

**A New Mother's Cry:  
Analyzing Traditional Social Support versus Online Social Support in Relation to the  
Postpartum Crisis**

by

Emily R. Hughes, MA

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy in Communication

School of Communication and the Arts

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### Abstract

The present study examines the gap that remains involving the transition from traditional to online social support that many mothers have participated in and how this change in communication methods during postpartum recovery may contribute to mental health disorders. This qualitative study aims to examine the differences in lived experiences among mothers regarding in-person and online forms of social support and how these experiences may impact a new mother's mental well-being. Based on previous research, the present study hypothesizes that a more significant amount of online social support compared to in-person support will result in a detriment to a new mother's mental well-being during postpartum recovery. The results demonstrated that online support group preferences were low, while participation was high. The opposite was also true regarding in-person social support methods. Preference levels for in-person support were high, while in-person support group participation was low. The findings indicated that informal in-person support methods were the most utilized during postpartum recovery. Additional findings demonstrated a gap that may remain regarding a new mother's expectations of interpersonal social support and the received amount of this support method. Finally, despite positive reports regarding current support methods, mental health concerns remained prevalent among the studied population. Ultimately, the study provides endorsement for continued integration of in-person support methods during a new mother's postpartum recovery.

*Keywords: social support, mental health, new mothers, postpartum depression, traditional support, online support, social media, phenomenological tradition, communication apprehension theory, media equation theory, interpersonal communication*

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**Dedication**

“For from Him and through Him and to Him are all things. To Him be glory forever.

Amen”. Romans 11:36

### Acknowledgments

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## CHAPTER ONE: INTRODUCTION

### Overview

New mothers are at the core of the following research. In 2022, the United States Supreme Court decided to overturn *Roe v. Wade*. This decision marked a cultural shift regarding the topic of motherhood within the United States. The timing of this research is occurring at a pivotal moment in history for women. The challenges often associated with motherhood have been a frequent element of the conversation following the Supreme Court's decision on *Roe v. Wade*. These challenges are essential to discuss and address to better prepare and support women who bear children. It is no surprise that mothers require support in their journey into motherhood physically, mentally, and emotionally. This type of support is commonly referred to as social support and is defined by Cohen and Syme (1985) as "the resources provided by other persons" (p. 4). Social support in the context of new motherhood is found when a woman's husband, family member(s), or loved ones assist her following birth (Dominguez & Watkins, 2003; O'Hara, 1986). This concept is essential in the subsequent research involving new mothers' current struggle with postpartum depression and other mental well-being concerns. The following research will look to connect new motherhood communication practices following birth with outcomes of their mental well-being during the initial 12 months of motherhood.

Motherhood was not designed to be a solo expedition. God created the family unit intentionally to provide mutual support to both males and females throughout their life. Genesis 2:18 states, "The LORD God said, 'It is not good for man to be alone. I will make a helper suitable for him'" (New International Version). From the very beginning of time, God intended people to live life with others and establish rich relationships with one another. Relationships with others often become increasingly valuable during challenging times. Receiving support

from one's spouse, family members, friends, and loved ones is imperative during the postpartum period (Dominguez & Watkins, 2003; O'Hara, 1986). Specifically, active husband involvement during pregnancy can strengthen postpartum couple relationships (Eddy & Fifi, 2021). This information is beneficial to be aware of, but unfortunately, postpartum depression is still on the rise, and the issue remains for many women transitioning into motherhood (O'Hara, 2009; Vaezi et al., 2019). Therefore, a further investigation into the issues surrounding a new mother's postpartum journey must occur.

When wanting to find a potential cause of the problem regarding new motherhood mental well-being concerns, it is valuable to consider how new mothers are spending a significant amount of their time. According to a recent survey conducted in April 2020 among United States adults, 46% of respondents indicated their digital communication had recently increased (Nguyen et al., 2020). It has also been reported that new mothers are the most active users on the social media platform, Facebook (Edison Research, 2019). With this information in mind, it is valuable to dig deeper and seek an understanding of these current communication practices. An analysis of whether participation in Facebook support groups plays a role in the mental health crisis among new mothers should be conducted. DiFranco (2020) stated, "In a time of unlimited access to social networking sites, users could better utilize online spaces by knowing of all possible benefits and disadvantages of self-disclosure" (p. 3). It is well-documented that social media can harm the mental health of many different user groups (Savci & Aysan, 2015). Still, research has yet to provide a clear indication of the potential correlation between new mothers' social media consumption and the impact on their mental well-being (Pantic, 2014). The recent shift toward online methods of communication is important to understand further. Identifying suspected causes for increased mental disturbance in new mothers potentially connected to their

social support practices is essential to helping families thrive. The following paragraph will detail important focal elements pertaining to this research project.

This research project will examine today's most popular form of digital communication, social media (Sujon et al., 2018). The research will focus on the usage of new motherhood online support groups as a form of social support in comparison with traditional methods of postpartum social support. Additionally, the problem associated with using social media as a primary form of communication for new mothers during the postpartum period will be examined. Ultimately, this research seeks to discover if the discussions on new motherhood online support groups help or hinder the mental health of new mothers. The initial chapter of this research includes the following: a personal background, the background of the problem, the problem statement, the purpose statement, the justification for the study, research questions, definitions of terms, and a chapter summary.

### **The Heartbeat of the Work**

A new mother looked into the eyes of her newborn baby. She had never experienced the love that now overwhelmed her entire body for another human being. Coupled with this love was an immense feeling of protection over the child. The new mother wanted to ensure the infant remained safe and that all her needs were met. Following birth, the new mother's priorities shifted, and areas of prior focus seemed to no longer hold the same level of importance as the task of raising a child. This shift in priorities is often the experience of new mothers (Lönnqvist, Leikas, & Verkasalo, 2018; St John, Cameron, & McVeigh, 2005). Following birth, women are thrust into a position to care for another being who is entirely dependent on them for life. The child's demands often precede the mother's needs, even in healthcare facilities (Lambermon et



al., 2020). This prioritizing of needs can frequently cause a new mother's emotional self-care needs to be at risk of neglect (Fahey & Shenassa, 2013; Lambermon et al., 2020).

Realizing possible emotional neglect in oneself is often difficult for a new mother to recognize amid adjusting to motherhood when the focus is primarily on her newborn baby (Stern, 1998). The need for social support significantly increases following birth (Hajipoor et al., 2021). Those within a new mother's social support circle should be aware of her social support needs immediately following birth and help address these needs even before a new mother begins seeking options herself. Post-birth is often when new mothers seek additional help from online communities (Holtz et al., 2015). Since this period is remarkably significant in the lives of new mothers, infants, and families, it is critical to review common social support practices. The following research will focus on traditional social support practices versus social media social support to provide insight into the postpartum crisis occurring among new mothers. This research will also work to aid new mothers in gaining a better understanding of what type of support may be most helpful to them during their journey through new motherhood.

### **Personal Background**

When reading this project, I believe it is valuable to be aware of a portion of my background. First and foremost, I am a believer in Christ Jesus. I accepted Jesus into my life at a very young age, and my relationship with Him has been foundational to my life ever since. I consider this critical information to the context of this research, as it drives my motivation for completing the work. I affirm that every life has value, and I trust that Christ desires the absolute best for His created beings. Jeremiah 29:11 reads, “‘For I know the plans I have for you,’ declares the LORD, ‘plans to prosper you and not to harm you, plans to give you hope and a

future” (New International Version). I am confident that Jesus cares about the mental well-being of new mothers, and therefore, I do as well.

Additionally, I am passionate about this topic because, during my Ph.D. program, I became a new mother and am currently expecting my second child. I have personally experienced the shift in priorities and perspectives that new motherhood can bring, and I desire to know more about how this motherhood transition can impact women's mental well-being through the nuances of digital communication. I hope that upon reading this research, one would find value in the conversation and new ideas would be born to continue helping new mothers, support systems, and children thrive. Two powerful motivators can be found at the center of this research, and those are the desire to love God and to love people well. I hope these factors are evident in the following words.

### **Background of New Mothers' Social Support Practices**

It is essential to review the background of new mothers' social support practices to gain a broader understanding of the research topic. The following section will include a review of historical birth experiences, prior communication practices among new mothers, social support team efforts, and mothers' transition into social media usage as a form of social support. This information will provide context for the in-depth review of social media history and new mothers' mental health history that will be included in the next section of this chapter.

Women have been giving birth since the beginning of time. Birth was discussed in the very first chapter of the Bible when the Lord addressed the challenges women would have when delivering babies. He said in Genesis 3:16a, “I will make your pains in childbearing very severe; with painful labor you will give birth to children” (New International Version). These are not the most comforting words written in the Bible, but they remain true. Childbearing is challenging,

and the challenges do not dissipate following birth. Raising children can be an all-consuming responsibility yet remains one of life's most rewarding endeavors (Simmons, 2020). Mothers have an innate ability to be physically and emotionally attuned to their children, providing them with an unmatched influence over their development (Doyle, 2018). An essential element in a child's development is communication (Atalib et al., 2013), and the common practices surrounding communication are often learned from parents. Therefore, healthy communication practices among mothers are imperative to raising children (Atalib et al., 2013). In addition to demonstrating communication with their children, new mothers should seek opportunities to converse with motherly loved ones during the postpartum period to glean understanding and support (Stern, 1998; Doyle, 2018). It is valuable to consider new mothers' communication practices to increase the understanding of women's post-birth experiences as it pertains to their mental well-being.

In previous generations, supportive communication primarily occurred face-to-face following the birth of a child (Atkinson, 2022). When women gave birth, they would often commune together to share the burdens of raising children (Atkinson, 2022). Women would offer support to other mothers through storytelling and information sharing (Doyle, 2018). Over time the world continued to develop, the communal aspect of giving birth started to dissipate, and women were more likely to give birth in a hospital setting (Doyle, 2018). As America became more urban, a natural distance was created between people that did not exist previously in more rural settings (Doyle, 2018). Communication practices following birth began to change as well. However, throughout these changes, families remained an integral part of the necessary social support group for new mothers (Tarkka & Paunonen, 1996; Negron et al., 2013).

Family members are essential in supporting women postpartum. Family units are significantly impacted by the birth of a child, especially by the birth of a firstborn. The dynamics of a married couple and a married couple with a child are often vastly different (Waite & Lillard, 1991). In some cases, children enhance the stability of a marriage (Waite & Lillard, 1991). However, in other circumstances, children do not have a stabilizing impact on the marriage and can increase the likelihood of a marriage ending (Waite & Lillard, 1991). It is a tragic affair when a family unit is disrupted. Therefore, seeking ways to enhance the health of all family members is a valuable effort when welcoming a child into the world. The involvement of family members in the support journey of a new mother is a beneficial start to this endeavor. Familial support significantly minimizes the potential for postpartum mental health complications (Maharlouei, 2016).

In addition to the social support provided by family members, new mothers have recently transitioned to seeking support through online environments (Baker & Yang, 2018). In a recent study by Baker and Yang (2018), almost half of the respondents reported utilizing social media or blogs to communicate with other mothers. Additionally, many participants considered their “friends from social media” a form of social support (Baker & Yang, 2018). Edison Research (2019) suggests that Facebook is the most popular social media platform among women of childbearing age in the United States. Additionally, about 72% of American adults use the Internet to seek health information (Holtz et al., 2015). One popular method for seeking health information is through online support groups (Holtz et al., 2015). Social media provides users the ability to reach online groups specifically involving characteristics of their own situation. For example, there are online groups available for divorced mothers, mothers of boys, mothers within certain locations, and more. This may allow mothers to find common ground with other

women and hopefully receive support from those with relevant experience. Online platforms allow for 24/7 access to dialogue which can be a comforting realization during a 2 am feeding session with a new baby.

There are thousands of online groups intended to support women in their journey through motherhood. These resources are incredibly convenient since they provide constant access to support, which mimics many women's situations in the past when expert mothers physically surrounded them in proximity during their transition into motherhood (Doyle, 2018). However, in recent years, mental health concerns among new mothers have begun to rise. In just ten years, the prevalence of postpartum depression in women has increased by 8% (Vaezi et al., 2019; O'Hara, 2009). With knowledge of this statistic comes a responsibility to take a step back, evaluate what has changed with new mothers' postpartum care, and seek to understand the issue's root cause.

### **Historical Perspective**

The history of social media and digital communication is integral to understanding the unfolding story of its impact on new mothers. Therefore, this research will review various historical elements of the research problem. The history of new mothers' mental health will be considered. This historical perspective will include an analysis of women's postpartum health in the United States following the birth of their first child. Considering relevant historical factors surrounding social media and new mothers' mental health will provide context to the current problem being addressed throughout this study.

### **New Mothers' Mental Health History**

Postpartum mental health disorders existed long before they were adequately named (Sparks, 2013). In the 19<sup>th</sup> century, Hamilton (1982) reported that many doctors believed there

were two categories of postpartum illness which could be defined as puerperal or lactational. Puerperal meant the postpartum condition would occur within the initial six weeks following childbirth (Hamilton, 1982). Lactational meant it would happen beyond the initial six weeks after delivery (Hamilton, 1982). In 1858, the first formal paper was published dedicated entirely to puerperal mental illness (Marcé, 1858). A French psychiatrist, Louis-Victor Marcé, wrote the article. Marcé (1858) reported that 9% of women developed depression during pregnancy, 58% developed depression during the initial six weeks following birth, and 33% experienced depression in the lactational period. However, the psychiatric community did not officially recognize postpartum depression until its fourth edition of the Diagnostic and Statistical Manual, published in 1994 (Sparks, 2013). Postpartum depression took a long time to be officially recognized by the psychiatric community, even though 70-80% of women experience some postpartum depression symptoms within the first two weeks following birth (Sparks, 2013).

In the mid-20<sup>th</sup> century, psychiatrists began studying mild forms of postpartum mental illnesses (Sparks, 2013). However, they noticed that many women did not seek care for postpartum illness due to the fear of being separated from their husbands and children (Sparks, 2013). Before this point in history, it had been pervasive for women suffering from depression to be separated from their infants (Sparks, 2013). However, in the 1940s, psychiatric wards began successfully incorporating mother-and-baby units where women receiving treatment for postpartum depression could remain close to their infants (Brockington, 2005). As continued research on this topic took place, postpartum depression became a household name, and routine screenings started to be administered during postpartum care visits (Sparks, 2013). This leads to the current situation regarding social media and postpartum mental health topics.

## **Social Media's History**

Tim Berners-Lee is credited with the invention of the World Wide Web in 1991 (Van Dijck, 2013). His innovation launched what is now known as networked communication (Van Dijck, 2013). From the beginning, the Web allowed online communities and support groups to form (Van Dijck, 2013). One of the primary differences between the original online communities compared to the communities available today is the ability to connect users automatically with others (Van Dijck, 2013). Initially, users were required to join or actively build groups independently (Van Dijck, 2013). This resulted in much smaller groups mainly comprised of individuals who shared a connection with the other users offline (Van Dijck, 2013). As social media networks became more prominent, the world got smaller. When reviewing the history of social networking platforms, one can recognize how media has evolved along with the user groups. When considering the complex constellations of media, Gitelman (2008) stated:

Socially realized structures of communication, where structures include both technological forms and their associated protocols, and where communication is a cultural practice, a ritualized collection of different people on the same mental map, sharing or engaged with popular ontologies of representation. (p. 7)

Media technologies learned to mimic the culture of the user groups represented online to intensify the feelings of individualization users felt while online.

Over time, media technologies became ingrained into everyday social practices (Van Dijck, 2013). For this to occur, social media platforms shifted from simply providing a utility to providing a customized service (Van Dijck, 2013). Many current social media practices mimic the everyday habits of social life from the past, such as talking to friends, sharing holiday pictures, scribbling notes, checking in on a friend's well-being, or watching a neighbor's home

video (Van Dijck, 2013). These acts previously were only shared with a few select people (Van Dijck, 2013). However, today, these scenarios are not uncommon to be shared daily with hundreds, thousands, or even millions of people. These circumstances that once occurred offhandedly or in passing can now have far-reaching or long-lasting effects (Van Dijck, 2013). When considering this unprecedented change in communication, Van Dijck (2013) stated, "Social media platforms have unquestionably altered the nature of private and public communication" (p. 7). Digital communication practices allow for more of life's intimate moments to become mainstream media.

As technology has continued to develop, it is essential to review its past and compare what is occurring today with the original goals of the platform. It is interesting to consider that in the early 1970s, computers had a reputation as instruments of control (Van Dijck, 2013). It was not until the late 1970s that information technology devices began to be viewed as potential tools of liberation rather than oppression (Van Dijck, 2013). When Facebook entered the scene, it promised to be an interactive platform to make online culture more participatory, user-centered, and collaborative (Van Dijck, 2013). An early victory was claimed for Internet users by many media theorists who stated that Web 2.0 would exponentially enhance the natural human need to connect and create (Van Dijck, 2013). Throughout its history, the Internet has continued to strive to be represented as a platform for connection. This is a valuable statement to remember for the discussion regarding the current state of social media.

### **Current Situation**

Similar to the importance of a historical review, an evaluation of the current circumstances surrounding the research problem is paramount to this work. The following section will review the current situation of the research problem. There will be a review of the



current state of social media explicitly focusing on online support groups intended for new mothers. Additionally, the current state of postpartum mental health will be reviewed from documentation within the United States. This section will lead to a summarized problem statement for the research project.

### **Current State of Social Media**

Social media platforms have become one of the most robust and ubiquitous methods for individuals to curate and share their personal stories with the world (Stone et al., 2022). The recent pandemic in 2020 highlighted that social media has become a significant means for individuals to share their lives and often can be the only means by which they do so (Perrin, 2015; Stone et al., 2022). The value of sharing personal information has become the driving force behind the continued success of social media platforms (Baek et al., 2017; Krasnova et al., 2010; Wang, 2022). People place importance on the ability to form and maintain social ties through online environments (Roisman et al., 2004). Social media also serves as a tool for preserving memories unique to the Internet era (Hou et al., 2022; Stone & Wang, 2019; Wang, 2021). After being asked to document memories in a diary for a week, participants more easily recalled moments they had shared online (Wang et al., 2017). Social media has attached itself to users' family members, loved ones, and most precious memories through various methods.

Social media can be used for social interaction, information seeking, passing the time, entertainment purposes, relaxation, communication, convenience, expression of opinion, information sharing, and surveillance or knowledge about others (Bumgarner, 2007; Gallion, 2010; Hollenbaugh, 2011; Whiting & Williams, 2013). There are diverse goals for utilizing social media among different populations (Stone et al., 2022). In the United States, people tend to embrace more autonomy and individualization online and, therefore, more frequently use

personal memories for self and social functions (Wang et al., 2015). These uses are helpful to be aware of, but in the context of this research, it is most valuable to consider a new mother's social media usage.

When considering a new mother's Facebook usage, Miller (2021) found that soon after a new baby was born, a mother would nearly disappear from her own Facebook profile; her newborn baby would displace her even in her own profile picture. After surveying, 259 mothers, Morris (2014) found that 89.2% indicated that they posted Facebook status updates concerning their child, 96.5% stated they posted photos of their child on Facebook, and 45.6% said they shared videos of their child on Facebook. When considering what parenting-related purposes these women accessed Facebook for, Morris (2014) established three main categories: questioning, curation, and mommy-networking. After comparing parents', grandparents', aunts', and uncles' social media posts, research determined that mothers post the most information about their children online, usually through family photos (Lazard et al., 2018). Lazard et al. (2018) found that "proud" was the most likely word used in mothers' posts concerning their children's accomplishments. Through this current research evaluation, it is evident that new mothers often use Facebook to gather parent-related information and share their children.

### **Current State of Postpartum Mental Health**

Despite being a part of the emergent world, the United States has the worst maternal mortality rate among developed nations (Hamilton et al., 2018). Furthermore, the number of mothers who attempt suicide within the initial 12 months following birth is two to three times higher than the number of maternal deaths (Hamilton et al., 2018). The Centers for Disease Control and Prevention reported in 2017 that every maternal death represents an estimated 50 or more women suffering from a severe medical complication (CDC, 2018). These are disturbing

statistics, especially for a country with access to the most advanced medical care in the world (Hamilton et al., 2018).

To understand the current state of postpartum health in the United States, it is crucial to consider a few birth statistics. The most recent trends in America show an increased likelihood of mothers giving birth to premature newborns (Hamilton et al., 2018). Additionally, about one-third of American mothers have a cesarean delivery (Hamilton et al., 2018). Lastly, the maternal age for new mothers is at an all-time high of 26.4 (Hamilton et al., 2018). Following birth, it is not unlikely for a new mother to be balancing the complex and risky circumstances of higher maternal age, a premature baby, and a surgical delivery (Hamilton et al., 2018). These factors are important to consider regarding the overall postpartum health of a new mother.

Due to these increasingly dangerous circumstances, medical professionals have recently increased their emphasis on postpartum care (Hamilton et al., 2018). There is a significant call to reverse the upward trend of morbidity and mortality for women during and following birth (Hamilton et al., 2018). Postpartum care is an essential element of this treatment plan. A mother's needs post-birth typically extend far beyond medical treatment (Hamilton et al., 2018; Lambermon et al., 2020). An effective medical care plan for postpartum mothers is often more appropriately addressed by a team of physicians, health psychologists, professional counselors, nurses, lactation consultants, social workers, physical therapists, and community health workers (Hamilton et al., 2018; Lambermon et al., 2020). In an ideal circumstance, postpartum care would include screening for depression and other mental health concerns, onsite mental health services, counseling support for maternal-infant bonding, a behavioral health consultation for weight management, a lactation consultant for nursing mothers, physical therapy for common

problems such as diastasis, and a sleep specialist (Hamilton et al., 2018). These resources are not always available to new mothers, yet questions and concerns on these topics remain.

To seek guidance in these unique challenges, new mothers often turn to social media platforms (Moon et al., 2019). Some mothers have even admitted to preferring advice from social media over their health care providers (Moon et al., 2019). Health care providers are trained professionals with years of education to offer guidance in specified areas. Yet, their opinions are often being replaced by strangers found in an online support group (Moon et al., 2019). The current circumstances regarding new mothers' postpartum health speak to the necessity for further research in this area. Many new mothers are not thriving in their postpartum care journeys (Hamilton et al., 2018). However, an analysis of modern communication practices by new mothers on social media could shed more light on how to improve the overall well-being of new mothers during the postpartum period.

### **Problem Statement**

Although social media and mental health have been thoroughly studied throughout the years, a gap remains between the transition from traditional to online social support that many mothers have participated in, and how this change in communication methods may contribute to postpartum mental health disorders. Online social support methods have dramatically increased in recent years, and mothers are making behavioral changes based on the information found online (Moon et al., 2019). It is invaluable to understand how these behavioral changes may be emotionally impacting new mothers.

### **Purpose Statement**

The purpose of this qualitative comparative study is to examine the differences in communication practices between mothers receiving traditional social support and those

receiving online social support through new motherhood social media-based groups, and how these differences may impact a new mother's mental well-being. It is necessary to examine the forms of communication that take place between new mothers and within online motherhood groups purported to provide social support. It is essential to bring clarity to the type of support that is being provided to women during the postpartum period. The study hopes to understand how this communication helps/hurts new mothers' mental well-being. The purpose of this research is to understand the potential correlation among the experiences with both online new motherhood social support groups and traditional face-to-face forms of social support with a new mother's mental health through a theoretical framework of media equation theory and communication apprehension. Known digital communication strategies will then be applied to the findings.

### **Significance of the Study**

This topic of discussion is incredibly timely given the current state of the world that is increasingly becoming more digital in its communication practices in addition to rising mental health disorders plaguing new mothers (Moravec, 2011; Mathur et al., 2018). Communication scholars need to take back the ownership of social media platforms and produce research that is helpful for users to learn how to manage their digital interactions better. Technology is advancing exponentially, and scholars need to work diligently to stay up to date on the potential implications of these changes in society. Scholars must work to remain active participants in the world and provide guidance to the public along the way. The well-being of many different individuals is dependent on this research.

By addressing one of the most prevalent forms of social support sought by new mothers (Archer & Kao, 2018), this research has the potential to enhance their mental well-being.

Postpartum depression is the most prominent complication associated with childbearing (Wisner et al., 2010). Postpartum depression occurs in 13 percent of women, which is one in every eight women following birth (Wisner et al., 2010). There are nearly 4 million births annually in the United States (Wisner et al., 2010). Therefore, on an annual basis, more than half-a-million women suffer from postpartum depression. Suppose this research can help reduce the percentage of these affected women by even 1%. In that case, it will significantly impact the well-being of an estimated 5,000 mothers across America. This research aims to better understand the mental health needs of new mothers and how the world of digital communication on social media impacts them. Specifically, this will be accomplished by comparing traditional methods of social support with the usage of online support group pages intended for new mothers.

This study also has the potential to benefit the development of infants by working to improve the mental well-being of new mothers. Weissman et al. (1972) conducted a study comparing acutely depressed women with matched normal controls and found that depressed mothers were significantly more impaired mothers. Specifically, depressed mothers of infants were helpless in caring for their children, overly concerned, or directly hostile (Weissman et al., 1972). Additionally, depressed mothers typically have diminished emotional involvement, impaired communication, disaffection, increased hostility, and resentment toward their children (Weissman et al., 1972). These behaviors lay the groundwork for future problems with the child (Weissman et al., 1972). A hostile environment with an out-of-touch parent does not contribute to a child's overall well-being. Children need endless amounts of love and support, which can be difficult for a depressed mother to give.

