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Breaking the Silence: The Role of Online Community in the Transition to Motherhood

Alice Leigh Gattoni

University of Wisconsin-Milwaukee

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BREAKING THE SILENCE: THE ROLE OF ONLINE COMMUNITY IN THE
TRANSITION TO MOTHERHOOD

by

Ali Gattoni

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ABSTRACT
BREAKING THE SILENCE: THE ROLE OF ONLINE COMMUNITY IN THE
TRANSITION TO MOTHERHOOD

by

The University of Wisconsin-Milwaukee, 2013
Under the Supervision of Dr. Jennifer Peterson

This study presents a grounded theory of the tensions that exist in the transition to motherhood. More specifically, this study investigated both the tensions that emerged within interactions in online communities as well as the communicative practices community members used to manage tensions. Using a qualitative grounded theory approach, interactions from an online community were analyzed. Results from this study suggest that new mothers use online communities to communicate about challenges around the transition to motherhood, highlighting tensions around (a) expertise and experience, (b) mother-led and baby-led practices, and (c) expectations and experience. Community members develop a range of communicative strategies to make sense of these tensions. Findings suggest two significant directions for research on studying online mothering communities: (a) the importance of examining underlying communication processes and (b) examining the nature of tensions that arise in these communities to understand the role online community plays in the lives of new mothers. As expectations for motherhood continue to change and as mothers increasingly turn to the Internet for seeking information and community, research needs to continue to devote attention to understanding the importance of this community during the transition to motherhood.

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Chapter One

Introduction

Moving into the twenty-first century, there is a great deal of attention devoted to motherhood. With a variety of tools available, women have more options than ever before for sharing mothering experiences, providing support, and exchanging mothering advice. While women still may turn to family and friends for support and guidance as they transition to motherhood, a growing number of women turn to the Internet as a way to seek information, to find other mothers, and to tell their own stories of motherhood. Research suggests that mothers are developing an increasingly strong presence online as the number of parenting websites dedicated to family planning, pregnancy and motherhood continue to rise (Madge & O'Connor, 2006; Rashley, 2005).

Online communities provide a valuable resource for both support and information during pregnancy and motherhood (Drentea & Moren-Cross, 2009; Hall & Irvine, 2008; Hether, 2009; Ley, 2007; Romano, 2007). These communities may attract women who have smaller face-to-face networks to other women who share similar experiences (Jones, 2004). Although pregnant women may be able to receive some information and guidance from their healthcare professionals, online communities serve as a way to locate other women with similar experiences, and share their pregnancy and parenting advice with one another (Drentea & Moren-Cross, 2005). As more women utilize the Internet during pregnancy and mothering, it becomes important to understand how women use technology to make sense of their experience transitioning to motherhood. A closer examination of these communities can shed light on the diverse ways that women seek information about motherhood.

The aim of this study is to gain a better understanding of the tensions that exist during the transition to motherhood in an online community. First, past research is examined to understand the social and cultural changes that have changed the ways that women seek information and community during the transition to motherhood. This literature provides a context for understanding the difficulties when the expectations of new motherhood clash with the reality of the lived experience of motherhood. Next, research on the role of the Internet, specifically; the importance of online communities during the transition to motherhood is reviewed. This literature allows for a better understanding of the communicative features of online communities of support as well as the critical features of online mothering groups that make these communities significant spaces for new mothers. A dialectical perspective to understanding community life is reviewed as a guiding theoretical framework for understanding the significant tensions during the transition to motherhood.

Motherhood

Historically, women relied on other women in their network for advice, information, and moral support (Drentea & Moren-Cross, 2005; Drentea & Moren-Cross, 2011; Guendouzi, 2005; Kinser 2010). Mothers did mothering at home, while fathers participated in work outside of the home (Guendouzi, 2005; Kinser, 2010). As a result, women may have lived closer to other women in their networks. These networks provided women with the chance to interact with other women (Drentea & Moren-Cross, 2005). When women needed advice about pregnancy or mothering or needed support, they could turn to other women in their face-to-face network. Women within these communities generated knowledge about pregnancy and mothering, and women were the

experts in pregnancy and childrearing. Midwives, mothers, and other women within social networks guided the process of childbirth as well as maternal health (Arendell, 2000; Drentea & Moren-Cross, 2005). Savage (2002) argued that, “Historically, cultures across the ages and continents have recognized birthing as women’s work support by women’s knowing. Women have passed down their stories of wisdom and confidence in their ability to birth until the modern era” (p. 8). Women learned about mothering from the stories and information provided by other women in their network. Women were viewed as the ones knowledgeable about matters related to pregnancy, childbirth, and mothering. As a result, women within these communities generated knowledge and expertise about mothering, making issues around pregnancy, birth, and mothering female-controlled. Women sought information from the other women in their networks, making pregnancy and mothering a part of normal life, focusing on knowledge and expertise based in women’s experiences (Drentea & Moren-Cross, 2011; Kinser, 2010).

