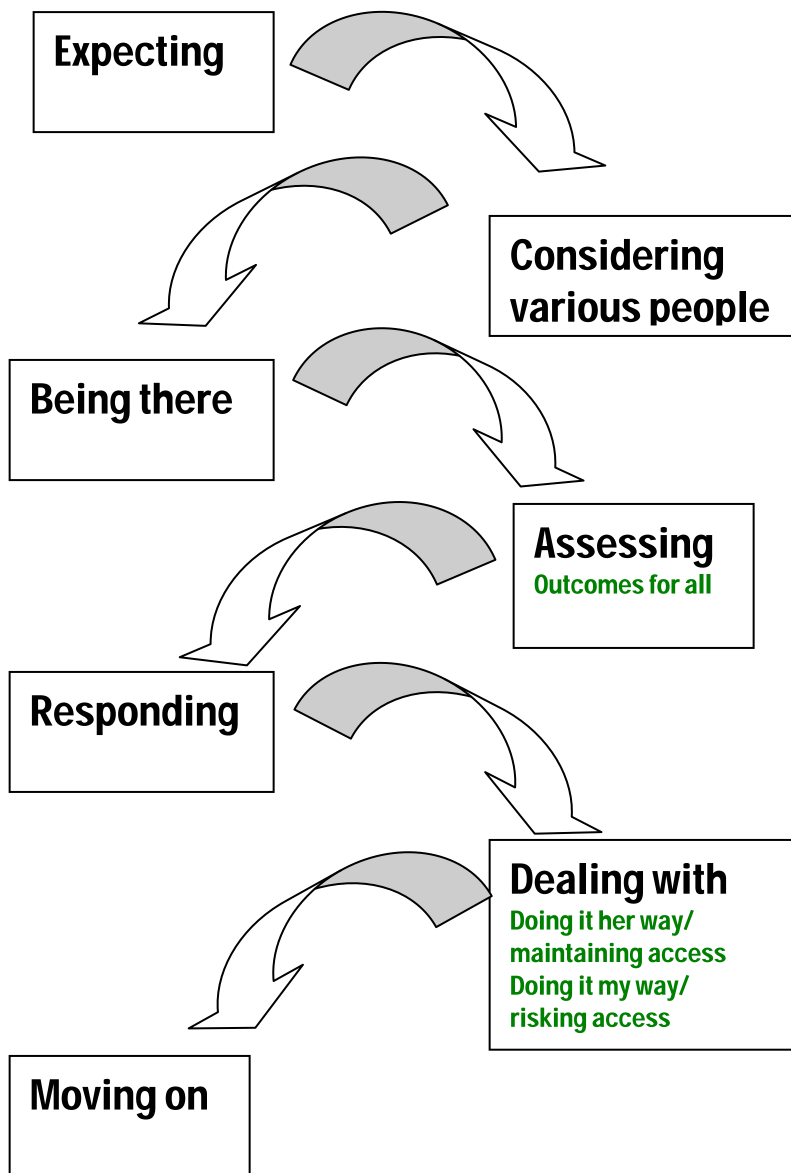


Figure7.5 'Meaning-making' in the grandmother-new mother relationship

Considering the grandmothers' perspective acknowledges that who the grandmother considers during interaction is an important part of the process of 'meaning-making' in the grandmother-new mother relationship. It also highlights the complicated nature of 'dealing with' interaction, particularly if either the new mother or the grandmother assesses it as negative, and the contingent nature of 'moving on' with a relationship for the grandmother, either with the new mother or with the baby.

In contrast to the previous example, the following statement reveals a relationship between a grandmother and a daughter, which soured during the postnatal period. This example illustrates the complicated nature of juggling multiple considerations, and the contingent nature of moving on with relationships, with both the new mother and the babies, for this grandmother.

> *"We got on really well, but once they were born it was like she was in some sort of shock... She just changed and she was angry and depressed and when I tried to speak about it she would get angry with me. I spoke to the sister at the hospital and they understood. They said 'Just go gently' which I did and 'Back off', and I didn't do what she didn't want. And she came home and we were good for a while, then she started getting angry. I would go up to help her and she would be screaming at the babies to shut up. This is out of character for her to say shut up to the babies, she couldn't stand it. So I was really worried and I rang her clinic sister and asked her to please keep it confidential, and these were my concerns, and she told her! She rang my daughter and said 'You're mum's rung and she's worried about this, and she said that you are telling the babies to shut up and you are screaming'. My daughter denied it all. She used to say 'If you don't do something I will throw them off the balcony'. I mean, this is normal behaviour? And I said to her 'You've got to get help' and she kept saying that there was nothing wrong and she was teary and it just went on and on and after the clinic sister told her that, that was the finish for me. She just shunned me and said I betrayed her and she never said it. I had no reason to make it up and I was absolutely bloody distraught about it ... I let a week or ten days go by and I rang her and I said 'I just want to apologise for interfering in your life and ringing the clinic sister, I was trying to help' and she just went off. 'I don't want to speak to you' and she hung up and I thought, I'm at a loss, I've just got to detach from it all ... But a week would go by and I thought I would try again or I'd write her a letter, because I think it is postnatal and it's going to get worse not better. When she did go to the mother-in-laws and stay there, 'cause I went past and saw her car there - it's only a street away from where I live - I thought at least she's got the mother-in-law and the four sisters helping her. So I let three weeks go by and then I rang her the other day and I said 'Time has passed you know, I hope you've forgiven me for what you think I've done'. It's the only way I can approach it. She's wants me to be in the wrong so I thought I'll try it from that angle. She said 'I don't want you near my children'." (Gran FG4)*

For this grandmother, the process of 'meaning-making' in the context of the new family was far more difficult than it was for many of the other grandmothers who participated in this study. Her consideration for her daughter's well being and the well being of her granddaughters caused her to 'be there' in a way that resulted in serious conflict. Her consideration for herself encouraged her to try to 'deal with' this conflict in order to 'move on' in a positive way with her relationships with her daughter and granddaughters. This was unsuccessful, and the contingent nature of 'moving on' with relationships for grandmothers in the context of the new family is clearly illustrated in the words of the new mother: "*She said 'I don't want you near my children'*".

The idea that the postnatal period is a time of meaning change for new mothers and grandmothers is certainly not new. Other qualitative studies have found that parents and grandparents are redefining themselves and their relationships with each other during this time (Kornhaber, 1985; Kivnick, 1985; Hansen & Jacob, 1992; Fischer, 1981; Fischer, 1983a; Fischer, 1983b; Fischer, 1983c). However, this meaning change is often seen as symbolic and not dependent on interaction (Fischer, 1981; Fischer, 1983a). Where it has been associated with interaction, it has been examined from the perspective of either the grandparent or the mother, but rarely both (Kivnick, 1985). Once again Hansen and Jacob's study of intergenerational support during the postnatal period is the exception. With regards to support, these researchers considered the perspective of grandparents and parents and concluded that the expectations and experiences of both influenced how relationships were realigned (Hansen & Jacob, 1992).

DEVELOPING AN IDENTITY AS A GRANDMOTHER

> *"Well I think amongst family and friends I was the last one to become a grandmother. I kept saying what a wonderful feeling it is. It's just something very, very different. Until you experience it, you don't realise, it's so overwhelming. I had so many things happen to me in the last few years. I was working full time, my husband got ill and I lost him. It will be three years in April and he was sick for two years and I had to resign from work and look after him and then my son got married and within a couple of years I became a grandmother, so it was very, it sort of filled a gap… And I just love him now, I can't get enough of him." (Gran FG4)*

> *"There can only be one first grandchild ... That is the groundbreaker. Number one is like your first child, your first grandchild is. Your breaking a whole new set of territory that you have never - you're in unchartered waters - you've never been there before." (Gran FG4)*

The interrelationship between 'being there' and the relationship is as much an influence on an older woman's identity as a grandmother, as it is on a younger woman's identity as a mother.

The grandmothers' data indicated that older women had expectations about the role they would play when a grandchild was born. These expectations related to their role as a mother and a grandmother and were short or long standing. Quite often these expectations predated the adult relationship a woman had with the parents of her grandchild. The following statement exemplifies this.

"I started putting things away for my grandchildren when my kids were born. I had little boxes of things and I got stamps, I got coins. I've got all little things that I've been collecting for probably nearly 30 years for my grandchildren." (Gran FG5)

According to Kornhaber (1985), "the grandparent-grandchild bond is second only in emotional importance to the parent-child bond" (p. 163). In this study, a grandmother's expectations and her relationship with the new mother (and father) shaped the older woman's intentions to 'be there' after the birth of her grandchild. Why she was there, how she was there and the outcomes these interactions had on the new mother, and the older woman as a mother to one of the parents, impacted on her relationship with the new mother. How she was there also had an outcome for the older woman as a grandmother. The extent to which she had access to her grandchild, and the type of access she had, effected how she developed an identity as a grandmother.

Figure 7.6 combines the mothers' process of developing an identity as a mother with the grandmothers' process of developing an identity as a grandmother. These two processes intersect at the point of interaction between mother and grandmother, which has been described by both as 'being there'. The outcomes of these interactions modify the meanings of 'being there' for mothers and grandmothers and are important to the way they refine and redefine their relationships with each other; a process which, ultimately, influences the development of an identity in relation to the baby for both the new mother and the grandmother.

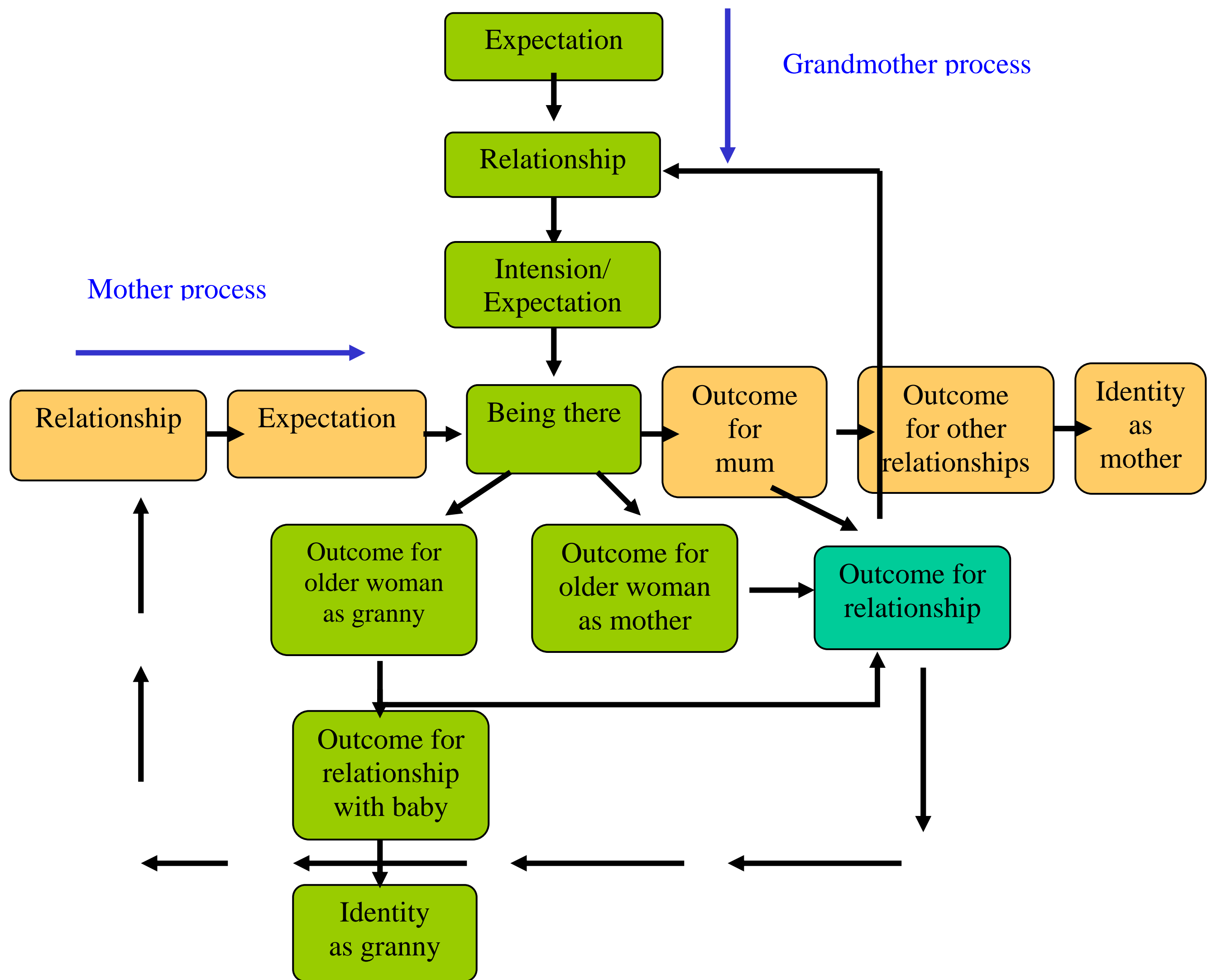


Figure 7.6: Developing identity through interaction

The process of developing an identity in relation to the baby is similar for grandmothers and new mothers. The one significant difference, however, is that developing an identity in relation to the baby is a contingent process for grandmothers, one that is determined by access to the baby. 'Being there' in the context of the new family was an opportunity for grandmothers to access their grandchild. The following statement exemplifies this.

"Well I'm there. I'm there all the time ... Sometimes it's too much but I enjoy it. I enjoy it because they give me the chance to have the baby too." (Gran FG4)

Understanding the contingent nature of this process for grandmothers, once again adds perspective to the theoretical understanding of social interaction that was developed through my analysis of the new mothers' discussions. When access to their grandchild was restricted, the development of an identity as a grandmother was stalled or frustrated. In 'dealing with' the negative outcomes of interaction, grandmothers had to let the new mother *"do it her way"* in order to preserve their relationship with the new mother. If they did this, they considered it more likely that they would 'move on' in their relationship with the new mother, and preserve access to their grandchild, thus allowing the continued development of their identity as a grandmother. If they jeopardised their relationship with the new mother, and 'moved on' from that relationship, these grandmothers feared they would also be risking access to their grandchild, which would affect the development of a positive identity as a grandmother.

> *"I remember the times I had with my grandmother. I used to stay with her and I'd sit up on her bed of a night and we'd talk secrets that I couldn't tell anyone else but my grandmother. It was just our secrets. And that was really really special times and I'm starting to do that even really early. I'm starting to get that with my grandchildren already and it's just like all of us. It's just like I feel so good about it. I wouldn't do anything, there would be nothing I would do to spoil that. I'd rather bite my tongue off than spoil that." (Gran FG5)*

Figure 7.7 combines all the analytic diagrams from the mothers' and grandmothers' analysis. My analysis of the grandmothers' data has confirmed and extended the processes of 'meaning-making' that emerged from the mothers data, and to figure 6.9 I have added 'considering various people' as a step in the process of 'meaning-making' that influences the practice of grandmothers. I have also acknowledged that this context produces outcomes for grandmothers that impact on their relationship with a new mother.

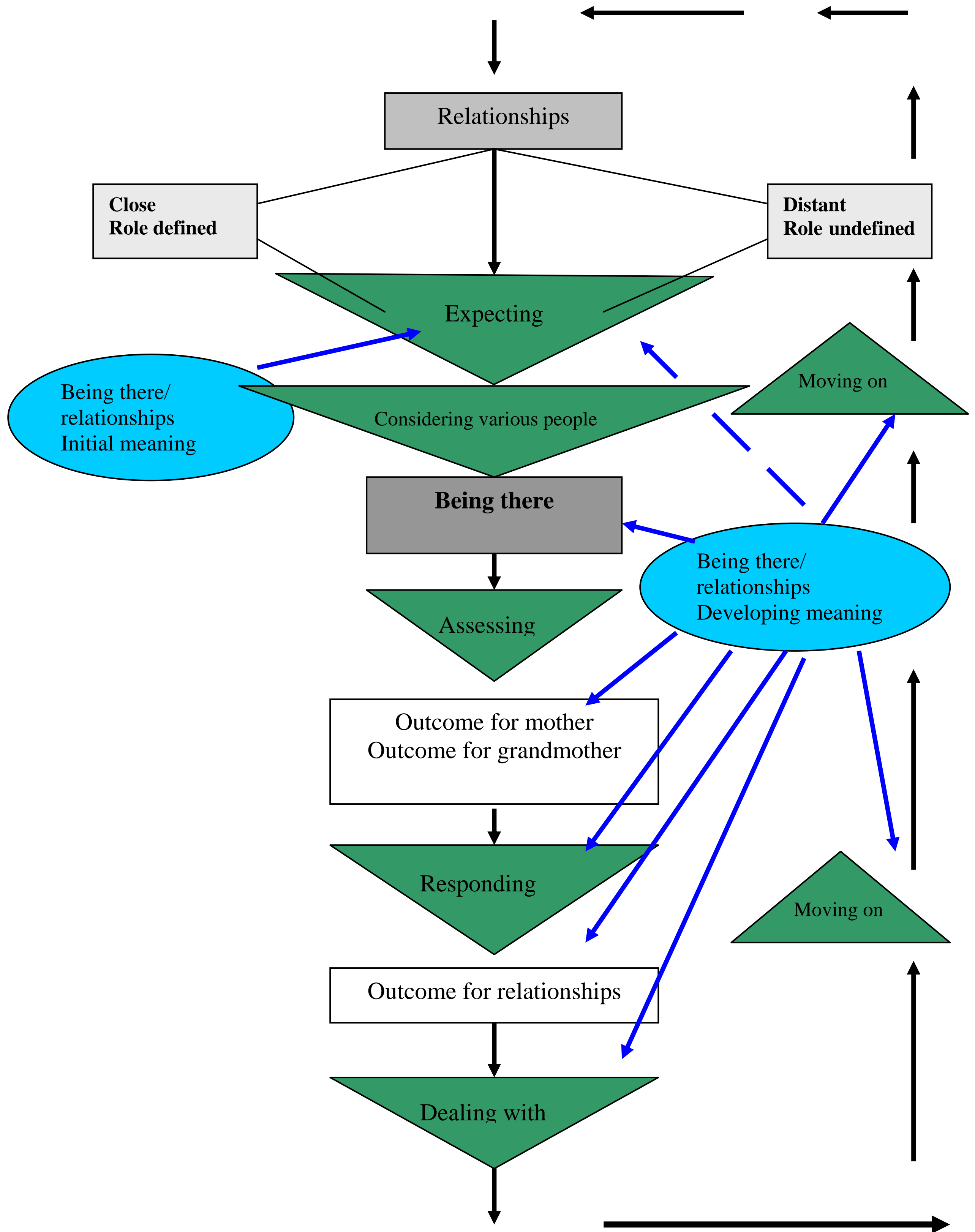


Figure 7.7: ‘Meaning-making’ processes in the context of the new family – the centrality of ‘being there’

CHAPTER SUMMARY

In this chapter I have considered the perspective of grandmothers. This perspective contributes significantly to understanding the processes of 'meaning-making' indicated in the new mothers' discussions. 'Being there' was central to these processes for both new mothers and grandmothers and represented a point of social interaction between the two. At this point of interaction the meaning of 'being there' depended on perspective. Consequently, interaction between a new mother and grandmother was an opportunity for the symbolic interaction of what it means to 'be there' for both the new mother and the grandmother. This interaction of meaning was central to the process of 'meaning-making' that occured in the context of the new family. Where individuals and meanings interacted there was potential for positive change and development. However, when meanings were incongruent there was the potential for conflict and stagnation.