Additionally, infants have a multitude of other needs. Babies require their basic needs, such as dressing, feeding, bathing, and sleeping, to be met (Jose et al., 2018). Infants also depend

on parents for their affectionate needs to be met through holding, comforting, gazing, talking, cuddling, and smiling (Jose et al., 2018). Mothers suffering from postpartum depression often have infant-focused anxiety and aggression toward their babies (Jose et al., 2018). Helping to reduce the potential cases of postpartum depression will benefit newborn babies' physical, emotional, and safety needs. This research will address the current problem of rising postpartum depression rates among new mothers and hopefully lead to improved infant care (Mathur et al., 2018).

Individuals within a new mother's support group are also crucial to this research. Individuals living with patients diagnosed with a mental health disorder bear a considerable burden (Fadden et al., 1987). Other home members often assume additional work when mothers are suffering from depression (Fadden et al., 1987). Partners of women experiencing postpartum depression reported missing work, social, and leisure opportunities due to the extra burdens at home (Fadden et al., 1987). Marriages often suffer during the presence of postnatal depression (Fadden et al., 1987). Couples report experiencing increased pressure, fighting, and tension in the home while the mother is experiencing a psychiatric disorder (Fadden et al., 1987). It has also been reported that people living in the home with patients with a psychiatric disorder frequently began to show symptoms of a mental health disorder themselves (Kuipers, 1992). This is highly significant because it is difficult enough for a family to have one member suffering, let alone the possibility of more. Ballard et al. (1994) reported that husbands of postnatally depressed women have been shown to be depressed as well. A father living with a depressed mother reported that it felt like having to take care of two babies (Ballard et al., 1994). To potentially help prevent paternal depression from developing, it is essential to consider ways to minimize postnatal depression. This research could lead to solutions in this area.

Participation in peer support groups is often recommended for postpartum mothers (Evans et al., 2012). Many medical professionals believe that support groups are the answer to solve a multitude of problems for a new mother, even for a mother experiencing a postpartum mental health disorder (Bennett & Indman, 2019; Griffiths & Christensen, 2007). However, this is not always the case. Bennett and Indman (2019) closely analyzed the lives of two women who lived through postpartum depression to understand their experience better and help others who may experience the same diagnosis. During Bennett and Indman's (2019) research, they shared a story in which a new mother expressed that joining a new moms' group was one of the most destructive actions she took in seeking recovery from postpartum depression. After attending the group, the new mother felt more alienated than ever since many "problems" discussed in the group revolved around removing fabric stains, managing spit-up, and calming a fussy baby (Bennett & Indman, 2019). The new mother explained how she was met with silence after sharing about the difficult time she was walking through and was taken off the babysitting co-op list (Bennett & Indman, 2019). This is not to say that every new mother group will produce a similar result. Still, it is worth noting that not every problem can be fixed by surrounding oneself with people in a similar life position. Some issues require more.

New mothers' dependency on seeking validation from social media is apparent, yet it should be considered more carefully to understand the relationship's outcome better. Schoppe-Sullivan et al. (2017) found that mothers who are more concerned with external validation regarding their identities as mothers and feelings of society holding them to excessively high standards typically engage more frequently in Facebook activity. These women also reported stronger emotional reactions to the commentary found on Facebook (Schoppe-Sullivan et al., 2017). Additionally, women more concerned with external validation were more likely to feature



their children in their Facebook profile pictures (Schoppe-Sullivan et al., 2017). There were two key findings from the Schoppe-Sullivan et al. (2017) study. The first found that mothers prone to seeking external validation for their mothering identity experienced an increase in depressive symptoms indirectly through more significant social media usage. Secondly, mothers more concerned with perfectionistic parenting also experienced an increase in depressive symptoms indirectly through an increase in Facebook activity (Schoppe-Sullivan et al., 2017). Some mothers may feel an increase in feelings of isolation after visiting a new mother's support group (Bennett & Indman, 2019). New motherhood support groups can offer great support by sharing relatable experiences, yet they also open the door for comparison to occur. For an individual with an increased tendency to develop a mental health disorder, comparison is not a healthy state to marinate in (Corrigan & Watson, 2002). It is valuable to consider the content shared through these online support groups to understand better the potential impact on a new mother's mental health.

This study also has the potential to benefit social media users in their digital communication efforts. Suppose it is found that there is a correlation between engaging with certain user-generated social media content and mental health disorders in new mothers. In that case, social media users may be inclined to change how they use digital communication. This may help social media users become more positive and think more in-depth about the impact of the words they choose to use online. Positivity has a significant effect on people's lives. Increased positivity can make life more fulfilling (Fredrickson, 2009). Additionally, a positive outlook toward the future has been linked to successful results in a variety of life's domains, specifically in better physical health, greater longevity, and more effective coping strategies (Ben-Zur et al., 2000; Bower et al., 1998; Carver et al., 1993; Carver & Sheier, 2002; Maruta et

al., 2000; O'Brien & Conger, 1991; Peterson et al., 1998; Reed et al., 1999; Scheier et al., 1989; Scheier & Carver, 1985, 1987, 2001; Taylor & Armor, 1996). Published positivity online may be better for the users generating the content and for the consumers of the content. This research will apply a comparative analysis of the experiences associated with online new motherhood support groups with in-person support group experiences to better determine the impact of these statements.

Social media users often consume content in a deliberate way that prioritizes content according to their internal motivations (Daugherty et al., 2008). Facebook and other social media platforms have realized this as well and aid users in finding content that speaks to their personal beliefs or internal thoughts through algorithms. Social media platforms are designed to portray the idea of meeting a consumer's needs but ultimately serve as a foundation for attitude formation and influencing behavior (O'Keefe, 2015). This involvement from social media regarding what content is shown to different users is an essential element to consider in this research. The impact of specific content on users should be questioned, especially when considering vulnerable populations.

### **Benefits of the Research**

There are many benefits to conducting this research. Communication is continuing to increase in the digital space, and it is vital to know the intricacies behind this change for the use of new mothers, support systems, future generations of young children, and social media users. The primary focus of this research will remain on new mothers, yet the secondary populations of this research are essential to be mindful of as well. The world is a connected place; specific actions or behaviors have ripple effects on the environment or people around them. The same is true for social media platforms. Social media platforms impact the world, especially regarding

communication efforts among people groups. These platforms do not exist independently of human beings; social media users have valuable minds and lives worth protecting.

When people have more knowledge, they can make more informed decisions. Knowledge leads to increased power. This research will attempt to provide new mothers who are also social media users with an increased amount of control regarding the decisions they make in their communication efforts. A new mother's mental well-being should not be dictated by the content posted on an online social media group. However, there is a current gap in research regarding the impact of using online support groups as a primary source of social support for new mothers. Yet, it is well documented that new mothers are spending significant time on social media platforms. Edison Research (2022) reported that in 2021, mothers spent an average of 4 hours and 16 minutes daily on the Internet. This amount increased by 23 minutes daily from reports conducted in 2020 (Edison Research, 2022). If one's attention is being captivated by a platform, it should be well documented as to how this information differs from traditional social support efforts and what type of information is likely to be found on the screen. This information will likely help a new mother make a more informed decision as to whether or not she would like to engage in online new motherhood conversations further. Motherhood is often a balance of risks and rewards, and social media platforms are a part of that balancing act. It is most helpful to have as much information as possible on either end of the spectrum before making a final decision.

### **Research Questions**

This research hopes to provide an answer to two questions:

RQ1: What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period?

RQ2: How do these experiences impact new mothers' mental health?

### **Definition of Terms**

To provide increased clarity throughout this project, a list of significant terms is provided below, in addition to the referenced definitions.

#### ***Anxiety***

In its most simplistic form, anxiety is a universal and generally flexible response to a threat (House & Stark, 2002). However, when anxiety moves beyond its adaptive form, it becomes associated with a mental health disorder and is commonly referred to as abnormal anxiety (House & Stark, 2002). Abnormal anxiety occurs when a response is out of proportion in comparison to the level of the threat (House & Stark, 2002). Additionally, abnormal anxiety is associated with recurrent panic attacks, severe physical symptoms, thoughts of sudden death, and disruption of usual or desirable functioning (House & Stark, 2002). One can typically be diagnosed with abnormal anxiety when feelings of or symptoms of anxiety persist or deteriorate without intervention for more than three weeks (House & Stark, 2002).

#### ***Digital Communication***

Digital communication uses online tools such as email, social media messaging, and texting to contact other individuals or specific audiences to share a message (GovOS, 2021). Simply reading text on a digital screen can be considered digital communication (GovOS, 2021). Digital communication involves another platform to facilitate or make possible communication that may or may not otherwise occur face-to-face.

#### ***Interpersonal Communication***

Although various definitions exist for interpersonal communication, it primarily indicates communication between two individuals who share some type of relationship. Beebe et al. (2002) provides the following definition:

Interpersonal communication is a distinctive form of human communication defined not just by the number of people who communicate but also by the quality of the communication. Interpersonal communication occurs not when you simply interact with someone but when you treat the other as a unique human being. (p. 6)

Interpersonal communication often considers the sender's and receiver's perspectives of one another. Furthermore, Burlison (2010) stated, "Interpersonal communication typically transpires between two people engaged in face-to-face interactions who use both verbal and nonverbal channels and have access to immediate feedback" (p. 148). These two definitions of interpersonal communication will be relevant to the contrasting form of social media communication discussed throughout this project.

### ***Mental Health Disorder***

Defining a mental health disorder can be difficult, because a mental health disorder does not possess precise boundaries and often lacks operational consistency (Stein et al., 2010). The significance and impact of a mental health disorder can vary significantly from person to person (Stein et al., 2010). However, some key elements of mental health disorders are essential to be aware of, particularly in the context of this research. Stein et al. (2010) defines a mental health disorder as a "clinically significant behavioral or psychological syndrome or pattern that occurs in an individual" (p. 1760). Additional features of a mental health disorder include an association with present distress, disability, loss of freedom, or increased risk of suffering death, pain, or disability, a response out of proportion to what is culturally expected, a manifestation of a behavioral, psychological, or biological dysfunction within an individual, to a particular event, individual deviance, or conflict in response to an individual's dysfunction (Stein et al., 2010).

### ***New Mother***

Motherhood is a specific role that typically includes being a primary caretaker for dependent children (Knowles & Cole, 2014). For the purpose of this study involving postpartum depression, women who are not biologically related to their children will be excluded from the research. Additionally, in the context of this study, new mothers will be considered mothers who have children under the age of 12 months.

### ***Postpartum***

The postpartum period is ordinarily considered the initial six weeks after a woman gives birth, although the timeframe can extend much further (Lambermon et al., 2020). The postpartum period can extend through the first 12 months after giving birth (Ewing, 2016). This study will consider the initial 12 months of motherhood to be included in the postpartum timeframe.

### ***Postpartum Depression***

Postpartum depression is considered major depression, yet the distinction of postpartum means that the diagnosis is specific to women following the birth of a child (Wisner et al., 2010). Major depression is defined by the presence of five of the following symptoms, and one of the symptoms must be either a depressed mood or a decreased interest or pleasure: depressed mood which is often accompanied by severe anxiety; significantly diminished interest or enjoyment in activities; an appetite disturbance which typically results in weight loss; sleep disturbance such as insomnia or fragmented sleep; physical agitation; extreme fatigue; feelings of worthlessness or excessive or inappropriate guilt; decreased concentration or ability to make decisions; or recurrent thoughts of death or suicidal ideation (Wisner et al., 2010).

### ***Online Social Support Groups***

Online social support groups can be defined as computer-based groups designed to provide aid and self-assistance to people facing challenging circumstances (White & Dorman, 2001). Furthermore, online social support groups provide asynchronous communication opportunities with an unlimited number of participants (White & Dorman, 2001).

### ***Social Media***

Since 1996, various definitions have been used to explain social media (Aichner et al., 2021). These definitions range from focusing on user profiles to social sharing, information gathering, and beyond (Aichner et al., 2021). A recent report provided by Bishop (2019) defines social media as an “online resource that is designed to facilitate engagement between individuals” (p. 63). This definition is concise yet does not constrict the uses of social media in the way other definitions might. Social media is an online environment that allows users to exchange various communication forms such as text, images, or video. Furthermore, Ellison et al. (2010) defines social networking sites as:

Web-based services that allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system. (p. 211)

One of the unique features of social media or social networking sites is their customization ability. This customization allows users to have an individualized online experience tailored to their preferences.

### ***Social Media Content***

Social media content is the information individuals consume when accessing social media platforms. The definition of social media content is straightforward. According to Law Insider (2022), “social media content means and includes any materials, documents, photographs, graphics and other information that is created, posted, or transmitted using social media” (p. 1). It is important to note that social media content can be presented in various methods.

### ***Social Support***

Family practitioners view social support as one of the most valuable keys to an individual's well-being, particularly for those experiencing a significant transition in life or a crisis (Caplan, 1974; McCubbin & Boss, 1980). Therefore, this concept is essential to clearly define and understand since it contributes to the mental well-being of new mothers. House (1981) represents social support using four categories: emotional support, instrumental support, informational support, and appraisal support. Emotional support is expressed in actions of empathy, care, love, trust, esteem, concern, and listening (House, 1981). Instrumental support includes aid in the form of kindness, money, labor, time, or any other direct form of help (House, 1981). Informational support provides advice, suggestions, directives, and additional information for coping with personal or environmental problems (House, 1981). Finally, appraisal support provides affirmation, feedback, social comparison, and self-evaluation (House, 1981). To be succinct, the following definition of social support from Lin et al. (1979) will be considered throughout this paper: “support accessible to an individual through social ties to other individuals, groups, and the larger community” (p. 109).



### ***Traditional Social Support***

Traditional methods of social support pertain to in-person acts of assistance and include the following definition from Barrera and Ainlay (1983):

providing tangible materials in the form of money or other physical objects, sharing of tasks through physical labor, traditional nondirective counseling behaviors such as listening, expressing esteem, caring, and understanding, offering advice, information or instruction, providing individuals with feedback about their behavior, thoughts, or feelings, and engaging in social interactions for fun and relaxation. (p. 135-136)

### ***User-Generated Content***

User-generated content (UGC) is content that is made public over an online environment by an individual (Vickery & Wunsch-Vincent, 2007). UGC should reflect a certain amount of creative effort by the user and is not constructed within a professional routine or practice (Vickery & Wunsch-Vincent, 2007). Another definition of user-generated content by Daugherty et al. (2008) states, "User-generated content refers to media content created or produced by the general public rather than by paid professionals and primarily distributed on the Internet" (p. 16). Often creators of USG have a sense of gratification after posting content within a community that shares the same principles that they consider important (Daugherty et al., 2008). When others engage with this content, it validates and helps the creator feel good about themselves and their beliefs about the world (Daugherty et al., 2008).

### **Summary**

The initial chapter of this research included the motivating factors behind the work, which was highlighted through a personal background associated with the investigation. The background of the problem was also presented in addition to relevant historical points. The

historical element of this chapter focused on social media and new mothers' postpartum mental health circumstances. The history portion of this work leads into the current situation of both the same topics, social media, and new mothers' postpartum mental health. A condensed problem statement was also provided along with the purpose statement for the research. An influential section of this chapter discussed the study's significance and recommended reasons why the work matters. The research questions that the work intends to address were also included. Finally, this chapter provided definitions for pertinent terms such as: anxiety, digital communication, interpersonal communication, mental health disorder, new mother, online social support, postpartum, postpartum depression, social media, social media content, social support, traditional social support, and user-generated content.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

To look forward successfully toward a brighter future, it is valuable to first review the past and learn from prior scholars. The following chapter will deliver an overview of previous research involving social media, new mothers, mental health, and traditional communication practices. This literature review will provide a foundation for the developing proposed research project.

Social media has gathered an enormous following over the years of its existence. Among the group of intrigued individuals are new mothers attempting to find their footing in parenthood. New mothers often seek a means to connect with other individuals as they journey into a new life stage (Evans et al., 2012). Post-birth, women have a high demand for social support from both formal and informal sources (Sword & Watt, 2005). In recent years, social media has become a popular method for seeking social support for new mothers (Griffiths & Christensen, 2007; McCormack, 2010; Ybarra & Eaton, 2005). However, scholarship in this area also discusses warnings regarding mental health concerns associated with social media usage (Bennett & Indman, 2019; Padoa, Berle, & Roberts, 2018).

This chapter will accomplish three things: 1) present a comprehensive review of relevant scholarship regarding communication theories, social media, and new mothers' mental health, 2) identify themes and gaps in the literature that, if filled, would bring greater clarity to the topic of social support's impact on new mothers' mental health, and 3) provide justification for further research on this topic to be accomplished. The chapter will include a review of the importance of the phenomenological tradition, including the media equation and communication apprehension theories as it relates to the study. This chapter will provide an overview of the postpartum mental health crisis within the United States, current social media usage, and the impact of social

support methods on new mothers' mental health. Finally, the significance of the research will be argued to provide evidence for why the current study regarding new mothers and social support needs to be done.

Communication traditions provide valuable foundations to support research endeavors. To better understand the impact of social support practices on new mothers' mental health, it is meaningful to consider the phenomenological communication tradition, which can provide a pathway to better understanding the experiences of new mothers. The phenomenological communication tradition offers a lens to understand why new mothers may be experiencing negative mental health emotions while participating in certain social support practices. A phenomenological approach to this topic could lead to a possible solution to the problem by providing insight into how mothers perceive the world through their shared experiences. The phenomenological tradition is concerned with how individuals come to understand the world through their experiences with it (Craig, 1999). A phenomenon is a conscious experience of a social or cultural event (Astalin, 2013). This is represented in motherhood which results in 86% of the female population in the United States (Livingston, 2018). The phenomenon of motherhood is at the foundation of this research and will be further analyzed throughout this study using the phenomenological approach.

New mothers are accessing social media as a means of connection more today than any prior generation of new mothers (Suminar et al., 2019). This usage of media for social connection has a direct impact on a new mother's interactions with others. The phenomenological tradition acknowledges that dialogue is an ideal form of communication, but also acknowledges the difficulties in sustaining dialog (Craig, 1999). Phenomenology can also uphold unrealistic ideals regarding approaching communication dilemmas (Craig, 1999). The

phenomenological tradition believes that all people should be treated as persons and not as things; it is valuable to acknowledge and respect differences; it is important to learn from others, to strive for common ground, and to avoid polarizing and dishonest communication in human relationships (Craig, 1999). These are important values to consider when studying social support practices and their impact on new mothers' mental health.

Considering the phenomenological tradition and new mothers' lived experiences, it is imperative to consider current social media trends among this population. Mothers are especially well represented as social media users. When compared with men or women who do not identify as mothers, women who identify as mothers were shown to be more active on social media than either group (Kaufmann et al., 2017). Edison Research (2019) reported that 92% of moms are active on social media compared to 79% of the U.S. population over 12 years of age.

Additionally, the average age of new mothers in the United States is 26 years old (Stahl, 2020).

88% of individuals aged 18-29 report activity on social media (Ilakkuvan et al., 2019).

According to these statistics, it is likely mothers are among the top participants on social networking sites. Typically, mothers are encouraged to remain active in online environments by a multitude of factors (Morris, 2014; Kaufmann et al., 2017; DeCesare, 2014). Mothers seeking emotional and social support are among the most common on social networking sites (Gibson & Hansen, 2013). Mothers often continue accessing social network sites in an effort to meet these two needs (Gibson & Hansen, 2013). However, scholarship has yet to determine if this seeking of emotional and social support is met with resolution following social media engagement. This research demonstrates that females surrounding the average age of new mothers in the United States are highly active on social media and have motivating factors to do so.

Facebook is a particular online social media platform that should be considered closely. The Internet houses a multitude of social networking sites, but Facebook remains one of the most popular among U.S. adults (Perrin & Anderson, 2019). In recent years, the platform has become a dominant element of modern life and often replaces face-to-face interactions (Morris, 2014; Kaufmann et al., 2017; DeCesare, 2014). Approximately 69% of U.S. adults are active Facebook users (Perrin & Anderson, 2019). Additionally, further scholarship suggests that 81% of moms use the networking site (Edison Research, 2019). Reports gathered in March 2022 indicated that female users aged 25 to 34 were the biggest group of Facebook users in the United States (Statista, 2022). This demographic accounted for 12.8% of the social network's entire global user base (Statista, 2022). With this large number of active users, it is valuable to continue questioning the motivating factors persuading these individuals to participate on Facebook.

With such a vast majority of mothers consuming content on Facebook and similar platforms, it is important to consider how this activity may be shaping their reality. One specific population within this group of active social media users that has the potential to be dramatically impacted is new mothers. New mothers in the United States are typically around 26 years of age, which falls within one of the largest Facebook demographic groups (Stahl, 2020; Statista, 2022). Moreover, new mothers are a particularly vulnerable group of individuals often in need of social support, leading to even greater Facebook use (Gibson & Hansen, 2013). Entering motherhood can be an emotional journey that increases new mothers' desire to connect with others (Aston, 2021). Facebook and other social networking sites have become an easily accessible method for this type of connectivity to occur (Aston, 2021). With the current popularity of Facebook as a social platform top of mind, it is imperative to consider if this use of Facebook as a form of social support is the healthiest choice for new mothers to make.

There are challenges associated with using Facebook and other social networking platforms. The pressure often found on social media is not always favorable to new mothers. Wilkins (2006) highlighted mothers' concerns about the pressure to “do things right” according to institutional health guidelines promoted by medical professionals while also being told that mothering should be intuitive and instinctive. Under this pressure, first-time mothers began to isolate themselves away from public spaces (Wilkins, 2006). There was a fear that they would be considered incompetent by more “expert” mothers with older children (Wilkins, 2006). With mothering, there is often a desire to do things well, but this becomes difficult when the pressure to do so is all-consuming. Social media platforms have been shown to idealize both images of thriving mothers and discourses of motherhood (Padoa, Berle, & Roberts, 2018). This perpetuates often unattainable perceptions of mothering (Padoa, Berle, & Roberts, 2018). Padoa, Berle, and Roberts (2018) found that for mothers with Societal-Prescribed Parenting Perfectionism (SPPP), time spent on Facebook contributed to symptoms of depression and anxiety. Depression and anxiety are just two of the serious challenges often evident with social media usage.

For mothers active on social media and striving for perfection, the availability of comparison opportunities may contribute to negative mental health outcomes (Padoa, Berle, & Roberts, 2018). The openness of many individuals on social media and the large amount of information available allows mothers the ability to gauge their worth against these measures. This comparison is made available through the communication that is occurring online. However, one should question whether or not people were meant to be able to process the vast amount of content that is made available online. To better protect the mental well-being of new mothers navigating a virtually communicative world, it is worthwhile to consider what a new

mother is experiencing on online social media platforms and how these communication methods may impact her mental health. The experiences from online support groups intended for new mothers need to be further explored to bring clarity to the potential challenges mothers may face when active on these platforms. The forms of support occurring through online social media platforms is important to evaluate. This process of inquiry should begin by looking into past communication practices surrounding social support in addition to the current supportive communication practices observable online. A glimpse at past supportive communication methods can be perceived by reviewing relevant theories. An in-depth look at specific communication theories will provide the theoretical framework necessary for further research.

### **Theoretical Framework**

Communication traditions are a relevant starting point to evaluate when considering a theoretical framework. When researching the experience of women using social media as a form of social support, it is important to focus on the phenomenological tradition. The phenomenological tradition is greatly considered with human experience. The phenomenological tradition believes communication begins in the pre-reflective stage of one's experience in a shared lifeworld (Craig, 1999). Direct contact with other beings is essential to the human experience (Craig, 1999). Craig (1999) believes that communication experiences with others are necessary regardless of the authenticity of the experiences. These experiences with others provide the essential ground required to sustain authentic human relationships (Craig, 1999). Experience is a significant factor in the phenomenological tradition and will provide the necessary lens to further understand the experiences of new mothers later in this work. This phenomenological qualitative survey analysis will examine the lived experiences of new mothers as they seek social support. The study hopes to understand how a new mother's chosen support



efforts help or hurt her mental well-being. Reeves and Nass' (1996) media equation theory and McCroskey's (1977) communication apprehension will be used as a lens to assess how communication with social media users functions as a social support network in comparison with traditional forms of in-person social support.

The phenomenological tradition believes that all people should be treated with respect (Craig, 1999). The tradition emphasizes the value of acknowledging and respecting the differences in others and learning from them (Craig, 1999). Again, a strong emphasis of the phenomenological tradition is to seek common ground with others to avoid polarized and dishonest human relationships (Craig, 1999). The phenomenological tradition also acknowledges the very real experience that occurs when two people meet and feel an unmistakable understanding between one another that exists beyond words (Craig, 1999). These values are important to consider when dissecting the forms of social support new mothers seek from online environments.