Parenting philosophies and information-seeking behaviors began to change in the 1920’s and 1930’s as pregnancy and motherhood became more intertwined with scientific knowledge and expertise (Büskens, 2010; Drentea & Moren-Cross, 2011; Kinser, 2010). Scientific mothering assumed that women should depend on childhood and parenting experts to train them about how to mother (Kinser, 2010; Thurer, 1994). Experts such as Watson (1920’s) and Spock (1940’s) dictated the importance of scientific mothering, emphasizing the importance of schedules and disciplines as the best methods for raising children. Mothering, childbirth, and women’s health moved away from being managed by women and their social networks to being managed by medicine, including doctors, nurses, hospitals and other medical experts (Drentea & Moren-Cross, 2005;

Kinser, 2010). With an increased focus on scientific knowledge and expertise, pregnancy, labor and mothering shifted from being female-centered to being a medically controlled event (Drentea & Moren-Cross, 2005; Drentea and Moren-Cross, 2011; Kinser, 2010; Moravec, 2011). On a larger level, this shift in models represents a shift in who produces knowledge and expertise about pregnancy and childbirth, moving away from women's experiences to scientific knowledge produced by authority.

Over the past two centuries, economic, political, and social changes have all influenced changes in the state of motherhood. These changes have altered the ways of thinking about home and work, ideas about children, and the relationship between mothers and their children, contributing to the development of our current cultural expectations of what motherhood should look like. Drentea and Moren-Cross (2011) identify several social changes over the past fifty years that have influenced motherhood. First, as individuals become increasingly mobile and geographically dispersed, many young families may find themselves isolated from a network of family and friends (Drentea & Moren-Cross, 2005; Drentea & Moren-Cross, 2011; Rashley, 2005). While maintaining social networks is still important, this may be a difficult task for some women. Along similar lines, decreased family sizes mean fewer siblings and family members to turn to for advice and support (Drentea & Moren-Cross, 2011). Because women are delaying having children until they are older, their experiences may contrast the experiences of their own mothers who may not have delayed having children. This may present difficulties in developing a sense of shared experience within their network. In addition, the rise of dual-income households means that women are establishing their career before having children, which alters face-to-face social networks and connections

(Drentea & Moren-Cross, 2011). Devoting the time and energy to establishing a career makes it difficult to connect with neighbors and maintain friendships. Along similar lines, being involved in the workforce makes it difficult to attend events geared toward new mothers such as informal playgroups and face-to-face events and support groups (Drentea & Moren-Cross, 2011).

As a whole, these social and economic changes influence who women connect to and when they are able to connect to them. These changes may make it difficult for women to develop their networks, making it difficult for them to connect to similar others and receive support. As a result, women may not have as much knowledge about mothering or feel as prepared for motherhood (Stern, Cotten, & Drentea, 2012). Contemporary mothering practices have experienced shifts both in parenting philosophies, as well as how mothers seek information about pregnancy and motherhood. Coinciding with these social and cultural changes are shifts in both information seeking behavior as well as shifts in parenting philosophies. Changes in both social networks as well as social and cultural expectations about motherhood have led to a cultural vision of what “good” motherhood should look like.

The “Good” Mother

Andrews (2002) argued that one of our most common narratives is the dominant cultural narrative of good motherhood. Dominant cultural narratives generate cultural expectations for behavior (Bamberg, 2004). Narratives give direction and guidance through a specific course of events, allowing people to understand how to make sense of the events (Bamberg, 2004). This cultural narrative of motherhood is important for women because it prescribes the appropriate standards and behaviors for mothering,

guiding judgments about the actions of mothers, labeling them as either good or bad (Andrews, 2002; Austin & Carpenter, 2008; Heisler & Ellis, 2008; Warnes & Daiches, 2011). This dominant cultural narrative of motherhood gains strength because it provides guidance and a framework for women to make sense of their experiences of motherhood (Andrews 2002; Bamberg, 2004).

Hays (1996) defines good mothers as women who hold childcare as their primary responsibility, see the care of the child as “child-centered” and views children as “...sacred, innocent and pure...their price immeasurable” (p. 54). Mothers are the “best” ones to understand, respond, and attend to the needs of their children, placing women in the role of the most appropriate caregiver for their children. A good mother understands that mothering is an ongoing responsibility (Hays, 1996; O’Reilly, 2010; Zimmerman, Aberle, Krafchick, & Harvey, 2008) and as a result, a good mother must always be physically present and prepared to meet the needs of their children. To be constantly aware of the most appropriate interaction for their children based on the child’s age, as well as the child’s cognitive and emotional development, mothers should turn to the experts for instruction on how to mother properly (Kinser, 2010; Thurer, 1994).