Considering the perspective of grandmothers has developed my understanding of social support and social interaction in two significant ways. First, it has provided reinforcement for my argument that social support is not a discrete concept but is simply an aspect of social interaction. Grandmothers, like new mothers, did not extract 'social support' from the complexity of social interaction in the context of the new family, and positive assessments of interaction were not preferenced over negative or ambiguous assessments of interaction. Second, it has made explicit the multi-directional and complex nature of social interaction that was implicit in the mothers' discussions, though not acknowledged in the meanings they gave to social interaction. New mothers were self-referential when they gave meaning to social interaction in the postnatal period. Grandmothers, by contrast, considered various people when they gave meaning to social interaction, including the new mother, the new father, the parents as a couple, the baby and themselves. These many considerations were reflected in the meanings grandmothers gave to interaction and they explain, at one level, why meaning for new mothers and grandmothers is not the same. At another level, this incongruence is explained by the way new mothers and grandmothers conceptualise the new family. For new mothers the new family was nuclear, for grandmothers it was extended, and these disparate understandings underpinned notions of appropriate interaction in this context.

Respecting the relational nature of social interaction has encouraged an understanding of the meanings of social interaction from different perspectives within the context of the new family.

This, in turn, has shed light on the shared and intersecting social processes that occur for new mothers and grandmothers in this context. This chapter and the previous chapter have explicated the meanings and processes that were indicated in discussions with new mothers and grandmothers. Building on these findings, the next chapter will present a theoretical understanding of social interaction in the context of the new family. This understanding comprises three theoretical models, each of which renders a different aspect of social interaction in this context.

Chapter 8

A GROUNDED THEORY OF SOCIAL INTERACTION IN THE CONTEXT OF THE NEW FAMILY

CHAPTER INTRODUCTION

In this chapter I present a 'grounded theory'[1] of social interaction in the context of the new family. This grounded theory has been developed inductively from my analysis of discussions about social support with new mothers, fathers and grandmothers, and it incorporates a range of assessments of interaction that occurs in the days, weeks and months following the birth of a first child. Three theoretical models constitute this grounded theory. These three models build on each other, and render different aspects of this grounded theory accessible to the researcher or practitioner. The first is a model of context. This model defines the context of the new family in terms of its members and their relationship to each other. The second is a model of interaction. This model represents what people do, and illustrates how meaning is made of practice and relationships in a cyclical and continuous process. The third is a model of process. This model simplifies the process of interaction, representing it as an infinite ribbon with 'being there' on one side and relationship on the other. It illustrates that through the process of interaction, new mothers and grandmothers are developing identity in relation to the baby.

MODEL OF CONTEXT

The Triple Spiral from New Grange, in Ireland, is an ancient Celtic symbol dating back to 3000 BC. I have used the Triple Spiral in figure 8.1 to represent the context of the new family because it symbolises interconnection and the flowing continuity of life. Its three arms have been variously thought to represent markers of life such as 'Man, Woman, Child' or 'Birth, Love, Death'. In my model of context I have placed the mother/baby dyad at the centre of the spiral (M/B), with father (D), grandmother (G) and friend (F) at the arms. These people and their configuration have been indicated in this study; however, the model is in no way prescriptive and could include whomever its members choose to include.[2] The figure-of-eight that lies along the

[1] This term is used to denote the method and the product of my empirical research. I use it in this chapter in recognition of the contructionist grounded theory methodology used to arrive at a theoretical understanding that is 'grounded' in the experiences and views of the participants of my research.

[2] Theoretically, there could be many more arms or, perhaps, one or more arms could be left blank.

arm leading to the grandmother, represents the third model, the model of process, which is described later in this chapter.

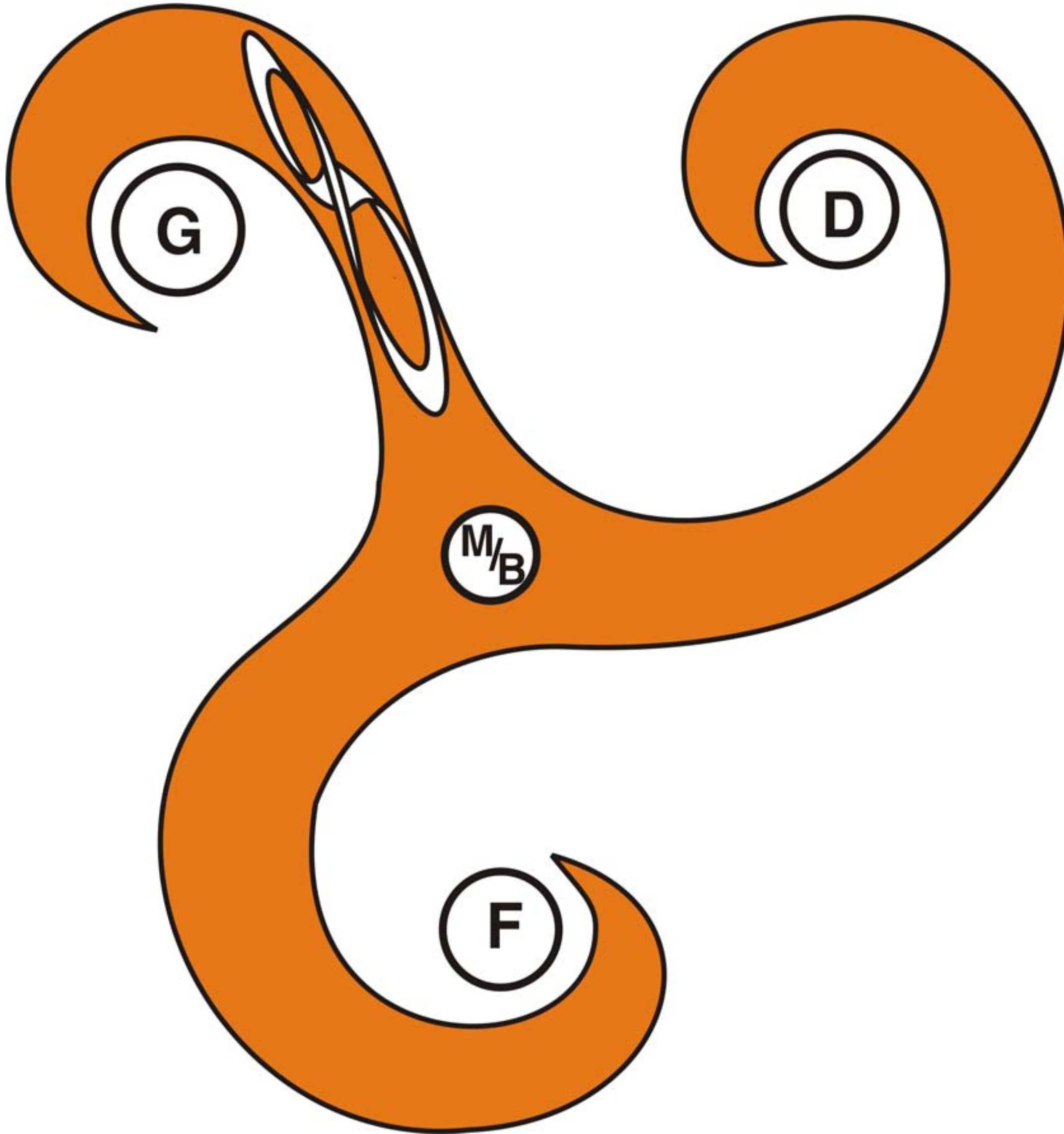


Figure 8.1: Model of context: defining the new family in terms of members and relationships

MODEL OF INTERACTION

The design of this model is based on that which represents the Theory of Mutual Intentionality developed by Coffman and Ray (1999). It is discussed in detail in chapter 5 and throughout chapter 6, and the figurative model is included as an appendix to this thesis (Appendix 8A). The process of social support depicted in their model shares some basic properties with the process of interaction illustrated here. Both models have an essentially linear trajectory with a continuous and cyclical pattern. Both models are relational and recognise the relationship between mother and another as the foundation of interaction. Finally, both models depict a process whereby the meaning of the relationship is being refined or redefined.

My model of interaction differs from the model depicting the Theory of Mutual Intentionality in various ways, but two are particularly significant. The first is indicated by Coffman and Ray when they state, "When relationships were a source of stress (rather than a resource) to the recipient, the support process did not happen" (p.486). This begs the question; in the absence of Mutual Intentionality what process does occur? My model is inclusive of all processes of interaction and is able to address this question directly. The second significant difference is the way perspective has been incorporated into the two models. While the Theory of Mutual Intentionality includes the perspective of 'support providers', this perspective is largely limited to an account of the mutual intent to fulfill the needs of the mother. Acknowledging that the perspective of grandmothers goes beyond their role as a 'support provider' extends the explanatory power of my model of interaction for the grandmother and, importantly, for the mother as well.

The model of interaction is illustrated in figure 8.2. I will explain this model by relating two stories of interaction. I begin with a story told by a new mother.

> *"My mother-in-law, she's lovely, but the first week I came home after the birth she phones me twice a day. And I'm fine, I really don't need her to phone me twice a day, and then she got really upset that she wasn't involved enough. And I spoke to her really nicely and said "Look I've got my own mum, you're not my mum, and if I need help I'll call you, you know that I will" but twice a day! In the first week. You just can't, it's impossible. So I think sometimes other people forget what it was like for them. And for her it's more of a selfish thing, she wants to be involved and be there but she's not really thinking about where I'm coming from. So that's difficult, it's the one thing perhaps you don't need." (Mother FG3)*

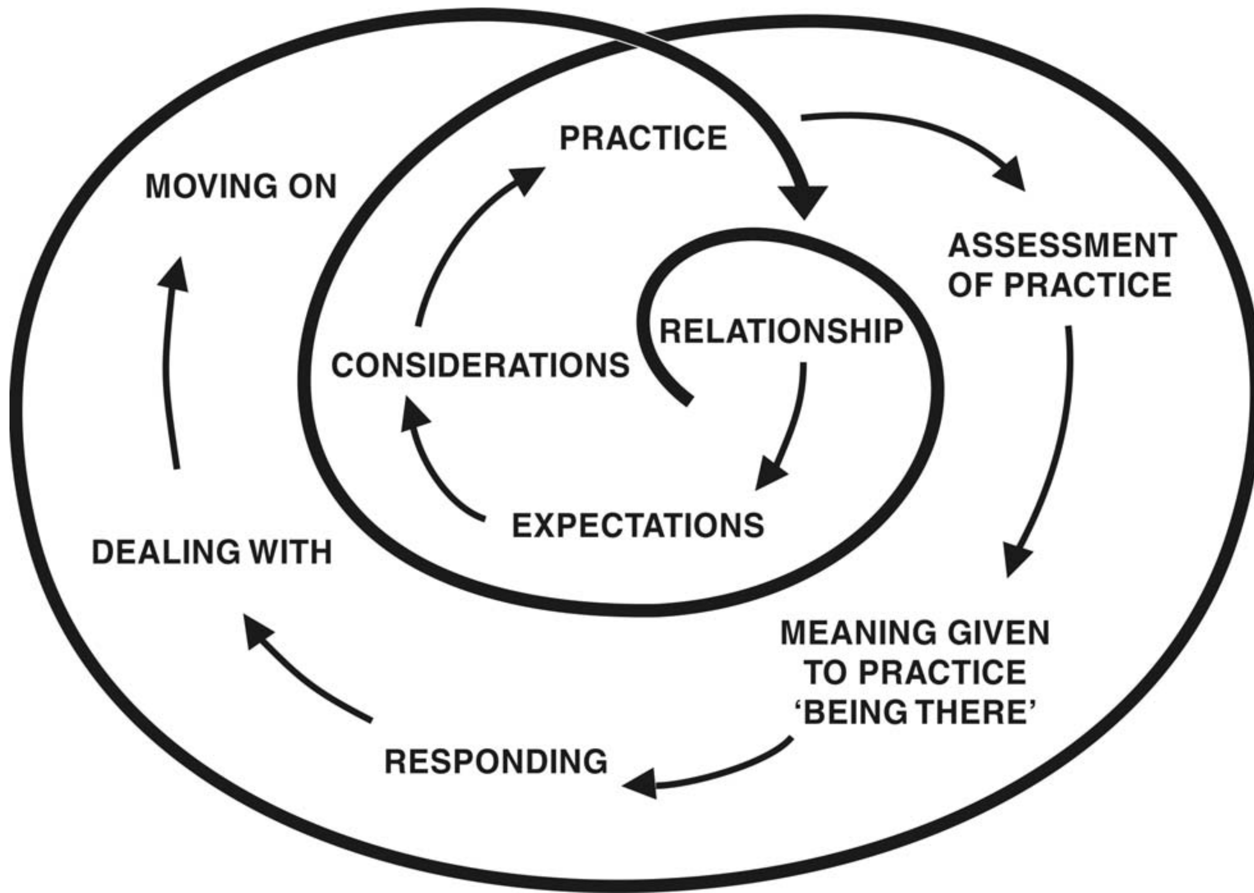


Figure 8.2: Model of interaction: making meaning of practice and relationships in the context of the new family

If we start with the **relationship**, this mother indicated she had a good relationship with her mother in law, *'she's lovely'*, was her description. She then went on to imply that her **expectations** of interaction were different to those of her mother in law. In particular, she would have liked less contact than her mother in law expected to provide.

This story also tells us something about who is being **considered** during interaction. The mother is clearly considering her own needs, and in this respect she is no different from any of the other mothers who participated in this study. However, her story indicates that her mother in law, the grandmother, may have considered not only the needs of the new mother, but the needs of herself – perhaps her need to be involved, or to have contact with her new grandchild. This would correspond with comments made by the grandmothers in this study.

The **practice** that this story describes is what I have called 'making contact'. Like all the practices identified, it is value neutral, but when it was **assessed** by this new mother it was given a negative value - '*I really don't need her to phone me twice a day'*.

In giving **meaning** to interaction with her mother in law, this mother says, '*for her it's more of a selfish thing, she wants to be involved and be there but she's not really thinking about where I'm coming from'*. This corresponds to 'being there, for yourself' and, for new mothers, this is the antithesis, if you like, of 'being there, for me'. She indicates that her **response** to this interaction was to feel frustrated – *'its impossible'* she says, and she **deals with it** by saying, '*really nicely, 'look I've got my own mum, you're not my mum, and if I need help I'll call you, you know that I will'*.

Although this story is not explicit about how the mother and grandmother move on in their relationship, other stories, from mothers and grandmothers, suggest that the relationship is redefined through this process of interaction and that this will influence expectations, practice and meaning of future interaction - and so the cycle continues.

The following example from a grandmother is explicit about how interaction in the days, weeks and months following the birth of a baby affects a relationship between a mother and grandmother.

> *"My son is very, very busy at work and I'd say that there was a day in their lives when she has rung him at work and said she was absolutely shattered and he said to her 'Ring mum. That's your solution, ring mum.' She did ... And mate that's just been how it's been. From then on if she needs anything I'm the first one she rings. ... I feel she's like a daughter... So that's how my involvement came with my son's first born, and it just went on, and he's now got two boys and a little girl and it's just been like putting on your slippers. But I think that the main thing is the daughter. If she was too proud or too whatever not to call, if she hadn't done that, that was the catalyst, ring mum. I was there for whatever she wanted doing." (Gran FG4)*

Although not stated here, this grandmother spoke of a good **relationship** with her daughter in law, but one that was not particularly close or nurturing prior to the birth of her grandchild. She indicates that her **expectations** about how she would be there after her grandchild was born was to hold back and wait to be asked. This was quite a common experience for paternal grandmothers in this study. Through the intervention of her son, this grandmother was invited by the new mother to help out. She was clearly **considering** the needs of the new mother in this

story, but her positive **assessment** of the interaction indicates that by 'doing stuff', 'being physically present' and 'demonstrating availability', some of her own needs are also being met. What is most relevant about this story is what this grandmother says about the influence of interaction on her relationship with her daughter in law. She said, *"From then on if she needs anything I'm the first one she rings. ... I feel she's like a daughter... so that's how my involvement came with my son's first born, and it just went on, and he's now got two boys and a little girl and it's just been like putting on your slippers."*

This grandmother's story clearly indicates the influence interaction has had on the meaning of her relationship with her daughter in law. It also demonstrates that the process of interaction in the early weeks and months after a baby is born, can influence relationships, expectations, practice and meaning within a family for years to come.

MODEL OF PROCESS

This final model is one that integrates the various processes that occur in the context of the new family. As such, it incorporates the previous model of interaction, and is incorporated into the first model of context (as represented by the figure-of-eight lying along the arm leading to the grandmother). The model of interaction, inclusive of the process of 'meaning-making', is simply illustrated in this model as an infinite ribbon, with being there on one side and relationship on the other; this signifies the inter-dependence of their meanings. Through this ribbon run the parallel and intersecting processes of developing identity in relation to the baby. These processes are not fully explained by the process of interaction between mother and grandmother, nor are they contained within the single context of the new family. For this reason the beginning and end of these processes remain undefined.

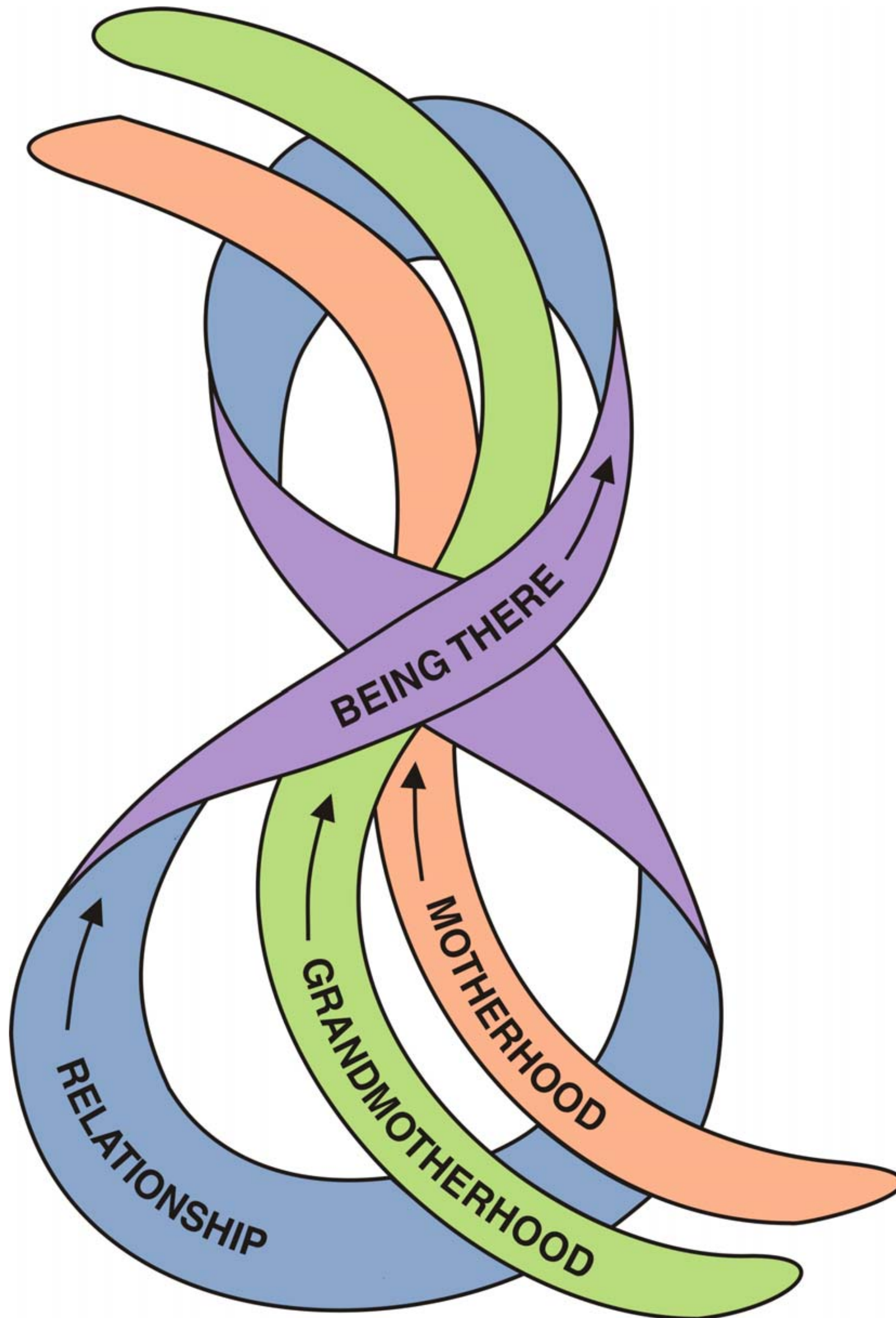


Figure 8.3: Model of process: developing identity in relation to the baby through a process of interaction

The processes represented in this model relate to the relationship that exists between the new mother and grandmother. This is represented, in the first model of context, by one arm of the

triple spiral. In this study, only the perspectives of new mothers and grandmothers were analysed in depth, however, there was an indication that similar processes may exist within other relationships in the context of the new family, (for example between new mothers and fathers, or sisters, or friends). These processes would, symbolically, lie along the other arms of the triple spiral, and each would contribute, in varying degrees, to the new mother's development of an identity in relation to her baby.