The phenomenological tradition also affirms that honesty is the best policy among communication practices, and supportive relationships are essential for a human's healthy development (Craig, 1999). Craig (1999) found through the phenomenological tradition that the most satisfying human relationships involve reciprocity and non-domination. Among all elements of the phenomenological tradition, the importance of dialogue being the most ideal form of communication holds true (Craig, 1999). However, the tradition also recognizes an inherent difficulty in sustaining dialogue. The challenges associated with achieving good communication may persist even when known communication techniques are used (Craig, 1999). Certain communication techniques can become unreliable at times (Craig, 1999). Therefore, it is important to question what occurs when a new mother has trouble sustaining

interpersonal dialogue with others and instead turns to an online environment for social support. This question can be answered in part by further studying the experiences of mothers receiving both in-person social support and online support during the postpartum period. However, prior to addressing this question, it is valuable to zoom out and first consider relevant theories in the field surrounding this topic of research.

Established theories within the field are helpful to explain, further understand, or challenge existing knowledge regarding a certain phenomenon. Within the communication field, theories can help provide reasoning as to how and why people communicate in the methods in which they do. Additionally, communication theory often brings light to common human behavior (Craig, 1999). Theory is essential for the organization and understanding of human communication and can often predict common communication behaviors. A theoretical framework holds the theories most relevant to the study and helps one further understand why the research problem exists (Creswell, 2018). The theoretical framework applicable to this study will hold the media equation theory and the communication apprehension theory.

Understanding the details of each relevant theory is essential to building a solid theoretical framework. In 1977, McCroskey defined communication apprehension as “an individual’s level of fear or anxiety with either real or anticipated communication with another person or persons” (p. 78). This idea is directly relevant to the study of new mothers’ mental health and their communication habits surrounding social support methods. Another key aspect of the communication apprehension theory is that it is concerned explicitly with the communicators themselves (Beatty, McCroskey, & Heisel, 1998). Throughout the theory, the focus remains on the individual communicator’s mental thought process (Beatty, McCroskey, & Heisel, 1998). It is well-documented that new mothers often struggle mentally (Bass & Bauer,

2018). Continued study through the lens of the communication apprehension theory may provide necessary insight regarding potential factors behind these mental challenges.

Current scholarship demonstrates that 50-80% of women experience postpartum blues within the first few days after delivery and 13-20% of women develop postpartum depression following childbirth (Bass & Bauer, 2018). This results in more than 400,000 babies being born to depressed mothers in the United States each year which makes perinatal depression the most underdiagnosed obstetric complication in the United States (Bass & Bauer, 2018). It is also well-supported that social media usage among new mothers is on the rise. 92% of American mothers currently have an active social media presence and 85% of these women are also on Facebook (Price et al., 2018; Edison Research, 2019; The Research Moms, 2021). According to research conducted just a few years earlier by Duggan et al. (2015), 75% of parents were active on social media. This increase in online social media usage among new mothers may impact interpersonal communication similarly to how the communication apprehension theory relates to interpersonal communication. The question remains: What connection can be made between a new mother's mental health and her involvement in social media as a preferred form of communication? To help with this understanding, more information needs to be reviewed regarding the communication apprehension theory.

The CA theory was primarily developed by James McCroskey (1984) and refers to the anxiety associated with oral communication. CA includes shyness, social anxiety, social avoidance, and interaction anxiety (McCroskey, 1984). Communication apprehension can be so severe in certain individuals that they become unable to perform in social settings, preventing them from participating altogether (McCroskey, 1984). A key element of this theory is that communication apprehension behaviors are typically rooted in a cognitive correlation with

negative thinking (McCroskey, 1984). Negative thinking can impact one's ability to process information effectively and often hinders communication efforts (McCroskey, 1984). Therefore, when one's self-esteem is damaged, it can perpetuate communication apprehension.

To combat communication apprehension, it is valuable to consider the relationship it has to one's mental health. Anxiety is often present alongside communication apprehension. Anxiety can be defined as a universal adaptive response to a threat (Arroll & Kendrick, 2018). However, it is important to distinguish between normal anxiety and abnormal anxiety, which is related to a mental health disorder (Arroll & Kendrick, 2018). Abnormal anxiety involves symptoms that are out of proportion or unacceptable when measured to the threat level (Arroll & Kendrick, 2018, p. 125). These symptoms may include panic attacks, severe physical symptoms, and abnormal beliefs such as fear of sudden death (Arroll & Kendrick, 2018). For concision, anxiety mentioned throughout this paper will refer to abnormal anxiety.

Anxiety is also closely related to low self-esteem (Leary & MacDonald, 2003) and depression (Dumont & Provost, 1999). Communication apprehension may be an observable characteristic tied to often unobservable concerns. When an individual suffers from low self-esteem, he or she is more likely to isolate from others (Murray et al., 2008) and become dissatisfied with relationships (Leary & MacDonald, 2003). These behaviors can make oral communication seem even more daunting and perpetuate the problem. When an individual struggles with his or her mental health, communication apprehension may worsen.

The communication apprehension theory is closely tied to social anxiety, which is incredibly relevant to the topic of social media and mental health (Sawyer, 2018). Social media can be used to combat social anxiety since it is a way for individuals to express themselves without having to communicate orally. O'Day and Heimberg (2021) found that socially anxious

and lonely individuals participated more online in a problematic manner and sought out more social support on social media to compensate for a lack of in-person support. O'Day and Heimberg's (2021) research concluded that social anxiety and loneliness are associated with problematic social media usage. Individuals with characteristics related to CA are often fearful of verbal communication which could make social media a more approachable communication platform (Sawyer, 2018). Although, with continued research in the field, many experts suggest that social media can perpetuate mental health concerns including anxiety in various individuals (Banjanin et al., 2015; Schimmenti & Caretti, 2017; Ruggieri et al., 2020).

When examining mental health disorders and online social support methods, it is important to include new mothers in the evaluation. Zhang et al. (2020) found that idealized expectations of motherhood often found on social media are associated with poor mental health outcomes. Furthermore, mothers of infants often experience isolation from their families, which causes many to rely more heavily on the internet for social support, entertainment, and advice (MUSH, 2017). Social exclusion is at its peak for new mothers during the early weeks of infancy, when many babies are solely dependent on their mothers (Gibson & Hanson, 2013). This period is important to explore, because feelings of isolation can often lead individuals to rely more heavily on social media (Prikhidko, Long, & Wheaton, 2020). One must question if using social media as a solution to the problem of social isolation leads to increased feelings of inclusivity or exclusivity for a new mother.

What a new mother may think is helping mend her feelings of isolation may be increasing feelings of social anxiety and developing a fear of oral communication in her. Fearing oral communication can be detrimental to a new mother's life in many ways and especially for those who are believers. At various times throughout the Bible, the Lord instructs His followers

to be bold and to speak up for what is right. Specifically, Acts 18:9b-10 states, "Do not be afraid; keep on speaking, do not be silent. For I am with you, and no one is going to attack and harm you, because I have many people in this city" (New International Version). A fear of communication should not hold a grip on any member of society, particularly new mothers who are trying to navigate a new path in their life. Therefore, it is important to further explore the potential perpetrators of social anxiety and other mental health concerns surrounding communication apprehension through continued research.

The second theory that could be used to explain social media's impact on new mothers' mental health is the media equation theory. This theory is important within the context of social media usage because it describes how a user may view the media platform. The media equation theory states that individuals often view media the same way one may consider a person (Reeves & Nass, 1996). Specifically, regarding attributing expertness and credibility (Reeves & Nass, 1996). This idea may explain increased social media usage among new mothers. Computers have become so incredibly social and natural that they seamlessly blend into real life (Reeves & Nass, 1996). Interacting with technology has become intuitive for many people across the globe, and it feels like an extension of one's being. According to Reeves and Nass (1996), millions of dollars are spent each year in an attempt to make computers appear friendly and polite to users. Users have noticed this effort, and many people assign human characteristics to personal devices or other media and treat them as other human connections (Reeves & Nass, 1996). The media equation theory confirms that computers are deemed social creatures (Reeves & Nass, 1996). Understanding this theory provides a partial explanation as to how an individual can become so invested with and trusting of the media. Furthermore, the media equation theory provides insight into how a new mother can begin replacing face-to-face interactions with social media usage.

The media equation theory demonstrates the extent to which one may begin to trust the media and incorporate it into one's life. There is a strong possibility that new mothers also view their computers and personal devices in the same light as their face-to-face connections. Johnson et al. (2004) found in media equation studies that social dynamics regarding human-to-human interactions were similar in human-to-computer interactions. If this viewpoint of media as personal is evident in a new mother's life, it may be easier for her to replace face-to-face interactions with online interactions. However, the altered support networks of new mothers now rooted in online communities can place them at a greater risk of social isolation (Heaperman & Andrews, 2020). This leads to a multitude of additional topics to consider such as whether or not replacing in-person interactions with online interactions is harmful to a mother's overall mental well-being.

Furthermore, with the amount of integration social media currently has in the world, it is worthwhile to consider whether viewing social media as one would another human relationship will lead to increased social connection or to social disconnection. Mark Zuckerberg, the founder of Facebook, believes there is a massive need to get everyone in the world connected online and provide them with a voice to help transform society (Wagner & Swisher, 2017). At the same time, Kittler (2014) believes technology reduces the human element of life and moves people toward inhuman autonomy. The goal of this research is not to prove one of these ideas right or wrong but rather to provide an avenue for mothers to be able to utilize the most beneficial forms of social support and minimize harm to their mental health. The media equation theory clarifies a mother's potential perspective of social media. This perspective of social media also adds to the broader discussion of the impact of media on new mothers' mental health. The primary topic of conversation in this research is the health of a new mother's mental state as a result of using

particular communication methods, such as social media or in-person methods, as a form of social support.

Mental health, specifically involving new mothers, has been mentioned throughout this paper but has yet to be thoroughly discussed. The following section will provide a working definition of mental health concerns most relevant to new mothers. These mental health concerns will include postpartum depression and postpartum anxiety. The section below provides insight into how new mothers' potential mental health implications from social media usage relates to communication scholars. The information below should clarify the symptoms and impact of mental health concerns that plague new mothers the most.

### **Postpartum Mental Health**

Women are often at the forefront of child-rearing, especially regarding physically carrying a child in utero. Compared with men, women in coupled households spent significantly more time doing unpaid housework and childcare (Samtleben, 2019). When considering couples whose youngest child was under seven years old, women spent three times as much time engaging in unpaid activities (Samtleben, 2019). Pregnancy and childbirth are both elements involved in child rearing that men cannot physically pursue. However, these activities are life-changing events in a woman's life (Slomian et al., 2019). A baby can bring sudden and intense changes into a new mother's life. Extraordinary physiological and behavioral changes have arisen in women transitioning into motherhood (Duarte-Guterman et al., 2019). The hormonal changes involved in pregnancy are so significant that they will only ever be experienced by a female human carrying a child in utero (Galea et al., 2018).

Some of the impressive changes involved in bringing a child into this world are worth mentioning. A woman's hormones are dramatically impacted during pregnancy and childbirth



(Duarte-Guterman et al., 2019). Some of the changes that occur include an increase in sex steroid hormones, estrogens, and progesterone to maintain pregnancy and help ensure a safe birth (Brunton & Russell, 2010; Glynn et al., 2016; Kinsley et al., 2015). Furthermore, cardiac, hematological (blood volume), renal, and respiratory outputs increase or decrease by 20-50% during pregnancy, in addition to various immune system adaptations (Mor & Cardenas, 2010; Soma-Pillay et al., 2016). A woman's blood experiences the expression of genes related to oxygen transport, and host bacteria change throughout a healthy pregnancy (Knight et al., 2018). There is no denying that many changes occur in a woman's body during the growth of a new child. Through continued research into the female body, it is becoming abundantly clear that there are lifelong repercussions from these significant physiological changes (Duarte-Guterman et al., 2019). In particular, a woman's brain is exposed to these elevated levels of hormones during pregnancy and postpartum, some of which have never been experienced previously (Duarte-Guterman et al., 2019). It is important to note that the impacts on a woman's body mentioned above are just a tiny sampling of what occurs during pregnancy and childbirth, some of which have yet to be discovered (Duarte-Guterman et al., 2019).

In addition to the psychological changes women experience during pregnancy and childbirth, many responsibilities are introduced into a new mom's life after giving birth (Darvill et al., 2010). Following delivery, a new mother not only needs to address her own needs but also the needs of her newborn baby (Darvill et al., 2010). Lambermon et al. (2020) categorizes a new mother's needs into three themes which include universal, developmental, and health self-care needs. Beyond the obvious physical needs for both mother and baby, such as food, hydration, and hygiene, mothers may also be challenged with an unexpected mental health crisis during the postpartum period. Lambermon et al. (2020) found that postpartum care is typically focused on

physical self-care needs and often puts a mother's emotional self-care needs at risk of neglect. Lambermon et al. (2020) believes care should extend far beyond the physical demands of a new mother and address her emotional needs as well. Additional research suggests a great risk for women in the perinatal period to develop affective disorders such as depression and anxiety-related disorders (Duarte-Guterman et al., 2019). Following birth, about 15% of women will develop postpartum depression, 8% will endure anxiety disorders, and an extensive range (26-84%) will experience postpartum blues (Depression, 2015; Goodman et al., 2016; O'Hara & Wisner, 2014). Whether positive or negative, research suggests that motherhood is accompanied by long-term changes in brain function that may contribute to these mental health disorders (Duarte-Guterman et al., 2019).

The postpartum timeframe is most commonly considered the initial six weeks after giving birth but can extend much further (Lambermon et al., 2020). The postpartum period is another predominant time for changes to occur involving a women's physical, emotional, and hormonal state (Duarte-Guterman et al., 2019). After birth, the postpartum body starts to heal and adjust to no longer carrying a baby (Groer et al., 2015). However, returning to a "normal" pre-pregnant immune state is challenging to characterize and could take as long as one year following birth (Groer et al., 2015). In addition to these already drastic changes, a mother may also experience adjustments to her mental health. The likelihood of the onset of depression occurring in a mother during this time is twice as high than any other stage in a woman's life (Cox et al., 1993). A study by Shorey et al. (2018) indicated a prevalence of depression in 17% of healthy mothers with no history of depression who also gave birth to a healthy baby.

In comparison, Guo et al. (2018) conducted a study to determine the prevalence of depression among non-pregnant women of childbearing age. In the study, prevalence was

indicated using antidepressants in addition to predictors of major and minor depression (Guo et al., 2018). Guo et al. (2018) found the overall prevalence of major and minor depression among this population to be 4.8%. Additionally, 54% of women with depression before pregnancy suffer from depression during pregnancy (Guo et al., 2018). In cases of depression among seemingly otherwise healthy mothers, postpartum depression (PPD) signs may go unnoticed. Many times, postpartum depression remains undetected and untreated (Pearlstein et al., 2009). Untreated depression is not only harmful to the mother but may adversely impact newborn infants as well (Soe et al., 2016). To better protect both a new mother and her infant, mothers and individuals involved in support systems need to be aware of the common symptoms associated with postpartum depression.

Beck (1999) describes postpartum depression (PPD) as a thief that steals from mothers by depriving them of the anticipated joy of a new baby. Additional symptoms associated with postpartum depression may be recognizable to others. Mothers impacted by postpartum depression can often be hostile, negligent, have a lower tolerance, and be less attentive to a newborn infant's needs (Murray et al., 1996; Stein et al., 2014). PPD may cause distorted thoughts, reduce judgment, and elongate the time of responsiveness to a newborn's needs (Lefkovic et al., 2014). A mother suffering from PPD will likely experience a reduced quality of life and have difficulty bonding with her infant (Kasamatsu et al., 2020). Anxiety, anhedonia, and depression can all be indicators of postpartum depression (Cox et al., 1987; Kubota et al., 2014; Takehara et al., 2018). As discussed previously, motherhood has many responsibilities, and the symptoms of depression can make it incredibly difficult for a mother to perform the necessary tasks relevant to her life. Goodman (2004) noted that ignoring a new mother's needs can have a detrimental impact on not only the mother's well-being but also the health of the

entire family. For example, maternal depression has been shown to increase the risk of paternal depression and may extend to the next generation through a higher prevalence of behavioral problems (Goodman, 2004; Goodman & Gotlib, 1999).

In addition to these adverse effects on mothers, postpartum depression has a secondary impact on children through maternal impairment (Badr et al., 2018). Impaired maternal-child interactions can lead to disrupted attachments (Murray et al., 1996). Additionally, children from mothers with PPD tend to have more difficulty sleeping and eating as well as behavioral troubles (Badr et al., 2018). Children may also experience learning and development delays (Badr et al., 2018). Badr et al. (2018) also found that poor experiences during childhood may result in poor health and psychosocial outcomes for children into adulthood.

These implications of postpartum depression are not only harmful to a mother but to children and loved ones as well. Children being raised by a depressed mother breastfeed less (Pope and Mazmanian, 2016) in addition to experiencing cognitive, behavioral, social-emotional, and physical impairments (Letourneau et al., 2012; Stein et al., 2014). Postpartum depression in a mother can easily impact an entire family. Multiple studies have indicated that mothers experiencing postpartum depression influence the development of their healthy newborns (Ali et al., 2013; Letourneau et al., 2012; Soe et al., 2016). It is difficult for a depressed mother to connect with her infant and respond accordingly to her baby's needs (Miklush & Connelly, 2013; Tietz, Zietlow, & Reck, 2014). This can cause issues with a mother's attachment to her baby (Miklush & Connelly, 2013; Tietz et al., 2014). An unhealthy attachment in a mother/baby relationship may result in child development setbacks (Nieto, Lara, & Navarrete, 2017).

It is difficult to learn about the challenges surrounding postpartum mental illness, but these circumstances are real for many women. The mothers suffering from postpartum illnesses

deserve attention, and adequate care should be provided toward their needs. To gain further direction in addressing postpartum mental health challenges, it is important to consider the inception of social networking sites and how these platforms have developed into popular methods of social support among new mothers.

### **Social Media**

The desire to communicate with others is a natural human condition and can be witnessed universally. Social networks have been ingrained into human culture since the beginning of time. Humans are social creatures and depend on one another for survival. This is especially true for new mothers who rely on social support during the postpartum period (Holtz et al., 2015). Understanding the basic human desire for relationships with others was at the forefront of the design process for social networking sites. Social networking platforms were originally intended to increase and strengthen social ties (Coyle & Vaughn, 2008). Social media platforms started to populate the Internet around 2003 with the groundbreaking platform named MySpace. The MySpace platform hit the world by storm and took only six years to generate around \$800 million in revenue (Terrell, 2015). The new innovative communication method quickly hooked the platform's users. Only a short time later, other online platforms were introduced to the scene. Facebook launched in 2004 and promised to be an engaging platform to make online culture more participatory, user-centered, and collaborative (Van Dijck, 2013). In 2021, 4.3 billion people worldwide had a social media account (We Are Social, 2021; GWI, 2021). This number accounts for more than half of the world's population. Additionally, these users spent an average of 2.5 hours daily on their social media accounts (We Are Social 2021; GWI, 2021). From the beginning, social media has significantly impacted the world.

Social media platforms are a creative method for building and enhancing one's social network. Social media platforms can be used to stay in touch with friends and family, expand one's social network, find individuals with common interests, spark romantic relationships, deepen existing relationships, conduct research, establish new hobbies, and share stories. There is a multitude of uses for social media sites that seem like they are a one-stop shop for an individual's social needs. Online social platforms have drastically changed the way individuals communicate with one another. With the rise of social media, access to individuals was no longer restricted by time or proximity. Social media provides immediate and unrelenting access to others. Since its inception, social media has always been available to users at any time of the day or night. This concept of constant connectivity is a primary difference between social media and all other pre-existing communication platforms. Social media has entirely reshaped how people spend their time and interact with others (Braghieri, Levy, & Makarin, 2021).

When new technology enters the world, it is often welcomed with zeal. The newness of technology creates excitement and wonder among participants. However, the long-term significance of the technology is not often at the forefront of participants' minds. Postman (1992) stated, "Unforeseen consequences stand in the way of all those who think they see clearly the direction in which a new technology will take us" (p. 15). Technology's changes may seem subtle, but they do not come without an impact. One small significant change can ultimately lead to total change (Postman, 1992). When introducing new technology, it typically replaces an old form of technology. This transition is often seamless and can occur unknowingly to participants without careful thought. However, reflecting on these changes and what they can mean for the future is valuable. Much can be learned about the future by looking at the past.

### **Impact of Social Media on Mental Health**

Prior research has considered elements of social media's impact on users' mental health, and there are many interesting findings worth acknowledging. A key component of this conversation is mental health. Mental health is a prevalent topic when it comes to heavy social media usage. As previously discussed, the popularity of social media began to rise in the mid-2000s, and at the same time the mental health of adolescents and young adults started to decline (Patel et al., 2007; Twenge et al., 2019). From 2008 to 2018, the number of individuals ranging in age from 18-23 who reported experiencing a major depressive episode within the past year increased by 83% (NSDUH, 2019). Additionally, within the same period, suicides became the second leading cause of death among 15-24-year-olds (National Center for Health Statistics, 2021). The number of suicide deaths in the United States is the highest it has been in 30 years (Curtin, Warner, & Hedegaard, 2020). Furthermore, depression is now the second leading cause of worldwide disability-adjusted life (World Health Organization, 2016). When comparing individuals who utilized 0-2 social media sites with those who utilized 7-11 social media sites, the likelihood of having increased levels of depression was substantially higher in the latter group of individuals (Primack et al., 2017).

A key component of this research is new mothers. Therefore, it is invaluable to consider their relationship with social media and its potential connection with mental health disorders. One concerning finding from Zhang et al.'s (2020) research is that new mothers who posted selfies during the postpartum period may be at a higher risk for postpartum depression. A vast majority of mothers posted images portraying positive emotions during the postpartum period, but they may have been masking their depression (Zhang et al., 2020). One of the difficult elements of social media is that it only provides a small snapshot into an individual's story. Most social media platforms reduce storytelling to restricted character counts and photo limits. These

standards are likely to perpetuate the pressure many social media users feel to post only the highlight reels and the very best content from their life. Although this is common knowledge for most social media individuals, it can often be forgotten during a scrolling session. Social media users can easily compare their own circumstances to another individual's life through these platforms. Additionally, social media creates a much bigger world for people to interact with. Social media users have access to almost anyone around the world whether these two individuals have ever or will ever meet in person.

Another important aspect of mental health for new mothers is the idea of body image dissatisfaction. Body image dissatisfaction relates to negative physical, mental, and behavioral outcomes in postpartum women (Nagl et al., 2021). These outcomes can include an unhealthy diet and eating patterns (Lovering et al., 2018), postpartum weight retention (Hartley et al., 2018), and postpartum depression (Silveira et al., 2015) which affect both the mother and the infant. New mothers who experience high body image concerns are also less likely to breastfeed (Brown et al., 2015). Nagl et al. (2021) reported that increased Facebook usage related to increased body image dissatisfaction regarding how the body would look after pregnancy. More than half of the women in Nagl et al.'s (2021) study frequently compared their pregnant bodies to other pregnant women on Facebook. Upon finding this discovery, Nagl et al. (2021) stated, "it is surprising that social media usage has not yet been addressed by researchers as a very important source of sociocultural pressure potentially related to body image concerns during the postpartum period" (p. 2). It is unclear why social media usage as a primary form of social support for new mothers has not been studied further. Prior research is clear that social media impacts new mothers' thoughts and feelings, which should be addressed to enhance future communication practices among new mothers.



Social media and mental health have a relationship with one another. Research has shown that mental health concerns are significantly more prominent in new mothers than in new fathers (Ryan, 2020). It has also been established that new mothers often turn to social media as a form of social support. Many mothers now refer to their social media friends as their social support (Baker & Yang, 2018). Social media is currently playing a major role in the lives of new mothers in the form of social support (Baker & Yang, 2018). However, little is known about how new mothers perceive the value of social media and how it is used in their daily lives (Baker & Yang, 2018). The ultimate cause of the recent rise in mental health concerns remains unknown. It is important to explore social media more in-depth since it has been established as an area that is highly integrated into new mothers' lives.

Despite some of the challenges associated with social media usage for new mothers, benefits have also been shown. Archer (2018) found that when Facebook was used as a form of social support, it offered immediacy, trusted advice, and weak ties. Weak ties are important for the sense of distance they create for a new mother, allowing her to be more open and transparent (Archer, 2018). There is also very little barrier to entry for seeking social support through Facebook. Most new mothers already have a Facebook profile. Therefore, not much effort is required to seek out information, join relevant groups, or follow motherhood accounts (Archer, 2018).

Additionally, social media platforms can be accessed through a mother's portable device such as a smartphone. This is particularly important for new mothers with young children on the move (Archer, 2018). Egan (2012) also found that social media platforms make positive contributions to the lives of new mothers. Egan (2012) found that social media added to the health and well-being of new mothers by facilitating social interaction, building communities,

normalizing help-seeking behavior, inspiring healthy lifestyle changes, and aiding medical research. Furthermore, it has been found that traditional physically present motherhood communities are declining (Davis, 2015). Social media can be used to fill the informational and mother-to-mother support needs of women transitioning into motherhood (Davis, 2015).

When reviewing the motivations, challenges, and benefits of using social media, it is also important to consider a new mother's geographical location and proximity to close friends and family. Archer (2018) found that a further distance from close friends and family may lead to a higher probability of social media usage as a means of social support. This idea leads one to question whether or not social media is viewed as the first choice of social support for new mothers.