This dominant narrative of good motherhood prescribes both the role of women (in relation to children) as well as the standards for what good motherhood should look like. Mothers are expected to put a great deal of time and energy into mothering (Douglas & Michaels, 2004; Hays, 1996; O’Reilly, 2010), which includes devoting all time and energy to mothering as and putting the needs of their children above their own. Mothers should be completely satisfied, fulfilled, and completed through motherhood (Guendouzi, 2005; O’Reilly, 2009). Other characteristics of good mothers include being

protective, nurturing, compassionate, caring, and a teacher of good moral values (Andrews, 2002; Guendouzi, 2005; Kinser, 2010). A final feature of this narrative is that it emphasizes that mothering occurs in the home (Kinser, 2010; O'Reilly, 2010). This creates cultural expectations that good mothers are fully engaged in the lives of their children and fulfilled in their lives at home (DiQuinzio, 1993; Johnston & Swanson, 2003; O'Reilly, 2010). As a result, the societal image of mother is one that portrays women as existing within the physical location of home, and mothers who stay-at-home do so because they make a choice to prioritize mothering and family over working outside of the home. Dillaway and Pare (2008) explain that dominant culture dichotomizes the decisions about working outside of home and mothering so that women are either "stay-at-home moms" or "working mothers." The discourse around motherhood then portrays mothers who deviate from this social norm and work full-time as "bad" mothers. Collectively, these discourses adhere to the expectations of good motherhood as they expect mothers to continue to operate under the features of "good" mothering while also maintaining work outside of the home. These features create a cultural narrative of what motherhood should look like, prescribing expectations and standards for how mothers should behave.

One of the challenges facing motherhood is the process of making sense of individual experiences in light of expectations for motherhood. Cultural standards for good motherhood contribute to the formation of beliefs about what motherhood should look like (Collett, 2005; Choi, Henshaw, Baker, & Tree 2005; Dillaway & Pare, 2008; Heisler & Ellis, 2008; Johnston & Swanson, 2003; Kinser 2010). Heisler and Ellis (2008) proposed a framework of understanding "mother face," arguing that mothers hold

a vision of motherhood. Societal pressure to conform to idealized motherhood creates an internal pressure for women to demonstrate publically that they are “good” (Goodwin & Huppatz, 2010; Heisler & Ellis, 2008).

As women learn about motherhood from observing the behaviors of other mothers, women build “face” based on those conversations and socially prescribed ideals of normative motherhood. If women feel that they fall short in one area or that their mothering practices do not match up to culturally prescribed norms, they are more likely to compensate for this perceived weakness in conversations about motherhood by emphasizing the ways that women either reach or exceed the culturally prescribed standard of good motherhood. Mothers construct an image of motherhood that highlights their moments of success and positivity, while masking the real and sometimes negative experiences of motherhood (Heisler & Ellis, 2008). As women try to make sense of this discrepancy, they may feel ashamed or perceive that they are bad mothers (Warnes & Daiches, 2011). These cultural expectations for motherhood are problematic because they create a culture that holds women responsible for the actions, behaviors, and success of their children (Jackson & Mannix, 2004; Zimmerman et al., 2008). This culture of mother blame subjects those that do not fit the idealized image to societal disapproval (Jackson & Mannix, 2004). Women who feel as though they are not able to meet this standard may have self-images of guilt and insecurity, which may drive the pressure to show that they are “good” mothers (Heisler & Ellis, 2008).

Challenges in the Transition to Motherhood

New mothers, in particular, face pressures about societal expectations of being a good mother (Medina & Magnuson, 2009). During pregnancy, women build

expectations about pregnancy and mothering that may not reflect the realities of motherhood. Unrealistic expectations about the experience of transitioning to motherhood (Choi et al., 2005), stemming from inconsistent advice and support, or a lack of a social network (Collett, 2005; Paris & Dubus, 2005; Salonen, Kaunonen, Astedt-Kurki, Jarvenpaa, & Tarkka, 2008) may intensify anxiety and uncertainty. To cope with the transition to motherhood, women seek information from various sources to prepare for and to manage the transition. Unfortunately, there is not a realistic preview for what motherhood is (Stamp, 1994), which may complicate the transition. New mothers may gain this new knowledge from books, experts, trial and error or from other mothers who serve as role models (Nelson, 2003; Sethi, 1995).

Cultural expectations of new motherhood suggest that new mothers possess a natural instinct to mother their newborns (Hays, 1996; O'Reilly, 2010) and can effortlessly transition into the role of a nurturing mother (Choi et al., 2005). As a result, new mothers perceive this as the standard for good mothering practices. After giving birth, mothers may feel distressed, as the actual experience of motherhood may be inconsistent with their expectations, stemming from lack appropriate information about the transition (Miller, 2007; Salonen et al., 2008). Cultural and social expectations that the transition is easy; that motherhood is filled only with positive emotions and experiences may create the expectation that mothering comes naturally, glossing over the tensions in the transition to motherhood (Choi et al., 2005; Miller, 2007; Warnes & Daiches, 2011). However, for many women, the transition to motherhood is difficult (Heisler & Ellis, 2008). The transition to motherhood presents several challenges for new moms stemming from physical and emotional changes (Heisler & Ellis, 2008), a

lack of a strong network to turn to for support (Choi et al., 2005; Guendouzi, 2005), and feelings of isolation and loneliness (Choi et al., 2005; Heisler & Ellis, 2008; Paris & Dubus, 2005; O'Reilly, 2009). Women who find themselves removed from their family, friends, and members of their social network may experience more isolation and loneliness post-partum (Paris & Dubus, 2005), as well as a lack of communication (Paris & Dubus, 2005).