Similarly, there was an indication that the grandmother's development of an identity in relation to the baby was likely to be influenced by processes of interaction in other family contexts, those of her other children for instance.

CHAPTER SUMMARY

This chapter consolidates my analyses of new mothers' and grandmothers' discussions of social support by presenting a grounded theory of social interaction in the context of the new family. This grounded theory comprises three theoretical models: a model of context, a model of interaction and a model of process. Each of these models focuses on a different aspect of interaction in the context of the new family. Together, however, they represent a theoretical understanding of interaction in this context that is holistic, relational, and detailed. How these models might be used for research, intervention or practice in the context of the new family will be discussed in the concluding chapter of this thesis.

Part Four

Chapter 9

CONCLUSION

This thesis has been concerned with the meaning of social support and has focused on three principle questions:

1. How is the concept of social support defined in the literature?
2. What is the meaning of social support in the context of the new family?
3. How does a contextualised understanding of social support contribute to research and the wider discussion about social support?

In this chapter I revisit these questions. I begin with a summary of the main findings of this thesis and a discussion of its limitations. I then discuss the implications of my contextualised understanding of social support and social interaction to research, and I explore the contribution this thesis makes to academic understandings of the concept of social support.

IN SUMMARY

Part 1 of this thesis introduced the problem of 'social support' and articulated the questions and theoretical perspectives that have shaped my work.

In part 2 I critically appraised the concept of social support, as it was defined in the literature, and found that it lacked clarity and utility for research. I also found that the development of social support had been based largely on deductive research and theoretical discussions that aimed to provide generalised definitions of the concept. These generalised definitions do not necessarily reflect the meaning of social support to the people who are the subject of research, and so their use undermines the validity of studies attempting to measure or manipulate social support. This second point was illustrated in chapter 4, where I reviewed empirical research in the context of the new family and highlighted the multiple meanings of social support that exist in this field of research. While feeling supported may well contribute to the health and well-being of members of a new family, research in this area has presented social support as a commodity. Positive aspects of social interaction have been extracted from their relational milieu and turned into an

artificial variable with measurable, though inconsistent, characteristics that may not adequately represent what is going on between people in the context of the new family.

In part 3 of this thesis I investigated these conclusions by exploring the meaning of social support in the context of the new family using a constructionist grounded theory methodology. This study indicated that social support was not a set of 'supportive behaviours' and could not be discretely defined. At best, social support could be described as a positive assessment of interaction[1]. However, it is no more or less important than negative assessments of interaction in this context, and its meaning is shaped by perspective, the situational context and the relationship within which interaction occurs. In chapters 6 to 8 I developed a substantive grounded theory of social interaction in the context of the new family. This understanding of social interaction re-places the notion of social support in a relational milieu that is characterised by multiple expectations and needs, pluralistic considerations, and interactions between people in the days, weeks and months following the birth of a baby that may be assessed as positive, negative or ambiguous. 'Being there' captured the meaning of social interaction to all participants. 'Being there' occurred within the shifting relationships of the new family and was both mediated by, and a mediator of, characteristics of those relationships. 'Being there' was central to the process of 'meaning-making' in the context of the new family and, to the extent that 'meaning-making' influenced the development of identity in relation to the baby, 'being there' can also be seen to have played a role in the transition to motherhood and grandmotherhood for the women involved in this study.

LIMITATIONS OF THIS STUDY

The most significant limitation of this study was time. I did not have time to theoretically sample new mothers and grandmothers with regards to the theoretical understandings I developed as a result of analysing the grandmothers data. I suspect that if I asked new mothers about some of the meanings that, in this study, were unique to grandmothers I may find that new mothers do recognise when a grandmother is 'being there for us as a couple' or 'being there for her son' etc. Despite this limitation, these meanings were not salient in the minds of new mothers indicating, at the very least, that an understanding of the meanings grandmothers gave to interaction was a secondary consideration for new mothers.

[1] This chapter discusses the contribution of this thesis to academic discussions of social support. For this reason I refer to social support and positive assessments of interaction interchangeably.

Another limitation of this study is the small amount of data collected from new fathers. The data that was collected indicated that the experience of new fathers was related to the experience of new mothers'. However, the lack of data did not warrant a thorough analysis. The views and experiences of fathers are, of course, essential to a broader understanding of the meaning of social interaction in the context of the new family. So too are the views and experiences of grandfathers, aunts and uncles. Their absence from this study represents a gap in understanding and an opportunity for further exploration.

Though not strictly a limitation, I acknowledge that the participants in my empirical study were largely homogenous in terms of social class and marital status. This necessarily limits the application of my findings to people who share similar characteristics. It is highly likely that the detail and processes of social interaction in families of poorer, less educated new mothers and fathers, younger new parents, immigrant parents, homosexual parents or single parents would differ markedly from that which is represented in this thesis. Exploring these differences is, again, an opportunity for further research.

I have already acknowledged that the grandmothers who participated in this study were interested and, on the whole, involved in the lives of their children and grandchildren. Their experiences and views do not represent those of all grandmothers. In her book 'Becoming a grandmother: a life transition', Sheila Kitzinger (1996) warns against stereotyping grandmothers. From her discussions with mothers and grandmothers from various countries and cultures, she noted that not all grandmothers wanted to be involved in the lives of their children and grandchildren, and those who did were not all motivated to fulfill the same role within their individual families. Clearly, while developing an identity in relation to the baby was an imperative for the grandmothers who participated in this study, it may not be for other grandmothers. In this respect some of the findings of my empirical study remain limited. However, the process of 'meaning-making', and its role in refining and redefining the meanings of interaction, relationships and identity, is, I think, less limited by the characteristics of the participants of this study. Although it is not about social support or social interaction in the context of the new family per se, every page of Kitzinger's book is filled with stories about grandmothers interacting with new mothers and the impact this has on their relationship with the new mother, their relationship with their grandchild, and their identity as a woman, a mother and a grandmother. The detail provided by my study about what practice is assessed as positive in what circumstances, remains peculiar to people who share the characteristics of these participants. However, there is a strong suggestion

in Kitzinger's book that the processes indicated in my study may be relevant to new mothers and grandmothers from various walks of life and with various roles within the family.

The focus of this chapter is the contribution this thesis makes to research and the wider discussion of social support. These are not separate discussions. The detailed findings of my empirical research have direct implications for the measurement and manipulation of social interaction in research concerned with the new family. However, the questions raised in this thesis about the adequacy of social support as a concept for research in the context of the new family, have broader, more generalised, implications. Two of these implications will be highlighted here. First, by reonceptualising the concept of social support as an integrated aspect of social interaction in the context of the new family, this thesis has undermined the pre-eminence of social support and raised questions about its use as a discrete concept and variable in other research contexts. Second, this thesis has demonstrated the power of qualitative methods of inquiry to elucidate the meaning of social phenomena to the people who are the subject of quantitative research.

UNDERMINING SOCIAL SUPPORT AS A CONCEPT FOR RESEARCH

In chapter 3 I summarised four principles against which Morse and colleagues propose the maturity of a concept be judged: The epistemological principle asks: is the concept clearly defined and differentiated from other concepts? The pragmatical principle asks: is the concept useful? The linguistical principle asks: is the concept used consistently and appropriately? And, the logical principle asks: does the concept hold its boundaries through theoretical integration with other concepts? (Morse et al., 2002).

My critical appraisal of social support definitions found the concept of social support lacking when judged against the first three of these principles (see chapter 3). My grounded theory study of the meaning of social support in the context of the new family reinforced this appraisal (see chapters 6 to 8). It demonstrated that social support was not clearly defined or differentiated in this context (epistemological principle); if you consider social support a positive assessment of interaction, its usefulness only extended to a partial and simplistic understanding of a complex social situation (pragmatical principle); and, although the term social support was recognised and used by all participants, its use and its meaning varied among participants and particularly between new mothers and grandmothers (linguistical principle).

Judging the maturity of the concept of social support against the logical principle was not the intention of my critical appraisal of social support definitions. However, my exploration of the meaning of social support in the context of the new family does provide some insight into the ability of this concept to hold its boundaries through theoretical integration with other concepts. Despite explicitly exploring the meaning of social support with participants in my study, no clear agreed understanding of social support emerged. At a superficial level, participants were able to talk about things people did that were supportive, and in very general terms these practices correspond to both qualitative and quantitative conceptualisations of social support. However, a deeper consideration of these practices revealed that underlying understandings of relationships, and expectations about interaction within relationships, shaped participants' assessments of practice. A practice that was assessed as positive or supportive when coming from one person could just as easily be assessed in a negative way when coming from another, or from the same person at a different time. In this study at least, social support had no clear boundaries, and was judged inadequate against the logical principle described by Morse et al (2002).

Describing social support as a nebulous and underdeveloped concept is not unique to this thesis. Others have said as much, but in different ways and for different reasons (e.g. Hupcey, 1998a; O'Reilly, 1988; Cohen et al., 2000). The findings of this thesis add to their calls for a re-examination of how we conceptualise and use the concept of social support in research. However, by using qualitative methods of inquiry to explore the meaning of social support in the context of the new family from the perspectives of new mothers and grandmothers, this thesis provides <u>empirical support</u> for my concerns about this concept. It also provides an <u>empirical basis</u> for reconceptualising social support as an integrated aspect of social interaction.

This thesis argues that we need to examine social support in particular contexts. It speaks directly to the questions asked by Lakey and Cohen (2000), which were considered in chapter 4 and will be restated here.

> "But do the people we study share our concepts of support? Could the support questions that we ask participants call to their minds a completely different set of concepts than we intended? Social support research has yet to identify the naturally occurring concepts that people use to think about their relationships. Do concepts like supportiveness mean

different things to different people (Lutz & Lakey, 1999) If so, what are the implications for the assessment of social support?" (p. 39).

These questions have been recalled throughout my thesis. The final question, "what are the implications for the assessment of social support?" is the subject of the next section.

Dismantling the concept of social support

Using a qualitative methodology I have explored the meaning of social support in the context of the new family. In particular, I have focused on the way new mothers (who are conventionally cast as support 'recipients') and grandmothers (who are conventionally cast as support 'providers') conceptualise social support in the postnatal period. The understanding of social support and social interaction that has developed through this study highlights details of practices and processes that are peculiar, not just to the context of the new family, but also to the perspectives of those interacting within this context. Such knowledge, if applied, is likely to benefit research with similar populations. However, central to this understanding of social interaction is a cyclical process whereby the meaning of interaction ('being there'), is shaped by perspective, situational context and the relationship within which it occurs. The relationship, in turn, is shaped by the meaning of interaction. These things may be considered essential to the understanding of social interaction in any context and the processes described in the empirical chapters of this thesis may prove to be a useful scaffold from which to explore social interaction in other social contexts.

To take one example, the stages depicted in the process of 'meaning-making' could reasonably be applied to the context of caring for an elderly parent. While the nature of relationships and the reasons for interaction will certainly be different, it is likely that an elderly mother and her middle-aged daughter will come to this social context with certain expectations of interaction. Who do they consider during interaction? What practices constitute interaction in this context, how are they assessed and what meaning is given to these assessments? How do they respond to interaction? In moving on, how is the meaning of their relationship refined or redefined and how does this influence their expectations and interaction in the future?

This thesis contributes further to the wider discussion of social support by raising questions about the way social support is conceptualised in research across various areas of health and psychosocial well-being. A conventional conceptualisation of social support suggests that support

is identifiable (certain categories of practice are considered supportive), quantifiable (the number of 'supportive' people and practices can be measured) and explanatory (amount and type of social support can explain health and social outcomes of various groups of people). My thesis rejects all three assumptions. It suggests instead that social support is not a discrete concept, it is an integrated aspect of social interaction characterised by positive assessments of interaction. Because it is integrated and because assessments of interaction are idiosyncratic, social support is not easily quantified; supportive behaviours and supportive relationships are not consistently understood across social contexts, or even within social contexts. Finally, consideration of social support in isolation will provide only a partial account of interaction and consequently offer only a limited explanation for the health and well being of individuals or various groups of people. To illustrate this final point I would like to draw an analogy:

> Consider social support and its place within the broader and more complex experience of social interaction. This is analogous to the heart and its place within the human body. The heart is a vital organ and its function is essential to the physical health of an individual. However, if a medical practitioner were to draw conclusions about the physical health of patients based solely on assessments of the heart, their conclusions will very often be flawed. Assessments of physical health require an understanding of the whole body. Similarly, assessments of social health, if you like, require an understanding of all aspects of social interaction. Social support is not experienced separately from other aspects of social interaction and so to consider it exclusively is inadequate and often misleading.

The conceptualisation of social support that has developed through this thesis differs, in some significant ways, from those that were the focus of my critical appraisal. Most importantly, social support is considered inextricable from social interaction in my conceptualisation. This has two important implications. First, social support cannot be treated as a discrete variable with delineated characteristics. Second, if social interaction is to become the focus of attention, substantial consideration needs to be given to the relational aspects of interaction from the perspective of all players, and in combination.

Although a few of the definitions of social support critically appraised in this thesis (see chapter 3) were developed within a framework that acknowledged the importance of other aspects of social interaction (e.g. Kahn & Antonucci, 1980; Schaefer et al., 1981; Shinn et al., 1984), the majority did not. However, even when these theorists did acknowledge social interaction, it

seems *a priori* notions of social support as a variable, important to the health outcomes of individuals, precluded a wider theoretical consideration of social interaction. Such notions originate with the inception of the concept of social support. From animal and human studies some decades ago, Caplan (1974), Cobb (1976) and Cassel (1976) very successfully argued that health had social determinants. In keeping with a medical model and a quantitative paradigm of enquiry, they conceived of social support as the social variable most likely to explain the health of individuals. At its inception, social support was only vaguely defined, but the logic of these early arguments has spawned decades of theoretical and empirical discussion and debate. This debate rarely ventures beyond the parameters indicated by those early theorists and social support has been promoted as the variable of choice amongst health and social researchers, at the expense of a more holistic view. Having said this, a number of parallels can be drawn between the substantive understanding of social interaction that has developed in this thesis and the way social support is currently understood and operationalised for research.

Contribution to social support theory and research

An implicit aim of this thesis was to understand the meaning of social support in the context of the new family in order to opperationalise it for research in this context. This was not possible. The concept of social support was diminished through this study and re-placed within the broader notion of social interaction. As for operationalising social interaction, I am reluctant to do so. As this thesis implies, each context will be different. To reduce the complexity indicated in my empirical study to a group of descriptors would be counter intuitive. What I will do instead is offer general guidelines for measurement and intervention that are based on the models that constitute my grounded theory of social interaction in the context of the new family.

At one level my empirical study suggests similar constructs to those found most commonly in social support theory and research. As indicated in chapter 3, social support is usually discussed and operationalised in one of three ways: as a social network variable, as perceived support or as received support. In order to highlight the implications of my study for social support theory and research in general, I will briefly review these models of social support in relation to the findings of this thesis. In addition I will address the important question of process in research concerned with the health effects of social support, once again drawing on the findings of this thesis.

Social network

Social network refers to "the set of relationships of a particular individual" (Schaefer et al., 1981, p.383). In my empirical study, the social network of new mothers was clearly indicated and inductively developed into a model of context (see chapter 8, Figure 8.1). This model defines the context of the new family in terms of its members and their relationship to each other. It captures the main characteristics of social network models, such as the size, structure and composition of an individual's social ties, but, unlike social network models, it is not intended to indicate the supportive capacity of an individual's social network.

The model of context, developed in my study, differs from models of social network in two ways. First, it is intended to identify relationships that are significant within a specific context, in this case, the new family. Rather than considering the range of a person's social ties in order to draw conclusions about the availability of support in general, my model of context simply identifies significant relationships within the context of the new family so that these relationships may be explored. Second, the assumption made by social network models that network size and structure are positively associated with social support (House, 1981; Schaefer et al., 1981; Hupcey, 1998a; Brissette et al., 2000), does not underlie my model of context. Instead, no assumptions are made. If used in research, the model of context would serve only as an initial tool to identify significant relationships in the context of the new family.

Perceived support

The perceived support model focuses on the individual's perception of the availability of support (Hupcey, 1998; Wills & Shinar, 2000), and measures of perceived support have been positively associated with health outcomes (Schaefer et al., 1981; Stewart, 1993). In my empirical study, new mothers described someone 'being there for me' when they assessed their practice as having a positive outcome for them, such as feeling *'part of a community'*. These positive assessments of social interaction equate to the notion of perceived support, and the detail offered by my qualitative study sheds light on what perceived support might look like for both new mothers and grandmothers in this context (see appendices 7.1 & 7.2). However, simply knowing that new mothers perceive certain practices as supportive at certain times from certain people still only illuminates part of the social context, and does not contribute to explanations of why it might be so.