### **Significance of the Research**

Postpartum depression (PPD) is the leading mental health problem in women following the birth of a baby (Vaezi et al., 2019). Postpartum depression rates are also closely connected to the existence and health of one's social support group (Matsumura et al., 2021). When women experience a loss of social support after giving birth, they are at a greater risk of developing mental health issues related to postpartum depression (Matsumura et al., 2021). The individuals surrounding a new mother play an incredibly important role in providing a healthy environment for both the new mom and baby. Postpartum depression is estimated to impact 10-15% of women (Vaezi et al., 2019). However, it is meaningful to note that PPD not only negatively affects new mothers, but it can also affect the babies and families involved (Vaezi et al., 2019). It is valuable to spend time and effort protecting a new mother's social support system for the health of everyone involved.

There is much to consider when wanting to bring healing to the mental health crisis occurring in the lives of so many new mothers. However, the significance of this research also extends far beyond mothers themselves. It will impact infants, family members, loved ones, and support systems. When raising a child, the timeless saying, "It takes a village," rings true. Therefore, a negative impact on any member of the village can have ripple effects on everyone involved. This research hopes to better understand the communication methods of new mothers as it relates to social support by analyzing their interactions with loved ones and social media platforms. This project also desires to understand why many new mothers are choosing online social media groups as a means of social support over traditional methods of postpartum support. The research also hopes to answer the questions, "What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period?" and "How do these experiences impact new mothers' mental health?" These questions are incredibly relevant in today's media-heavy society and strong dependency on social networking sites.

Receiving support from others has been deemed beneficial to mothers for many years (Wilkins, 2006). It has been shown that the more expansive the social network of a mother is, the less likely postpartum depression will occur (Vaezi et al., 2019). Social media platforms allow mothers to have an extensive social network, yet postpartum depression still hinders many mothers. It is critical to question this idea further. Does an online social support system differ from an in-person social support system regarding a new mother's mental health? It is proven that mothers find increased confidence and assurance when connecting to other mothers with children of similar ages (Wilkins, 2006). The emergence of online support systems is changing this dynamic of social support for many mothers (Price et al., 2018). There have been benefits

ted to this transition of online support. For example, peer support is of high value to mothers and can be easily accessed online (Price et al., 2017). Furthermore, many mothers use social media as a means to make in-person connections (Price et al., 2017). Knowing the benefits of social media as a form of social support is paramount, and these benefits should be weighed against the potential dangers. It has not yet been determined what this online shift is doing to mothers and their mental health, but it is invaluable for the health of new mothers to seek these answers (Wilkins, 2006).

Technology continues to advance, and as it does it needs to be understood.

Advancements in technology are tied to impact. It is urgent to consider these implications as the world continues to move forward. Evaluating and learning from the past helps to prepare for the future and can potentially reduce future risks. However, since the inception of social media, there has been little to no research involving mothers and their use of modern-day social networks for information and support despite 92% of mothers being active on social media (Price et al., 2018; Edison Research, 2019). Today, medical professionals are aware that online social networks play a significant role in the day-to-day care of children (Price et al., 2018). Still, there is a lack in understanding of how this accessibility of online platforms is impacting first-time mothers (Price et al., 2018).

Communication is a primary human activity that is necessary for individual development; interpersonal and social relationships; and the function of political, economic, cultural, and social institutions (Friedrich & Boileau, 1999). Any interpersonal encounter requires communication (McCroskey et al., 1977). Communication skills are often an individual's most distinct and significant behaviors and are the building blocks for literacy (Friedrich & Boileau, 1999). Furthermore, the ability to connect is a core value of communication. Communication practices

have always been used to share information, relate to others, build relationships, and foster communities. Over generations, communication practices have evolved and expanded to new platforms. The latest methods of online communication available today come with new obstacles. It is important for scholars within the field of communication to be aware of these obstacles and to help inform the public on how to best combat these challenges. This research hopes to bring guidance to new mothers regarding their involvement with online social platforms as forms of social support.

### **Summary**

Change is continually brought into this world in many different facets. Social media is one change that has captured the attention of billions of people. A significant impact of social media is found in the current communication practices of new mothers. New mothers are beginning to lean more heavily on social platforms over their face-to-face connections (DeCesare, 2014; Johnson, 2015; Kaufmann et al., 2017; Morris, 2014). Social platforms are also changing the way new mothers receive social support and medical advice following birth (Moon et al., 2019). Social media has enabled mothers the ability to access information at all times of the day or night. This is an entirely new phenomenological experience for new mothers and upon reviewing the present literature surrounding this topic, it is evident that a study involving a thorough analysis of current social support methods would be invaluable to better understand the impact of social media on new mothers' mental health.

## CHAPTER THREE: METHODOLOGY

### Overview

Chapter one mentioned the experience of a mother looking into the eyes of her newborn baby and feeling an overwhelming sense of love for her infant. This is a common occurrence for most women following the birth of their child (Kerrick & Henry, 2017), although there are some instances where this type of reaction does not occur. Kerrick and Henry (2017) found that 31% of mothers described feelings of connection that took time to develop, were negative, questioned, or tentative following birth. Every mothering situation is unique, but what has recently become more commonplace in parenthood is a mother's cry for increased emotional support following the birth of her child, which was demonstrated throughout the first two chapters of this work. The following chapter will discuss the research process intended to help provide more solutions to the mental health crisis many new mothers are facing.

After examining the growing problem of postpartum mental health issues potentially associated with social media use as a primary form of postpartum social support, it is vital to craft a study to help navigate the concern. The following chapter will present the study's design to answer the proposed research questions. The theoretical construct involved in the proposed study's design will be outlined, including the significance of the phenomenological tradition. An overview of the study's approach will be provided through an intricate description of qualitative research and survey analysis. The sampling process will also be explained, including the sampling selection procedure and population demographic information. Specifics regarding the research design and confronted obstacles will be covered. The connection of the present study to the communication tradition will be incorporated throughout this chapter. In closing, an explanation of each phase of the research project will be provided followed by a concluding paragraph.

### **Theoretical Perspective**

The theoretical construct was imperative to the direction of this study. The theoretical framework helped focus the researcher's research questions and direct the study's approach and design. The researcher used a survey method to conduct this study. Survey questions considered both existing theory and prior research regarding the phenomenon of new motherhood. This research study intended to fill a gap in current research and discover new information to explain the potential impact new motherhood online support groups have on a new mother's mental health.

As mentioned, the study utilized a theoretical construct as the foundation for the work to build upon and further develop advanced ideas. The two primary theories involved in this research are the media equation theory and the communication apprehension theory. The media equation theory states how individuals often view media as they would a person (Reeves & Nass, 1996). The personalized aspect of social media relates well to this theory as it represents the blurred lines often found between face-to-face and media relationships. Social media can often provide an illusion of what is found in face-to-face connections, but when considered closely, the connections are not the same (Bucans, 2019). This idea may impact how mothers think of social media and use it in their daily lives. In recent years, new mothers have turned more frequently to social media platforms as a primary method for seeking guidance in their motherhood role over previously trusted sources (Moon et al., 2019). Certain mothers have also admitted to prioritizing advice from social media platforms over advice received from medical professionals (Moon et al., 2019). Social media has become a trusted source of information in the homes of many new moms (Moon et al., 2019). Specifically, Facebook has become dominant in the lives of many users across the United States and often replaces face-to-face interactions (Morris, 2014; Kaufmann et al., 2017; DeCesare, 2014). New mothers are not participating in the same level of

face-to-face human interaction post-birth as they have in the past (Johnson, 2015). These interactions are being replaced by involvement in new virtual spaces (Johnson, 2015). New mothers are now considering their social media friends as their primary form of social support (Baker & Yang, 2018). The media equation theory and current research provide evidence that there has been a shift in the perspective of social media since its inception, and it has become more humanized in the eyes of many users along the way. However, it is yet to be determined if this shift in perspective is healthy or not in the lives of new mothers.

The communication apprehension theory is also relevant to this study's design. The communication apprehension theory states that individuals with an apprehensive personality trait often withdraw from communication situations (McCroskey, 1977). These individuals are more likely to avoid communication circumstances than they are to seek communication situations (McCroskey, 1977). This theory is important to note regarding this study, since social media heavily preys on this type of demeanor and characteristic within people. Social media presents itself as a communication platform. However, in reality, social media does not contain the same characteristics as face-to-face human communication. Social media is a placebo of human interaction and provides users with a sense of connection without providing the true benefits of human interaction. Looking through the lens of the communication apprehension theory, it is likely that new mothers who rank higher on the scale of communication apprehension tend to flock to social media platforms over face-to-face interactions, which may lead to a detriment in their future well-being. For this research, it is important to be aware of the apprehensive tendencies some women may already possess toward communication or may develop during the postpartum period.



## **Phenomenology**

To study online social support's potential impact on mothers, a researcher must consider a new mother's lived experiences. The phenomenological tradition's lens was valuable in shaping this element of the research's design. The phenomenological tradition focuses on conscious human experiences (Lanigan, 1979). In this project, the phenomenon being studied is the experience of a mother receiving social support from either online new motherhood groups or face-to-face interactions after the birth of her child and within the initial 12 months. When using the phenomenological method for a research project, the researcher must begin by describing the experience (Lanigan, 1979). A logical description of the experience provides boundaries around what is and is not included in the phenomenon being studied (Lanigan, 1979). This descriptive process helps to eliminate outside perspectives, such as the researcher's personal bias, from influencing the description (Lanigan, 1979). This research's data included the post-birth experiences of new mothers primarily in the state of Virginia and their processes of seeking social support following the birth of their first child.

The next step within the phenomenological research method is defining the most important elements of the description (Lanigan, 1979). In the context of this research, new mothers are considered women who have entered motherhood during the last 12 months. Social support is defined as support made available to an individual through connections with other individuals, groups, and larger communities (Lin et al., 1979). This ensures the phenomenon is a conscious experience, not simply a construct within an individual's mind (Lanigan, 1979). The third step in the phenomenological method is interpretation (Lanigan, 1979). This process highlights the true value or meaning of the conscious experience and links it to the social world (Lanigan, 1979). Becoming a mother is a transitional experience and is often only understood by

the women participating in it. The interpretation of the phenomena will become further known following the analysis portion of the study, which involves extracting the data from participants' answers to a variety of survey questions regarding their social support practices. The intricacies of this work are included in the description of the qualitative analysis process below.

### **Method**

The following section of this chapter will provide an overview of the methodology for the chosen research project. This study utilized a qualitative research approach. An explanation of why this approach was selected for the proposed study will be elaborated below. Information regarding the important characteristics of a qualitative researcher will be presented to help ensure readers are aware of the primary focus points within the project. Finally, the qualitative portion of this chapter will provide structure to the survey procedure that was used in the work.

A qualitative research approach was used for this research project. Qualitative research provides a systematic approach for building a comprehensive and narrative description of a researcher's understanding of social or cultural phenomena (Astalin, 2013). Motherhood is a social phenomenon that impacts 86% of the female population within the United States, according to an analysis by the Pew Research Center of U.S. Census Bureau data (Livingston, 2018). This large portion of society represented by mothers would benefit from a more comprehensive description of the challenges that may be presented to them during the postpartum period through engagement in online social support practices. The following study aims to help fill the current gap in research regarding the potential correlation between the content found in online new motherhood support groups and new mothers' declining mental health. The qualitative approach of this study allowed for a more holistic view of the problem to be obtained through an in-depth survey of new mothers' experiences with both or one of the

following: traditional social support methods and/or online social support methods following their birth experience within the initial 12 months of recovery.

Qualitative research provides a method for describing an event within its context and is helpful for studying complex, new, or relatively unexplored areas (Clarke & Jack, 1998).

Although there is current research involving mothers and social media (Baker & Yang, 2018; Evans et al., 2012; Holtz et al., 2015; Pantic, 2014) a survey of new mothers exploring their experiences with both traditional and online social support methods in addition to the potential impact of these methods on their mental well-being is nonexistent. This relatively unexplored area of communication research makes for an appropriate subject matter for a qualitative study.

When considering this work, not only is it important to discuss the nuances of a qualitative approach, but it is also valuable to consider the distinct characteristics required to be a qualitative researcher. A central position of the qualitative methodology is that researchers cannot be indifferent or detached from the data formation and analysis (Clarke & Jack, 1998).

Qualitative research is often personal work that values the active participation of the researcher who can offer beneficial insight into the topic of exploration (Clarke & Jack, 1998).

Furthermore, Hill (2007) believes there are twelve unique characteristics essential for being a successful qualitative researcher, which often contrasts with the skill set of a quantitative researcher. The first quality Hill (2007) believes a qualitative researcher should possess is an intense curiosity about the world. A qualitative researcher must also be intuitive, observant without judgment, willing to let others lead the conversation, able to view experiences from others' perspectives, patient, competent with remembering details, strong at organization, comfortable with ambiguity, capable of perceiving patterns, gifted in writing expressively, and courageous (Hill, 2007). Bravery is required for any research project, but especially for a

qualitative research project, which often involves the heart of the researcher (Rager, 2005).

When referencing qualitative researchers, Hill (2007) stated, "They need courage to suspend their own beliefs and to really immerse themselves in the experiences of others" (p. 30). A strong desire to help new mothers is at the core of this research project, and fulfilling that calling sometimes requires entering the mess alongside people.

An emotional connection to the work is typically embedded into the very nature of the qualitative research process, especially when sensitive topics are involved (Rager, 2005). Gilbert (2000) provided a list of synonyms researchers used to describe the emotion qualitative research requires, which are as follows: "feelings, sensations, drives; the personal; that which is intimate; personally meaningful, possibly overwhelming; being touched at a deeper level; something that comes from somewhere within ourselves; and that which makes us truly human" (p. 9). The journey into motherhood could be argued as one of the most emotional endeavors within the human experience, especially when it involves postpartum mental health concerns. The first days and weeks of a postpartum mother often involve a variety of emotional states (Javadifar et al., 2016). Major physical, social, and emotional changes occur in the transition into motherhood (Evans et al., 2012). Despite the capacity for an emotional toll on the researcher from this qualitative study, it was valuable work to pursue the opportunity of enhancing a mother's postpartum experience through improving social support communication efforts.

The qualitative aspect of this research design was important for the chosen project, because it allowed the researcher to go beyond simple word counts and develop a deeper understanding of the survey results to reflect a shared meaning (Lincoln & Guba, 1988; Weber, 1990). Shared meaning can be found by organizing two or more categories together to describe behaviors, experiences, or emotions that are evident throughout several categories (Johnson et

al., 2020). The researcher continually referred to the original survey content to avoid misconstruing the data. By using a survey design, the researcher had the opportunity to extract data directly from the individuals of primary concern in accordance with the research's problem statement. An intricate analysis of the survey results provided by the research participants was also conducted to substantiate the study's findings and provide evidence for the development of a potentially emerging theory (Graneheim & Lundman, 2004; Vaismoradi et al., 2013, 2016).

### **Survey Design**

A survey design was the focal point of the present study. When conducting a survey, there are a few critical factors to be mindful of. One must be mindful of the questionnaire design, sampling process, and data analysis (Joye et al., 2016). This chosen research study used an online written survey design including primarily open-ended questions with a few closed-ended questions. A sample frame was also created to obtain the proper research participants. Finally, quality control measures were put in place to help avoid research bias, survey errors, and analysis mistakes.

With a primarily open-ended survey design approach, the content provided from the survey results was viewed as an affluent data source to provide essential information regarding the research phenomenon. The survey questions used question-wording, were feasible and ethical, and avoided biased wording and context (Joye et al., 2016). The open-ended questions provided a text box for survey participants to write an answer. The survey included 18 questions. The survey questions are included as follows: "What is your age?"; "What state do you reside in?"; "When did you give birth to your first child?"; "Are you currently married?"; "Do you live with your spouse?"; "Do you live with any other family members other than your spouse? If so, please describe the relation to each family member."; "What forms of social support did you

receive following birth?"; "Have you accessed online social support groups intended for new mothers?"; "Have you participated in in-person new motherhood support groups?"; "What other forms of social support have you received following birth?"; "How would you describe your experience thus far with social support following the birth of your child?"; "Have you been diagnosed with a mental illness?"; "Have you experienced any symptoms of a mental illness?"; "How often do you access online new motherhood support groups in a week?"; "How often do you receive in-person social support outside of your household within a week?"; "What is your primary reason for seeking social support?"; "How have your chosen methods of social support helped you through the postpartum period?" and "Please describe the experience you have had with either online or in-person social support following the birth of your child." The goal of these 18 survey questions was to provide answers that would help illuminate the necessary information required to provide further insight into the study's proposed research questions.

The qualitative survey approach including open-ended questions was appropriate for this research, because it allowed the researcher to focus on the naturalistic paradigm present in the descriptive experiences of new mothers. The researcher desired for the present study to be relatable to new mothers and deeply connected to their reality. Therefore, the study was deeply connected to the current lives of many new mothers across the United States. Much research was done prior to creating the study's design regarding the resources new mothers frequent for information when raising children. The proposed research aimed to conclude with a representation of accurate daily life for as many new mothers as possible. Survey results from 10 new mothers were evaluated to accomplish this. The survey approach was utilized to form a deeper understanding of the phenomenon of the postpartum period in a social media-reliant society by providing a method for gathering essential information from new mothers themselves.

The in-depth survey approach provided a systematic feedback-gathering process, allowing for an increased understanding of the data.

After the completion of the surveys, the analysis process began. The survey information was organized, coded, and categorized to provide an increased understanding of the results. The experiences of new mothers pertaining to in-person social support and online social support was thoroughly evaluated to determine any potential differentiating factors. The organizational process of creating related categories from the data allowed the researcher to identify similarities, differences, patterns, and associations both on a surface level and deep within (Given, 2008; Graneheim et al., 2017; Hsieh & Shannon, 2005). This process was essential for identifying the final conclusions from the survey.

### **Sampling**

The sampling procedure was a critical element to the success of this research project. Sampling is the process of selecting the research population which represents the individuals involved in the study. Much of the data is influenced by the people who make up the population. Therefore, the sampling process was crucial to accomplish appropriately. One of the research goals was to produce information regarding digital and traditional communication themes that can be applied in a beneficial manner to new mothers who gave birth within the last year across the United States. To accomplish this, a diverse group of women needed to be represented in the study. Demographic information will be presented in the following chapter from the research's population. The researcher considered the following characteristics of the participants: age, date of delivery, geographical location, marital status, the primary reason for seeking social support, any mental health diagnosis, the typical amount of weekly social media usage, and the typical amount of weekly face-to-face interactions.

### **Sample Selection**

The sampling selection process included the following steps to gather the necessary information required to complete the proposed study. For this study, several recruitment materials were created to obtain research participants. An email was sent to churches within the central Virginia area to be distributed among new motherhood groups. Additionally, a recruitment flyer was posted in local businesses within central Virginia and shared electronically through Facebook and LinkedIn. A verbal recruitment statement was also written for the researcher to share in-person with potential participants. Eligibility requirements were also established to provide additional credibility to the data. Participants needed to be 18 years of age or older, willing and able to legally consent for themselves, English-speaking individuals, live within the United States, and have become a new mother within the previous 12 months. When participants chose to participate, they were provided a consent form to agree to and a survey of 18 questions. All eligible content gathered from the survey was used as the primary data sample in the present research study.

The sample selection process also involved anonymously gathering demographic information of the participants as a part of the survey questionnaire. The necessary demographic information was collected during the survey process using the service platform Qualtrics. The survey included questions seeking the following information from the group's participants: age, timeframe since delivery, geographical location, marital status, the primary reason for using an online support group, any mental health diagnosis, typical weekly social media usage, and additional questions pertaining to their social support practices. The survey information was shared through emails, online social media posts, recruitment flyers within the central Virginia area, and verbal statements as a voluntary means to participate in the research study. Research



participants were informed that their privacy is of utmost importance to the proposed research. All surveys were collected anonymously and any potentially identifying information was excluded from the results. Approval for the present research study was obtained through the Institutional Review Board to help ensure all ethical considerations were upheld throughout the study.

It was the goal of the proposed study that 35 surveys would be collected from new mothers within the state of Virginia. It was estimated that 10 surveys would likely be considered invalid and therefore, dismissed for either not providing answers to all survey questions or not meeting the eligibility criteria. It was intended that the remaining 25 surveys would be used to give more insight into the research questions pertaining to this study which are: "What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period and how do these experiences impact new mothers' mental health?" It was estimated that the sample population from the research would likely consist of women ranging in age from 24 to 35 years old. Furthermore, the women would all be first-time mothers with children under the age of 12 months. It was also estimated that the women would likely be located across several regions within the United States. A further breakdown of the survey's final demographic information will be included in the following chapter as part of the research analysis.

### **Research Design**

The research design was a meaningful element to the success of the present study. When crafting the research design procedure for this project, it was crucial to reconsider the goals of the proposed research to ensure the study aligned with the intended outcome. Selecting the most appropriate research design was dependent on the primary purpose of the study. Reviewing the

information presented in chapter one, the purpose of this research is to better understand the differences in the social support practices occurring online in new motherhood support groups versus traditional methods of post-birth social support practices to seek a potential understanding of the impact that engagement in these systems may have on a new mother's mental well-being through a media equation and communication apprehension theoretical framework. This purpose was a foundational aspect of the research design.

When discussing the research design, it is helpful to review the theoretical framework of the study. The media equation portion of the theoretical framework states that people often view media in the same manner as they would a person (Reeves & Nass, 1996). In media equation studies, social dynamics involving human-to-human interactions were similarly present in human-to-computer interactions (Johnson et al., 2004). Through the work presented in the media equation theory, there is strong reason to believe that new mothers would consider media in the same way they do face-to-face connections. There is additional research outside the media equation theory to support this belief as it pertains to mothers as well. Facebook has become so embedded into modern life that it often replaces face-to-face interactions (Morris, 2014; Kaufmann et al., 2017; DeCesare, 2014). Mothers usually refer to their social media connections as a primary form of social support (Baker & Yang, 2018). The personal aspect of social media gives the platforms a human-to-human facade without fully providing a human-to-human experience (Bucans, 2019). Additionally, the naming of Facebook connections as "friends," regardless of the type of relationship individuals have with one another outside of the platform, demonstrates an additional aspect of the forum attempting to craft a more human experience online for social media users. Unfortunately, many social media connections can be shallow and unfulfilling (Bucans, 2019). These elements of social media are noteworthy to mention regarding

the media equation theory and for understanding the potential perspective of new mothers and their relationship to social media.

The communication apprehension theory is also relevant to the theoretical framework of the proposed study. The communication apprehension theory describes how many individuals can become socially anxious to the point of drawing away from interpersonal connections. This communication dynamic in a mother may lead to increased social media usage (O'Day & Heimberg, 2021). Socially anxious and lonely people often use social media to compensate for lacking in-person relationships (O'Day & Heimberg, 2021). Research also demonstrates how new mothers battling mental health concerns often rely more heavily on social media (Prikkhidko, Long, & Wheaton, 2020). When explicitly discussing mothers struggling with anxiety, Moujaes and Verrier, (2021) stated, "the weak relationships formed through SNSs (social networking sites) supplant better quality relationships with friends and family, lowering wellbeing" (p. 72). This statement contains an element of what this research is concerned with. This study is interested in understanding what themes on online social media groups are possibly replacing the communication that could be occurring with in-person friends and family. The communication apprehension theory provides a necessary framework for understanding the viewpoint of some of these mothers and potentially why they chose to replace face-to-face connections with online social media interactions during times of mental distress.

To make progress toward these research goals, a relevant study needed to be conducted. As documented throughout this text, 92% of mothers are active on social media (Price et al., 2018). Social media platforms are commonplace in the lives of many mothers across the United States. These platforms are being welcomed into the homes of vulnerable women who recently experienced a life-altering event. The transitional period into motherhood can be incredibly

stressful, especially for women giving birth to their first child (Delaney, George Dalmida, & Gaydos, 2015; Kerrick & Henry, 2017; McDaniel, Coyne, & Holmes, 2012). Women within childbearing years contribute to the largest group of Facebook users in the United States (Statista, 2022). Many mothers now refer to their social media friends as their primary source of social support (Baker & Yang, 2018). Some mothers even admit to preferring social media advice over their healthcare providers (Moon et al., 2019). Therefore, studying the impact of the themes present on new motherhood online support groups is paramount to the digital communication age of today.

This project's most applicable research design is a qualitative comparative analysis considering the themes found in survey results from new mothers pertaining to their social support experiences following birth. The comparative analysis sought to explain the key differences or similarities with traditional versus online forms of social support. Additionally, the specific analysis process hoped to provide insights into the underlying causal patterns present within the data (author, date). In the present project, the unit of analysis was qualitative survey results from research participants. Eligibility criteria were established to keep the survey-gathering process focused. Accepted surveys were from new mothers 18 years of age or older who were able to legally consent for themselves, spoke English, and were located within the United States.

Prior research and existing theory were referenced to create initial coding categories. This process was important for providing a relevant foundation for the comparative analysis. The initial coding categories regarding reasons for seeking social support included the following: emotional, informational, and social. These categories are supported by research to represent common indicators of postpartum depression (Wisner et al., 2010). Additional categories were

created following the coding process of the data. The categories were then organized into themes that were compared to typical symptomatic behavior and causes of mental health disorders. Prior research and theory were instrumental in this organizational and comparison practice.