New mothers face the challenge of balancing the contrast between what social expectations for motherhood should look like and the reality of their own experience of motherhood (Johnston & Swanson, 2003; Maushart, 1999; O'Reilly, 2009; O'Reilly, 2010). When new mothers' experiences of motherhood do not match these expectations, challenges arise in determining how to make sense of their experience, which may in turn affect their sense of confidence, self-esteem, mental health, as well as the ways that they communicate about their experience of motherhood (Miller, 2007). During the transition to motherhood, women experience both physical and psychological changes as they adjust. Women must cope with physical changes, recovery from labor and delivery, as well as a range of emotions involved in learning to care for a newborn (Choi et al., 2005; Heisler & Ellis, 2008; Miller, 2007; Nelson, 2003; Sethi, 1995). Women must also negotiate the ways that the transition to motherhood influences their self-identity, as well as their personal and professional relationships. As women manage their recovery, negotiate changes in relationships and identities, their needs for information and support increase (Nelson, 2003).

Challenges during this transition can influence women's identity as a mother as well as their relationships with others (Nelson, 2003; Sethi, 1995). Nelson (2003) found

that the major areas of life disrupted by the transition to motherhood included commitment (shuffling commitments in life to focus on caring for a newborn), daily life, relationships, work, and concept of self. These disruptions originate from shuffling life to build a relationship with their new baby, and focusing on the new challenges and responsibilities of caring for a baby (Nelson, 2003; Sethi, 1995). Similarly, Sethi (1995) argued that new mothers experienced a tension in giving of self: women wanted to meet the needs of a new baby, yet felt burdened and overwhelmed. Women felt a loss of autonomy, freedom, and predictability as they adjusted to the schedule and demands of a newborn. Loneliness and isolation from caring for a newborn compounded this loss. As a part of this transition, women also face challenges in integrating their identity before having children and their new identity as mother. Past research suggests that new mothers experience stressors in adapting to their new role as a parent that might make it difficult to cope with the transition, highlighting the diversity of experiences women experience in the first three months (Miller, 2007; Nelson, 2003; Sethi, 1995).

The transition to motherhood is marked by physical, emotional and social changes, which may be exacerbated by a lack of pre-natal preparation and a lack of support, as the focus may be more so on the health of the baby (Winson, 2009). The reality of the transition is that it may be more difficult than new mothers anticipate. Miller (2007) found that the first three months post-partum were a time when mothers realized a clash between their expectations for motherhood and the reality of their lived experience; however, they were not able to make sense of this clash and develop their own maternal identity until about eight-to-nine months post-partum. What is less understood are the processes that happen in between that allow them to make sense of the

transition communicatively. The experience may be more isolating as much time and energy goes into learning about motherhood and about the new baby (Choi et al., 2005; Miller, 2007; Nelson, 2003; Paris & Dubus, 2005; Sethi 1995). One way that new mothers may cope with the experience of being isolated during the transition to motherhood is to turn to online communities.

Online Communities

As members of women's networks may be more geographically dispersed, the ways that women seek information during motherhood must also change, creating a need for women to turn to a variety of information sources to learn about motherhood (Heisler & Ellis, 2008; Radey & Randolph, 2009; Rashley, 2005). New parents turn to a variety of sources including professionals (doctors and health care professionals, school staff, instructors in parenting courses), nonprofessionals (friends, family members and other parents in the community) media sources (books, magazines, and television advertisements), and the Internet (Heisler & Ellis, 2008; Kinser, 2010; Radey & Randolph, 2009; Rashley, 2005).

The number of online pregnancy and mothering groups has grown due to factors such as the increased presence of the Internet in social life, increased lay participation in health care as well as a decline in offline networks (Ley, 2011). These communities first emerged as email listservs and web-based discussion forums and have expanded to include different platforms such social networking sites, blogs, as well as the use of mobile technology (Drentea & Moren-Cross, 2011; Ley, 2011). The growth of parenting websites continues to grow, as does the number of mothers turning to the Internet for health information (Madge & O'Connor, 2006; Rashley, 2005). Many of these parenting

websites also have communities attached to them, and while women may not initially seek the website for community, they may find themselves becoming a part of these communities based on the common interests of pregnancy and parenthood finding a place where they can receive information, support and advice from similar others (Rashley, 2005). In their examination of the largest UK-based parenting website, Madge and O'Connor (2006) found that just over seventy percent of participants in their study indicated that the Internet is an importance source of information for new mothers. The top reasons new mothers used the Internet was for knowledge, followed by support, convenience and range of audience members to draw upon (Madge & O'Connor, 2006).