While a number of theorists suggest that negative assessments of social interaction should not be overlooked (e.g. Schaefer et al., 1981; House, 1981; Shumaker & Brownell, 1984; Rook, 1992), attempts to include negative perceptions of social interaction in discussions of social support have resulted in clumsy terms such as 'negative support' (Shumaker & Brownell, 1984). These authors hint at a complexity in social interaction that is not represented in conceptualisations of social support, but they seem unable to adequately address this complexity because they are bound by the theoretical and paradigmatic constraints of the concept of social support, which were described earlier in this chapter. One group of theorists who do address this complexity is Sarason et al. (1992). From a number of quantitative studies with 'dyads', such as parent and child or friends, Sarason and colleagues developed a theoretical model that considers perceived support a product of an interaction between personality characteristics, interpersonal relationships and the situational context. This 'triadic hypothesis' suggests,

> "The impact of any particular supportive effort depends on the motivations and expectations of both provider and recipient, the nature of the relationship in which the supportive exchange occurs, and the problematic situation to which the supportive efforts are directed." (Sarason et al, 1992, p. 145)

There is certainly a degree of agreement between this model and the substantive grounded theory that developed through my study. In particular, both understandings consider the people interacting, the relationship between these people and the context within which they are interacting. The triadic hypothesis, however, still maintains a primary focus on the 'recipient' of support by neglecting to accommodate outcomes of social interaction for the 'provider' of support. This focus, common to the majority of social support theorists, also prevents the examination of possible interactions between what Sarason et al. (1992) called "personal meanings" of "potentially supportive interactions" (p. 145). In my study the interaction between the new mothers' meaning of 'being there' and the grandmothers' meaning of 'being there' shaped current interaction. Through a process of 'meaning-making' it also shaped future meanings of interaction, the meaning of the relationship and the development of identity in relation to the baby, for both women. This interaction is significant, but neglected in current social support theory. At the centre of my grounded theory of social interaction in the context of the new family is a model of interaction (see chapter 8, Figure 8.2). This model combines the process of 'meaning-making' with other context characteristics. If used in research it would guide

measurement and intervention by promoting a consideration of the expectations, considerations and assessments of both new mothers and grandmothers.

Received support

Received support refers to practices or interaction that are intended to be helpful. These practices may or may not be perceived as supportive by the ‘recipient’ (Stewart, 1993). Related terms are ‘objective support’, which is practice or interaction intended to be supportive, as judged by an independent observer (House, 1981), and ‘enacted support’ which reflects the ‘provider’s’ intention to act in a way that is helpful (Stewart, 1993). Although it is not considered as useful to research as perceived support, notions of received support do encourage an understanding of how support ‘providers’ think, and so present alternative avenues of intervention that focus on the provider rather than the recipient of support (House, 1981). By acknowledging considerations, practices and assessments of interaction from the perspective of grandmothers, as well as new mothers, my model of interaction encompasses notions of received support. However, it is not limited to practices that are intended to be helpful to the new mother. In this regard it encourages a more holistic understanding of interaction in the context of the new family. It emphasises the antecedents to practice for grandmothers in this context, which can then be viewed with respect to the expectations of new mothers to help explain resulting assessments of practice by both new mothers and grandmothers. This addresses issues of incongruity, which have been highlighted as important in the general literature on social support. The implications for research are summarised by Shumaker and Brownell, (1984) in the following way,

> “To understand social support fully, attention must be addressed to the differences between perspectives that can occur in supportive exchanges. The possible differences between perspectives of recipients and providers have important implications for the reliability and validity of support measures, as well as for the quality of interpersonal relations. By investigating *both* perspectives we begin to see how discrepancies arise and how they can be reduced or even eliminated. Hence, intervention strategies might be more appropriately directed toward reducing sources of incongruity rather than at increasing network size. As long as social support remains, at least empirically, in the head of the recipient we will have a distorted picture of recipients’ available support resources and the effectiveness of our interventions will be severely limited.” (p. 22)

In essence my research has led me to a similar conclusion though, again, a focus on ‘support’ directed toward a ‘recipient’ in Shumaker and Brownell’s account has limited them to a view that artificially separates interaction intended as support from interaction that is motivated by other considerations. These other considerations, such as a grandmother’s consideration of herself or her grandchild, are not superfluous to the discussion of social support to new mothers. In the parlance of Shumaker and Brownell I venture to suggest that as long as the term social support remains pre-eminent in the head of the researcher we will continue to have a distorted picture of social support and social interaction in particular contexts, and the effectiveness of our interventions will be severely limited.

Although it is inclusive of notions of received and perceived support, my model of interaction acknowledges, and considers, the complexity of social interaction. It presents a broader understanding of what is going on in a relational context than existing social support models and it illuminates various options for measurement and intervention that have not been the focus of social support research and theory to date.

Processes by which support affects health

A final point worth considering is the paucity of research exploring the processes by which social support influences health. Despite the large amount of correlational studies indicating that social support is positively associated with various physical and mental health outcomes, relatively little research can explain the processes by which social support impacts on health.

Many theorists believe that articulating the link between supportive resources and supportive outcomes is an imperative, and a few have ventured to hypothesise about these links (e.g. Shumaker & Brownell, 1984; Cohen & Syme, 1985; House, 1981; Thoits, 1986). These hypotheses, however, are general and speculative, their examination is deductive, and their gaze is narrowly focused on a ‘supportive’ process. One exception, of course, is the qualitative study of social support processes conducted by Coffman and Ray (1999; 2001) and described throughout this thesis. Their Theory of Mutual Intentionality is contextually and inductively derived, yet its focus on “social support processes” (p.479) prevents an understanding of other interaction processes and so provides only a partial explanation of what is going on in this relational context.

My empirical study was initially dogged by the same theoretical and conceptual constraints that I have been describing in this chapter, and my research questions reflect a focus on social support, not social interaction. However, my qualitative approach to these questions allowed room for the inductive development of a substantive theory of social interaction that indicates more than just an answer to the question ‘what is the process by which social support is linked to health and well-being in the context of the new family?’ First, it indicates that an outcome important to both new mothers and grandmothers, in this context, is ‘development of an identity in relation to the baby’. This is unlikely to be the only important outcome, but it was the one most easily identified and developed in my study. In answer to the question of process, my study indicates that the link between interaction (practices and assessments of ‘being there’, both positive and negative) and outcome (identity in relation to the baby) is a process of ‘meaning-making’. During this process mothers and grandmothers move through stages whereby initial meanings and expectations of a relationship, and interaction within that relationship, are reconciled with experience. Influenced by these stages of ‘meaning-making’ is the process of developing an identity in relation to the baby. These stages of ‘meaning-making’ are explicit in my model of interaction (see chapter 8, Figure 8.2). In my model of process (see chapter 8, Figure 8.3) they are implicit. The infinity ribbon represents the relational context, that is, all aspects of interaction between a new mother and a grandmother in the context of the new family. Contained within this relational context are the stages of ‘meaning-making’ and through this relational context run the intersecting processes of developing an identity in relation to the baby for the new mother and the grandmother.

The processes indicated in my empirical study, those of ‘meaning-making’ and ‘developing an identity in relation to the baby’, concur with symbolic interactionist perspectives of social support. Social support theorists who subscribe to a symbolic interactionist perspective suggest it is not supportive practices per se that influence health; rather it is how practice is perceived and interpreted. In addition, they emphasise the impact of significant others on the development of identity and argue that self-identity develops within relationships (Thoits, 1983; Heller et al., 1986). It is perhaps not surprising that this agreement would exist; after all, the questions I asked in this thesis and the methods I used to answer them were guided by symbolic interactionism’s consideration of the way meaning is developed and conveyed through the interactional context[2] (Blumer, 1969; Snow, 2001; Mihata, 2002). The difference between my study and the conclusions drawn by these social support theorists is in the application of symbolic

[2] Refer to chapter 2

interactionism. Instead of using it to develop theory about social support in a deductive fashion, I have used it to guide the inductive exploration of meaning. Used as an initial guide rather than an overarching perspective, symbolic interactionism suggested questions about, not answers to, the problems I identified with the concept of social support. I did not begin this study by asking 'how would symbolic interactionism explain the process of social support?' I began by asking 'how would symbolic interactionism suggest I go about the task of exploring the meaning of social support?' These are very different questions, leading to very different types of research. The question I asked led me to consider Blumer's (1969) suggestions that the empirical world be respected, that the problems of science be critically studied to ensure they are genuine problems in the empirical world and, that the concepts of science be scrutinised in the context of the empirical world to see if they refer to what they purport to refer to[3]. The result is a grounded theory of social interaction in the context of the new family, which undermines the pre-eminence of social support as a focus of health and social research and suggests that, as a concept, social support is a confused and inadequate representation of what is important in the relational context of the new family.

FINALLY

In public health and the social sciences, good research, like good practice should begin with an empirically based understanding of the context, and concepts, under investigation. I began my doctoral studies with a desire to conduct a controlled trial of a social support intervention for new parents. However, the knowledge I needed about the meaning of social support in this context was not available. Now, at the end of my doctoral studies, I have gained enough knowledge to realise that my original doctoral study was premature. I did not have an empirically based understanding of either the context of the new family or the concept of social support. Through my qualitative exploration of the views and experiences of new mothers, new fathers and grandmothers I now <u>do</u> have an empirically based understanding of both. This understanding will allow me to revisit my original aim to improve social support for new parents. It will encourage me to reconsider my focus on social support as an 'independent variable' and redirect me toward a more holistic consideration of interaction in this context.

[3] This is fully articulated in chapter 2

Appendix 3A EXISTING DEFINITIONS OF SOCIAL SUPPORT

Appendix 3B NUMBER OF TIMES DEFINITION IS CITED IN THE GENERAL, REPRODUCTIVE AND POSTNATAL LITERATURE

Appendix 5A INFORMATION LETTER TO MANLY MOTHERS

Appendix 5B DEMOGRAPHIC SURVEY

Appendix 5C INFORMATION LETTER FOR PARENTS AT KGV

Appendix 5D REPLY FORM

Appendix 5E FOCUS GROUP SCHEDULE – NEW MOTHERS, FATHERS & GRANDMOTHERS

Appendix 5F CONSENT FORMS

Appendix 7A THE PRACTICES OF BEING THERE FROM THE PERSPECTIVE OF GRANDMOTHERS

Appendix 7B THE PRACTICES OF BEING THERE FROM THE PERSPECTIVE OF NEW MOTHERS

Appendix 8A MODEL OF MUTUAL INTENTIONALITY - COFFMAN AND RAY (1999)

APPENDIX 3A: EXISTING DEFINITIONS OF SOCIAL SUPPORT

Author	Definition	Main constructs & concepts	Consideration of support provider	Inductive/ Deductive	Context from and for which definition derived	Intuitive applicability to postnatal context - limitations
Caplan, 1974 Dissertation (formal discourse) on social support	"Both enduring and short term supports are likely to consist of three elements: the significant others help the individual mobilize his psychological resources and master his emotional burdens: they share his tasks; and they provide him with extra supplies of money, materials, tools, skills and cognitive guidance to improve his handling of his situation" (p.6) Not intended as an "all-inclusive analysis of the meaning and significance of social ties and groupings" (p5)	**Feedback** – continuing social aggregates provide feedback about self and validate their expectations of others (p.4). **Augmentation** - of an individual's strengths to facilitate mastery of his environment (p7)	**None**	**Deductive** based on thesis proposed by Cassel (1973). Draws on evidence provided by a number of research studies to support this thesis.	Maintenance of **health** – buffering against ill health	As a general definition it can easily be placed in the postnatal context, however, its use is **limited because of its general nature**. Definition provides no insight into how the positive out comes of "mobilized psychological resources' 'mastered emotional burdens' and 'improved handling of situation' are to be achieved, or through which mechanisms (such as maintenance of self esteem, or validation of worth and abilities) No consideration of the support dynamic, reciprocity, mutuality, equality.
Cassel, 1976 Dissertation on social support	No clear or explicit definition given. "..adequate evidence (feedback) that [an individual's] actions are leading to anticipated consequences." (p113) and " [presence] of social supports" (p.114)	**Feedback** **Unfamiliarity** with cues and expectations of society in which they live. **strength of social supports** provided by primary groups of most importance to individual (p113)	**None**	**Deductive** Apparently derived from intellectual endeavor and supported by animal and human studies.	**Health** resistance to disease Buffering against physiologic or psychologic consequences of exposure to stressor situation (p113)	Very **non-specific**. **Limited to feedback and mere existence of social supports** (as apposed to supportive behaviour). Definition provides no categories of supportive behaviour nor mechanisms by which social support may benefit the individual (eg by increasing confidence, self esteem, validating role, worth, ability etc). No consideration of the support dynamic, reciprocity, mutuality, equality
Cobb, 1976	"Social support is defined as	**Information Person-**	**None**	**Deductive** –	Moderator of	Definition is **restricted to**

Dissertation on social support	information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligation" (p300)	**environment fit** **Mutuality** **Network**		Apparently derived from intellectual endeavor and supported by human studies spanning the life cylce.	life **stress** Physiological & psychological **Health**.	**information.** I believe support purely for the purposes of relieving a person of their chore burden or providing them with needed objects or services is intuitively appropriate postnatally whether it communicates love etc or not (although the provision of tangible and practical support can be interpreted as information in that the receiver is lead "*to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligation*" as a result of this kind of support). This definition includes the concept of mutuality (and by extension the idea of reciprocity), and also highlights the need for support to result in feeling others value you. While it may be extrapolated, it is not explicit about the need for support to result in feelings of confidence and esteem of self.
Gottlieb, 1978 Study of informal helping behaviours. Sample: 40 single mothers. Interviews; content analysis	Informal helping behaviour [social support] includes: **emotionally sustaining behaviours** (unfocused talking, provides reassurance, provides encouragement, listens, reflects understanding, reflects respect, reflects concern, reflects trust, reflects intimacy, provides companionship, provides accompaniment in stressful situation, provides extended period of care), **problem solving behaviours** (focused talking, provides clarification, provides suggestions, provides directive, provides information about	**Emotionally sustaining behaviours** **problem solving behaviours** **Indirect personal influence** **environmental action**	**None**	**Inductive** definition based on views and experiences of single mothers	Single mothers	Applicable to postnatal period, but specifically for single mums with older children. More detailed about types of behaviours that are supportive than other definitions. Deliberately did not analyse the outcome of support behaviour on woman. IE. Helping behaviours or qualities of the helper were coded, but not how that help made the woman feel (P.107). Therefore it is not possible to make conclusions about the psychosocial effect of the support (although some intuitive

	source of stress, provides referral, monitors directive, buffers from stress, models/provides testimony of own experience, provides material aid and/or direct service, distracts from problem focus) **Indirect personal influence** (reflects unconditional access, reflects readiness to act) **environmental action** (intervenes in the environment to reduce source of stress) (p.110,111)					assumptions can be made). Gottlieb also found that certain problems were influenced by different support behaviours (as you would expect) which further supports the contention that definitions need to be tailored to context (p.112). Who gives support and why was not analysed.
Lin et al, 1979 Review of social support and analysis of data from Chinese-American population	"Social support may be defined as support accessible to an individual through social ties to other individuals, groups and the larger community." (p.109)	**Social ties** to other individuals, groups or larger community **Access**	**None**	**Deductive**	**Health**	Not at all relevant to postnatal area. Definition lacks any usefulness as it simply states that "social support may be defined as support…". Subsequent measurement used to empirically test the relationship between support and psychiatric health was designed for a Chinese-American population and lacks any psychometric testing.
Kahn & Antonucci, 1980	"Interpersonal transactions that include one or more of the following: The expression of positive affect of one person toward another, the affirmation or endorsement of another person's behavior, perceptions or expressed views; giving of symbolic or material aids to another" (p173) (from Stewart, 1993)					
Hirsch, 1980	"five categories of possible support include: (a) Cognitive Guidance, defined as the provision of information or advice, or an explanation of something troubling; (b) Social Reinforcement, defined as the provision of either praise or criticism regarding specific actions; (c) Tangible	**Cognitive Guidance; Social Reinforcement; Tangible Assistance; Socializing; Emotional Support;**	**None**	**Deductive** "based on a synthesis of previous work" (p. 162) (by others)	**Psychology**	Discussion of nature support system (NSS) or ones social network. In general terms this could be considered in the context of social support, but the support definition is too general to be of specific use.

	Assistance, such as helping (or declining to help) with chores or child-care; (d) Socializing, such as going to the movies or dinner with others; and (e) Emotional Support, defined functionally as an interaction which made one feel better or worse when one had already been feeling upset or under pressure." (p. 162)					
House, 1981 Book on social support and work stress. Includes a good general discussion of social support	"Both scientific experts and relatively uneducated laypersons agree that social support is an interpersonal transaction involving one or more of the following: (1) emotional concern (liking, love, empathy), (2) instrumental aid (Goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self evaluation)." (p 39)	**Emotional concern** **Instrumental aid** **Information** **Appraisal**	**Yes** Provider is discussed in larger body of work, but also is also implied in definition with the words 'interpersonal' and 'transaction'; both terms indicate a bi-directional relationship, rather than support being something that is simply given to or bestowed on another	Could argue that this definition is **inductive** in that it was derived from existing literature. But the existing literature is largely **deductive** (ex Gottlieb 1978)	House clearly states that he has endeavored to understand social support and its relation to work stress and health (p14). However, his definition is derived from the general literature and so may be considered appropriate as a generalised definition.	This is probably the most comprehensive and explicit of the general definitions of social support, being derived, as it was from a number of previous definitions, including that of Gottlieb, 1978. Unlike Gottlieb's definition however, it is not derived from a specific context (even though its intention was to be used in the context of organizational work). Like all other general definitions its use would be based on the assumption that it was an accurate and comprehensive definition of social support in the postnatal context – something that is not known and should not be assumed. One need only examine the difference between Gottlieb's definitional constructs and others to recognise that in the context of single mothers, while other definitions described one or other aspects of social support relevant to this group, they did not describe all of them. Equally important is the fact that they did not provide sufficient detail or illustration for

						their definition to be operationalised and successfully used in the measurement or intervention of social support in this context. Although House's definition has considered Gottlieb's in its derivation. This is no guarantee that it is sufficient in the postnatal context for first time mothers and fathers.
Schaefer, Coyne & Lazarus, 1981 Study on the multi-dimensionality of support. Subject: White Christian, aged 45-64. Interview & questionnaires	" believe it is useful to assess the emotional, tangible and informational support functions separately and to assess their interrelationships. *Emotional* support includes intimacy and attachment, reassurance and being able to confide in and rely on another – all of which contribute to the feeling that one is loved or cared about, or even that one is a member of the group, not a stranger. *Tangible* support involves direct aid or services and can include loans, gifts of money or goods, and provision of services such as taking care of needy persons or doing a chore for them. *Informational* support includes giving information and advice which could help a person solve a problem and providing feedback about how a person is doing." (p.385)	**Emotional** **Tangible** **Informational** **Feedback**	**None**	**Deductive** derived from an understanding and critique of available literature.	**Stressful life events**, **psychological & physical health**	Multidimensional and detailed definition. Seems quite appropriate to use in postnatal context. However, it lacks specificity to postnatal context, and does not include the provision that social support should lead to feeling of competence. Confidence, self esteem (note that these are different to feeling loved etc or getting feedback about how one is doing, and they are particularly important for new parents)
Pilisuk, 1982 Theoretical paper on the mechanism by which social relationships may effect the	"Social support refers to those relationships among people that provide not only material help and emotional assurance, but also the sense that one is a continuing object of concern on the part of other people." (p 20)	**Emotional** **Material** **Continuing concern (emotional)**	**None**	Unsupported definition of support given in introduction to theoretical discussion of 'the social inoculation'	Used in the area of **health**, disease and immune system	Vague and lacking detail. This definition lacks empirical support and has been stated merely as a necessity in order to launch the subsequent discussion.