The survey results also underwent a Lexicon-based sentiment analysis. Taboada et al. (2011) stated, "Semantic orientation (SO) is a measure of subjectivity and opinion in text" (p. 267). This analysis helped determine if the text was positive, negative, or neutral (Taboada et al., 2011). The Lexicon-based approach accomplished this by calculating a score for the text's orientation through an evaluation of the included words or phrases' semantic orientation (Turney, 2002). A list of adjectives with corresponding semantic orientations was compiled into a dictionary for further reference (Taboada et al., 2011). For each survey response, all adjectives were extracted and annotated with their semantic orientation value according to the dictionary scores (Taboada et al., 2011). The SO scores then provided a single score for the entire text (Taboada et al., 2011). This process determined if the majority of survey submissions within each category were positive, negative, or neutral. Additionally, the sentiment analysis provided further insight into the possible connection between social support practices and new mothers' mental health.

### **Obstacles**

With any research project, there were challenges to overcome. This research project confronted obstacles in both the data collection and participation survey process. Regarding the data collection process, it was challenging to gather complete information from the survey-generated content. With the nature of online surveys, the entire context of a situation may not always be present. Additionally, finding genuine individuals willing to share authentic and

potentially vulnerable content in a survey was challenging. Sharing the desired societal benefits of the research was helpful in confronting this obstacle.

Some components of the participant survey process were complex as well. An incentive was considered during the initial planning process to potentially help gather the appropriate number of surveys. However, it was not used in the end. Authenticating the participants through an anonymous survey is difficult as well, which may pose a threat to the research. Additionally, obtaining participants willing to participate within the specific demographic information was challenging. Many mothers were willing to participate but had given birth either more than 12 months before the time of discovering the survey or were no longer a first-time mother. To aid in this process, specific participant criteria were established and communicated in the recruitment process.

### **Phases for Research**

Each phase of the proposed research project is disclosed below to provide transparency in the work. Including the stages of the research in this paper allows for the study to be reproduced to provide additional validation to the results if necessary. Communicating the specific procedure of the project also grants other researchers the opportunity to conduct the project in various settings to advance the results further. The phases of the research were planned prior to beginning the study and were revised throughout the project to reflect any necessary adaptations.

The proposed research project pursued proper ethical and research protocol throughout the study to help ensure the validity and reliability of the outcomes. According to Bengtsson (2016), "In a qualitative study, validity means that the results truthfully reflect the phenomena studied, and reliability requires that the same results would be obtained if the study were replicated" (p. 11). Protecting the validity and reliability measures was essential to the researcher

during all phases of this research project in addition to maintaining ethical standards with the data and participants.

To begin the research process, recruitment information was created to aid in the sampling process. A recruitment email and flyer were created and shared with local businesses and churches in the central Virginia area. The recruitment documents contain the details of the proposed study in addition to the necessary information needed to participate in the research. A QR code leading to the online survey link was included in all the recruitment documents to provide an easy route to participation. The goal of the study was to gather a minimum of 35 survey responses. It was estimated that 10 surveys would be deemed unusable. The hope was to have 25 remaining surveys to be analyzed. In actuality, 73 surveys were collected, and 45 surveys were ultimately utilized in the analysis. All survey participants agreed to the consent form prior to beginning the survey to promote transparency and accurate survey results. The consent form contained helpful information regarding the participatory requirements and important notes regarding the survey process. Clarity within the sampling process was crucial to the success of this research. It is important to note that another critical element of this proposed research project was the dedication to eliminating potential personal bias from the work. Burnard (1991) stated, "The researcher should attempt to offset his own bias and subjectivity that must creep through any attempt at making sense of interview data" (p. 464). Therefore, the survey data was not previously critiqued or handpicked in any way. All qualified data was included and processed in the results using the pre-established criteria methods.

After the surveys were completed, the researcher began reading the data. The material was read several times to establish a general overview of the information. Throughout the initial readings of the survey results, notes were made pertaining to initial impressions of the data. The

data organization process then began after the first few initial readings. This process helped establish the emergent units of meaning from the data (Kleinheksel et al., 2020). Since the content for analysis was pulled from the survey submissions, it was already in a relatively manageable form. The text was simply divided into shorter meaningful phrases. However, the researcher ensured that the condensed versions of the content retain the original meaning of the text to avoid misrepresentation of the data (Kleinheksel et al., 2020). The condensation process does not attribute meaning to the textual unit, but rather shortens the unit as much as possible while still preserving the original meaning (Saldaña, 2021). This allowed for potential themes from the data to become more evident.

Following the condensation process of the data, the coding process began. At the start of the coding process, a few general codes based on prior research were established to help guide the researcher's focus (Kleinheksel et al., 2020). The following codes were used: emotional, informational, and social to reflect what previous research states are the primary motivating factors for new mothers to access social media (DeCesare, 2014; Gibson & Hansen, 2013; Kaufmann et al., 2017; Morris, 2014). As the coding process continued, more distinct codes were identified from the content. The coding process helped to further organize the data and make sense of the meaning behind the content. Codes were essential to this research design process.

Coding was also used to organize and understand the data (Kleinheksel et al., 2020). The coding process allowed the researcher to categorize and interpret vast amounts of text thoughtfully. The applied codes were short and contained descriptive labels that methodically assigned aggregate or pertinent attributes to more than one unit of substance identified in the text (Saldaña, 2021). To establish codes, the researcher must become immersed in the data (Kleinheksel et al., 2020). In this study, the researcher began to identify codes after several



readings of the survey results. Several readings were required to become familiar with the entire scope of the data (Kleinheksel et al., 2020). Multiple readings of the survey text also helped to spur new ideas regarding potential concepts or constructs that may have existed within the text (Kleinheksel et al., 2020). The researcher was required to become extremely familiar with the research data during the analysis process.

Categorizing the survey answers was the next essential phase during the analysis process. Categorization was a suitable method for providing increased structure to the data (Kleinheksel et al., 2020). The categorization process grouped like answers with one another and questions pertaining to similar topics. The preset categories were related to the two forms of social support methods at hand: online social support methods and traditional social support methods.

Additional categories were also created from the data. The categorization process was repeated several times to maintain the quality and trustworthiness of the analysis (Bengtsson, 2016).

Continual assessment of the research steps was essential for conducting quality research (Bengtsson, 2016). Once the categories were established, two or more were combined to form themes highlighting broader underlying meanings from the text (Kleinheksel et al., 2020).

Themes often describe behaviors, experiences, and emotions that are apparent in several categories (Saldaña, 2021). The production of themes from the survey results was essential to answering this study's primary research questions: what experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period, and how do these experiences impact new mothers' mental health?

Once the themes were established from the data, a comparison was made with other research findings to understand how the results relate to one another. This was another step relevant to promoting valid and reliable data (Bengtsson, 2016). An issue in the research can

often be spotted if research regarding a similar topic produces vastly different results (Bengtsson, 2016). Outside studies are an excellent reference point and security measure for accomplishing valid, reliable, and trustworthy research. Careful attention was placed on this research analysis process to avoid misrepresenting the outcomes. The exposed themes from the data and potential contributing factors to mental health disorders were compared. Multiple references were utilized in this process. The comparison of the emergent themes from the data to the existing subject matter of mental health was a lengthy portion of the study. However, the results hope to answer the research questions established at the beginning of this research journey.

### **Summary**

This present research project is vital to the communication field to advance the media equation theory and the communication apprehension theory in how they relate to new mothers during their postpartum experience. Social media includes growing digital platforms that are changing the way people interact with one another. Scholars within the communication field should care about how users interact with the media and, particularly, the potential long-term implications of these platforms (Carr & Hayes, 2015). Ledbetter (2014) debated that the communication field needs to theorize the relationship more precisely between a communication medium and the message. This research will take a step in that direction by comparing the communication medium of online social support groups for new mothers with the traditional method of in-person communication media. This research hopes to uncover how the themes present in these differing communication mediums impact the receivers' mental well-being during the postpartum period. Regarding online communication methods, it is worthwhile to consider how a platform delivers messages, especially when the platforms are reaching billions of people worldwide (Carr & Hayes, 2015). Carr and Hayes (2015) believe that social media

platforms may begin to isolate and test communicative principles to further the understanding of human-to-human and human-to-computer interactions. This present research study aims to accomplish a small but invaluable piece of the much larger puzzle involving the interaction with digital communication platforms and the well-being of social media users.

An abundant number of steps and checkpoints were required to conduct this research, yet the final work was well worth the effort. Producing quality research to help solve relevant problems is necessary for the academic environment to pursue. Yes, productive research requires much time and effort, but in the end, it can yield powerful results that may benefit lives forever. This chapter explored the qualitative research approach. Specifically, the chapter discussed a qualitative survey research design. Within this chapter, the theoretical construct was rationalized in addition to analyzing elements of the research design method. Next, this chapter reviewed the sampling process and further specifics of the survey analysis process. The research obstacles were included in addition to the actions taken to render the circumstances. The chapter closed with an outline of the research project's phases, which promotes transparency and allows for the study to be reproduced in the future.

## CHAPTER FOUR: RESULTS

### Overview

The highly anticipated survey results are included in the following chapter. Through analysis of the data, key findings were birthed from the information. Although the present study is rooted in the qualitative methodology, quantitative data was produced as well as supplemental information to enhance the understanding of the results. The hope remains that this information will bring clarity to this research's primary questions pertaining to what experiences new mothers have with traditional methods of social support versus online social support during the postpartum period and how these experiences impact new mothers' mental health. The findings from this research may help improve some of the postpartum support practices in use today and hopefully enhance the communication methods available to women during this specific timeframe of postpartum motherhood. The following chapter will cover the research findings and the connection to the problem will be made in chapter five.

In the previous chapter of this work, a thorough research guide was provided for conducting the analysis of this project's survey data. The comparative and Lexicon-based sentiment analysis of the data yielded powerful results which will be thoroughly discussed throughout this remaining work. The following section will outline the details of the survey data and its included contents. This chapter will reveal the initial impressions found within the research results. Additionally, tables will be provided to enhance the understanding of the information.

The raw data contained in the survey results is an essential key for drawing conclusions for this project's overall research questions. This research took a phenomenological approach, and this approach relies entirely on personal experience (Neubauer, Witkop, & Varpio, 2019). The survey content is derived directly from the research participants' lived experiences. The

research population involved in this study meets the following criteria: English-speaking, new mothers within the United States that have given birth within the previous 12 months and are 18 years of age or older. To review, this project hopes to provide an answer to two questions:

RQ1: What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period?

RQ2: How do these experiences impact new mothers' mental health?

The following chapter will discuss the interview results obtained to provide clarity to these two questions. Seventy-three mothers within the United States made the vulnerable decision to participate in this research. The survey questions asked the participants to reflect on their own individual experiences of becoming a mother and receiving social support. The participants were asked questions related to both online and in-person social support practices. The following chapter will detail information from the participants involved in this study in addition to the survey questions' findings. Finally, a summary of the survey results will be provided for review.

### **Participants**

As stated previously, 73 individuals chose to participate in this research project. Out of the 73 participants, 45 individuals were fully qualified and completed the survey to its fullest extent. The completely qualified population included new mothers who have given birth for the first time within the previous 12 months of completing the survey. The respondents needed to be English-speaking and reside in the United States of America. The participants were also required to be 18 years of age or older, since this project was designed to be a study on new adult mothers. Additionally, participants were required to provide legal consent through the research consent form prior to beginning the survey. Respondents who reported being under the age of 18

years old were automatically dismissed from continuing the survey. Prior to any analysis, partial responses were also removed from the data. The surveys that were only partially finished ranged from anywhere between 5% to 95% completed. However, only surveys that were 100% completed were included in the data analysis. This category of partial surveys included a total of 11 responses.

Furthermore, 17 of the surveys were later disqualified for being submitted by unqualified candidates. These candidates were either below the age of 18 or had given birth to their first child more than 12 months before completing the survey. This population included 16 responses from mothers who had given birth to their first child more than 12 months ago. The remaining unqualified respondent reported being under the age of 18 years old at the time of completing the survey. These 17 participants were automatically dismissed from the survey upon selecting an answer outside of the required participant criteria.

The remaining totally completed surveys from thoroughly qualified participants resulted in 45 responses and included the following age demographics: 75.56% of qualified respondents belonged to the age category of 25-34, 22.22% of the research population reported being in the age category of 18 to 24, and the remaining 2.22% of respondents reported being 35 years of age or older. Table 1.1 displays the age demographics of all participants that completed the survey to the extent permissible to them based on their recorded responses to the qualifying questions. This population initially included 62 respondents. Table 1.2 displays the age demographics of the 45 respondents that were able to continue the survey past the two qualifying questions, "What is your age?" and "When did you give birth to your first child?" Tables 1.1 and 1.2 below demonstrate both groups of the recorded responses regarding the research population's ages.

**Table 1.1***Maternal Demographic: Initial population age (N = 62)*

Variable	n	%
<b>Age</b>		
Below 18	1	1.61
18-24	13	20.97
25-34	45	72.58
35+	3	4.84

*Note.* Table 1.1 includes all survey responses apart from the 11 partially completed surveys that were removed prior to any data retrieval.

**Table 1.2***Maternal Demographic: Qualified population age (N = 45)*

Variable	n	%
<b>Age</b>		
18-24	10	22.22
25-34	34	75.56
35+	1	2.22

*Note.* Table 1.2 demonstrates the age demographics of the research population used for analysis throughout the entirety of the survey. Partial submissions and data from the respondents that did not meet the established participant criteria have been removed from this report by the author.

In addition to the respondents' ages, it is pertinent to review the states of residency represented in the research population as well. Question two of the survey asked participants to disclose which state they currently reside in. Minnesota was the most represented state of residency in the first report. 22 respondents reported "Minnesota" as their state of residency and this totaled 36.07% of the initial responses. The second most popular state of residency within

the research population was Virginia. "Virginia" resulted in 19 responses and totaled 31.15% of the population. "Florida" was the third most common answer with a total of 7 responses which represented 11.48% of the population. Texas included 2 responses and totaled 3.28% of the initial survey demographic. The following states all included a singular response: California, Illinois, Iowa, Michigan, New Jersey, North Carolina, North Dakota, Pennsylvania, South Dakota, Vermont, and Washington. These states each represented 1.64% of the initial unfiltered population.

It is important to note that the primary recruitment efforts occurred in the state of Virginia. However, the researcher does have connections to the state of Minnesota and Florida as well. The recruitment efforts included the following tactics: contacting local churches, posting flyers in community businesses, sharing the survey opportunity on social media through Facebook and LinkedIn, and verbal recruitment. Table 2.1 displays the state of residency for the initial 61 survey respondents.

**Table 2.1**

*Maternal Demographic: Initial population state of residency (N = 61)*

Variable	n	%
<b>State of residency</b>		
Minnesota	22	36.07
Virginia	19	31.15
Florida	7	11.48
Texas	2	3.28
California	1	1.64
Illinois	1	1.64
Iowa	1	1.64
Michigan	1	1.64
New Jersey	1	1.64
North Carolina	1	1.64
North Dakota	1	1.64
Pennsylvania	1	1.64
South Dakota	1	1.64
Vermont	1	1.64
Washington	1	1.64



As with the data regarding the maternal age demographics, the researcher removed the participants that were ultimately ineligible to complete the full survey based on either being under the age of 18 or having their first baby more than 12 months prior to completing the questionnaire. This update to the data provided the following results: Minnesota (31.11%), Virginia (31.11%), Florida (13.33%), California (2.22%), Illinois (2.22%), Iowa (2.22%), Michigan (2.22%), New Jersey (2.22%), North Carolina (2.22%), North Dakota (2.22%), Pennsylvania (2.22%), Texas (2.22%), Vermont (2.22%), and Washington (2.22%). These statistics are visually displayed in Table 2.2 below.

**Table 2.2**

*Maternal Demographic: Qualified population state of residency (N = 45)*

Variable	n	%
State of residency		
Minnesota	14	31.11
Virginia	14	31.11
Florida	6	13.33
California	1	2.22
Illinois	1	2.22
Iowa	1	2.22
Michigan	1	2.22
New Jersey	1	2.22
North Carolina	1	2.22
North Dakota	1	2.22
Pennsylvania	1	2.22
Texas	1	2.22
Vermont	1	2.22
Washington	1	2.22

### Sample Size

Due to the relatively low number of participants involved in this survey, it was important for the study's design to evoke as much insight from the research population as possible. Based on the character of qualitative studies, these projects can reach saturation at a relatively small

sample size (Hennink & Kaiser, 2022). Saturation is reached when all valuable concerns or insights are exhausted from the data (Hennink & Kaiser, 2022). Regarding theoretical construction as described in grounded theory, saturation refers to “the point at which gathering more data about a theoretical construct reveals no new properties, nor yields any further theoretical insights about the emerging grounded theory” (Bryant & Charmaz, 2007). Most qualitative research does not fall into the grounded theory approach, yet the concept of saturation is used in other approaches and referred to as “data saturation” or “thematic saturation” (Hennink et al., 2017). Similarly, Guest, Bunce, and Johnson (2006) stated, “Data saturation is the point in data collection and analysis when new information produces little or no change to the codebook” (p. 65). The codebook refers to the extracted codes from the data that tie content from the text to the abstract constructs identified by the researcher (Guest, Bunce, & Johnson, 2006)

When considering the number of participants necessary to reach data saturation, it is recommended to consider the following: the topic of interest and the study's purpose, the research participants in relation to their individual factors and their differences, the presence of an established theory, the data collection methods, and the analysis methods (Tran et al., 2016). Results from Hennink and Kaiser's (2022) research indicated that simply 9-17 interviews can reach saturation in studies using empirical data. Although the present study used an open-ended questionnaire instead of interviews, it relied heavily on empirical data, which is information that is based on experience (Hennink & Kaiser, 2022). Additionally, saturation is more easily reached with a lower number of interviews when the study includes a relatively homogenous population and narrowly defined objectives (Hennink & Kaiser, 2022). The present study depended on a uniform population of research participants and had clearly established objectives. This research structure helps to provide validity to the data despite a relatively low number of research

respondents. In qualitative research, it is important to reach the point in which the captured data has represented the diversity, depth, and nuances of the problem at hand and demonstrates content validity (Francis et al., 2010). Data is considered robust and valid when saturation is reached within a study (O'Reilly & Parker, 2013). By following the qualitative saturation strategies provided in prior research, this report intends to produce valid and reliable data.

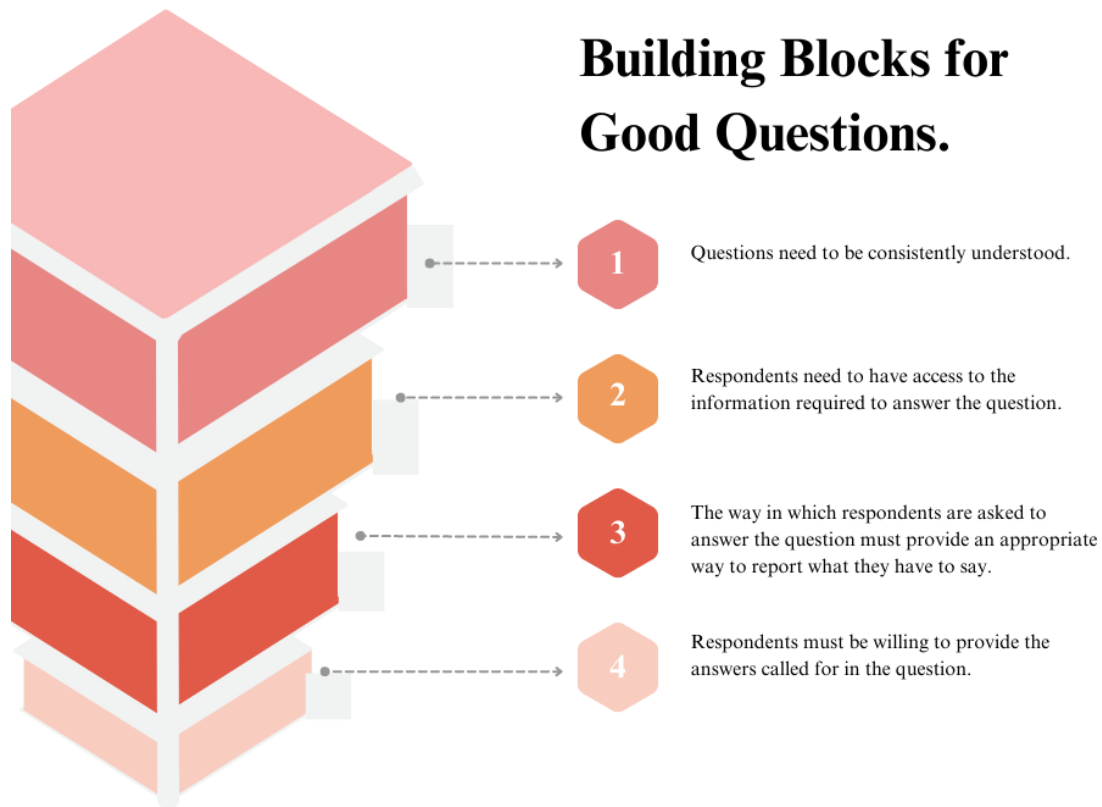
In total, 45 in-depth surveys were included in this research study. These surveys were conducted with a homogenous population of new mothers that had given birth to their first child within the previous 12-month period. They were all English-speaking individuals residing in the United States and above the age of 18. Apart from the initial five survey questions that focused on demographic information and two "yes or no" questions, the remaining 11 survey questions were presented in an open-ended manner. This survey format allowed participants the opportunity to provide an in-depth explanation as a response to each prompt and granted the researcher the ability to collect robust data on the subject matter.

### **Survey Questions**

This research survey included 18 questions that were to be answered anonymously by new mothers within the United States. The questionnaire specifically emphasized new motherhood support systems during the initial 12 months following the birth of one's child and considered what methods were utilized to find aid during this time. The survey intended to capture the true lived experiences of women across the United States during the postpartum period in relation to their social support practices.

Writing quality survey questions was one of the leading focuses of this research. Question design holds an immense amount of power within the research process and can often make or break the success of a researcher's project. When considering the source of errors in

survey estimates, Sudman and Bradburn (1974) concluded the major source of error stemmed from the design of survey questions. Additionally, when considering methods for minimizing interview effects on data, Fowler and Mangione (1990) concluded that question design was one of the most significant pathways to reducing these effects on data. Furthermore, Fowler and Cosenza (2009) stated, “from the perspective of total survey design, investing in the design and evaluation of questions is a best buy, one of the endeavors that is most likely to yield results in the form of better, more error-free data” (p. 375). Much consideration went into the question design process for this study to produce reliable and valid survey results. Fowler and Cosenza (2009) informed readers that four basic characteristics of questions and answers are necessary to consider for quality measurement. These four characteristics were used in the question design process for this research project and are displayed in Figure 1 below. The textual content for this material is found on page 376 in *The SAGE Handbook of Applied Social Research Methods* by Fowler and Cosenza (2009).

**Figure 1***Building Blocks for Good Questions*

*Note.* The textual content for Figure 3 is from *The SAGE Handbook of Applied Social Research Methods* (p. 376), by F. J. Fowler Jr., & C. Cosenza, 2009, SAGE Publications, Inc. Copyright 2009 by SAGE Publications, Inc. The table design is my own work.

In addition to the question design process, prior research was also a source of inspiration for each question and provided the necessary foundation to build upon regarding this topic. Previous research surrounding the topic of new motherhood supplied the required insight for addressing the questions that remain unanswered or unclarified involving the social support practices of new mothers and the impact of these choices on one's mental health. Research

within the field helped to guide the focus of the survey questions and ultimately led to the results included in this chapter.

The survey questions in this project were primarily open-ended and sought in-depth answers from the participants. Open-ended questioning was valuable for this survey, since the research took a phenomenological approach and relied heavily on each participant's lived experience to gather insight on the topic. The open-ended nature of the questionnaire allowed for the research participants to answer in their own words without any outside influence. The intent of this questioning was not to limit the respondents in their feedback. The hope was to elicit more information from the respondents than would have been possible through a multiple-choice or close-ended format. Over half of the questions in the "A New Mother's Cry" survey were in the form of open-ended questions and permitted respondents to detail their experiences to the given prompts in as much detail as they desired. This approach resulted in long-form written answers that revealed opinions, experiences, narratives, and personal accounts. The freedom from influence and the opportunity for respondents to provide spontaneous responses was valuable to this project.

Acknowledging the phenomenological aspect of this project's research design was influential in the survey design process. In the present study, the researcher intentionally structured many of the prompts in an open-ended manner to not hinder the variety of responses that may be obtained. Potentially unique opinions and individual thoughts were valued in this study. Rouder et al. (2021) describes open-ended survey responses in the following manner:

Open-ended survey responses, where respondents provide responses in an unstructured, open-text format instead of defined response categories, are often a successful way to

solicit authentic and unexpected feedback, highlight the diversity of responses or nuances in opinions, and capture the 'why' that complements quantitative survey data. (p. 1)

The researcher used this open-text format as the basis for the present survey content. It was important to the researcher that the respondents did not feel restricted or influenced regarding the type, form, or length of responses. This approach was accomplished by withholding most boundaries involving the survey response format.

### **Survey Location**

The researcher responsible for this dissertation was in Virginia at the time of data collection. Virginia is the primary state in which the recruitment process for participants took place. As communicated in the methodology section of this work, the recruitment process included contacting local churches, hanging flyers in community businesses, sharing the opportunity on social media through Facebook and LinkedIn, and verbally recruiting. The recruitment process took a total of six months to complete, which was an unexpected delay in this project. Churches were reluctant to share and support the information included in the survey, and it took time for enough community members to respond to the flyers posted in local businesses. The recruitment flyer was eventually shared online on Facebook and through the researcher's LinkedIn profile, which may have garnered responses from the out-of-state participants. Additionally, verbal recruitment took place among potentially qualified participants.