Although more options exist for connectivity, a common thread in Internet usage is the ability to share different experiences of pregnancy and mothering. Drentea and Moren-Cross (2011) point to factors that influence involvement in online mothering communities including isolation from family members, the need for frequent and intimate interactions with other mothers. In order to understand the value of online communities for motherhood, it is important to understand the communicative features of online communities.

Conceptualizing Online Community

Adelman and Frey (1997) define a community as "...a social construction, grounded in symbolic meanings and communicative practices of individuals that fosters meaningful human interdependence in social aggregates" (p. 5). Looking at community in this way acknowledges the role that communication plays in forming and sustaining community. Adelman and Frey (1997) explain the connection between communicative practices and community as, "Communication, therefore, is not just a variable contained

within a community; community itself is best regarded as phenomenon that emerges from communication” (p. 5). Similarly, in her examination of ideologies in support groups, Cline (1999) addresses more contemporary definitions of community that embrace ideas of “...shared meanings and emotional connections” (p. 521). The ability to develop emotional connections and shared meanings then serves as the mechanism that creates boundaries around these communities. Although past research has defined online communities in different ways, the prominent features of these definitions include the importance of communication, shared interests, and regular interactions. Barnes (2003) defines virtual communities as communities that “...generally come together through the sharing of mutual interests, instead of geographic proximity...” (p. 225). One of the distinguishing features of online communities is that group members are able to discuss their common interests, while transcending both barriers of time and space (Hiltz & Wellman, 1997). Cline (1999) explains that the connection by these emotional connections and shared meanings then creates a symbolic community where group members are “...connected by shared beliefs, values, and communicative practices” (p. 521). As group members share their experiences, they build a foundation of common experience, which then allows them to develop relationships, building a symbolic community around these communicative practices (Cline, 1999).

Online communities offer both advantages and disadvantages for community members. Some of the benefits of online communities include access to multiple perspectives, a lack of judgmental in discussing difficult topics, increased anonymity, similarity to other group members and convenience (Wright & Muntaseb, 2011).

Wallace (1999) argued that, “the relative anonymity of the net offers people the chance to

talk about their problems to others who share them without all of the complications of face-to-face relationships” (p. 205). This anonymity allows for the removal of nonverbal and social cues that might normally restrict communication, particularly when disclosing personal information. For some individuals, the level of anonymity may reduce hesitation, allowing them a chance to participate in a way that they may be uncomfortable doing offline (Finfgeld, 2000). As a result, in supportive communities, group members may feel more freedom to disclose and share personal information (Wallace, 1999). Barnes (2003) maintains that one of the main advantages of these communities is that through the sharing of their daily experiences, group members are able to form bonds with other group members. Online support groups develop a sense of community as group members share these common experiences, create stories to normalize their life experiences, and meet similar others (Barnes, 2003). Another advantage of these groups is the nature of asynchronous communication. Individuals have the ability to reflect on their own posts as well as take the time to construct thoughtful responses to other group members (Finfgeld, 2000).

In contrast, the features that might make online communities useful for members might also present disadvantages. One potential drawback is that short-term membership is common, which may lead to difficulty locating specific individuals who have participated in the group (Wright & Muntaseb, 2011). In addition, a lack of immediacy (e.g. no ability to hug) may be disconcerting in some communities. Along similar lines, the nature of asynchronous communication may lead to a delay in posting responses, which may be problematic depending on the content of the original post (Finfgeld, 2000). Another drawback of online communities is anonymity. While the anonymous nature of

these communities may allow individuals to disclose more because a perceived lack of judgment, this feature of the environment may also lead individuals to misrepresent themselves or may cause undesirable communication behaviors such as flaming (Wright & Muntaseb, 2011).

Early research on online communities suggested that the lack of social cues and constantly shifting group membership might make it difficult for “genuine and satisfying” groups to develop (Wallace, 1999, p. 55). Finding the ability to share useful information is one feature that made online communities satisfying for group members (Koernman & Wyatt, 1996). Forming this sense of community is what facilitates the sharing of personal experiences, which in turn, makes participating in these groups both useful and satisfying. For group members, the gathering point is their common interest, rather than a physical meeting point (Barnes, 2003). Individuals may be drawn to virtual communities due to time constraints, lack of “real-world” counterparts, and a desire to connect to those with common predicaments (McKenna & Green, 2002, p. 4). Motivations to join communities include seeking information, encouragement, emotional support, empathy or empowerment (Turner, Grube, & Meyers, 2001). Riding and Gefen (2004) distinguished between the motivations to join and the reasons that individuals remain a part of online communities. The initial reasons that individuals joined online communities was to fulfill a need to belong (affiliation), social support, and information to help them achieve their goals. If communities met these needs, individuals remained active in online communities for reasons such as recreation, friendship, and support (Riding & Gefen, 2004).