immunological system.						
Barrera & Ainlay, 1983 Rational analysis of literature and factor analysis of scale items to develop categories of supportive behaviours	"…six categories of social support were subsequently identified…1. Material Aid: providing tangible materials in the form of money and other physical objects; 2. Behavioural Assistance: sharing of tasks through physical labor; 3. Intimate Interaction: traditional nondirective counseling behaviours such as listening; and expressing esteem, caring, and understanding; 4. Guidance: offering advice, information, or instruction; 5. Feedback: providing individuals with feedback about their behaviour, thoughts and feelings; 6. Positive Social Interaction: engaging in social interactions for fun and relaxation." (p. 135/6)	**Material Aid** **Behavioural Assistance** **Intimate Interaction** **Guidance** **Feedback** **Positive Social Interaction**	**None**	**Inductive** analysis of literature	**Psychological health**	Although this is quite explicit, it differs slightly from the resulting factor analysis of items derived from this conceptualization. Regardless, it has as much merit as any other general definition, and was not developed from the postnatal context.
Procidano & Heller, 1983 Development of perceived social support scale (friends/ family). Three studies discussed	"…network functions include the provision of information comfort, emotional support, material aid, etc… perceived social support (PSS) can be defined as the extent to which an individual believes that his/her needs for support, information, and feedback are fulfilled." (p. 2) As well as the above, support reciprocity is included in an operationalised definition of social support used in scale construction.	**Support** (not explicit) **Information** **Feedback** **Reciprocity**	**Limited** Differentiates between family and friends (2 scales developed) but only in generalised terms. No consideration of provider motivations, costs or benefits	**Deductive.** Definition and scales derived from scant review of literature and probably investigator views**.**	**Psychosocial health**	Sample used to empirically test the operationalised definition were undergraduate students. Definition is too vague to be used in the postnatal area and the measures developed are not valid for the postnatal context.
Leavy, 1983 Review	"First, support has a *structure*. Fundamentally, support involves the resources that are "out there" – the available links to others and the nature	Existence and availability of **interpersonal ties** **Content of support**	**None**	**Deductive** Conclusions about social support made	**Psychological disorder**	Not specific enough to be operationalised for the postnatal context, although possible to extrapolate. Appropriate for

	of those linkages. Support structure entails the size, setting, reciprocity, accessibility, and make-up of interpersonal relationships. Second, there is the content of support relationships. We need to know not only who is "out there" able to provide help, but what form that help takes. Support interactions appear to be of at least four types: emotional, instrumental, informational, and appraisal (House, 1981)" (p.17)	**relationships** (emotional, instrumental, informational, appraisal support – from house, 1981)		on the babsis of a thorough review of the psychological research literature		definition of support in postnatal context to consider the "*the availability of helping relationships and the quality of those relationships*" (p. 5). Recognises the importance of characteristics of interpersonal relationships. Quoting Walker et al (1977) Leavy provides evidence to support the view that 'a network structure that effectively meets one need may be inappropriate to another' (p12). Raises idea that support structure needs may change over the life. Reciprocity important (p.15).
Shumaker & Brownell, 1984 Theoretical discussion of costs & benefits of supportive exchanges for both parties, as well as other issues.	"An exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient." (P.11)	**Exchange** – involves at least 2 people for whom there may be costs and/or benefits. **Reciprocity** – research focuses on motives and behaviours of recipients **Prosocial behaviour** –research focuses on factors influencing provider	**Yes** excellent discussion on provider motives & influences to support, & costs & benefits of support to provider	**Deductive** definition derived from theoretical understanding and interpretation of literature.	**Health sustaining** and **health compensating** departs from the stress buffering paradigm, contends support works differently in the two	Definition acknowledges the two-way aspect of support that is neglected by other definitions. Theory also addresses positive & negative aspects of support for both provider and recipient – relevant to postnatal context. I disagree that social support should be limited to interactions that are " ***intended*** *to enhance the well-being of the recipient*". I believe that support can be derived from unintentional exchanges (eg. when two new mums discuss their experiences while waiting at the clinic – feelings of membership to a group, positive comparisons, social interaction etc can all lead to feelings of well-being yet the exchange was not deliberate, not intended to be supportive & not

						perceived to be intended. Similarly, close family and friends may not always intend their interactions with a new parent to be supportive, nor are they perceived as intended by the recipient, yet regular contact may still result in feeling supported).
Shinn, Lehmann & Wong, 1984 Theoretical discussion of social support	"We agree with Shumaker and Brownell (1984) that the term 'social support' should be reserved for exchanges of resources intended by the donor or perceived by the recipient as beneficial to the recipient…..We believe that research models should distinguish between social interaction and social support, and that they should consider the effects of interactions perceived by either party as harmful rather than helpful. Even more interesting are the potential detrimental effects of socially supportive interactions (those perceived as beneficial by one or both parties) when the support offered does not fit the recipients circumstance." (p.56)	**Person-environment fit** – amount, timing, source, structure & function – actions perceived as helpful by one or both parties may be harmful if they don't fit individual circumstances. Support may influence health & well-bing, but **what influences support? –** the stressor, victims distress, victim's ability to mobilise support, environment **Positive & negative consequences** of social support	**Yes** detailed discussion of the role of provider, factors influencing the provider, & costs & benefits of supportive behaviour to provider.	**Deductive** definition derived from theoretical understanding and interpretation of literature	**Health; psychosocial well-being**	As with Shumaker, these authors do not regard social interaction without supportive intent as being social support. A fundamental problem with this thesis for the postnatal context is that any effort to intervene must consider these unintentional interactions as they are invariably made by family and friends and therefore have a great impact on new parents. If the aim is to improve social support (remembering that our definitions and measurements should reflect our aims) then all potential exchanges should be considered. It may be that any definition of social support needs to explicitly include social interaction, or else be renamed to include the two. Authors suggest "that any effort to promote health and well-being by increasing social support should begin with an assessment of individual needs and the constraints on supplies of social supports." (p.71). I would take a step back from this and suggest that first, the concept of support needs to be contextualised and then individual

						needs assessed within this contextualisation (definition). This will ensure that any analysis of individual needs is appropriate, that the right questions are asked.
MacElveen-Hoehn &Eyers, 1984 Discussion paper relates social support to vulnerable children and families	Uses House 1981 definition as a base for compiling a list of interpersonal interactions which define social support " Emotional concerns … Information (or messages about) … Appraisal … Instrumental aid…" also adds Weiss' (1974) "Social integration and the opportunity for nurturing", and Barrera's (1981) "social participation" (p.14)	**Emotional concerns** **Information** **Appraisal** **Instrumental aid** **Social integration** **Opportunity for nurturing** **Social participation**	**None**	**Deductive** compilation of previous definitions	**Health**	Draws on a number of theoretical constructs to explain how social support may help in the coping process. Uses examples of parents and children to illustrate arguments, but still does not demonstrate what IS the case for families and children, rather what MIGHT BE the case.
Cohen & Syme, 1985 Introductory chapter to the study and application of social support	"Social support is defined as the resources provided by other persons. By viewing social support in terms of resources – potentially useful information or things – we allow for the possibility that support may have negative as well as positive effects on health and well-being… meaning and significance of social support may vary throughout the life cycle" (p.4)	Implies **meaning of social support changes** – dependant on circumstance and individual	**None**	**Deductive** based on general literature	**Health**	Too general and lacks detail. Limits support to information and things. General nature of definition may reflect the authors implication that operationalisation & measurement of support should be tailored to context. As it stands though, it is not very useful for post natal context. Does not consider provider.
Lin, 1986 Text. Social support, life events and depression	"The synthetic definition, drawing from the elements discussed in the literature, proposes that social support be considered as the perceived or actual instrumental and/ or expressive provisions supplied by the community, the social network, and the confiding partners." (p. 29) "…drawing on the theory of social resources … social support can be operationally defined as access to and use of strong and homophilious ties." (p. 30)	**Instrumental provisions** **Expressive provisions** **Strong similar social ties**	**None**	**Inductive and deductive**	**Psychological health**	Inductive definition is just a reworking of other definitions and offers nothing very new (check). And the operationalised definition lacks detail and is therefore not very operative so to speak.

Jacobson, 1986	"to the extent that stressful situations are sequential, different kinds of support will be called for at different times. In a crisis the most useful form of help is emotional support, which provides a person reassurance that others are able and willing to help in the struggle to regain equilibrium. … In transitions … the primary type of help is cognitive support, which helps the stressed individual grasp the meaning of the changes experienced. In deficit states … material aid and direct action are needed to remedy an imbalance between needs and tangible resources. .. Timing is a significant dimention of support not only because of the unfolding of stressful situations, but also because a psychosocial transition takes time." (p. 254)	**Timing** **Emotional support** **Cognitive support** **Material aid** **Direct action**	**None**	**Deductive** theory driven	**Health** **Social behaviour**	The concept of timing is certainly worth exploring in the area of postnatal support, but again there is not adequate specificity in this definition to justify its use in research or clinical practice in the area of postnatal support.
Heller, Swindle & Dusenbury, 1986 Theoretical paper presenting a model of social support	"A social activity is said to involve social support if it is perceived by the recipient of that activity as esteem enhancing or if it involves the provision of stress-related interpersonal aid (emotional support, cognitive restructuring, or instrumental aid)." (p.467)	**perceived support** doesn't necessarily refer to perceived effectiveness. **Social activity** – includes purposeful and casual interaction **Support appraisals**	**Yes** Situation may have a stressful impact on provider also. Notes that the provider of support needs to be studied and that there is a 'glaring omission in the social support literature' (p.468)	**Deductive** model discussed in relation to other articles and theories	**Health, Psychological health**	Include more than just purposefully supportive interactions in their definition which is appropriate to postnatal context. Also agrees with Thoits (1986) position that enhancing self esteem is not enough sometimes, that efforts to correct or change situation are needed – also appropriate to postnatal context. Lacks specificity (as do all general definitions). Nothing about reciprocity, mutuality, equality etc.
Thoits, 1986 Theoretical	"social support most commonly refers to functions performed for a distressed individual by significant others such as	**Coping assistance** – where support offered by others	**Yes** only to the degree that providers of	**Deductive** Author even admits that	**Stress,** negative events	The emphasis on negative events in this definition in incompatable with the postnatal context which is

paper concerned with the reconceptualisat-ion of social support as coping assistance	family members, friends, co-workers, relatives, and neighbors. These functions typically include instrumental aid, socioemotional aid, and informational aid……. Social support might be usefully reconceptualized as coping assistance, or the active participation of significant others in an individual's stress management efforts." (p.417)	mirrors the efforts made by an individual to cope with a situation. Emphasis on **stress-buffering processes**. Stress is viewed specifically as **negative** and undesirable events	support must empathise or sympathise with the recipient and that this will provide reassurance that emotional reactions are valid and acceptable. **Doesn't deal with impact of relationship on provider**.	much of the paper is speculative which sums up much of the deductive theory in social support.		usually seen as a positive event, accompanied by 'trying' times. While the reconceptualisation of social support as coping assistance makes intuitive sense, the definition can only generally be applied to the postnatal context and offers no specific guidelines to researchers in this area.
Albrecht & Adleman, 1987	Verbal and non verbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship and functions to enhance a perception of personal control in one's life experience. (from Stewart, 1993)					
Gottlieb & Pancer, 1988 Also see Gottlieb, 1978 Theoretical discussion of social networks and the transition to parenthood	"We propose that four types of support are called for to meet the parents' psychosocial and practical needs during the course of this transition… Emotional support… Cognitive guidance… Tangible aid… Coherence support…" (p.243)	**Emotional support, Cognitive guidance, Tangible aid, Coherence support**.	**Yes** some discussion of providers, but not focused on provider motivations or needs	**Deductive/ inductive** . Not sure if literature is being used to support hypothesis or if hypothesis is derives from examination of literature	Transitions to **parenthood**	So far this is the only definition that has been specifically developed for use during the transitions to parenthood. It is relevant to 3 transition phases 9prior to conception, pregnancy and parenthood) and the paper discusses the relative importance of each concept at the different phases. It is quite comprehensive, allowing confidence in interpreting the boundaries of the concepts.
Hilbert, 1990	"Social support is defined as a diversity of natural helping behaviours of which	**Tangible aid Intimate**	**Yes** Discussion	**Derived from literature.**	**Chronic illness**	Definition used to guide development of a measurement of

Paper describing the conceptual basis of the development of a social support measure in the context of chronic illness	individuals are recipients in social interactions: tangible aid (material aid and behavioral assistance), intimate interaction, guidance, feedback, and positive social interaction." (p. 84)	**interaction, Guidance, Feedback, Positive social interaction** Adopts Kahn et al's (1976, 1979, 1980) Convoy concept which recognises **change over time**	gives some consideration of support provider, though instrument did not	Uses mostly deductive and one inductive (Gottlieb, 1978) study to define social support		social support in the area of chronic illness. This author supports the idea that context should be considered in defining social support bet does not go to that context to develop her definition. Instead chooses to look at previous theoretical and empirical studies. Not meant to be used in the area of postnatal support.
Dunkel-Schetter & Skokan, 1990 Theoretical discussion and preliminary results from pilot study of support intentions (providers)	In addition to adopting House's (1981) definition of support as interactions or interpersonal exchanges in which a provider attempts to proffer support and a 'recipient' may be helped or benefited by the attempt", these authors further conceptualise social support as " dyadic interactions in which one person attempts to provide information, assistance or emotional support" (p. 437).	Mainly interested in **unsolicited support** from **family & friends** **Intended support**	**Yes** discussion & study are concerned with provider	**Deductive** definition partly based on interpretation of literature, & **Inductive** "several things pertinent to … this model were learned from a pilot study… on support intentions" (p. 445). This study assessed willingness to provide support in hypothetical situations	**Psychosocial health**	Too general. Again there is an exclusion of unintentional supportive interactions from this definition. Theory briefly discusses reciprocity etc, but not explicit in definition.
Vaux, 1990	"Social support is best viewed as a complex process unfolding in an ecological context. This process involves transactions between people and their social networks, including the active development and maintenance of social network resources, the	**Network resources Supportive behaviour Subjective appraisals of support**	**None**	**Deductive** model based on theoretical approach to existing lterature.	**Psychosocial health**	Very broad definition that could be "filled in" to fit the postnatal context. Some of the inherent recommendations offered in this paper are very relevant to the postnatal context eg a need to understand the support incident –

	management of support incidents to elicit appropriate social behaviour from the network and the synthesis of information to yield support appraisals" (p507) Social support is a "metaconstruct with three distinct conceptual components: support network resources, supportive behavior and subjective appraisals of support." (p.508)					"that transaction wherein supportive behavior is offered or elicited, and accepted or rejected." (p.515)
Cutrona & Russell, 1990 Theoretical discussion	"emotional support appears to represent the ability to turn to others for comfort and security during times of stress, leading the person to feel that he or she is cared for by others. Social integration or network support refers to a person's feeling part of a group whose members have common interests and concerns. … Esteem support represents the bolstering of a person's sense of competence or self esteem by other people. … Tangible aid refers to concrete instrumental assistance, in which a person in a stressful situation is given the necessary resources … to cope with the stressful event. Finally, informational support is providing the individual with advice or guidance concerning possible solutions to a problem." (p.322)	**Emotional support** **Social integration** **Esteem support** **Tangible aid** **Informational support**	**None**	Based on a theoretical exploration of previous work on social support which is **primarily deductive**	**Stress**	To general to be specifically used in the area of postnatal support.
Sarason, Sarason & Pierce, 1992 Theoretical paper. Also uses own research to illustrate	"The impact of any particular supportive effort depends on the motivations and expectations of both provider and recipient, the nature of the relationship in which the supportive exchange occurs, and the problematic situation to which the supportive efforts are directed…. Perceived support is a	Triadic hypothesis – **Personality** characteristics, **interpersonal** characteristics, **situation**. **Interaction** of all three	**Yes** but only in terms of the importance of interpersonal relationships, not in terms of motivations, costs &	**Deductive** triadic model has guided research rather than the research guiding development	**General health** psychosocial & physical	As a general theory it can definitely be applied to postnatal context as it addresses interactions between personality, relationship and situation. Lacks detail pertaining to this context however. Paper asserts the need for research to be more theoretically based.

proposed theoryetical model.	product of interactions among these variables." (p.145)		benefits to provider	of model		
Hupcey, 1998b Paper describing concept analysis. Analysis of existing definitions	"Social support is defined in the following way: a well intentioned action that is given willingly to a person with whom there is a personal relationship and that produces an immediate or delayed positive response in the recipient." (p.313)	Social support may exist whether or not the recipient perceives it; social support does not have to be perceived as positive by the recipient but must have a positive outcome; supportive action is intended to be helpful and is given freely; there is a personal (not professional) relationship between provider and recipient.	**Yes** regarding providers assessment of the need for support, what to provide and how.	**Deductive** definition comes mainly from analysis of the literature but there is **consideration of lay definitions** of social support.	**Health**	This definition can easily be applied to the postnatal context though it lack the detail and specificity needed to adequately operationalise in order to measure, or intervene.
Coffman & Ray, 1999 Grounded theory, qualitative study of high risk pregnant African-American women.	"The phrase "being there" summarised the women's definition of support. Support was further described as "caring", "respecting", "knowing", "believing in", "sharing information", and "doing for" the other…. These categories provided the structural description of support from the view of women and support providers… support was a reciprocal process, and helpers described receiving support from pregnant women" (p.486) from the women's definition. The authors developed a theory of Mutual intentionality "… initiated by awareness of a need and completed as a transactional process. In this process,	**Being there; caring; respecting; knowing; believing in; sharing information; doing for.** Considers the **relationship** rather than specific behaviours	**Yes** The provider is also a recipient of positive outcomes generated by the relationship	**Inductive** definition borne out of women and providers experiences and views	Pregnancy and postnatal period for high risk African-American women.	This definition is very context specific. While parallels may be drawn to the postnatal context generally, this would be speculative and should be supported by data from other postnatal groups.

	both the pregnant woman and her helper mutually agreed to meet the woman's need. At the same time support givers supplied resources needed by the women, they enhanced their own well-being, and the quality of their relationships with the pregnant women was enhanced." (p.483).					

APPENDIX 3B: NUMBER OF TIMES DEFINITION IS CITED IN THE GENERAL, REPRODUCTIVE AND POSTNATAL LITERATURE[#]

Author	*General citations*	*Reproductive citations*	*Postnatal citations*
Caplan, 1974	19	3	1
Cassel, 1976	15	2	2
Cobb, 1976	64	8	5
Gottlieb, 1978	2	0	0
Lin et al, 1979	6	0	0
Khan & Antonucci, 1980	4	0	0
Hirsch, 1980	1	0	0
House, 1981	19	2	1
Schaefer, Coyne & Lazarus, 1981	7	3	2
Pilisuk, 1982	3	0	0
Barrera & Ainlay, 1983	1	0	0
Procidano & Heller, 1983	6	2	1
Leavy, 1983	2	0	0
Shumaker & Brownell, 1984	4	0	0
Shinn, Lehmann & Wong, 1984	1	0	0
MacElveen-Hoehn &Eyers, 1984	0	0	0
Cohen & Syme, 1985	27	1	1
Lin, 1986	16	3	3
Jacobson, 1986	0	0	0
Heller, Swindle & Dusenbury, 1986	2	0	0
Thoits, 1986	5	0	0
Albrecht & Adleman, 1987	2	0	0
Gottlieb & Pancer, 1988	2	2	0
Hilbert, 1990	0	0	0
Dunkel-Schetter & Skokan, 1990	7	0	0
Vaux, 1990	3	0	0
Cutrona & Russell, 1990	0	0	0
Sarason, Sarason & Pierce, 1992	0	0	0
Hupcey, 1998b	3	0	0
Coffman & Ray, 1999.	2	0	0

[#] limited to a search of CINHAL and the Social Science Citation Index for the years 1996-2001

APPENDIX 5A - INFORMATION LETTER TO MANLY MOTHERS

Supporting the new family:
A focused group discussion

Dear Parent

My name is Philippa Williams and I am a doctoral student at the University of Technology, Sydney (UTS). I am writing to ask if you will be willing to help with a study concerned with women's experience of support in the first few months following the birth of their baby. Approval for this study has been obtained from the UTS Ethics Committee and the Manly Hospital Ethics Committee.