The survey for this project was conducted online using Qualtrics, which was a seamless platform to navigate and collect data. The respondents were able to submit their responses anonymously, which aided in the confidentiality requirement for this survey. Qualtrics helped the researcher feel secure about gathering potentially sensitive information from participants. The

platform also allowed the researcher to keep the survey information protected and secured while still harnessing important insights from the data.

### **Survey Findings**

The following section of this project will include a systematic review of the survey results. The collected survey submissions have been analyzed according to the research design and study description provided in chapter three of this work. Additionally, the data has been organized into multiple tables that will be provided throughout the subsequent review to promote an enhanced understanding of the results.

### **Demographic Review of the Research Population**

For additional clarity in the succeeding report pertaining to the survey results, a demographic review of the research population is included in the immediate section. This review is taking place prior to exploring the more in-depth elements obtained from the data in an effort to help ensure an accurate description of the results is presented. Only the totally qualified population and completed submissions will be included in this portion of the examination.

#### ***Q1: What is your age?***

The research population consisted of 45 first-time new mothers that represented 14 different states across the United States. The data revealed that 75.56% (n=34) of respondents were 25-34 years of age, 22.22% (n=10) of respondents were 18-24 years of age, and 2.22% (n=1) of respondents were 35 years of age or older. This data is consistent with the average age of women giving birth for the first time in the United States today, which is typically 26 years old (Stahl, 2020). These results are also visually displayed at the start of this chapter in Table 1.2.



***Q2: What state do you reside in?***

Question two of the survey asked participants to disclose their current state of residency. This question yielded the following results: 31.11% (n=14) of the population reported residing in Minnesota, 31.11% (n=14) of the respondents reported residing in Virginia, the state of Florida made-up 13.33% (n=6) of the population, California, Illinois, Iowa, Michigan, New Jersey, North Carolina, North Dakota, Pennsylvania, Texas, Vermont, and Washington each included 2.22% (n=1) of the population. These results are also summarized earlier in Table 2.2.

***Q3: When did you give birth to your first child?***

The third question was another qualifying question and would dismiss participants if necessary, according to the survey eligibility criteria. This question asked participants when they gave birth to their first child and included five potential choices of response. Participants could respond with one of the following answers: between 0-3 months ago, between 3-6 months ago, between 6-9 months ago, between 9-12 months ago, or more than 12 months ago. If participants answered that their first child was born more than 12 months prior to completing the survey, they were disqualified from continuing the questionnaire. As discussed previously, 26.23% (n=16) of the total (n=61) respondents reported giving birth to their first child more than 12 months before completing the survey. These submissions have now been removed from the current data review. Therefore, the survey results pertaining to this question indicate the following of the research population: 33.33% (n=15) had given birth for the first time between 0-3 months ago, 26.67% (n=12) had given birth between 3-6 months before completing the survey, 20% (n=9) had given birth between 6-9 months of completing the survey, and 20% had given birth somewhere between 9 and 12 months ago. This data is visually encapsulated below in Table 3.

**Table 3***Maternal Demographic: Timeframe post-delivery (N = 45)*

Variable	n	%
Timeframe post-delivery		
Between 0-3 months ago	15	33.33
Between 3-6 months ago	12	26.67
Between 6-9 months ago	9	20.00
Between 9-12 months ago	9	20.00

***Q4: Are you currently married?***

Question four asked participants about their marital status. This question was pertinent to the research population because unfortunately, childbirth can often cause a strain on marital relationships. It is well-documented that 50% of all divorces occur during the first seven years of marriage (Cherlin, 1992) and 33.33% of divorces occur within the first five years of marriage (National Center for Health Statistics, 1992). Often, the trajectory toward divorce begins with a mother's decline in marital satisfaction after the birth of her first baby (Belsky & Pensky, 1988; C. P. Cowan & Cowan, 1992; Raush, Barry, Hertel, & Swain, 1974). The adjustment to parenthood is often one of the most difficult transitions for a married couple (Lemasters, 1957). Most research on a married couple's transition to parenthood has revealed that once spouses become parents, there is a significant decline in positive marital exchanges, an increase in marital conflict, and a dramatic decline in marital satisfaction (Belsky & Kelly, 1994; Belsky & Pensky, 1988; Belsky, Spanier, & Rovine, 1983). In some cases, these results were only found among the mothers (Belsky et al., 1983; Waldron & Routh, 1981). In the present study, only 4.44% (n=2) of respondents indicated not being married. The remaining 95.56% (n=43) of mothers reported being currently married.

***Q5: Do you live with your spouse?***

The next question asked each participant to indicate whether or not she currently lives with her spouse. The survey revealed that 97.78% (n=44) of respondents reported living with their spouse. The remaining 2.22% (n=1) of respondents indicated they did not live with their spouse. It is valuable to note that there is a potential for error regarding this small element of the survey data since the previous question indicated that 4.44% (n=2) of respondents were not married and the current question revealed only 2.22% (n=1) of participants did not live with their spouse. The respondent responsible for this discrepancy in the data may have simply made a mistake in her answer or could be equating “living with a spouse” to “living with an unmarried partner.” Further information regarding the potential limitations of this element to the data can be found in chapter five.

***Q6: Do you live with any other family members other than your spouse? If so, please describe the relationship to each applicable family member.***

The next question considered the household beyond the new mother and spouse to gather appropriate data regarding the possible support structure built into the home. The question stated, “Do you live with any other family members other than your spouse? If so, please describe the relationship to each applicable family member.” This question sought to understand the full context of the new mother’s living situation and the potential support currently available in the home.

In this study, 4.44% (n=2) of the research population reported living with their parents, 2.22% (n=1) reported living with a sibling, and the remaining 93.33% (n=42) reported not living with any other outside family member beyond their spouse and child. Amorim, Dunifon, and Pilkauskas (2017) reported that nearly 30% of children in the United States have resided with a

grandparent at some point throughout childhood. The majority of these homes are three-generational households and include the parents of the child (Smock & Schwartz, 2020). However, 25% of these families do not include the children's parents, which are referred to as a skipped-generation household (Smock & Schwartz, 2020). These family dynamics are interesting to consider regarding the social support topic at hand. When outside family members are built into a living situation, the amount of available support naturally increases. Exploration will occur into the survey results of these three-generational homes in a later section.

The results for survey questions 4-6 have been organized into the following Table 4. These three questions from the survey reveal information regarding the marital statuses and living situations of the research population. The vast majority of respondents are married (95.56%), living with their spouse (97.78%), and not living with any additional family members apart from their spouse and child (93.33%).

**Table 4**

*Maternal Demographic: Marital status (N = 45)*

Variable	n	%
Married		
Yes	43	95.56
No	2	4.44
Living with spouse		
Yes	44	97.78
No	1	2.22
Living with other family		
Yes, parents	2	4.44
Yes, brother	1	2.22
No	42	93.33

In summary, the data thus far has revealed that the research population includes 75.56% (n=34) of new mothers ranging in age from 25-34, 22.22% (n=10) of mothers ages 18-24, and 2.22% (n=1) of respondents 35 years of age or older. 31.11% (n=14) of respondents reside in the state of Minnesota, 31.11% (n=14) of participants reside in the state of Virginia, 13.33% (n=6) of the population lives in the state of Florida, and the remaining 24.42% (n=11) of the population is evenly distributed among the following states: California, Illinois, Iowa, Michigan, New Jersey, North Carolina, North Dakota, Pennsylvania, Texas, Vermont, and Washington. 33.33% (n=15) of the respondents gave birth 0-3 months before completing the survey, 26.67% (n=12) gave birth 3-6 months prior, 20% (n=9) gave birth 6-9 months prior, and the remaining 20% (n=9) delivered 9-12 months prior to the survey. 95.56% (n=43) of the research population reported being married, and the remaining 4.44% (n=2) reported not being married. 97.78% (n=44) of the respondents indicated that they currently live with their spouse and 2.22% (n=1) reported not living with their spouse. 93.33% (n=42) of the population answered "no" to the question regarding living with any other family members besides their spouse and child, 4.44% (n=2) responded that they live with their parents, and 2.22% (n=1) of the population reported living with a sibling.

### **Open-Ended Survey Questions**

At this point in the survey, the questions became even more descriptive and required increased input from participants. The survey questions aimed to gather a glimpse of what a typical new mother's support system looks like during the postpartum period in addition to gathering information regarding this population's mental well-being during this time. The leading social support question asked participants to describe what forms of social support they received following birth. The next question asked, "Have you accessed online social support

groups intended for new mothers? If so, please describe these groups.” The subsequent survey question asked participants to answer the following, “Have you participated in in-person new motherhood support groups? If so, please describe this experience.” Participants were also asked to consider what other forms of social support they received following birth that may not have fallen into one of the above categories. The next question stated, “How would you describe your experience with social support following the birth of your child? Please indicate if you are referring to online or in-person forms of social support in your answer.” This question sought personal reflections from each participant regarding their own lived experience with social support following the birth of their child from their current point of postpartum recovery.

Participants were also asked how often they access online new motherhood support groups within a week. Additionally, the research population was questioned regarding if they receive in-person social support outside of their household and if so, how often within a week. The next question prompted participants to reflect on their primary reason for seeking social support. This question yielded results necessary to compare with prior research. Finally, the last question included in the survey stated, “How have your chosen methods of social support helped you through the initial 12 months or less of the postpartum period?” These survey questions asked for depth and vulnerability from each of the research participants. The hope for these questions was to shed necessary light on the lived experiences of new mothers within the United States during the initial 12 months of postpartum recovery in relation to their mental well-being.

### **Social Support-Related Questions**

#### ***Q7: What forms of social support did you receive following birth?***

When participants were asked what forms of social support they received following the birth of their child, there were many answers presented. There were two survey questions related

to this topic, and they both allowed for an open submission box for participants to write their own answers, which resulted in a large amount of data to analyze. A total of 359 mentions of social support methods were categorized from the data into 14 emergent themes. All the textbox submissions from survey questions seven and ten were extracted for this report.

Among the present research population, “family” support was the most mentioned form of social support received following birth. Participant 5 stated that she was “*surrounded by family*” following birth. Additionally, Participant 17 indicated that “*family stayed with us*” after the birth of her child. The “family” category of support resulted in 22.84% (n=82) of the total support methods mentioned. “Help/support” was the second largest category of support and represented 16.99% (n=61) of the responses. The category of “friends” encompassed 15.6% (n=56) of the data. “Groups/other moms” was the next form of support most popular among this research population and resulted in 8.36% (n=30) of the data. In regard to the “groups/other moms” category, respondents indicated the following: “*new moms class through AMMA,*” “*MOPS group,*” “*local mom’s group,*” “*life group,*” “*connecting with new moms,*” “*I have gone on walks with other moms,*” “*being with moms,*” “*moms giving advice,*” “*group chat with sisters who are also moms,*” etc.

Furthermore, 6.96% (n=25) of the support methods were categorized into the category of “visits.” With nearly the same amount of response, “meals” represented 6.69% (n=24) of the total support methods mentioned. “Call/texts” was the next largest category of support and represented 4.74% (n=17) of the data. 4.18% (n=15) of the data was represented by “medical personnel.” “Church” was the next largest category of support. This category encompassed 3.9% (n=10) of the data. “Gifts/financial” forms of support were indicated in 2.79% (n=10) of the results. “Spouse” was mentioned 8 times and represented 2.23% of answers. “Social media”

represented 1.95% (n=7) of the submitted support methods used following birth. “Coworkers” were mentioned 6 times in the report and resulted in 1.67% of the data. Finally, “Gym/hobbies” was the lowest method of support utilized following birth. This category represented 1.11% (n=4) of the data. These results are visually displayed in Table 5 below.

**Table 5**

*Forms of Support Received Following Birth (N=359)*

Variable	n	%
Family	82	22.84
Help/support	61	16.99
Friends	56	15.60
Groups/other moms	30	8.36
Visits	25	6.96
Meals	24	6.69
Calls/texts	17	4.74
Medical Personnel	15	4.18
Church	14	3.90
Gifts/financial	10	2.79
Spouse	8	2.23
Social media	7	1.95
Coworkers	6	1.67
Gym/hobbies	4	1.11

*Note.* The data for Table 5 has been categorized from the results of questions seven and ten in the present study's survey.

***Q8: Have you accessed online social support groups intended for new mothers? If so, please describe these groups.***

Participants were also questioned about their participation with online social support methods and if applicable, asked to describe these methods. When asked, “Have you accessed online social support groups intended for new mothers? If so, please describe these groups,” 33.33% (n=15) of respondents answered “yes” and 66.67% (n=30) responded “no.” Among the



respondents who indicated “yes,” Facebook was the primary platform utilized for accessing groups. Participant 6 stated, *“Yes, Facebook mom support groups,”* Participant 11 indicated, *“Just a breastfeeding group on Facebook,”* and Participant 29 stated, *“Yes. I have joined a Facebook group for formula moms as I had to switch to formula feeding. This group offers support and answers to questions.”*

It is worth noting that some respondents who answered “no” did indicate passive activity on social media as a means of support. For example, Participant 2 stated, *“No; mostly follow professional accounts. Online groups usually have too many opinions and can get overwhelming quickly.”* Additionally, Participant 9 answered, *“I have not. I followed a few social media accounts intended to encourage new mothers, but I did not join an official online social support group.”* Participant 18 answered similarly by stating, *“Not a group. I have done a lot of research online from YouTube and I stream though. Some of this was helpful and some of it was overwhelming. However, I did learn a lot.”* Participant 13 responded, *“I have not looked into support groups, but I have found that there is a large population of new moms on social media that share their lives and I do find comfort in knowing that some of the struggles of being a new parent are ones that others are also experiencing.”* Finally, Participant 41 stated, *“I have not. I see all the Instagrams on different child-rearing trends and expectations and that isn't me to follow those things. I try to focus on what my child is telling me and what I know vs. following trends or fads.”*

Further study should work to clarify how “participation” is classified in relation to receiving online support. It is important to understand how passively viewing social media accounts as opposed to officially being a part of an online “group” impacts a new mother's mental well-being. Due to the nature of social media, mothers have the ability to simply consume

endless amounts of content without necessarily having to engage with it or be a member of an online support “group.” The results regarding the research population’s access to online support groups intended for new mothers are included below in Table 6.1.

**Table 6.1**

*Online Support Group Access (N=45)*

Variable	n	%
Yes	15	33.33
No	30	66.67

The participants who indicated accessing online social support groups were also asked to describe the groups. This population included 15 respondents and provided the following results: 66.67% (n=10) accessed support groups through Facebook, 6.67% (n=1) accessed support groups through Reddit, 6.67% (n=1) indicated accessing support through both Reddit and Facebook, 6.67% (n=1) accessed a support group through a pregnancy application, and the remaining 13.33% (n=2) did not describe the specific type of online support group that was accessed. Participant 23’s description stated, “*I am a part of communities on Reddit for breastfeeding and parenting. Users share questions or anecdotes and can receive advice and experience from other users concerning breastfeeding, sleeping, postpartum self-care, etc.*” The results pertaining to the online support group descriptions are organized below in Table 6.2.

**Table 6.2***Online Support Group Descriptions (N=15)*

Variable	n	%
Group Type		
Facebook	10	66.67
Reddit	1	6.67
Reddit and Facebook	1	6.67
Pregnancy App	1	6.67
Unspecified	2	13.33

***Q9: Have you participated in in-person new motherhood support groups? If so, please describe this experience.***

The next survey question inquired about whether or not the respondents had participated in in-person new motherhood support groups. Again, if the respondents had participated in any in-person support groups, they were asked to describe the experience. This question provided the following data: 82.22% (n=37) of respondents indicated that they had not participated in any in-person new motherhood support groups and the remaining 17.78% (n=8) of respondents reported “yes” to participating in in-person support groups specific to new motherhood. Participant 3 stated, “*Yes, the experience was amazing. The group I was a part of still meets regularly and texts each other as our babies are going through new milestones. I learned so much from them and was brought so much comfort being around other infants the same age as my son.*”

Participant 18 indicated, “*No. I wish I knew of more in-person groups. I feel like I am lacking in friendships with moms who have had a baby the same time as me and can relate and support.*”

These results are demonstrated below in Table 7.1.

**Table 7.1***In-Person Support Group Participation (N=45)*

Variable	n	%
Yes	8	17.78
No	37	82.22

Furthermore, the 17.78% (n=8) of respondents provided the following information regarding the type of in-person support groups that they have been involved in. It is necessary to make note that three of the respondents provided two different group descriptions in their answers.

Therefore, the total number of groups included in the data is 11. These groups were then organized into five categories. The categories included the following: 27.27% (n=3) of respondents participated in in-person “church” groups intended for new mothers, 27.27% (n=3) of the research population participated in in-person “community” groups designed for new mothers, 27.27% (n=3) of respondents were involved in “lactation” support groups, 9.09% (n=1) of participants participated in in-person “pregnancy” related support groups, and the remaining 9.09% (n=1) of respondents did not specify their particular in-person group. These results are consolidated into Table 7.2 below.

**Table 7.2***In-Person Support Group Descriptions (N=11)*

Variable	n	%
Group Type		
Church	3	27.27
Community	3	27.27
Lactation	3	27.27
Pregnancy	1	9.09
Unspecified	1	9.09

***Q10: What other forms of social support have you received following birth?***

The next survey question stated, “What other forms of social support have you received following birth?” This open-ended question prompted participants to describe any forms of social support methods received following birth. The results from this survey question were combined with answers from question seven of the survey since both inquiries sought similar information. Emphasizing this question a second time offered participants another chance to really consider their most received forms of social support following the birth of their child and allowed for an increased amount of data to form robust categories of utilized support methods. Participants were allowed to describe these methods in their own words which resulted in somewhat diverse responses. Participant 13 stated, *“I have lots of family members who are young mothers as well who I was able to spend time with.”* Additionally, Participant 34 stated, *“I have gone on walks with other moms that I know. Some first-time moms, some second or third-time moms. I have also texted with a few friends who have also recently had a baby.”* Participant 40 stated, *“I’ve mostly benefited from being able to hang out with my friends and exercise with friends. Doing non-baby related stuff and maintaining my hobbies.”* All the data from questions 7 and 10 was thoroughly analyzed and categorized into 14 emergent themes (see Table 6 above).

***Q11: How would you describe your experience with social support following the birth of your child? Please indicate if you are referring to online or in-person forms of social support in your answer.***

The next survey question examined the experiences of new mothers in relation to both the in-person and online support methods they received following the birth of their child. The question stated, “How would you describe your experience with social support following the birth of your child? Please indicate if you are referring to online or in-person forms of social

support in your answer.” The results from this question were organized into either online forms of social support or in-person forms of social support. In regard to both in-person and online support, Participant 2 stated, *“It was a positive experience both in-person and online. While I prefer in-person support, and find that it’s much more helpful long term, it’s great to be able to access online professionals in the palm of your hand.”* Relating to in-person support, Participant 7 stated, *“In-person support has been powerful in helping me transition and feel enabled/encouraged to step into my new role as a mom.”* Online support was described as *“more education than actual support”* by Participant 18. This participant continued by stating, *“I think online platforms have caused more of a reaction (learning or comparison) and I have gained no real support through online other than having people know about our story and pray.”* Each category of support method then went through a Lexicon-based sentiment analysis to determine the positivity, neutrality, or negativity of the descriptors. Table 8.1 below provides the categorized descriptors for the online forms of social support present in the data.

**Table 8.1**

*Lexicon-Based Sentiment Analysis: Online support descriptors*

Positive	Neutral	Negative
helpful (3x)	less helpful	not actual support (3x)
beneficial (2x)	not social	comparison (2x)
liked (2x)	hit or miss	overwhelming (2x)
educational	caused reaction	judgmental (2x)
great		not relatable
immediate		
nice		
positive		

*Note.* The numerical value within the parentheses indicates how many times the descriptor was repeated within the data.

The descriptors within each category of positive, neutral, or negative were totaled, and a percentage value was provided. The results indicated the following: 46.15% (n=12) of the online social support descriptors were positive, 15.38% (n=4) of the descriptors were neutral, and the remaining 38.46% (n=10) of descriptors were negative. The results of this analysis regarding online social support descriptors are contained in Table 8.2 below.

**Table 8.2**

*Lexicon-Based Sentiment Analysis: Online support descriptor values (N=26)*

Variable	n	%
<b>Online descriptor categorization</b>		
positive	12	46.15
neutral	4	15.38
negative	10	38.46

The same Lexicon-based sentiment analysis was conducted with the results regarding in-person support descriptors. The in-person support methods were much more prominent within the data. The results included a total of 98 in-person support descriptors in comparison to 26 descriptors regarding online support methods. The 98 descriptors involving in-person social support methods, including their categorizations, are included below in Table 9.1.

**Table 9.1***Lexicon-Based Sentiment Analysis: In-person support descriptors*

Positive	Neutral	Negative
supportive (16x)	ok	anxious (2x)
helpful (15x)	unexpected	dropped-off
encouraging (6x)	intermittent	challenging
good (6x)	somewhat helpful	not comfortable
great (4x)	was not bad	felt isolated
important (3x)	fairly well supportive	lacking
amazing (2x)		faded
best (2x)		regretful
helped feel not alone (2x)		overwhelming
positive (2x)		difficult
reassuring (2x)		
surrounded (2x)		
wonderful (2x)		
preferred		
powerful		
enabled		
healthy		
valuable		
impactful		
hands-on		
smoothed transition		
appreciated		
nice		
personal		
feel more capable		
celebrated		
blessed		
beneficial		
the world of a difference		
willing		

*Note.* The numerical value within the parentheses indicates how many times the descriptor was repeated within the data.

The 98 descriptors included in Table 9.1 above were calculated into a percentage value for each category of sentiment. These results are as follows: 82.65% (n=81) of the in-person support descriptors were positive, 6.12% (n=6) of the descriptors were neutral, and the residual 11.22%



(n=11) of the in-person support descriptors were classified as negative. These values are encompassed in Table 9.2 below.

**Table 9.2**

*Lexicon-Based Sentiment Analysis: In-person support descriptor values (N=98)*

Variable	n	%
<b>Descriptor categorization</b>		
positive	81	82.65
neutral	6	6.12
negative	11	11.22

The percentile value from each category of positive, neutral, or negative from the in-person support methods was then compared with the categorical values from the online social support methods. Online social support experiences were described as 46.15% (n=12) positive and in-person social support experiences were described with 82.56% (n=81) positivity. 15.38% (n=4) of online social support descriptors were classified as neutral experiences and 6.12% (n=6) of in-person social support experiences were described in a neutral manner. Lastly, online descriptors contained 38.46% (n=10) negativity, and in-person descriptors were classified as 11.22% (n=11) negative.

### **Mental Health-Related Questions**

Gathering data regarding the mental well-being of the research population was a critical element of this research project. Questions 12 through 14 of the survey considered the participants' mental health during the postpartum period. The first of these questions asked, "Have you been diagnosed with a mental illness?" The next question sought a broader answer and asked participants the following question, "Have you experienced any symptoms of a mental illness?" The third question within this segment of the survey asked, "Have you experienced any

symptoms of postpartum depression? If so, how long did you experience the symptoms following birth?" The review of the results from each of these questions is included below.

***Q12: Have you been diagnosed with a mental illness?***

The mental health of young adults in the United States has started to decline since social media began gaining popularity in the mid-2000s (Patel et al., 2007; Twenge et al., 2019). The issue has become so evident that the US Senate held a committee hearing about the potentially adverse implications of social media on mental health in late 2021 (Braghieri, Levy, & Makarin, 2022). This is another reason as to why this conversation is critical and why mental health in relation to new mothers needs to be addressed in a world where social media is so easily accessible. In the present study, 22.22% (n=10) of mothers indicated being diagnosed with a mental health disorder and the remaining 77.78% (n=35) of respondents reported no mental health diagnosis. Current research is somewhat inconclusive on the precise prevalence of depression among new mothers; however, the rates typically range from 10% to 19.2% (Vaezi et al., 2019; O'Hara, 2009).

***Q13: Have you experienced any symptoms of a mental illness?***

Question 13 of the survey asked participants if they had experienced any symptoms of a mental illness. The number of participants that responded "yes" to this question was 33.33% (n=15). This percentage is 11.11% (n=5) higher than the number of respondents that had indicated being diagnosed with a mental illness. Therefore, there is a potential for the prevalence of mental illness to be even higher than 22.22% among this population of new mothers if these reported symptoms are accurate indicators of potentially undiagnosed mental health disorders. 11.11% (n=5) of respondents answered "unsure" as to whether or not they had experienced any symptoms of a mental illness. This result potentially indicates that further education may be

necessary among new mothers regarding the potential symptoms of mental health concerns. The remaining 55.56% (n=25) of the population reported not experiencing any symptoms of a mental health disorder.