Online Pregnancy and Mothering Communities

Online mothering websites serve as a virtual community for women to come together to share information and ideas as well as a place for sharing emotion and seeking support (Drentea & Moren-Cross, 2011). Mostly in the form of web-based discussion, these virtual communities provide a place for mothers to communicate asynchronously, allowing them to connect despite differences in time and geographical location (Drentea & Moren-Cross, 2011). As a result, these communities provide access to a larger and more diverse network of women. Leavitt (2011) maintains that the supportive culture of online pregnancy and mothering groups allows members to ask questions and respond to requests, which creates community through this sharing of information and advice. Past research suggests that different communicative features of online communities may make them safe spaces for women to communicate about motherhood, including group membership and anonymity. In online mothering communities, members are predominantly women and all share a common interest- the experience of mothering (Madge & O'Connor, 2006). Wallace (1999) also maintains that in online women-only spaces, there tends to be a higher degree of trust, which may facilitate how open women are in disclosing their experiences with each other. Knowledge and practices in these communities are based on experiences of group members who are predominantly female (Wallace, 1999; Wyatt, 2002). Research on women's groups indicates that the interactions in these groups may be influenced by traditional ideas about women and relationships, reflecting larger societal values about women and mothers (Wyatt, 2002). For groups that focus on issues in the lives of women, it is critical to consider how the values of cooperation and connection may influence interactions (Meyers & Brashers,

1994). These values of cooperation and connection may influence how members communicate, providing a possible explanation for the importance of maintaining harmony over allowing diverse experiences to emerge.

In addition, the degree of anonymity is critical for new mothers. Past research suggests that for new mothers who need support, a critical element in being able to share experiences is the importance of a nonjudgmental setting (O'Connor, 2001). In their study of the importance of online communities to new mothers, Madge and O'Connor (2006) argue that this level of anonymity "...freed them from any judgmental expectations they felt health professionals might have of them..." (p. 210). For women, this level of anonymity may allow them a safe place to ask questions, to question expert knowledge in a less threatening setting (Madge & O'Connor, 2006).

Online mothering communities feature two general types of organization: public web-boards and private web-boards (Drentea & Moren-Cross, 2011). Public web-boards are typically set up by a larger organization that provides financial support, making these communities highly visible online, as well as make them easy to search for and locate (Drentea & Moren-Cross, 2011). These organizations tend to play a role in forming the rules that govern interactions within discussions in these communities. While individuals may need to join the website in order to post comments or respond to posts, discussion board content is typically publically available online. Public web-boards may draw a large number of members, providing a greater quantity of anonymous support (Drentea & Moren-Cross, 2011). Other research suggests that the size of the community may also hamper supportive communication. Although the range of audience members provides the capacity to provide access to diverse opinions, research also suggests that this might

be problematic for supportive communication. Drentea and Moren-Cross (2011) argue that these large discussion forums offer an opportunity to receive a large quantity of anonymous support; however, they warn that this increases the potential of messages getting lost, suggesting a trade-off between the convenience of a large quantity of support and receiving quality support and responses from community members. Similarly, High and Solomon (2011) argue that online public discussion forums, in general, are impersonal in nature; however, interactions can become personal as members communicate over time.

In contrast, private web-boards are set up by individuals and are not directly sponsored by organizations. Many times these private web-boards are offshoots of web-boards that were a part of public web-based boards (Drentea & Moren-Cross, 2011). Membership in these communities may be more restrictive, and these communities are less visible than public web-boards, making them harder to search for and to locate (Drentea & Moren-Cross, 2011). While members may not have access to as large of a quantity of support as they may in public web-boards, they may receive a higher quality of support from members who share similar experiences (Drentea & Moren-Cross, 2011). In smaller communities, it may also be easier to remember conversations and follow-up with group members.

Virtual mothering communities have increased in their sophistication (Drentea & Moren-Cross, 2011). With the increased use of social networking sites and mobile devices, these communities have increased in sophistication, integrating the use of these technologies for members to seek information or connect with similar others (Drentea & Moren-Cross, 2011). Online communities provide a promising avenue for new mothers

to reach other mothers to receive the critical information and support needed during the transition to motherhood. Online pregnancy and mothering groups are characterized by both supportive communication and their ability to provide embodied knowledge. In their examination of social support and social capital in virtual mothering communities, Drentea and Moren-Cross (2005) found that the most frequent type of support exchanged by women was emotional support. Women also provided support and information about normal behaviors as well as discussed controversial topics. A critical aspect of Drentea and Moren-Cross's research is the finding that group members worked hard to preserve the community as a place for support. While establishing a place for support helps build trust and relationships, this can also silence mothers who have experiences that deviate from the norm or who do not agree with the discussion. This may be problematic in providing a realistic picture of the range of mothering experiences.