If you agree to take part, you will be asked to attend a discussion group. For your convenience the discussion group could be held at the same time as one of your mothers group meetings, or at another time decided on by your mothers group. The discussion group will be designed to find out what your experience of support has been since the birth of your baby. Babies will of course be welcome.

The information you provide during these discussions will be completely confidential and used only in preparing reports in which you will not be identified. While we hope you participate, you are not in any way obliged to take part in this study and you are free to withdraw at any time. Also, whether you choose to take part in the study or not will not affect your future care at the Manly Early Childhood Health Centre.

If you would like to take part in this study, please complete the attached reply form and return it to Lilly. If you have any questions at all about the study please don't hesitate to call Philippa on Tel: (02) 9948 6803.

I do hope you will be able to take part in this study. Your views and experience are very important to the continuing care of new families.

Yours sincerely,

Philippa Williams
PhD student
University of Technology, Sydney

Reply Form

Please indicate if you would like to take part in the discussion group about support. If you agree to take part, please ensure you provide your name and full telephone number so Philippa can confirm a time for you to attend a discussion group. If you have any questions about the research please contact Philippa Williams on Tel: (02) 9948 6803.

YES, I WOULD LIKE TO TAKE PART IN THE DISCUSSION [ ]

NO, I WOULD ***NOT*** LIKE TO TAKE PART IN THE DISCUSSION [ ]

TELEPHONE NUMBER_______________________________________

NAME____

SIGNED____

APPENDIX 5B – DEMOGRAPHIC SURVEY

Demographic survey
mothers

The following questions will help us to describe the characteristics of the people who agree to take part in this study. The information you give will be completely confidential and will only be used to generate group statistics. At no time will your individual answers be referred to, nor will you be identified in any reports or correspondence relating to this study.

Please answer all questions.

1. What is your age? ____________yrs

2. What is your gender? Female [ ] Male [ ]

3. What is your marital status? Married [ ] Defacto [ ]
   Separated [ ] Divorced [ ]
   Widowed [ ] Single [ ]

4. How long have you been in your current relationship? ___yrs ___months
   Not in relationship ___

5. What is your highest level of education? __________________________

6. What is/ was your occupation? __________________________

7. Where were you born? __________________________

8. What is your post code? __________________________

9. How long have you lived in this area? __________- yrs __________months

THANK YOU

APPENDIX 5C INFORMATION LETTER FOR PARENTS AT KGV

Dear

My name is Pauline Green and I am the coordinator of childbirth education at King George V Hospital. I am writing to ask if you will be willing to help with a study currently being conducted at the hospital. This study is concerned with women and men's experience of social support in the first 12 months following the birth of their baby. It is being coordinated by Philippa Williams, a doctoral student at the University of Technology, Sydney (UTS), and has the full support of the hospital.

I have agreed to send you this letter, as I believe the information gathered from this study will benefit families in the future. If you agree to take part, you will be asked to complete a 5-minute questionnaire and attend a discussion group about 4 months after the birth of your baby. The discussion will last approximately 1 hour and will be audio-taped. Both the questionnaire and the discussion group will be designed to find out what your experience of parenthood and social support has been since the birth of your baby.

Philippa Williams will attend your next childbirth education class to tell you more about the study and answer any questions you may have. If you agree to take part, Philippa will contact you by phone to organise a time for you to attend one of the discussion groups at the hospital. Discussion groups will be held separately for women and their partners and we will attempt to schedule them at convenient times. The information you provide during these discussions will be completely confidential and used only in preparing reports in which you will not be identified. While we hope you participate, you are not in any way obliged to take part in this study and you are free to withdraw at any time. Also, whether you choose to take part in the study or not will not affect your future care at King George V Hospital.

If you can help us with this study, please complete the attached reply form and return it to Philippa Williams at your next childbirth education class. If you don't want to participate, you need do nothing. If you have any questions at all about the study please don't hesitate to call Philippa on Tel: (02) 9948 6803.

I do hope you will be able to take part in this study. Your views and experience are very important to the continuing care of new families.

This study has been approved by the Ethics Review Committee (RPAH Zone) of the Central Sydney Area Health Service. Any person with concerns or complaints about the conduct of a research study can contact the Secretary on (02) 9515 6766.

Yours sincerely,

Pauline Green
Prenatal education coordinator
King George V Hospital

APPENDIX 5D – REPLY FORM

Reply Form

Please indicate if you would like to take part in the discussion group about your experiences as a parent. If you agree to take part, please ensure you provide your name and full telephone number so Philippa can arrange a time for you to attend a discussion group. If you have any questions about the research please contact Philippa Williams on Tel: (02) 9948 6803.

YES, I WOULD LIKE TO TAKE PART IN THE DISCUSSION [ ]

NO, I WOULD ***NOT*** LIKE TO TAKE PART IN THE DISCUSSION [ ]

Telephone Number

_( ) ________________________________

Address

____

____

Full name (please print)

____

Signature

____

APPENDIX 5E – FOCUS GROUP SCHEDULE – NEW MOTHERS, FATHERS & GRANDMOTHERS

FOCUS GROUP SCHEDULE - GENERAL QUESTIONS– NEW MOTHERS

Before you had your baby, did you have any thoughts about who might help or support you once the baby was born?

Did you discuss these thoughts with your family and friends?

Since you've had your baby, how have others helped?

Who

What

Consequences to parent and provider

Consequences to relationship

Have you found that some things people do are unhelpful or not what you want?

Who

What

Consequences to parent and provider

Consequences to relationship

How do you go about asking for help or getting your needs met?

What happens when someone offers to help?

When and why do you accept

Why don't you accept

How could people give you the help or support you need?

What has been your partner's experience since your baby was born?

What have the need and expectations of your family and friends been since your baby was born?

How easy is it for you to meet their needs at this time?

How have your relationships with people changed since your baby was born?

FOCUS GROUP SCHEDULE - GENERAL QUESTIONS– NEW FATHERS

Before you had your baby, did you think about what your role once baby was born?

Did you discuss these thoughts with your partner, family or friends?

Did you think about your support needs and who would help or support you?

Since you've had your baby, how has your life changed?

How has your working life changed?

How have people helped or supported you since you became a dad?

Who (including work colleagues)

What (including work related needs)

Consequences to parent and provider

Consequences to relationship

Reciprocity

Have you wanted or needed other types of support, or more support? (include work)

Who – What - When

Have you found that some things people do are not what you want? (include work)

Who, What

Consequences to parent and provider

Consequences to relationship

How easy is it for you to ask for or receive help or support?

Who, What (baby, partner, emotional, work related), When

How could people give you the help or support you need?

What has been your partner's experience since your baby was born? How have you supported her?

How have your relationships with people changed since your baby was born?

FOCUS GROUP SCHEDULE - GENERAL QUESTIONS– GRANDMOTHERS

Before you became a grandmother, did you have any thoughts about how you might help or support your grandchild's parents once the baby was born?

What was the reality?

When you did become a grandmother, what sorts of things did you do to support the parents of your grandchild?

How did you know what to do and when?

Did you wait to be asked? Or did you just do what you thought would be helpful?

How have your efforts to help and support been received by the parents of your grandchildren?

Reciprocity

How did your relationship with the parents of the baby affect the support you gave?

Have your relationships changed in any way?

Conflict

Strengthened relationship

What is important for you at this time (first 6 to 12 months of a grandchild's life)?

Do you feel your needs are met?

In an ideal world, what would be your role when a new grandchild is born?

What would be the positives for you?

What would be the positives for the parents of your grandchild?

What did you learn from the first time around, what would you do differently, what would you avoid?

APPENDIX 5F – CONSENT FORMS

NEW MOTHERS - MANLY

CONSENT FORM

SUPPORTING THE NEW FAMILY

I ____________________ *(print name)* agree to participate in the research project ***Supporting the new family*** being conducted by Philippa Williams, a doctoral student in the faculty of Nursing, Midwifery and Health at the University of Technology, Sydney (UTS). I am aware that ethics approval for this study has been given by the UTS Ethics Committee and Manly Hospital Ethics Committee.

I understand that the purpose of this study is to explore parent's experience and opinions of support in the first few months following the birth of their baby. I am aware that I will be taking part in a group discussion concerning my experiences and opinions of support.

I understand that some of the issues raised during this discussion may be of a personal nature and that if I do not wish to contribute I am not obliged to do so. It has been made clear to me that if I have any concerns about the issues raised or the research in general I can contact Philippa Williams on (02) 9948 6803 or her supervisor, Prof Lesley Barclay on (02) 9350 2789 at any time.

I also understand that I am free to withdraw my participation from this research project at any time I wish and without giving a reason. I have been given an opportunity to ask Philippa Williams questions about the research and my role in it, and I am satisfied that they have been answered fully and clearly.

I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

____ ____/____/____
Signed by

____ ____/____/____
Witnessed by

NOTE:
This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research, which you cannot resolve with the researcher, you may contact the UTS Ethics Committee through the Research Ethics Officer, Ms Susanna Davis (ph: 9514 1279), or the Manly Hospital Ethics Committee (ph: 9976 9504). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

NEW MOTHERS AND NEW FATHERS – KGV

CONSENT FORM

SUPPORTING THE NEW FAMILY

I ___________________ *(print name)* agree to participate in the research project *Supporting the new family* being conducted by Philippa Williams, a doctoral student in the faculty of Nursing, Midwifery and Health at the University of Technology, Sydney (UTS). I am aware that ethics approval for this study has been given by the UTS Ethics Committee; Central Sydney Area Health Service Ethics Review Committee (RPAH Zone); and South-Eastern Sydney Area Health (Eastern) Ethics Committee.

I understand that the purpose of this study is to ascertain women and men's experience of parenting in the first few months following the birth of their baby. I am aware that I will be requested to complete a brief questionnaire and that I will be taking part in a group discussion concerning my experiences as a parent.

I understand that some of the issues raised during this discussion may be of a personal nature and that if I do not wish to contribute I am not obliged to do so. It has been made clear to me that if I have any concerns about the issues raised or the research in general I can contact Philippa Williams on (02) 9948 6803 or her supervisor, Prof Lesley Barclay on (02) 9350 2789.

I also understand that I am free to withdraw my participation from this research project at any time I wish and without giving a reason. I have been given an opportunity to ask Philippa Williams questions about the research, and I am satisfied that they have been answered fully and clearly.

I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

____ ____/____/____

Signed by

____ ____/____/____

Witnessed by

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee and the Central Sydney Area Health Service (CSAHS) Ethics Review Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the UTS Ethics Committee through the Research Ethics Officer, Ms Susanna Davis (ph: 9514 1279), or the (CSAHS) Ethics Review Committee (RPAH Zone) (ph: 9515 6766). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

GRANDMOTHERS
UNIVERSITY OF TECHNOLOGY, SYDNEY
CONSENT FORM

SUPPORTING THE NEW FAMILY

I ____________________ *(print name)* agree to participate in the research project ***Supporting the new family*** being conducted by Philippa Williams, a doctoral student in the faculty of Nursing, Midwifery and Health at the University of Technology, Sydney (UTS). I am aware that ethics approval for this study has been given by the UTS Ethics Committee; Central Sydney Area Health Ethics Committee; and South-Eastern Sydney Area Health (Eastern) Ethics Committee.

I understand that the purpose of this study is to ascertain women and men's experience of social support in the first 12 months following the birth of their baby. I am aware that I will be requested to complete a brief questionnaire and that I will be taking part in a group discussion concerning my experiences as a parent.

I understand that some of the issues raised during this discussion may be of a personal nature and that if I do not wish to contribute I am not obliged to do so. It has been made clear to me that if I have any concerns about the issues raised or the research in general I can contact Philippa Williams on (02) 9948 6803 or her supervisor, Prof Lesley Barclay on (02) 9350 2789 at any time.

I also understand that I am free to withdraw my participation from this research project at any time I wish and without giving a reason. I have been given an opportunity to ask Philippa Williams questions about the research and my role in it, and I am satisfied that they have been answered fully and clearly.

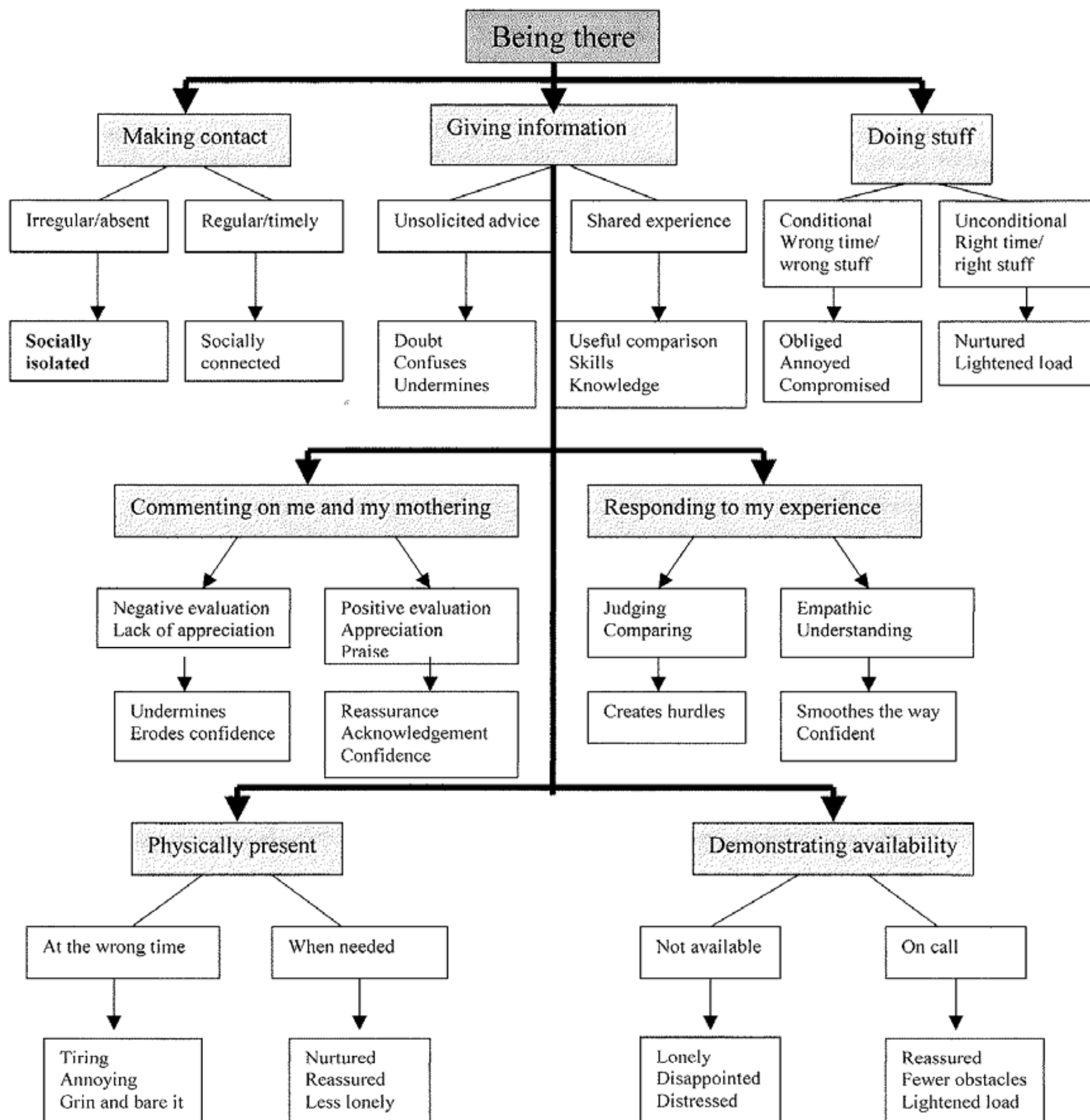
I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

____ ____/____/____
Signed by

____ ____/____/____
Witnessed by

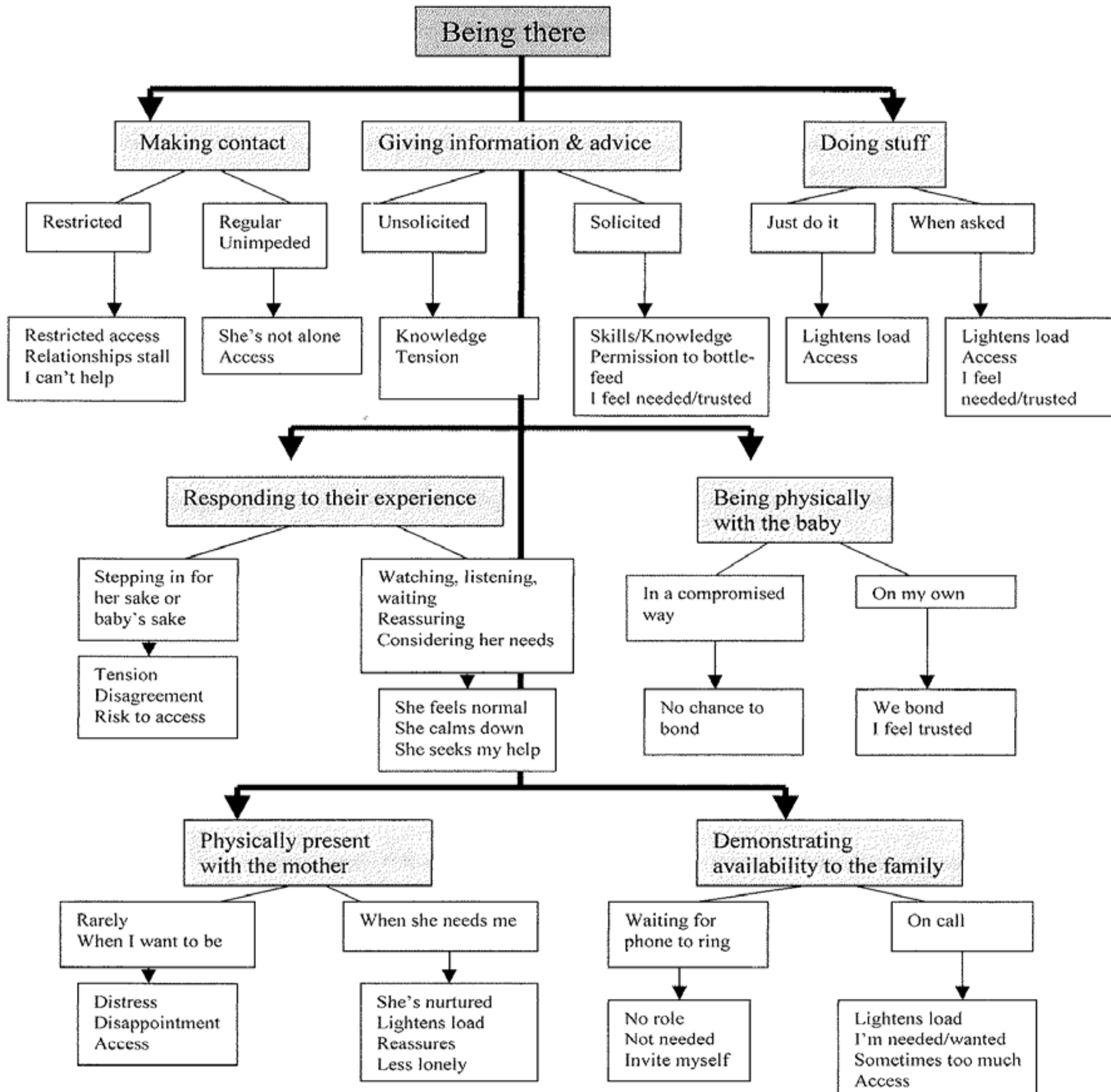
NOTE:
This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer, Ms Susanna Davis (ph: 9514 1279). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

APPENDIX 7A – THE PRACTICES OF BEING THERE FROM THE PERSPECTIVE OF NEW MOTHERS [1]



[1] This is a simplified representation of the practices of being there.