***Q14: Have you experienced any symptoms of postpartum depression? If so, how long did you experience the symptoms following birth?***

The next question zooms in on this topic a bit further by asking participants if they had experienced any symptoms specifically related to postpartum depression. This question garnered the highest response rate of “yes” compared to either of the two previous questions related to mental health disorders. 42.22% (n=19) of respondents indicated experiencing symptoms of postpartum depression. These expressed symptoms lasted among the applicable population anywhere from a few days to the longest report being “6 to 7 months.” Participant 17 described her experience by stating, *“For me, I had a small amount of symptoms. It started around 5 months. I began to feel really lonely but also didn’t want to do anything about it. I also felt like I lost my drive and passion but had no energy or desire to pursue anything. It only lasted about 1 month. My spouse really helped me in this season.”* Participant 26 answered the question with, *“I have experienced symptoms of postpartum depression. My symptoms were strongest the first two weeks after birth and seemed to have improved by about four weeks after birth.”* Participant 45 stated, *“Indeed I did! I am 9 months pp and I would say I experienced symptoms for 6-7 months.”* The remaining 57.78% (n=26) of the survey participants indicated no symptoms of postpartum depression. 4.44% (n=2) of the respondents (these respondents were categorized with those indicating no experience with symptoms of postpartum depression) included “not yet” within their answer. Table 10 below summarizes the results from research questions 12, 13, and 14.

**Table 10***Maternal Demographic: Mental health (N = 45).*

Variable	n	%
<b>Mental illness diagnosis</b>		
Yes	10	22.22
No	35	77.78
<b>Symptoms of mental illness</b>		
Yes	15	33.33
No	25	55.56
Unsure	5	11.11
<b>Symptoms of PPD</b>		
Yes	19	42.22
No	26	57.78

**Continued Social Support-Related Questions**

The present survey continued by further considering elements of the utilized social support methods by new mothers during the postpartum period. The survey persisted with questions seeking information regarding both in-person (traditional) social support and online (unconventional) social support methods. The remaining section of the survey questioned respondents regarding weekly participation in both online and in-person support groups, what their primary reasons are for seeking social support, and how their chosen methods of support have helped them through the initial 12 months or less of postpartum recovery.

***Q15: How often do you access online new motherhood support groups in a week?***

Question 15 of the present survey asked participants to indicate how many times they access online new motherhood support groups within a week. The results indicated the following: 66.67% (n=30) respondents reported never accessing online support groups within a week, 8.89% (n=4) of the population estimated a total of 1-2 times of online support group

access within a week, 2.22% (n=1) reported nearly daily usage of online support groups by submitting the answer “6 times,” 20% (n=9) of participants reported accessing online support groups daily, and finally, the remaining 2.22% (n=1) reported an “unsure” amount of access to online social support groups within a given week. The responses varied from one participant stating, *“I don’t. I have found them to be more about controversy and personal opinions than actually helpful. I consult family and personal friends when I need answers/support,”* to another stating, *“I access the support groups daily. So 7x/week.”*

***Q16: How often do you receive in-person social support outside of your household within a week?***

The next question prompted participants to consider how many times they receive in-person social support outside of their household within a given week. This question demonstrated the following: 22.22% (n=10) of respondents reported not receiving any in-person social support within a given week, the largest group of respondents included 44.44% (n=20) who stated that they receive in-person social support 1-2 times within a week, 22.22% (n=10) of the population indicated receiving in-person support 2-3 times per week, 4.44% (n=2) responded anywhere from 3-5 times per week, and the remaining 6.67% (n=3) of the population reported receiving in-person social support daily. Participant 9 highlighted how in-person support often changes as time progresses by stating, *“I would say around once per week now. If needed though, I am able to ask people to help. In the first couple months after having my child I had in-person social support probably 3-4 times per week.”* The results from survey questions 15 and 16 are displayed in Table 11 below.

**Table 11***Weekly Social Support: Online and in-person (N = 45)*

Variable	n	%
<b>Weekly online support access</b>		
0	30	66.67
1-2	4	8.89
6	1	2.22
7	9	20.00
Unsure	1	2.22
<b>Weekly in-person support</b>		
0	10	22.22
1-2	20	44.44
2-3	10	22.22
3-5	2	4.44
7	3	6.67

***Q17: What is your primary reason for seeking social support?***

The next survey question asked participants to disclose their primary reason for seeking social support. Participant 11 stated, *“To know I’m not alone. It’s impossible to do it all. There’s a reason people say ‘it takes a village’ to raise a child.”* Participant 29 responded, *“I believe ‘it takes a village’ to raise a child and know motherhood should not be taken on alone. Seeking social support helped keep myself healthy and happier.”* Participant 41 answered, *“To know that I am not alone in the struggles we might be having at a particular stage and for reassurance that I am doing a good job.”* Finally, Participant 10 stated, *“For easing anxious thoughts, validating feelings, and feeling less alone in motherhood.”* Most respondents provided more than one answer to this question and a total of 83 reasons for seeking social support were categorized for this analysis.

The provided reasons were initially categorized into House’s (1981) four quadrants of social support which are: emotional support, instrumental support, informational support, and

appraisal support. After the initial analysis, the researcher decided to add a fifth category of social support entitled “social.” To review, emotional support is typically expressed in actions of empathy, care, love, trust, esteem, concern, and listening (House, 1981). Instrumental support includes aid in the form of kindness, money, labor, time, or any other direct form of help (House, 1981). Informational support provides advice, suggestions, directives, and additional information for coping with personal or environmental problems (House, 1981). Appraisal support provides affirmation, feedback, social comparison, and self-evaluation (House, 1981). Within this context of the report, the “social” support theme was represented by acts of camaraderie, togetherness, and fellowship. Table 12.1 below exhibits the research population’s primary reasons for seeking social support and their categorizations within the five support themes.

**Table 12.1**

*Reasons for Support: What is your primary reason for seeking social support?*

Emotional	Instrumental	Informational	Appraisal	Social
My happiness	Household duties	Advice	Easing anxiousness	Community
Not feel isolated	Keep grounded	Gather from others	Validating feelings	Seeing my friends
Checking in	Physically	Advice	Feel seen	Community
Encouragement	Ensure son’s needs	Not knowing if...	Understanding	Camaraderie
Encourage	Done around house	Makes me better	Feel more ‘sane’	Community
Feeling less alone	A little break	Gain knowledge	Similar experiences	Interactions
I’m not alone	Meet needs	Give ideas	Same situation	Meet others
Talk through...	Physical health	Help me navigate	Reassurance	Feel connected
Feeling hopeless	Healthy	Learn from others	Doing a good job	Be with others
Talk to somebody	Nourishes me	Remind me how		Have people
Feel less lonely	Sleep	Asking questions		Get together
Feel others care	Spiritual	Learning		Baby around kids
Taking an interest	Edification	Child’s		Adult interaction
Helping care	Can be the best	development		Eat with friends
Mentally	Watched daughter	Medical reasons		Date nights
Emotionally	Helped with chores	Advice		
Feeling lonely	Time for self			
Mental	Easier			
Emotional				
Happier				
Peel off heaviness				
Don’t feel alone				
Not alone				
Encouragement				
Not feel alone				
Feeling alone				
Alone				

A percentage for each category was then calculated to highlight the overall primary reason for seeking social support within this present study’s population. The data revealed that of the presented reasons for support, 32.53% (n=27) of the reasons involved methods of emotional support, 20.48% (n=17) of the reasons were based on instrumental acts of support, 18.07% (n=15) of primary reasons for seeking support included informational support reasons, 10.84% (n=9) of the reasons were considered appraisal methods of support, and the remaining 18.07% (n=15) of disclosed reasons were based on social elements of support. These statistics are demonstrated below in Table 12.2.



**Table 12.2***Reasons for Support: Categorized percentiles (N = 83)*

Variable	n	%
Categorization of reason		
Emotional	27	32.53
Instrumental	17	20.48
Informational	15	18.07
Appraisal	9	10.84
Social	15	18.07

***Q18: How have your chosen methods of social support helped you through the initial 12 months or less of the postpartum period?***

Finally, the last survey question asked mothers, “How have your chosen methods of social support helped you through the initial 12 months or less of the postpartum period?” Participant 2 responded with the following quote, “*It affirms a lot of what motherhood is that isn’t always talked about outside of motherhood. Can help feel more like ‘this is normal’ or ‘maybe I should check this out.’ The meal train has helped provide us with one less thing to think about while we learn life with a newborn. Having friends and family be able to help care for the baby while I shower or nap to care for myself.*” Participant 41 stated, “*I could not have done nearly as well managing the overwhelming change that is motherhood without the support of my parents...Their help is priceless.*” Additionally, Participant 38 responded with, “*Spending time with other new moms has been beneficial because we ask each other questions and describe certain things we are feeling or experiencing, and we find that those feelings and experiences are normal.*” These results in addition to the other 42 responses were grouped into the following five categories: emotional, instrumental, informational, appraisal, and social. The categorized

specifics regarding how the research population’s chosen methods of social support helped them through the initial 12 months or less of postpartum recovery are included below in Table 13.1.

**Table 13.1**

*How Social Support Helps: How have your chosen methods of social support helped you through the initial 12 months or less of the postpartum period?*

Emotional	Instrumental	Informational	Appraisal	Social
Help care	Resolved energy	Maybe I should...	Affirms	Positive community
Care for me	Provide energy	Tips	This is normal	Surrounding myself
Encouragement	Meal train	Offer ideas	Is normal	Meet other moms
Care	One less thing	Feedback and advice	Directly relate	Enjoy company
Confidence	Shower or nap	Questions	Are normal	Support from friends
Encouragement	Provide escape	New mom questions	Relate to motherhood	Socialize
Make more enjoyable	Time alone	Phases will pass	Relate to own mother	Visits
Confident	Keep kid preoccupied	Answering questions	Easing worries	Time with moms
Feel not alone	Around the house	Know son is healthy	Sense of normalcy	
Able to talk	Pray with me	How to: baby sleep	Feel seen	
Emotionally	Physical/practical way	Educate me	I am doing a good job	
Do not feel alone	Meet needs	Navigate medical	Find commonalities	
Love	When I am sick	Specific issues	Are normal	
Feel not impossible	Meals	Become stable parent	Was not doing bad	
Responding	Support available	Ask questions	Reassured me	
Encouraging	Our needs	Help breastfeeding		
Comforting	Meals	Advice		
Less lonely	Childcare	Breastfeeding support		
People to talk to	Cleaning	See the light		
Not alone	Overall support	See temporary hard		
Checking on us	Enable appointments			
Never feel alone	Get my son therapy			
Not feel overwhelm	Help with things			
Encouragement	Providing meals			
Not felt alone	Assist with baby			
Not feeling alone	Helping with chores			
Feel lighter				
Feel closer to God				
Feel a sweetness				
Not feel so alone				
Reduce overwhelm				
Care				
Encouraged				
Happier				
Describe feelings				
Managing overwhelm				
Encouragement				
Confidence				
Know I am not alone				
Feel like me				
Chance to talk				
Chat				

The results from Table 13.1 were also calculated into category percentiles. The calculations revealed the following statistics regarding how social support helps: 37.84% (n=42) of the

described help met emotional needs, 23.42% (n=26) of the provided help assisted in instrumental ways, 18.02% (n=20) of the aid described by new mothers was informational, 13.51% (n=15) of the support received by the population was in the form of appraisal support, and the remaining 7.21% (n=8) of the described support met social needs for the respondents. The category percentiles pertaining to how social support has helped the respondents in the initial 12 months or less of motherhood are presented below in Table 13.2.

**Table 13.2**

*How Social Support Helps: Categorized percentiles (N = 111)*

Variable	n	%
<b>Categorization of support</b>		
Emotional	42	37.84
Instrumental	26	23.42
Informational	20	18.02
Appraisal	15	13.51
Social	8	7.21

The percentages regarding the population's primary reasons for seeking social support were then compared with the data regarding the participants' descriptions of how social support helps. Emotional support was the primary reason for seeking support in 32.53% (n=27) of descriptors. In comparison, 37.84% (n=42) of descriptors were provided regarding how social support helps emotionally among respondents. Instrumental support was the next most popular reason for seeking social support and resulted in 20.48% (n=17) of the provided descriptors. 23.42% (n=26) was the calculated percentage of content pertaining to how social support helps the respondents instrumentally. Informational support encompassed 18.07% (n=15) of the reasons for seeking support among the respondents. This percentage is nearly equal to the 18.02% (n=20) of descriptors provided regarding how informational support helps during

postpartum recovery. Appraisal support was sought 10.84% (n=9) of the time and was described as a helpful source of support in 13.51% (n=15) of the provided descriptors. Lastly, social reasons for primarily seeking social support were discussed in 18.07% (n=15) of the relevant content from question 17 of the survey and were included as a form of helpful support received in 7.21% (n=8) of the applicable text from question 18 of the survey.

This comparison helped in building an understanding of whether or not the participants' needs for social support were currently being met through the provided support. The most prominent discrepancy between the "reason for seeking social support" and "how social support helped" was found in the "social" aspect of the discussed support methods. This category of support had a percentile difference of 10.86%. The next largest discrepancy was found with emotional support methods. This differential was 5.31%. Instrumental support had the next biggest gap which consisted of 2.94%. The difference between sought appraisal support and received appraisal support was 2.67%. Finally, informational support was nearly equally sought and received with a difference of only 0.05%. Table 13.3 below provides a detailed visualization of this compared data.

**Table 13.3**

*Comparison Chart: Reason for Seeking Support and How Support Helped*

Support Characterization	% of Reason	% of Help	Difference Between
Emotional	32.53	37.84	5.31
Instrumental	20.48	23.42	2.94
Informational	18.07	18.02	0.05
Appraisal	10.84	13.51	2.67
Social	18.07	7.21	10.86

### Summary

In summary, the survey results presented in this chapter indicate that despite the societal changes that are occurring in the world of online communication, traditional methods of social support during the postpartum period remain strong among new mothers. The data regarding the forms of social support received during the initial 12 months or less of postpartum recovery among the present study's population indicated in-person support methods in 4 of the top 5 most mentioned forms of received support. Social media ranked 12 out of 14 on this list and encompassed only 1.95% of responses.

The survey also demonstrated that in-person support is typically preferred among new mothers. This was evidenced through the Lexicon-based sentiment analysis that was conducted on both in-person and online social support descriptors. Online support descriptors were 46.15% positive in comparison to the in-person support descriptors which were 82.65% positive. Additionally, the identifiable adjectives of online support experiences were 27.24% more negative than descriptors of in-person support experiences.

Despite the higher rates of negativity associated with online-based social support practices, participation in online groups beats out in-person group participation by 15.55%. This data imbalance is demonstrated through the comparison of the research respondents' communicated preferences versus the recorded support participation methods from the respondents. In direct defiance of the preference for in-person support methods, participation in in-person support groups is only a little over half of what participation in online support groups is. 33.33% (n=15) of the research population reported participation in online support groups and only 17.78% (n=8) of the research population indicated participation in in-person support groups. This research did not provide enough evidence to correlate this discrepancy with any concrete reasoning. Future research is necessary to uncover further information regarding the potential

rationale behind these statistics. Probable speculation could be made regarding the convenience factor related to online support groups over in-person groups. There are very few barriers to entry when it comes to online social support, which could be a leading factor in the increased popularity over in-person support groups.

It is important to also note that the percentage of participants reportedly accessing online support methods remained unchanged from survey question 8 to survey question 15. For example, 66.67% (n=30) of participants reported not accessing online support groups in question 8, and 66.67% (n=30) of respondents also reported no weekly access to online support methods in question 15 of the survey. This consistency is not evidenced in the same way regarding in-person support data. In question 9 of the survey, 17.78% (n=8) of respondents indicated participation with in-person support *groups*, and in question 16, 77.78% (n=35) of respondents indicated receiving some type of in-person social support outside of the home within a given week. These results signify that in-person support is often received informally and does not need to be confined to a group setting to be received as support. The traditional methods of in-person support seem to be occurring regardless of an organized effort from new mothers. An increase of 60% (n=27) more respondents indicated receiving in-person support when the description was not referencing an in-person support *group*.

This study's results also supplied evidence supporting the idea that emotional needs are a top priority for women in postpartum recovery. 32.53% of the results regarding the participants' primary reason for seeking social support were classified as emotional support needs. The data also indicated that these needs were likely being met by showing that 37.84% of the received support fulfilled emotional needs. However, the study found that social needs may be lacking among the research population. Only 7.21% of descriptors indicating how social support

methods have helped during postpartum recovery involved social needs. However, 18.07% of the descriptors regarding the primary reason for new mothers to seek social support were classified as “social” needs. These results suggest that 10.86% of the research participants may currently be lacking in their social desires. A discussion involving the potentially lacking needs among new mothers and the prevalence of postpartum depression among this research population will be included in the next chapter. The following chapter will also compare this work’s findings to prior research, address any potential concerns within this project, and discuss future research opportunities involving the topic of new motherhood, social support, and mental health.

## **CHAPTER FIVE: DISCUSSION**

### **Overview**

The discussion of this data will lead readers toward clarity regarding the two primary research questions established at the beginning of this project. Once again, the questions are as follows:

RQ1: What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period?

RQ2: How do these experiences impact new mothers' mental health?

Throughout this entire project, these research questions have remained at the forefront. The remaining work will address the study's resolutions for each prompt. The previous chapter will be used as the essential foundation for the deeper implementation of the study's findings discussed in the subsequent paragraphs. The following chapter will consider the key findings, how the results are similar and dissimilar to previous findings, the implications of the work, the strengths and limitations of the information, and the recommendations for future research regarding this topic.

### **Summary of Findings**

The present study produced four major findings which resulted in two findings per research question. The findings have been organized in relation to the applicable research question for enhanced clarity. The results pertaining to research question one, "What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period?" will be discussed first. The following section will provide the results concerning research question two, "How do these experiences impact new mothers' mental health?"



**Research Question 1**

RQ1: What experiences do new mothers have with traditional methods of social support versus online social support during the postpartum period?

***Finding 1***

The first major finding in relation to the experiences of new mothers regarding both traditional (in-person) and unconventional (online) forms of social support resulted in an unmatched level of preference versus participation. Participant 7 stated, "*In-person support has been powerful in helping me transition and feel enabled/encouraged to step into my new role as a mom.*" When asked if participation had occurred in any in-person support groups, the same respondent answered "*No.*" Furthermore, the Lexicon-based sentiment analysis revealed that positivity toward online forms of social support resulted in less than 50%. More specifically, descriptors regarding online social support methods ranked 46.15% (n=12) positive, 15.38% (n=4) neutral, and 38.46% (n=10) negative. Despite these relatively low positivity findings, one-third of participants indicated participating in online social support groups. On the other hand, in-person social support descriptors received a positivity score of 82.65% (n=81), a neutrality score of 6.12% (n=6), and a negativity score of 11.22% (n=11). The descriptors referring to in-person forms of social support were overwhelmingly positive, yet actual participation in in-person support groups was only indicated in 17.78% (n=8) of survey respondents.

***Finding 2***

The second substantial finding most relevant to this study's first research question found that informal in-person social support methods are ranked among the highest forms of support received during the initial 12 months or less of postpartum recovery. Participant 5 stated that she was "*surrounded by family and close friends*" during postpartum recovery. When describing the

forms of social support received following birth, Participant 25 stated, *“My mother came and stayed with us for 2 days after getting home from the hospital.”* The data analysis process totaled the complete list of social support methods received by research respondents. The comprehensive list was then categorized into groupings and found that “family” support was ranked in the highest position. Family support resulted in 22.84% (n=82) of responses pertaining to the forms of support received post-delivery among the research respondents. Two additional informal in-person social support methods accompanied “family” in the top five spots of the list. These additional informal in-person methods included “friends” and “visits.” Furthermore, in-person support “groups/moms” was ranked number four on the categorized list and totaled 8.36% (n=30) of responses. Finally, “social media” was positioned at number 12 on the list and encompassed 1.95% (n=7) of the submitted answers. For the full context of the referenced list see Table 5.

### **Research Question 2**

RQ2: How do these experiences impact new mothers' mental health?

#### ***Finding 1***

In connection with how new mothers' social support practices are potentially impacting their mental health, the results indicated the following: despite positive communication regarding current support methods, mental health concerns remained prevalent among the studied population. Participant 2 shared the following statement regarding her experience with mental health struggles following birth, *“I had major “baby blues” for the first month. When I returned to work and my son went to daycare at 18 weeks, I have been struggling with PP anxiety and still do today.”* Participant 35 indicated that she experienced *“Some crying, not wanting more children, but nothing major.”* Participant 41 disclosed, *“I have always struggled with anxiety, but*

*it has gotten worse since giving birth. I started medication 3 months before birth to help support my mental health postpartum. I took this medication years ago to help with PMDD symptoms.”*

Finally, Participant 42 shared that she experienced “*loneliness and a little anxiety the week after birth.*”

As discussed previously, the Lexicon-based sentiment analysis exhibited 82.65% (n=81) positivity from social support experiences pertaining to in-person methods and 46.15% (n=12) positivity in relation to descriptions of online social support experiences. Regardless of these positivity levels, mental health concerns remained pervasive among the studied population. 22.22% (n=10) of the research group indicated a mental health diagnosis, 33.33% (n=15) of the respondents discussed sustaining symptoms of a mental illness, and 42.22% (n=19) of the research participants disclosed experiencing symptoms specific to postpartum depression. Additionally, 11.11% (n=5) of respondents were unsure of their encounters with mental health symptoms.

### ***Finding 2***

The next significant finding demonstrated that mothers' interpersonal social needs during postpartum recovery may be unfulfilled and are potentially contributing to a high prevalence of mental health concerns among the population. In all other categories of support outside of interpersonal social support (emotional, instrumental, informational, and appraisal), the respondents' primary reason for seeking support was met with either greater or a nearly equal response to the matching category of support in the question pertaining to how specific support methods have helped during postpartum recovery. When referring to how social support has helped during recovery, Participant 22 stated, “*It's been alright. I wish I had more friends my age and in the same life phase as me to spend more time with.*” Additionally, Participant 12

stated, "*I wish I had met more new moms.*" Furthermore, the research participants specified a desire for emotional support methods when asked to disclose their primary reason for seeking social support in 32.53% (n=27) of responses. In the following question pertaining to how support has helped during postpartum recovery, 37.84% (n=42) of replies indicated emotional support help. However, pertaining to interpersonal social support methods, this form of care was included as a primary reason for seeking support in 18.07% (n=15) of results and was only indicated as a method of received support in 7.21% (n=8) of remarks. The remaining categorical comparisons can be observed by reviewing Tables 12.2 and 13.2. Lastly, the population indicated relatively high levels of mental health concerns by demonstrating 22.22% (n=10) of respondents have been diagnosed with a mental illness, 33.33% (n=15) of the participants have experienced symptoms of a mental illness, and 42.22% (n=19) have experienced symptoms of postpartum depression.

## **Discussion**

### **Research Question 1**

#### ***Finding 1***

The present study revealed two key insights pertaining to preference versus participation. First, among respondents, preference for online social support was relatively low and resulted in 46.15% (n=12) positivity in described experiences. However, participation in online forms of social support groups resulted in 33.33% (n=15) of the population. Secondly, preference for in-person forms of social support received a positivity rating of 82.65% (n=81) yet, only 17.78% (n=8) of respondents reported participating in in-person support groups intended for new mothers. However, involvement in informal methods of in-person support was much more

equally matched with preferences and encompassed 77.78% (n=35) of in-person social support experiences within a week among the research population.

To better understand the low participation rates regarding in-person support groups among the new mothers of the present study, it is important to consider prior research surrounding the topic. Previous scholarship has established that face-to-face interactions with other mothers are crucial to new mothers' overall postpartum experience (Nolan et al., 2012; Strange et al., 2014; Wilkins, 2006). Research particularly involving in-person supportive postpartum groups has demonstrated enhanced self and infant care (Nolan et al., 2012; Strange et al., 2014). New motherhood peer groups have also provided evidence of minimizing mothers' insecurities and anxieties related to infant care in a way that information and support from general friends and family could not (Strange et al., 2014). Wilkins' (2006, p.174) study found that a fear of criticism or perceived incompetence from those that were deemed more 'expert' is often what isolates new mothers away from public spaces. However, when face-to-face new motherhood support groups are participated in, benefits often abound (Price et al., 2018). When new mothers engage in groups involving other mothers with babies in similar stages, they often feel validated in their learning needs and begin to understand that they are not alone (Price et al., 2018). Prior research supports the benefits of involvement in face-to-face support during postpartum recovery, therefore a disconnect must remain regarding the low participation rates demonstrated in the present study.

For additional clarity on this finding, it is necessary to consider again the theoretical framework directing this research which involves the communication apprehension (CA) and media equation theory. Both theories provide helpful considerations regarding why the demonstrated behavior of low in-person group participation among new mothers may exist. The

communication apprehension theory explains how anxieties surrounding communication can directly impact communication behavior (Beatty, McCroskey, & Heisel, 1998), and the media equation theory claims people have the tendency to assign human characteristics to media and other electronic devices (Reeves & Nass, 1996). This mindset of viewing media as equal to a human relationship may be an indicator of why new mothers are more willing to participate in online forms of support versus in-person groups. Mothers may not be perceiving this choice as an act of diminishing face-to-face interactions, if media is viewed in the same way as human connections.

Similar to the CA theory which provides evidence of how fear often hinders communication, new mothers in need of face-to-face community may be hindering themselves based on perceived fears of embarrassment or lack of adequacy (Wilkins, 2006). These fears could be the reason for their avoidance of in-person support groups. During postpartum recovery, new mothers could potentially be experiencing higher levels of communication apprehension that are leading to their increased unwillingness to directly communicate with others. However, further research on this topic would need to be done to provide conclusive evidence on these ideas.