Embodied knowledge is also a defining feature of online pregnancy and mothering groups. Women in these groups seek reassurance beyond the advice and literature from professionals, to understanding the lived experiences of women who share similar experiences (Leavitt, 2011). Sharing embodied knowledge provides a way to ease uncertainty, worry and anxiety, providing mothers with the assurance that they are not alone in their experiences (Moravec, 2011). Madge and O'Connor (2006) examined the importance of online community for new mothers. Results of their study suggested the importance of online community as a place to exchange informal knowledge, building a base that allows for improving women's knowledge about mothering. Madge and O'Connor explain that the support exchanged in the online community leads to an increased sense of confidence, a greater sense of self-control, and increased knowledge

base, which improved women's abilities to make decisions. The potential of developing this community knowledge allowed women to draw upon knowledge that primarily assisted them in disrupting narratives that focused on science and the knowledge of experts. Madge and O'Connor (2006) argue that these communities provide value for new mothers because it provides them with a safe space to learn to cope with their new experiences as well as access to alternative information sources. For women who may experience isolation from others in their networks, these communities enable to access similar others and knowledge without geographic and logistical barriers. In addition, online communities provided a place where women could share experiences with those who are similar to them, allowing women to feel like their thoughts and feeling about motherhood are validated and normal (Madge & O'Connor, 2005; Madge & O'Connor, 2006). The nature of these websites and discussion boards vary greatly; however, they share a unifying theme that communicates those new mothers are not alone in their experiences and struggles. As more women are using the Internet to not only learn about motherhood but also to seek community, it is important to understand what role online communities play in making sense of the transition to motherhood. As a guiding framework, a dialectical perspective provides a way to explore the communicative patterns women use to manage tensions around the transition to motherhood.

Dialectical Perspective: The Role of Community in the Transition to Motherhood

Although social and cultural changes may have changed the ways that women seek information during motherhood, new mothers still have a strong need to form community with similar others to help them make sense of their experiences (Romano, 2007). A dialectical perspective of group communication provides a framework for both

thinking about the complexities of managing daily group life. In addition, a dialectical perspective may serve as a framework for exploring the communicative patterns used to manage tensions around the transition to motherhood.

Theoretical Assumptions

Rooted in Bakhtin's (1981) ideas about social life and dialogue, dialectical theory examines the way communicators manage tensions and contradiction in their relationships (Baxter, 2006). More specifically, this theory extracts the communicative practices that partners enact to manage ongoing tensions their relationships. Littlejohn (1996) characterizes dialectics as tensions between contradictory elements that require temporary resolution. Communicators draw upon different strategies to assist them in the management and temporary resolution of contradictory elements. Baxter (2006) reviewed the critical concepts around Bakhtin's notions of dialogue extrapolating the critical features of dialogue that are integral to the ways that relational dialectics are enacted and managed in interpersonal relationships. These concepts work in tandem to provide a picture of how communicative partners manage tensions, competing discourses, and ideologies in order to make meaning and give order to relational and communicative experiences.

Drawing upon Bakhtin (1981), Baxter (2006) explains that dialectical flux occurs because of the tensions inherent in social life. While communicators' psychological thoughts and inner dialogues may be contradictory, Bakhtin (1981) argues that managing these tensions must come through verbal communication (dialogue as utterance) of ideologies and competing discourses. Dialogue, then, becomes a joint process of creating meaning between two communicators (Baxter, 2006). Dialectical flux occurs in the

intersection of the opposing tensions of centrifugal forces (unity) and centripetal forces (difference). In dialogue, these two forces represent different systems of meaning that fluctuate as being “united yet competing” in discursive practices (Bakhtin, 1981; Baxter, 2006). Dialogue is co-created as communicators create meaning and constitute social order from the interplay of opposing tensions in interactions.

Miller (2005) also examines Bakhtin’s notions of managing contradiction through dialogue. Miller points out central concepts in understanding dialogue and dialectics are contradiction, totality, process, and praxis. These concepts provide a foundation for understanding how Bakhtin’s original notions of dialogue are intertwined to think about the ways that individuals manage opposing tensions (dialectics) within their relationship, as well as between their relationship and larger social structures. A critical distinction must be made in the differences between how communicators manage these opposites: the difference between dualism and dialectic. Conceptualizing opposing forces as dualism maintains that two opposing forces cannot exist together. In contrast, a dialectical approach acknowledges that forces can exist simultaneously, and this coexistence is how communicators make sense of and assign meaning to these opposing notions.

A second concept critical in understanding the foundation of dialectical theory is the distinction between totality and process. Contradictions are a part of an ongoing social process. Understanding how contradictions coexist as part of a unified whole requires examining how they work together, rather than trying to separate and to isolate them from the unified whole. A final concept critical to dialectical theory is the idea of praxis, which involves understanding the communicative choices that are made in the

intersection between opposing tensions. More specifically, the concept of praxis allows for an examination of choices made by partners that both create and recreate the nature of dialectics. Examining these communicative choices involves exploring how relational partners manage tensions within their relationship (internal dialectics) and between their relationship and other relationships (external dialectics).