APPENDIX 7B THE PRACTICES OF BEING THERE FROM THE PERSPECTIVE OF GRANDMOTHERS



APPENDIX 8A: MODEL OF MUTUAL INTENTIONALITY

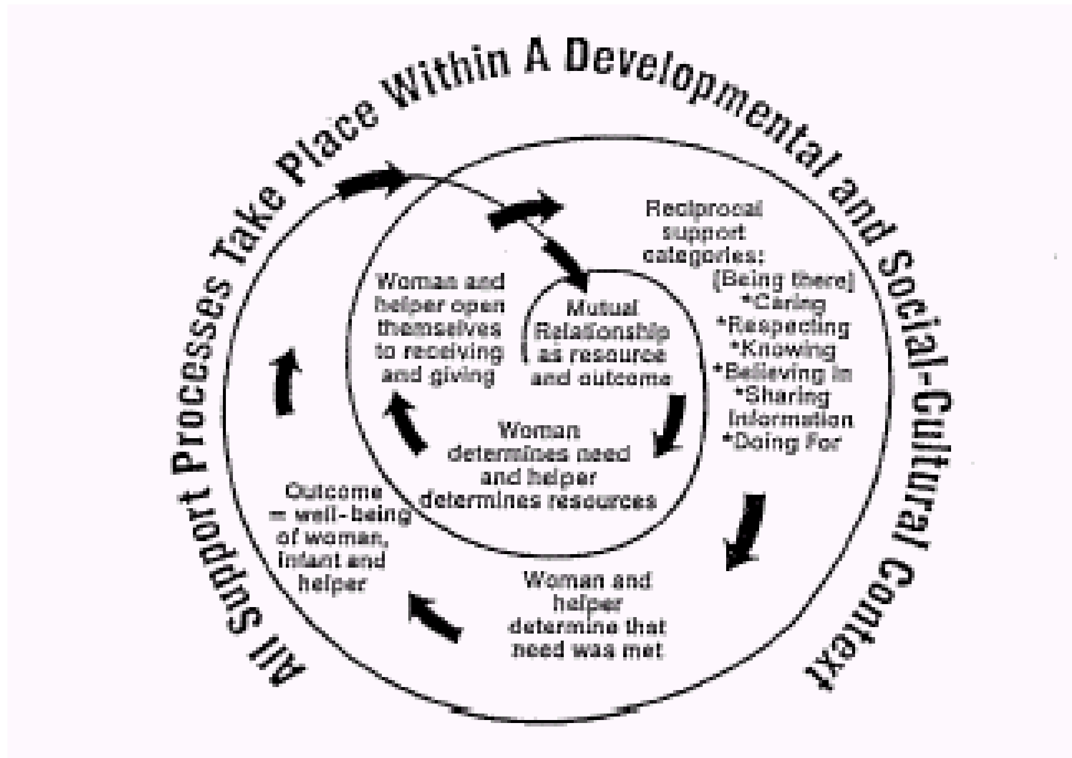


Figure 1: Reproduced from Coffman and Ray (1999, p. 484)

REFERENCES

Albrecht T Adelman M. (1987). Communication networks as structuring social support. In T Albrecht & M Adelman (eds.), *Communicating Social Support*, (pp. 40-61). Newbury Park, CA: Sage.

Aaronson L S. (1989). Perceived and received support: effects on health behavior during pregnancy. *Nursing Research,* 38, 4-9.

Anderson A. (1996). Factors influencing the father-infant relationship. *Journal of Family Nursing,* 2, 306-324.

Annells M. (1996). Grounded theory method: philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research,* 6, 379-393.

Antonucci T C, Jackson J. (1990). The role of reciprocity in social support. In B R Sarason, I G Sarason, & G R Pierce (eds.), *Social Support: An Interactional View*, (pp. 173-198). New York: Wiley.

Appleby L, Warner R, Whitton A, Faragher B. (1997). A controlled study of fluoxetine and cognitive-behavioral counselling in the treatment of postnatal depression. *British Medical Journal,* 314, 932-936.

Audi R. (1999). *The Cambridge Dictionary of Philosophy*, (2nd edition). Cambridge: Cambridge University Press.

Barclay L, Donovan J, Genovese A. (1996). Men's experiences during their partner's first pregnancy: a grounded theory analysis. *Australian Journal of Advanced Nursing,* 13, 12-24.

Barclay L, Everitt L, Rogan F, Schmied V, Wyllie A. (1997). Becoming a mother - an analysis of women's experience of early motherhood. *Journal of Advanced Nursing,* 25, 719-728.

Barclay L, Lupton D. (1999) The experience of new fatherhood: a socio-cultural analysis. *Journal of Advanced Nursing*, 29, 1013-1020.

Barone D, Maddux J, Snyder C. (1997). *Social-cognitive psychology: History and current domains*. New York: Plenum.

Barrera M J, Sandler I N, Ramsay T B. (1981). Preliminary development of a scale of social support: studies on college students. *Americal Journal of Community Psychology,* 9, 435-447.

Barrera M, Ainlay S L. (1983). The structure of social support. *Journal of Community Psychology,* 11, 133-143.

Bass S A, Garo F G. (1996). The ecomomic value of grandparent assistance. *Generations,* 20, 29-33.

Benner P, Wrubel J. (1989). *The Primacy of Caring: Stress and Coping in Health and Illness*. Menlo Park: Addison-Wesley.

Blake R, McKay D. (1986). A single-item measure of social supports as a predictor of morbidity. *Journal of Family Practice,* 22, 82-84.

Blumer H. (1969). *Symbolic Interactionism*. Englewood Cliffs, NJ: Prentice Hall.

Bowlby J. (1969). *Attachment and Loss: Attachment*. New York: Basic Books.

Brandt P, Weinert C. (1981). The PRQ - A social support measure. *Nursing Research,* 30, 277-280.

Bridger J. (2005). Exploring the philosophical underpinnings: the challenges of situating grounded theory for a PhD study exploring the illness experience of individuals with chronic kidney disease. *Advances in Qualitative Methods: The Sixth International Interdisciplinary Conference,* Edmonton, Canada

Brissette I, Cohen S, Seeman T. (2000). Measuring social integration and social networks. In S Cohen, L Underwood, B Gottlieb (eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*, (pp. 53-85). Oxford: Oxford University Press.

Brittan A. (1973). *Meanings and Situations*. London: Routledge & Kegan Paul.

Bronfenbrenner U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Brook C. (1997). *Social and professional support during childbearing*, Master of Social Science in Applied Anthropology and Sociology, University of Queensland.

Brown M A. (1986a). Social support, stress, and health: a comparison of expectant mothers and fathers. *Nursing Research, 35, 72-76.*

Brown M A. (1986b). Social support during pregnancy: a unidimentional or multidimentional construct? *Nursing Research,* 35, 4-9.

Bryce R L, Stanley F J, Garner J B. (1991). Randomised controlled trial of antenatal social support to prevent preterm birth. *British Journal of Obstetrics and Gynaecology,* 98, 1001-1008.

Caplan G. (1974). Support Systems. In G Caplan (ed.), *Support Systems and Community Mental Health*, (pp. 1-40). New York: Behavioral Publications.

Cassel J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology,* 104, 107-123.

Charmaz K. (1990). 'Dicovering' chronic ilness: using grounded theory. *Social Science & Medicine,* 30, 1161-1172.

Charmaz K. (1995). Between positivism and postmodernism: implications for methods. *Studies in Symbolic Interaction,* 17, 43-72.

Charmaz K. (2000). Grounded theory: objectivist and constructionist methods. In N K Denzin, Y S Lincoln (eds.), *Handbook of Qualitative Research*, (2nd edition), (pp. 509-535). Thousand Oaks: Sage.

Clarke A. (2003). Situational analysis: grounded theory mapping after the postmodern turn. *Symbolic Interaction,* 26, 553-576.

Cobb S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine,* 38, 300-314.

Cochran M. (1993). Parenting and personal social networks. In T Luster, L Okagaki (eds.), *Parenting: An Ecological Perspective*, (pp. 149-178). New Jersey: Lawrence Erlbaum Associates.

Coffman S, Ray M A. (1999). Mutual intentionality: a theory of support processes in pregnant African American women. *Qualitative Health Research.* 9, 479-492.

Coffman S, Ray M A. (2001). African American women describe support processes during high-risk pregnancy and postpartum. *Journal of Obstetric, Gynecologic & Neonatal Nursing,* 31, 536-544.

Cohen I J. (1989). *Structuration Theory: Anthony Giddens and the Constitution of Social Life*. New York: St Martin's Press.

Cohen S, Gottlieb B, Underwood L. (2000). Social relationships and health. In S Cohen, L Underwood, B Gottlieb (eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*, (pp. 3-25). Oxford: Oxford University Press.

Cohen S, Syme S L. (1985). *Social Support and Health*. Orlando, Florida: Academic Press.

Colletta N D. (1981). Social support and the risk of maternal rejection by adolescent mothers. *The Journal of Psychology,* 109, 191-197.

Collins N L, Dunkel-Schetter C, Lobel M, Scrimshaw S C M. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. *Journal of Personality and Social Psychology,* 65, 1243-1258.

Collins. (1989). *Collins Concise Dictionary*. London: Collins.

Contreras J M, Mangelsdorf S C, Rhodes J E, Diener M L, Brunson L. (1999). Parent-child interaction among latina adolescent mothers: the role of family and social support. *Journal of Research on Adolescence,* 9, 417-440.

Cooley M L, Unger D G. (1991). The role of family support in determining developmental outcomes in children of teen mothers. *Child Psychiatry and Human Development,* 21, 217-234.

Copstick S M, Taylor K E, Hayes R, Morris N. (1986). Partner support and the use of coping techniques in labour. *Journal of Psychosomatic Research,* 30, 497-503.

Coyne J C, Ellard J H, Smith D A F. (1990). Social support, interdependence, and the dilemmas of helping. In B R Sarason, I G Sarason, G R Pierce (eds.), *Social Support: An Interactional View*, (pp. 129-149). New York: Wiley.

Coyne J C, Wortman C, Lehman D. (1988). The other side of support: emotional overinvolvement and miscarried helping. In B Gottlieb (ed.), *Marshalling Social Support*, (pp. 305-330). Newbury Park: Sage.

Cranley M S. (1984). Social support as a factor in the development of parents attachment to their unborn. *Birth Defects: Original Article Series,* 20, 99-124.

Cranley M S. (1981). Roots of attachment: The relationship of parents with their unborn. *Birth Defects: Original Article Series,* 17, 59-83.

Creswell J. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks: Sage.

Crnic K A, Greenberg M T, Ragozin A S, Robinson N M, Basham R B. (1983). Effects of stress and social support on mothers and premature and full-term infants. *Child Development,* 54, 209-217.

Cronenwett L R. (1984). Social networks and social support of primigravida mothers and fathers. *Birth Defects: Original Article Series,* 20, 167-203.

Cronenwett L R. (1985a). Parental network structure and perceived support after birth of first child. *Nursing Research,* 34, 347-352.

Cronenwett L R. (1985b). Network structure, social support, and psychological outcomes of pregnancy. *Nursing Research.,* 34, 93-99.

Crotty M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Sydney: Allen & Unwin.

Cutcliffe J R. (2000). Methodological issues in grounded theory. *Journal of Advanced Nursing,* 31, 1476-1484.

Cutrona C E, Russell D W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B R Sarason, I G Sarason, G R Pierce (eds.), *Social Support: An Interactional View*, (pp. 319-366). New York: Wiley.

Darlington Y, Miller J. (2000). Support Received by families with dependent children: the importance of receiving adequate support. *Journal of Family Studies,* 6, 65-77.

Darwin C. (1952). *The Origin of the Species, The Descent of Man*. Chicago: Encyclopaedia Britanica.

Denzin N K. (1969). Symbolic interactionism and ethnomethodology: a proposed synthesis. *American Sociological Review,* 34, 922-934.

deVaus J. (1992). *Mothers Growing Up: Understanding the Heartaches of Motherhood*. North Sydney: Allen & Unwin.

Dey I. (1999). *Grounding Grounded Theory: Guidelines for Qualitative Inquiry*. San Diego: Academic Press.

Dingwall R. (2001). Notes toward an intellectual history of symbolic interactionism. *Symbolic Interaction,* 24, 237-242.

Dix C. (1987). *The New Mothers Syndrome: Coping with Postnatal Stress and Depression*. London: Allen & Unwin.

Dunkel-Schetter C, Skokan L A. (1990). Determinants of social support provisions in personal relationships. *Journal of Social and Personal Relationships,* 7, 437-450.

Dunst C, Jenkins V, Trivette C. (1984). The family support scale. *Wellness Perspectives,* 1, 45-52.

Durkheim E. (1952). *Suicide: A Study in Sociology*. London: Routledge & Kegan Paul.

Eaves Y. (2001). A synthesis technique for grounded theory data analysis. *Journal of Advanced Nursing,* 35, 654-663.

Fallows C, Collier S. (2004). *A Common Sense Guide for Australian Parents*. Sydney: Murdoch Books.

Fine G A. (1992). Agency, structure, and comparative contexts: toward a synthetic interactionism. *Symbolic Interaction,* 15, 87-107.

Finnbogadottir H, Svalenius E, Persson E K. (2003). Expectant first-time fathers' experiences of pregnancy. *Midwifery*, 19, 96-105.

Fiore J. (1980). Global Satisfaction Scale. (Unpublished manuscript).

Fischer L R. (1981). Transitions in the mother-daughter relationship. *Journal of Marriage and the Family,* 613-622.

Fischer L R. (1983a). Married men and their mothers. *Journal of Comparative Family Studies,* 14, 393-402.

Fischer L R. (1983b). Mothers and mothers-in-law. *Journal of Marriage and the Family,* 187-192.

Fischer L R. (1983c). Transition to grandmotherhood. *International Journal of Aging and Human Development,* 16, 67-78.

Flaherty J A, Gaviria M, Pathak D. (1983). The measurement of social support: the social support network inventory. *Comprehensive Psychiatry,* 24, 521-529.

Franks P, Campbell T L, Shields C G. (1992). Social relationships and health: the relative roles of family functioning and social support. *Social Science & Medicine,* 34, 779-788.

Gjerdingen DK, Chaloner K. (1994). Mothers' experience with household roles and social support during the first postpartum year. *Women and Health*, 21, 57-74.

Glaser B, Strauss A. (1967). *Discovery of Grounded Theory*. Chicago: Aldine.

Glaser B. (1978). *Theoretical Sensitivity*. Mill Valley, CA: Sociology Press.

Glaser B. (1992). *Basics of Grounded Theory Analysis: Emergence Versus Forcing*. Mill Valley, CA: Sociology Press.

Glaser B. (2002). Constructivist grounded theory? *Forum: Qualitative Social Research [On-line Journal],* 3, [47 paragraphs] Available at: http://www.qualitative-research.net/fqs-texte/3-02/3-02glaser-e.htm [Date of access: Nov. 2004].

Goldberg L, Brinkley G, Kukar J. (1998). *Pregnancy to Parenthood*. New York: Avery.

Goldstein L H, Diener M L, Mangelsdorf S C. (1996). Maternal characteristics and social support across the transition to motherhood: associations with maternal behavior. *Journal of Family Psychology,* 10, 60-71.

Gottlieb B H, Pancer S M. (1988). Social networks and the transition to parenthood. In G Y Michaels, W A Goldberg (eds.), *The transition to parenthood: Current theory and research. Cambridge studies in social and emotional development*, (pp. 235-269). New York: Cambridge University Press.

Gottlieb B H. (1978). The development and application of a classification scheme of informal helping behavior. *Canadian Journal of Behavioral Science,* 10, 105-115.

Gouldner A. (1960). The norm of reciprocity: A preliminary statement. *American Sociological Review,* 25, 161-178.

Gouldner A. (1970). *The Coming Crisis of Western Sociology*. London: Heinemann.

Guba E G, Lincoln Y S. (1994). Competing paradigms in qualitative research. In N K Denzin Y S Lincoln (eds.), *Handbook of Qualitative Research*, (1st edition) (pp. 105-117). Thousand Oaks: Sage.

Hall W, Callery P. (2001). Enhancing the rigor of grounded theory: incorporating reflexivity and relationality. *Qualitative Health Research,* 11, 257-272.

Hansen L B, Jacob E. (1992). Intergenerational support during the transition to parenthood: issues for the new parents and grandparents. *Families in Society: The Journal of Contemporary Human Services,* 73, 471-479.

Heins H C, Nance N W, McCarthy B J, Efird C M. (1990). A randomised controlled trial of nurse-midwifery prenatal care to reduce low birthweight. *Obstetrics and Gynecology,* 75, 341-345.

Heller K, Lakey B. (1985). Perceived support and social interaction among friends and confidants. In I G Sarason, B R Sarason (eds.), *Social Support: Theory Research and Applications*, (pp. 287-300). Dordrecht: Martinus Nijhoff.

Heller K, Swindle R W, Dusenbury L. (1986). Component social support processes: comments and integration. *Journal of Consulting and Clinical Psychology,* 54, 466-470.

Hendricks A K. (1998). On the back-burner: the needs of first time mothers. *Birth Issues,* 7, 81-85.

Hilbert G A. (1990). Measuring social support in chronic illness. In O L, Strickland, C F Waltz (eds.), *Measurement of Nursing Outcomes: Measuring Client Self Care and Coping Skills*, (pp. 79-95). New York: Springer.

Hirsch B J. (1980). Natural support systems and coping with major life changes. *American Journal of Community Psychology,* 8, 159-172.

Hodnett E D. (2001a). Support during pregnancy for women at increased risk of low birthweight babies (Cochrane Review). In *The Cochrane Library*. Oxford: Update software.

Hodnett E D. (2001b). Caregiver support for women during childbirth (Cochrane Review). In *The Cochrane Library*. Oxford: Update software.

Holden J M, Sagovsky R, Cox J L. (1989). Counselling in a general practice setting: controlled study of health visitor intervention in treatment of postnatal depression. *British Medical Journal,* 298, 226.

Homans G. (1961). *Social Behavior: Its Elementary Forms*. New York: Harcourt Brace Jovanovich.

House J S. (1981). *Work Stress and Social Support*. Reading, Mas.: Addison Wesley Publishing Co..

Huber J. (1973). Symbolic interaction as a pragmatic perspective: the bias of emergent theory. *American Sociological Review,* 38, 278-284.

Hupcey J E. (1998a). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing,* 27, 1231-1241.

Hupcey J E. (1998b). Social support: assessing conceptual coherence. *Qualitative Health Research,* 8, 304-318.

Hutchinson S A. (1993). Grounded theory: the method. In P L Munhall, C A Boyd (eds.), *Nursing Research: A Qualitative Perspective*, (2nd edition), (pp. 180-212). New York: National League for Nursing Press.

Jacobson D E. (1986). Types and timing of social support. *Journal of Health and Social Behavior*, 27, 250-264.