### ***Finding 2***

This research revealed that informal in-person support was ranked as the highest form of support received during postpartum recovery. This method of support out-ranked in-person support groups by 14.48% and social media-based support by 20.89%. The informality of support utilized by this research population was not surprising, since no formalized system currently provides postpartum care and support to new mothers following childbirth in the United States (McGovern et al., 2011). In the United States, after-birth care is typically centered

around the infant as opposed to the infant and the mother (Liu, Maloni, & Petrini, 2014). This is not the case in numerous other countries.

In many countries practicing formalized postpartum care, research has demonstrated lower postpartum mental health disorder cases (Goldbort, 2006; Okano et al., 1998; Takahashi & Tamakoshi, 2014). Specifically, these systematic postpartum care rituals are foundational to certain Hispanic, Asian, and African cultures (Bashiri & Spielvogel, 1999). These practices are designed to offer intentional assistance to women in the transition to motherhood (Bashiri & Spielvogel, 1999). To help enhance the postpartum recovery experience particularly involving a new mother's mental well-being, it is advantageous to review current formalized practices from around the world. A brief review of a few common practices is included below.

In Mexico, many women practice "la cuarentena" which is a 40-day resting period that takes place with family (Niska, Snyder, & Lia-Hoagberg, 1998). During this time, special care is provided to the new mother by family members (Waugh, 2010). This care is seen as a reward for all the new mother's hard work and pain during childbirth (Waugh, 2010). Family members take care of feeding the mother, providing special herbs, wrapping her belly, and putting her in bed (Waugh, 2010). Her needs are indulged during this time as she prepares to fully enter motherhood (Waugh, 2010). Women practicing "la cuarentena" are not permitted to cook or clean and their babies are brought to them for nursing but are taken away when upset (Waugh, 2010). When "la cuarentena" is ideally practiced and "dense social support" is provided by a close network of family members, the practice can provide a protective effect against negative health outcomes for new mothers (Clark, 2001, p.1309).

In a 2006 study, lower odds of postpartum depression and less severity of physical symptoms were found in areas practicing "peiyue" which is a Chinese practice that translates to

“mothering the mother” (Goldbort, 2006). The practice is considered a mandated family postpartum support method and has been associated with improved social support methods and a slightly lower risk of postpartum depression for new mothers (Callister, Beckstand, & Corbett, 2010). Specifically, the practice mandates that a new mother is accompanied and attended to by an elder female family member (Lee & Chung, 1999). The practice aims to provide adequate practical and emotional support (Lee & Chung, 1999). Another goal of the practice is to ensure essential child-rearing skills are taught and passed down to the new mother (Lee & Chung, 1999). Mothers who practice the “peiyue” tradition have reported receiving better support and have demonstrated a lower degree and prevalence of postnatal depression (Lee, Chau, et al., 1998; Lee et al., 1998).

Additionally, in Japan, new mothers often move back for “satogaeri bunben” (Naito et al., 2019). This is a traditional custom where a new mother returns to her parental home for up to 8-12 weeks of the peripartum period (Naito et al., 2019). The peripartum period includes the timespan slightly before delivery, during, and after delivery (Naito et al., 2019). The “satogaeri bunben” practice allows the baby’s maternal grandparents to provide critical social support to the new mother (Naito et al., 2019). The maternal grandparents help with daily tasks, physician appointments, and childcare following the birth (Okano et al., 1998). Several studies have demonstrated a significantly lower Maternity Blue Scale for postpartum depression as well as a barrier against postnatal disease in association with this Japanese postpartum support method (Okano et al., 1998; Takahashi & Tamakoshi, 2014).

It would be irresponsible not to also address the limitations found regarding certain postpartum practices as well. More drastic postpartum practices have demonstrated that there should be a reasonable limit assigned to the amount of rest and support recommended to a



postpartum mother. For example, some Chinese women practice “zuoyuezi” which is also known as “doing the month” (Liu, Maloni, & Petrini, 2014). This is a representative of a more extreme postpartum practice where women are encouraged to limit nearly all activities including most hygiene tasks for a 30-day period following birth (Liu et al., 2014).

The practice of “zuoyuezi” is a formalized system intended to provide acknowledgment and reward to women for childbearing (Liu et al., 2014). The ritual was established with positive intentions and designed to promote maternal postpartum recovery (Chu, 2005). During the first month following childbirth, women in this practice restrict tasks such as maternal responsibilities, physical activities, housework, television viewing, book reading, time spent standing or squatting, and daily personal care tasks which include bathing, washing hair, and brushing teeth (Liu et al., 2014). These restrictions are believed to help restore the mother's health and well-being (Liu et al., 2014). During this practice, new mothers spend almost all their time lying in bed in an effort to regain strength and restore balance before assuming the mothering role (Leung, Arthur, & Martinson, 2005; Liu et al., 2006; Matthey, Panasetis, & Barnett, 2002). While the mother is recovering, the infant's paternal or maternal grandparents are tasked with caring for the new mother and baby (Gao, Chan, You, & Li, 2010; Holroyd, Twinn & Yim, 2005).

A study involving 198 healthy childbearing women found that adherence to the “doing the month” practice increased depression among new mothers over time (Liu et al., 2014). The positive correlation with depression among this population was measured at six weeks postpartum (Liu et al., 2014). Liu et al. (2014) stated, “Depression dramatically increased over time for all participants in the present study and was higher for women who adhered to doing-the-month practice” (p. 60). This study challenges the idea that complete restriction of activities

and responsibilities is healthy for a new mother during postpartum recovery (Liu et al., 2014). These findings from Liu et al. (2014) paired with the present study illustrate that an appropriate balance between rest, support, and continued responsibility may be the optimal solution for women's health post-birth.

## **Research Question 2**

### ***Finding 1***

Despite predominantly positive feelings toward social support experiences, mental health concerns remained prevalent among the research population. 22.22% (n=10) of the population had been diagnosed with a mental health disorder, 33.33% (n=15) had experienced symptoms of a mental illness, an additional 11.11% (n=5) were unsure of whether or not they had experienced symptoms of a mental illness, and 42.44% (n =19) of respondents indicated experiencing symptoms of postpartum depression. Current research suggests a prevalence of depression in 17% of healthy mothers with no history of depression and who had given birth to a healthy baby (Shorey et al., 2018). Furthermore, 8% of new mothers are likely to experience an anxiety disorder and a significant range of 26-84% are likely to experience symptoms of postpartum blues (O'Hara & Wisner, 2014).

When studying new mothers of differing racial and ethnic backgrounds, Negron et al. (2013) found that perceptions among the groups regarding the level of expected postpartum support from their social networks varied. The study documented that predominantly "white/other" mothers did not disclose negative feelings about any provisions or lack of provisions from the support of relatives during postpartum recovery (Negron et al., 2013). Many of the women in the group had prepared for birth by arranging help from caretakers instead of solely relying on family members for support (Negron et al., 2013). Notably, Negron et al.

(2013) demonstrated that a mother's expectations regarding support can have an impact on her ability to mobilize support from her social networks. The study suggested that a critical element of the postpartum recovery experience is identifying expectations of support needs (Negron et al., 2013). Future research in this area should work to determine if achieving expectations of social support correlates to the positivity levels of a new mother's mental health during this time or more simply, the success rating of postpartum recovery.

### ***Finding 2***

It is well documented through prior research that insufficient amounts of social support can result in a diagnosis of postpartum depression (Mughal, Azhar, & Siddiqui, 2022). However, scholarship has yet to pinpoint a specific realm of social support that may be impacting new mothers' mental health the most significantly. The present study found a discrepancy among the research population pertaining to the amount of desired interpersonal social support versus the amount of received interpersonal social support. The difference between these two categories (desired versus received) was 10.86%. In the United States, many new mothers live at a distance from family members (Liu, Maloni, & Petrini, 2014) which may be a factor in the low receipt of interpersonal social support within the current research population. It is crucial for scholars to continually evaluate these levels of desired versus received support, since ignoring a new mother's needs has been shown to have detrimental implications on mothers and the health of entire families (Goodman, 2004). The present research supports that this is particularly critical when it comes to social support methods relating to interpersonal social needs.

Feelings of isolation are often a common symptom associated with postpartum depression and can be closely tied to one's lacking social support methods (Mughal, Azhar, & Siddiqui, 2022; Siddhpuria et al., 2022). This sentiment is also supported by Norbeck and Tilden

(1983), who concluded “informal supportive relationships between people protect health” (p. 173). Physical support from family and friends provides a significant barrier between a new mother and many of the common stressors faced by maternal women (Ni & Lin, 2011). Additionally, support from peers can contribute to desirable health outcomes (Ni & Lin, 2011). For this reason, it is important for family members and loved ones to be involved in the care of postpartum women (Ni & Lin, 2011). With this knowledge, establishing a strong community around a new mother to support her interpersonal social needs should be essential to proactive postpartum care.

### **Implications**

Although most of the findings from this work align with previous scholarship in the field, the implications of this research are vast. Updated data regarding a homogenous population of new mothers is necessary to direct behavior and future research. The findings from the present study can be applied both methodologically and practically. The details pertaining to each of these categories of implications are included in the following paragraphs.

### **Methodological**

This study supports previous research regarding the prevalence of mental health concerns among new mothers and the potential risks of lacking social support methods. The dataset also provided new information relevant to future researchers regarding the unmatched levels of preference for in-person forms of social support versus in-person support group participation. Additionally, this study supplied data regarding the popularity of informal in-person support methods present among the current research population. The results also provided insights specific to the population in relation to two communication theories: the communication apprehension theory and the media equation theory. The findings provide a strong foundation for

future research in this area to continue identifying potential links between social support practices and mental health concerns among new mothers.

As discussed in chapter two of this work, 92% of mothers are active on social media (Edison Research, 2019). This study took this statistic further and considered first-time mothers within the initial year of motherhood and found that 33.33% of this population is active in online support groups. Additionally, the same percentage of the present study's participants engage in online support groups on a weekly basis. This research implies that a third of new mothers are likely to seek support through online social platforms. Continued research involving social media usage trends should consider this significant group of members and their motivating factors for engaging with the platforms.

The prevalence of mental health issues among new mothers was also a primary factor of concern within the present study. The findings supplied updated information regarding the current rates of mental health diagnoses, mental health symptoms, and symptoms of postpartum depression pertaining to the study's population. Prior research indicated that 50-80% of mothers experience symptoms of postpartum blues and 13-20% develop postpartum depression (Bass & Bauer, 2018). This study supported these statistics through the lens of new mothers within their first year of parenthood. The findings suggested a prevalence of mental health diagnoses within 22.22% (n=10) of the population, symptoms of a mental illness within at least 33.33% (n=15) of the population (11.11% (n=5) of participants responded "unsure" to this survey question), and symptoms of postpartum depression among 42.22% (n=19) of respondents.

Looking through the lens of the phenomenological tradition, this study adds to the existing literature by demonstrating the importance of direct contact with others in relation to the human experience (Craig, 1999). Throughout this study, new mothers favorably described their

in-person experiences with social support and indicated a desire for more interpersonal social connection during postpartum recovery. Specifically, family support was the most helpful form of social support received post-birth among the present study's population, and interpersonal social forms of support were desired in 18.07% of the submitted answers. These results give new meaning to the essential direct contact among humans that Craig (1999) discusses throughout the phenomenological tradition.

The methodological implications pertaining to communication apprehension theory are pertinent to discuss as well. The communication apprehension theory provides a pathway for better understanding new mothers' experiences with anxiety and interpersonal communication. This theory provides additional reasoning for the increased participation versus preference levels involving online forms of social support during the postpartum period seen in the present study. Prior research documents that this timeframe of postpartum recovery is often when women are more susceptible to general anxiety disorder than compared to other stages of life (O'Hara & Wisner, 2014).

Lastly, the media equation theory is a necessary lens to review the analysis of the present study. As stated in chapter two, the media equation theory acknowledges how individuals often view media in the same way one may consider another human (Reeves & Nass, 1996). This is particularly evident when attributing expertness and credibility (Reeves & Nass, 1996). This theory provides significance to the nearly equal levels of desired informational support versus the amount of received informational support among the study's population. When needing informational support, social media was likely readily available for the population to glean guidance. There is a level of trust and credibility often given to media (Reeves & Nass, 1996), and this is likely true among mothers seeking informational support as well.

**Practical**

Beyond the realm of academia, the practical implications of this work extend to new mothers, social support networks, and maternal medical providers. For new mothers, this research supports continued engagement in in-person support methods. The findings suggest enhanced participation in face-to-face fellowship opportunities with other new mothers in either formal or informal settings. Additionally, the results indicate a necessity for new mothers to communicate their needs with their social support team. It is vital for the success of postpartum recovery efforts that new mothers clearly communicate their expectations of support to their social support network to help ensure these expectations are addressed.

This study also demonstrates the significance of social support networks in a new mother's postpartum recovery journey. Social support networks can benefit from this research by understanding the importance of their role during this recovery timeframe. This research provides a direction for social support networks to take in terms of the provided care given to new mothers post-delivery. The research validates the gravity of their role in relation to a new mother's mental health and provides ideas of specific support methods to incorporate into a new mother's care.

Finally, this research practically contributes to the community of medical providers working with new mothers throughout their postpartum recovery. Similar to the direction this research provides social support networks, maternal medical providers can gain valuable insights regarding the recommended care practices for new mothers through the findings in this present study. The present study supports in-person social support methods as a primary form of postpartum care support, which is a relevant conversation topic for medical providers to have with new mothers following the birth of their child. Medical providers can seek information from

new mothers regarding the support forms currently available to them, encourage mothers to ask for support from loved ones, and present opportunities of new motherhood groups available within the community or medical practice as a starting place.

### **Delimitations**

Open-ended questioning often requires an increased level of vulnerability from research respondents. The heightened level of vulnerability may have been particularly true for this study due to the sensitive nature of the topic. As stated previously, 11 surveys were discarded for incompleteness. These surveys ranged anywhere from 5-95% complete yet were not included in the data analysis. According to Fowler and Cosenza (2009), "Respondents must be willing to provide the answers called for in the question" (p. 376). The number of incomplete surveys may indicate a fault in the question design. However, further review and feedback from research participants involving this issue would need to be gathered to draw more concrete conclusions on the potential delimitations of the question design.

Another delimitation of the study may be present in the researcher's choice to try to correlate a new mother's social support practices and the state of her mental well-being. The questionnaire did not provide enough conclusive evidence to support claims involving which social support methods are the most beneficial in reducing mental health concerns among new mothers during postpartum recovery. To better reflect the findings from the present study, it would be advantageous for the second research question to be rephrased to the following:

RQ2: Accompanied by chosen social support methods, what experiences do new mothers have with mental health concerns during the first year of postpartum?

Additionally, there were areas within the survey that would benefit from an adjustment in word choice or further clarification to result in more accurate responses that would be easier to



generalize among a larger population of mothers. For example, the definition of “in-person support” was not provided within the survey and could have potentially led to inconsistent reports due to a misunderstanding of the exact meaning of the support method in question. It would be advantageous to acquire shared meaning among the population regarding all pertinent topics within the questionnaire to ensure the responses are accurately reflecting the prompt.

### **Limitations**

The present study's survey resulted in a total of 45 qualified and finished submissions. These submissions included responses to 18 pertinent and mostly open-ended questions involving new motherhood, social support methods, and maternal mental health. Although these completed surveys resulted in beneficial insights to move the conversation pertaining to new motherhood and postpartum mental health forward, the discoveries may still be limited in their ability to generalize due to the qualitative nature of the study and the relatively low number of research respondents.

The research population indicates another limitation of the study. The population only included new mothers above the age of 18 to avoid the requirement of parental consent. Additionally, to eliminate the need for translation, participants needed to be English-speaking and live in the United States. The study also only considered first-time mothers. These boundaries were purposeful in providing insights relevant to the specified population yet could limit the scope of the findings' generalizability.

Lastly, the study relied on self-reporting from the research respondents. This form of data collection innately causes limitations within a study. There is a potential for misunderstandings to occur regarding the survey questions, possible recall bias, and likely unintentional but inaccurate reporting from respondents. These challenges within a study can result in incomplete

findings. As discussed in chapter three, proper measures were put in place to avoid these conditions as much as possible; however, some limitations are inevitable when working with human subjects.

### **Future Research**

Future research is necessary on this topic for as long as postpartum depression and other mental health concerns continue to plague new mothers during the initial first year of their child's life. As discussed at the start of this project, postpartum depression and other maternal health concerns often have considerable ripple implications that can cause harm to entire family units (Ni & Lin, 2011). Continued research to help support and protect this valuable unit should be encouraged within the field. It is the responsibility of communication scholars to recognize the importance of interpersonal relationships and the hindrance that these relationships can cause when they are not properly managed. Communication scholarship based on the phenomenological tradition acknowledges that dialogue is an ideal form of communication and that humans were designed for rich communal relationships (Craig, 1999). Understanding the impact that community and social support efforts have on new mothers during the postpartum period should encourage all communication experts to continue advancing this research endeavor and ultimately help lead other fields toward additional research on the topic. Interpersonal relationships are built on communication (Craig, 1999). Therefore, this research should not be ignored by the communication field. The tongue is a powerful tool, and much healing can occur when communication is conducted properly. Proverbs 18:21 reads, "The tongue has the power of life and death, and those who love it will eat its fruit" (New International Version). Secular research also supports this truth by demonstrating that words of encouragement are one of the

critical elements of support that can combat mental distress for a new mother (Evans, Donelle, & Hume-Loveland, 2012).

This report's initial major finding detailed an unmatched level of preference versus participation, which was demonstrated with both in-person and online forms of social support. Despite lower levels of satisfaction with online support than in-person support, participation in online support groups was nearly double the participation levels of in-person support groups. The opposite remained true as well. In-person support satisfaction levels were high among new mothers, yet participation in in-person support groups remained low. Future research should continue to develop this idea and work to discover if a specific barrier prevents more new mothers from seeking organized in-person support.

The present study's findings demonstrated high levels of participation in informal methods of in-person support compared to relatively low levels of participation in organized methods. It is valuable to note that informal methods of in-person support can be received by a new mother without requiring much or any effort from her. In comparison, online support almost always requires an action step by the participant. Future research should seek to determine if the level of effort contributed by a new mother toward experiencing the support form correlates to how positively the form of support is received. Additionally, it would be worthwhile to determine through continued research if the preference for in-person support extends equally to both informal and formal methods when participation levels between the two are standardized. Answering these questions will likely help in building an effective postpartum care plan focused on mitigating the prominence of mental health concerns among new mothers.

Lastly, to provide more insights regarding the general population of mothers, the study should be conducted with a larger group of research participants. Future studies should also

consider more diverse demographic characteristics of new mothers involving the educational background, ethnic background, annual salary, and employment status of the population.

Furthermore, potential data collection methods outside of self-reporting should be contemplated to further enhance the credibility of the findings.

### **Summary**

The fear of loneliness was a common theme that supported much of the present study's data and further illustrated the significance of the primary ideas found within the phenomenological tradition. This tradition sees communication as dialogue and the experience of connection with others (Craig, 1999). These traditional ideas are imperative for new mothers to understand. Communication encompasses many facets of daily life and can present itself in a variety of ways, but it is important to remember the characteristics that are at its core which help make it so impactful on the human experience. Genesis 2:18 states, "The Lord God said, 'It is not good for the man to be alone. I will make a helper suitable for him'" (English Standard Version). Humans were not created to live independently. Humans were created to depend on the Lord, but also on one another. People were built for communion with God and each other. The present study uplifts these truths through continued evidence confirming the importance of traditional in-person social support methods during postpartum recovery. There is a familiar African proverb that states, "It takes a whole village to raise a child," which is believed to be true. This study would argue it also takes a whole village to raise a mother.

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**Appendices**

## Consent

**Title of the Project: A New Mother's Cry: Analyzing Traditional Social Support versus Social Media Support in Relation to the Postpartum Crisis**

**Principal Investigator:** Emily Hughes, PhD candidate, Liberty University

**Co-investigator(s):** [REDACTED]

### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 18 years of age or older, be able to legally consent for yourself, and be a new mother within the previous 12 months. Participants must also be English-speaking individuals within the United States. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

### What is the study about and why is it being done?

The purpose of the study is to shed light on the differences in conversation occurring online in new motherhood support groups and traditional methods of post-birth conversations to better understand the potential impact that engagement in these different support systems may have on a new mother's mental well-being.

### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete a Qualtrics Survey based on your social support experiences within the initial 12 months following birth. This survey will include 18 questions and take approximately 30 minutes to complete.

### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

This study hopes to provide a benefit to society by aiding new mothers in making more informed decisions on social support practices that will benefit their mental well-being following the birth of their first child. The study also hopes to expand the media equation and communication apprehension communication theories by providing a new mother's perspective of these theories to benefit communication scholars.

### What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.



### How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

### Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

### What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

### Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Emily Hughes. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, [REDACTED].

### Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, [REDACTED].

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

### Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

\_\_\_\_\_  
Printed Subject Name

\_\_\_\_\_  
Signature & Date

### **Recruitment: Verbal Script (Phone or In Person)**

Hello Potential Research Participant,

As a doctoral candidate in the School of Communication and the Arts at Liberty University, I am conducting research as part of the requirements for a Ph.D. in Communication. The purpose of my research is to better understand the differences in traditional versus online social support provided to new mothers during the initial 12 months following birth, and if you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 18 years of age or older, be able to legally consent for themselves, and be a new mother within the previous 12 months. Participants must also be English-speaking individuals within the United States. Participants, if willing, will be asked to complete an online Qualtrics survey by answering 18 questions. It should take approximately 30 minutes to complete the procedure listed. Participation will be completely anonymous, and no personal, identifying information will be collected.

Would you like to participate? [Yes] Great, could I get your email address so I can send you the link to the survey? [No] I understand. Thank you for your time.

A consent document is provided on the first page of the survey. The consent document contains additional information about my research. After you have read the consent form, please click on the link to complete the survey. Doing so will indicate that you have read the consent information and would like to take part in the study.

Thank you for your time. Do you have any questions?

## **Recruitment Email**

Dear Potential Research Participant:

As a doctoral candidate in the School of Communication and the Arts at Liberty University, I am conducting research as part of the requirements for a PhD in Communication. The purpose of my research is to better understand the differences in traditional versus online social support provided to new mothers during the initial 12 months following birth, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, be able to legally consent for themselves, and be a new mother within the previous 12 months. Participants must also be English-speaking individuals within the United States. Participants, if willing, will be asked to complete an online Qualtrics survey by answering 18 questions. It should take approximately 30 minutes to complete the procedure listed. Participation will be completely anonymous, and no personal, identifying information will be collected.

To participate, please click [here](#) to complete the necessary survey.

A consent document is provided on the first page of the survey. The consent document contains additional information about my research. After you have read the consent form, please click the continue button to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

Sincerely,

Emily Hughes  
PhD Candidate



# Research Participants Needed

## A New Mother's Cry: Analyzing Traditional Social Support versus Social Media Support in Relation to the Postpartum Crisis through a Phenomenological Framework

- Are you 18 years of age or older and able to legally consent for yourself?
  - Have you become a new mother within the previous 12 months?
- Are you an English-speaking individual living in the United States?
  - Are you interested in participating in a research study?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research is to better understand the differences in traditional versus online social support provided to new mothers during the initial 12 months following birth.

Participants will be asked to complete an anonymous online Qualtrics survey by answering 18 questions which should take approximately 30 minutes

If you would like to participate, please scan the QR code **below** and complete the survey.



A consent document is provided on the first page of the survey.

Emily Hughes, a doctoral candidate in the School of Communication and the Arts at Liberty University, is conducting this study.

Please contact Emily Hughes at [REDACTED] for more information.

## Survey Questions

### **Title: A New Mother's Cry: Analyzing Traditional Social Support versus Social Media Social Support in Relation to the Postpartum Crisis**

1. What is your age?
2. What state do you reside in?
3. When did you give birth to your first child?
4. Are you currently married?
5. Do you live with your spouse?
6. Do you live with any other family members other you're your spouse? If so, please describe the relation to each family member.
7. What forms of social support did you receive following birth?
8. Have you accessed online social support groups intended for new mothers?
9. Have you participated in in-person new motherhood support groups?
10. What other forms of social support have you received following birth?
11. How would you describe your experience with social support following the birth of your child? Please indicate if you are referring to online or in-person forms of social support.
12. Have you been diagnosed with a mental illness?
13. Have you experienced any symptoms of a mental illness?
14. Have you experienced any symptoms of postpartum depression? If so, how long did you experience the symptoms?
15. How often do you access online new motherhood support groups in a week?
16. How often do you receive in-person social support outside of your household within a week?
17. What is your primary reason for seeking social support?
18. How have your chosen methods of social support helped you through the postpartum period?

[ EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content. ]

**LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

December 9, 2022

Emily Hughes



Re: IRB Exemption - IRB-FY22-23-490 A New Mother's Cry: Connecting Facebook Usage as Social Support for New Mothers to the Postpartum Crisis Through a Phenomenological Framework

Dear Emily Hughes, 

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

**G. Michele Baker, MA, CIP**

*Administrative Chair of Institutional Research*

**Research Ethics Office**



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