Johnson M, Long T, White A. (2001). Arguments for 'British Pluralism' in qualitative health research. *Journal of Advanced Nursing,* 33, 243-249.

Jordan P L. (1989). Support behaviors identified as helpful and desired by second-time parents over the perinatal period. *Maternal-Child Nursing Journal,* 18, 133-145.

Jordan P L. (1990). Laboring for relevance: expectant and new fatherhood. *Nursing Research,* 39, 11-16.

Kahn R L (1979). Aging and social support. In M W Riley (ed.), *Aging From Birth to Death: Interdisciplinary perspectives,* (pp, 77-91). Boulder, CO: Westview Press.

Kahn R L, Antonucci T C. (1980). Convoys over the life course: attachment, roles and social support. In P B Baltes, O Brim (eds.), *Lifespan Development and Behavior*, (pp. 253-286). New York: Academic Press.

Kendall J. (1999). Axial coding and the grounded theory controversy. *Western Journal of Nursing Research,* 21, 743-757.

Kendall-Tackett K. (2001). *The Hidden Feeling of Motherhood: Coping with Stress Depression and Burnout*. Oakland: New Harbinger.

Kessler R, McLeod J, Wethington E. (1985). The costs of caring: a perspective on the relationship between sex and psychological distress. In I G Sarason, B R Sarason (eds.), *Social Support: Theory Research and Applications*, (pp. 491-506). Dordrecht: Martinus Nijhoff.

Kitzinger J. (1995). Qualitative research: Introducing focus groups. *British Medical Journal,* 311, 299-302.

Kitzinger S. (1996). *Becoming a Grandmother: A Life Transition*. New York: Scribner.

Kivnick H Q. (1985). Grandparenthood and mental health: meaning, behavior, and satisfaction. In V C Bengtson, J F Robertson (eds.), *Grandparenhood*, (pp. 151-158). Beverly Hills: Sage.

Klaus M, Kennell J, Robertson S, Sosa R. (1986). Effects of social support during parturition on maternal and infant morbidity. *British Medical Journal,* 6, 585-587.

Kornhaber A. (1985). Grandparenthood and the "new social contract". In V L Bengtson, J F Robertson (eds.), *Grandparenthood*, (pp. 159-171). Beverly Hills: Sage.

Krueger R. (1994). *Focus Groups: A Practical Guide for Applied Research*, (2nd edition). Thousand Oaks: Sage.

Kuhn M. (1964). Major trends in symbolic interaction theory over the past twenty-five years. *Sociological Quarterly,* 5, 61-84.

Kuhn T S. (1970). *The Structure of Scientific Revolutions* (2nd edition). Chicago: University of Chicago Press.

Lakey B, Cohen S. (2000). Social support theory and measurement. In S Cohen, L Underwood, B Gottlieb (eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*, (pp. 29-52). Oxford: Oxford University Press.

Lazarus R S, Folkman S. (1984). *Stress, Appraisal and Coping*. New York: Springer.

Lazarus R S. (1966). *Psychological Stress and the Coping Process*. New York: McGraw-Hill.

Leathers S J, Kelley M A, Richman J A. (1997). Postpartum depressive symptomatology in new mothers and fathers: parenting, work, and support. *The Journal of Nervous and Mental Disease,* 185, 129-139.

Leavy R L. (1983). Social support and psychological disorder: a review. *Journal of Community Psychology,* 11, 3-21.

Levitt M, Weber R, Clark M. (1986). Social network relationships as sources of maternal support and well-being. *Developmental Psychology,* 22, 310-316.

Lin N, Simeone R S, Ensel W M, Kuo W. (1979). Social support, stressful life events, and illness: a model and an empirical test. *Journal of health and Social Behavior*, 20, 108-119.

Lin N. (1986). *Social Support, Life Events and Depression*. New York: Academic Press.

Lincoln Y S, Guba E G. (1985). *Naturalistic Enquiry*. London: Sage.

Loftland J, Loftland L H. (1984). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Belmont: Wadsworth.

MacElveen-Hoehn P, Eyres S. (1984). Social support and vulnerability: state of the art in relation to families and children. In K E Barnard, P A Brandt, B S Raff (eds.), Social Support and Families of Vulnerable Infants. *Birth Defects: Original Article Series,* 20, 11-43.

Magee B, Morgenbesser S. (1987). The American Pragmatists. In Brian Magee, ed., *The Great Philosophers: An Introduction to Western Philosophy*, (pp. 278-296). Oxford: Oxford University Press.

Magee B, Passmore J. (1987). Hume. In B Magee (ed.), *The Great Philosophers: An Introduction to Western Philosophy*, (pp. 144-166). Oxford: Oxford University Press.

Magee B. (1987). *The Great Philosophers: An Introduction to Western Philosophy*. Oxford: Oxford University Press.

Maines D R. (1988). Myth, text, and interactionist complicity in the neglect of Blumer's macrosociology. *Symbolic Interaction,* 11, 43-57.

May K. (1994). Impact of maternal activity restriction for preterm labor on the expectant father. *Journal of Obstetric, Gynecologic and Neonatal Nursing,* 23, 246-251.

McCann T, Clark E. (2003). Grounded theory in nursing research: part 2 - critique. *Nurse Researcher,* 11, 19-28.

Mead G H. (1934). *Mind, Self and Society: From the Standpoint of a Social Behaviorist*. Chicago: The University of Chicago Press.

Meltzer B N, Petras J W, Reynolds L T. (1975). *Symbolic Interactionism: Genesis, Varieties and Criticism*. London: Routledge & Paul.

Mihata K. (2002). Emergence and complexity in interactionism: comments on David A. Snow's "Extending and broadening Blumer's conceptualisation of symbolic interactionism". *Symbolic Interaction,* 25, 571-575.

Morgan D. (1997). *Focus Groups as Qualitative Research*, (2nd edition). Thousand Oaks: Sage.

Morrell C J, Spiby H, Stewart P, Walters S, Morgan A. (2000). Costs and effectiveness of community postnatal support workers: randomised controlled trial. *British Medical Journal, 321, 593-8*.

Morse J M, Hupcey J E, Mitcham C, Lenz E R. (1996). Concept analysis in nursing research: A critical appraisal. *Scholarly Inquiry for Nursing Practice: An International Journal,* 10, 253-277.

Morse J M, Hupcey J E, Penrod J, Mitcham C. (2002). Integrating concepts for the development of qualitatively-derived theory. *Research And Theory for Nursing Practice: An International Journal,* 16, 5-18.

Morse J M. (1991). Strategies for sampling. In J M Morse (ed.), *Qualitative Nursing Research: A Contemporary Dialogue*, (pp. 126-146). London: Sage.

Morse J M. (1995). Exploring the theoretical basis of nursing using advanced techniques of concept analysis. *Advances in Nursing Science,* 17, 31-46.

Morse J M. (2000). Exploring pragmatic utility: Concept analysis by critically appraising the literature. In B L Rodgers K Knafl (eds.), *Concept Development in Nursing*, (pp. 333-352). Philadelphia: WB Saunders.

Morse J M. (2002). Theory innocent or theory smart? (Editorial). *Qualitative Health Research,* 12, 295-296.

Norbeck J S, Dejoseph J F, Smith R T. (1996). A randomized trial of an empirically-derived social support intervention to prevent low birthweight among African American women. *Social Science & Medicine,* 43, 947-954.

Norbeck J S, Lindsey A M, Carrieri V I. (1981). The development of an instrument to measure social support. *Nursing Research,* 30, 264-269.

Nuckolls K B, Cassel J, Kaplan J H. (1972). Psychosocial assets, life crises and the prognosis of pregnancy. *American Journal of Epidemiology,* 95, 431-441.

Oakley A, Rajan L, Grant A. (1990). Social support and pregnancy outcome. *British Journal of Obstetrics and Gynaecology,* 97, 155-162.

Oakley A. (1992). *Social Support and Motherhood*. Oxford: Blackwell.

O'Reilly P. (1988). Methodological issues in social support and social network research. *Social Science & Medicine,* 26, 863-873.

Park E M, Dimigen G. (1994). Cross-cultural comparison of the social support system after childbirth. *Journal of Comparative Family Studies,* 25, 345-352.

Pettersson K, Christensson K, deFreitas E, Johansson E. (2004). Adaptation of health care seeking behavior during childbirth: focus group discussions with women living in the suburban areas of Luanda, Angola. *Health Care for Women International,* 25, 255-280.

Pilisuk M. (1982). Delivery of social support: the social inoculation. *Americal Journal of Orthopsychiatry,* 52, 20-31.

Plummer K. (1991). *Symbolic Interactionism*. Aldershot: Edward Elgar.

Podkolinski J. (1998). Women's experience of postnatal support. In S Clement (ed.), *Psychological Perspectives on Pregnancy and Childbirth*, (pp. 205-225). Edinburgh: Churchill Livingstone.

Power T G, Parke R D. (1984). Social network factors and the transition to parenthood. *Sex Roles,* 10, 949-972.

Priel B, Besser A. (2002). Perceptions of early relationships during the transition to motherhood: the mediating role of social support. *Infant Mental Health Journal,* 23, 343-360.

Procidano M E, Heller K. (1983). Measures of perceived social support from friends and from family: three validation studies. *Americal Journal of Community Psychology,* 11, 1-24.

Rankin E A D, Campbell N D, Soeken K L. (1985). Adaptation to parenthood: differing expectations of social supports for mothers versus fathers. *Journal of Primary Prevention,* 5, 145-153.

Ray K L, Hodnett E D. (2000). Caregiver support for postpartum depression (Cochrane Review). In *The Cochrane Library*. Oxford: Update Software

Readers Digest. (1997). *Successful Grandparenting: the Essential Guide to one of Life's most Rewarding Relationships*. Surry Hills: Readers Digest.

Reece S M. (1993). Social support and the early maternal experience of primiparas over 35. *Maternal-Child Nursing Journal,* 21, 91-98.

Reis H, Collins N. (2000). Measuring relationship properties and interactions relevant to social support. In S Cohen, L Underwood, B Gottlieb (eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*, (pp. 136-192). Oxford: Oxford University Press.

Rhodes J, Meyers A, Davis A, Ebert L, Gee C. (1999). *The Social Support Network Questionnaire: A Computer Administered Method for Assessing Social Support and Social Strain*. Unpublished manuscript, University of Illinois at Urbana-Chapaign.

Richardson R A, Barbour B N, Bubenzer D L. (1991). Bittersweet connections: informal social networks as sources of support and interference for adolescent mothers. *Family Relations,* 40, 430-434.

Richardson R A. (1984). *Interpersonal Competence as a Determinant of Parenting in its Social Contexts: Social Network Involvement and Child Bearing*. Unpublished Doctoral Dissertation, Pennsylvania State University.

Robertson J F, Tice C H, Loeb L L. (1985). Grandparenthood: from knowledge to programs and policy. In V C Bengtson, J F Robertson (eds.), *Grandparenthood*, (pp. 211-234). Beverly Hills: Sage.

Robertson J F. (1975). Interaction in three generation families, parents as mediators: toward a theoretical perspective. *International Journal of Aging and Human Development,* 6, 103-110.

Rogan F, Schmied V, Barclay L, Everitt L, Wyllie A. (1997) Becoming a mother. Developing a new theory of early motherhood. *Journal of Advanced Nursing,* 25, 877-885.

Rook K. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology,* 46, 1097-1108.

Rook K. (1992). Detrimental aspects of social relationships: taking stock of an emerging literature. In H Viele. U Baumann (eds.), *The meaning and measurement of social support*, (pp. 157-169). USA: Hemisphere.

Rothberg A, Lits B. (1991). Psychosocial support for maternal stress during pregnancy: Effect on birth weight. *American Journal of Obstetrics and Gynaecology,* 165, 403.

Sarason I G, Levine H M, Basham R B, Sarason B R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality & Social Psychology,* 44, 127-139.

Sarason I G, Sarason B R, Pierce G R. (1992). Three contexts of social support. In H O T Veiel, U Baumann (eds.), *The Meaning and Measurement of Social Support*, (pp. 143-154). USA: Hemisphere.

Sarason I G, Pierce G R, Sarason B R. (1990). Social support and interactional processes: A triadic hypothesis. *Journal of Social & Personal Relationships,* 7, 495-506.

Schaefer C, Coyne J C, Lazarus R S. (1981). The health related functions of social support. *Journal of Behavioral Medicine,* 4, 381-405.

Schwandt T A. (1994). Constructivist, interpretivist approaches to human inquiry. In N K Denzin, Y S Lincoln (eds.), *Handbook of Qualitative Research*, (pp. 118-137). Thousand Oaks: Sage

Schwandt T A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social contructionism. In N K Denzin, Y S Lincoln (eds.), *Handbook of Qualitative Research*, (2nd edition), (pp. 189-213). Thousand Oaks: Sage.

Schwandt T A. (2001). *Dictionary of Qualitative Inquiry*, (2nd edition). Thousand Oaks: Sage.

Seibold C. (2004). Young single women's experiences of pregnancy, adjustment, decision-making and ongoing identity construction. *Midwifery,* 20, 171-180.

Shinn M, Lehmann S, Wong N W. (1984). Social interaction and social support. *Journal of Social Issues,* 40, 55-76.

Shumaker S A, Brownell A. (1984). Toward a theory of social support: closing conceptual gaps. *Journal of Social Issues,* 40, 11-36.

Silverman D. (1985). *Qualitative Methodology and Sociology*. Aldershot: Gower.

Silverman D. (1989). Telling convincing stories: a plea for cautious positivism in case-studies. In B Glassner, J Moreno (eds.), *The Qualitative-Quantitative Distinction in the Social Sciences*, (pp. 57-77). Dordrecht: Kluwer.

Simmel G. (1950). The significance of numbers for social life. In K H Wolff (ed.), *The Sociology of Georg Simmel*, (pp. 87-104). New York: The Free Press.

Small R, Astbury J, Brown S, Lumley J. (1994). Depression after childbirth. Does social context matter? *Medical Journal of Australia,* 161, 473-477.

Smith K, Biley F. (1997). Understanding grounded theory: principles and evaluation. *Nurse Researcher,* 4, 17-30.

Snow D A. (2001). Extending and broadening Blumer's conceptualization of Symbolic Interactionism. *Symbolic Interaction,* 24, 367-377.

Sosa R, Kennell J, Klaus M, Robertson S, Urrutia J. (1980). The effect of a supportive companion on perinatal problems, length of labor and mother-infant interaction. *New England Journal of Medicine,* 303, 596-600.

Spencer B, Thomas H, Morris J. (1989). A randomised controlled trial of the provision of a social support service during pregnancy: the South Manchester Family Worker Project. *British Journal of Obstetrics and Gynaecology,* 96, 281-288.

Stamp G E, Williams A S, Crowther C A. (1995). Evaluation of antenatal and postnatal support to overcome postnatal depression: a randomized, controlled trial. *Birth: Issues in Perinatal.Care & Education,* 22, 138-143.

Stern P. (1980). Grounded theory methodology its uses and applications. *Image,* 12, 20-23.

Stern P. (1994). Eroding grounded theory. In J Morse (ed.), *Critical Issues in Qualitative Research Methods*, (pp. 212-223). Thousand Oaks: Sage.

Stewart D W, Shamdasani P N. (1990). *Focus Groups: Theory and Practice*. Newbury Park, California: Sage.

Stewart M J. (1993). *Integrating social support in nursing*. Newbury Park, California: Sage.

Stewart M J. (1989). Social support: Diverse theoretical perspectives. *Social Science & Medicine,* 28, 1275-1282.

Strauss A, Corbin J. (1990). *Basics of Qualitative Research*. Thousand Oaks: Sage.

Strauss A, Corbin J. (1994). Grounded theory methodology:an overview. In N K Denzin, Y S Lincoln (eds.), *Handbook of Qualitative Research*, (pp. 273-285). London: Sage.

Strauss A, Corbin J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, (2nd edition). Thousand Oaks: Sage.

Strom R, Strom S. (1991). *Becoming a Better Grandparent: Viewpoints on Strengthening the Family*. Newbury Park: Sage.

Stryker S. (1988). Substance and style: an appraisal of the sociological legacy of Herbert Blumer. *Symbolic Interaction,* 11, 33-42.

Tammentie T, Paavilainen E, Astedt-Kurki P, Tarkka M. (2004). Family dynamics of postnatally depressed mothers - discrepancy between expectations and reality. *Journal of Clinical Nursing,* 13, 65-74.

Tarkka M T. (1999). Social support provided by public health nurses and the coping of first time mothers with child care. *Public Health Nursing,* 16, 114-119.

Tarnas R. (1991). *The Passion of the Western Mind: Understanding the Ideas that have Shaped our World View*. London: Pimlico.

Thoits P A. (1982). Conceptual, methodological and theoretical problems in social support as a buffer against life stress. *Journal of Health and Social Behaviour,* 23, 145-159.

Thoits P A. (1983). Multiple identities and psychological well-being: A reformulation of the social isolation hypothesis. *American Sociological Review,* 48, 174-187.

Thoits P A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology,* 54, 416-423.

Thomas W, Znaniecki F. (1920). *The Polish Peasant in Europe and America*. New York: Alfred A. Knopf.

Thome M, Alder B. (1999). A telephone intervention to reduce fatigue and symptom distress in mothers with difficult infants in the community. *Journal of Advanced Nursing,* 29, 128-137.

Thorne S. (1997). The art (and science) of critiquing qualitative research. In J M Morse (ed.), *Completing a Qualitative Project: Details and Dialogue*, (pp. 117-132). Thousand Oaks: Sage.

Thurtle V. (2003). First time mothers perceptions of motherhood and PND. *Community Practitioner,* 76, 261-265.

Tietjen A M, Bradley C F. (1985). Social support and maternal psychosocial adjustment during the transition to parenthood. *Canadian Journal of Behavioral Science,* 17, 109-121.

Tinsley B J, Parke R D. (1984). Grandparents as support and socializing agents. In M Lewis (ed.), *Beyond the Dyad*, (pp. 161-194). New York: Plenum Press.

Tinsley B J, Parke R D. (1987). Grandparents as interactive and social support agents for families with young infants. *International Journal of Aging and Human Development,* 25, 259-277.

Troll L E. (1983). Grandparent: the family watchdogs. In T H Brubaker (ed.), *Family Relationships in Later Life*, (pp. 63-74). Beverly Hills: Sage.

Troll L E. (1985). The contingencies of grandparenting. In V L Bengtson, J F Robertson (eds.), *Grandparenthood*, (pp. 135-149). Beverly Hills: Sage.

Turner J. (1978). *The Structure of Sociological Theory*. Homewood, IL: Dorsey.

Vaux A. (1990). An ecological approach to understanding and facilitating social support. *Journal of Social and Personal Relationships,* 7, 507-518.

Warshay L, Warshay D. (1986). The individualizing and subjectivizing of George Herbert Mead: A sociology of knowledge interpretation. *Sociological Focus,* 19, 177-188.

Wilkinson S. (2004). Using focus groups. In D Silverman (ed.), *Qualitative Research*, (2nd edition). London: Sage.

Wills T, Shinar O. (2000). Measuring perceived and received social support. In S Cohen, L Underwood, B Gottlieb (eds.), *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*, (pp. 86-135). Oxford: Oxford University Press.

Zachariah R. (2004). Attachment, social support, life stress, and psychological well-being in pregnant low-income women: a pilot study. *Clinical Excellence for Nurse Practitioners,* 8, 60-67.