Dialectical Tensions and Interpersonal Communication

Current applications of dialectical theory focus on the ways that relational partners manage tensions and contradictions in interpersonal relationships (Baxter, 1988). Relationships, then, are organized around the constant interplay of opposing forces (Griffith, 2003; Montgomery, 1993). Maintaining relationships involves an ongoing process of managing tensions (Baxter & Simon, 1993). Relational partners must manage both internal and external dialectics (Miller, 2005). Internal dialectics include managing the opposing forces of connectedness-separation (autonomy-connection), certainty-uncertainty, and openness-closedness (Baxter, 1992; Baxter & Simon, 1993; Griffith, 2003; Miller, 2005). External dialectics that relational partners must manage between their relationship and others include the opposing forces of inclusion-seclusion, conventionality-uniqueness, and revelation-concealment. Altman (1993) explains that relational partners must manage three dialectical processes in their relationships, including intra-individual dialectical processes, interpersonal dialectical processes and intergroup dialectical processes. Intra-individual processes involve how individuals make sense of their psychological thoughts and internal dialogue. These processes involve the ways that we internally make sense of and struggle with tensions. Interpersonal dialectical processes, the focus of much research on dialectical approaches

to interpersonal relationships, examines the "...overt display of oppositional dynamics between people in a relationship" (Altman, 1993; p. 28). In other words, interpersonal dialectical processes examine what Bakhtin originally conceptualized as the joint process of making meaning out of opposing tensions. Finally, intergroup dialectical processes, while involving similar dialectical processes as those in interpersonal relationships, examine the processes involved in managing tensions with those outside of the relationship, such as with other family members.

Relational partners use different interpersonal strategies to manage dialectical tensions in their relationships. These strategies range from choices about how to integrate both poles of the tension, to paying attention selectively to one pole (ignoring the other) to determining specific situations that make it necessary to respond to one pole (Griffith, 2003; Miller, 2005). Other strategies include reframing tensions so that they are not seen as opposing, neutralizing poles (Baxter 1990; Baxter 1998; Griffith, 2003; Miller, 2005).

Dialectical Theory and Group Communication

Although dialectical theory was developed to examine how relational partners manage contradictions and tensions in their interpersonal relationships, research suggests that the features of dialectical theory may be applicable to other areas of communication such as organizational communication and to group communication (Driskill, Meyer, & Mirivel, 2012; Kramer, 2004; Tracy, 2004). Research outside of interpersonal relationships focuses on understanding how tensions arise in different organizational, educational, and group contexts, as well as understanding the strategies used to manage tensions within these settings. Within group communication research, a dialectical

perspective offers an avenue to understand the ways that group members manage tensions and contradictions that occur.

Existing research on dialectical tensions in communities has examined a range of communities from hospices (Adelman & Frey, 1997) to community organizations (Driskill, Meyer, & Mirivel, 2011) to social groups (Kramer, 2004). While these findings uncovered a range of tensions unique to each community, common threads among these studies highlighted tensions around control and authority (Adelman & Frey, 1997) and forming group norms (Adelman & Frey; Driskill, Meyer, & Mirivel, 2011; Kramer, 2004). Tensions around group norms focus on communicative practices that regulate what is acceptable/unacceptable group behavior (Driskill, Meyer, & Mirivel, 2011; Kramer, 2004), attachment to the group versus maintaining independence as an individual (Adelman & Frey, 1997; Kramer, 2004) as well as tensions around cooperating with the group (Kramer, 2004). A dialectical perspective provides a framework to look at communicative behaviors of group members, including how individuals interpret their own behavior, interpret the behavior of others, as well as how the group interacts as a whole (Johnson & Long, 2002). In addition, this perspective expands our understanding of how group members adjust their communicative responses to these tensions (Johnson & Long, 2002).

Johnson and Long (2002) describe the multidimensional nature of tensions in groups, pointing out that groups experience both internal dialectics and external dialectics. Internal dialectics encompass multiple levels within groups including the interpersonal relationships between group members, a group level with all members as well as a “generalized group-other audience” (Johnson & Long, 2002, p. 35). This

“group-other audience” considers tensions experience by the average group members as well as a larger sense of how the group envisions and describes itself. External dialectics examine the relationship between the group and outsiders, including sources such as parent organizations, communities, or society as a whole. Group members must choose communicative behaviors to respond to both internal and external dialectics. The choices that group members make define their group as well as contribute to the formation of group norms (Johnson & Long, 2002).

Sunwolf (2008) discussed the utility of a group dialectical perspective to understanding the ongoing tensions and relational nature of peer groups. In her review of a group dialectical perspective, Sunwolf outlines five critical assumptions to understanding the dialectical approach. Considering each of these assumptions in light of existing research on dialectical tensions in interpersonal relationships provides a framework for understanding the relevance of this theory for examining the dynamic nature of group life. First, dialectical tensions are unavoidable and ongoing. Similar to interpersonal relationships, the relational nature of groups is ongoing, constantly changing, and as a result, the tensions that are the most salient vary. Second, tensions that occur between contradictory elements represent struggles in meaning, and group members must temporarily resolve tensions. Fourth, groups use symbolic means of communication as they make sense of and manage tensions. Finally, groups are created in the delicate interplay of dialectical tensions and the ways that group members communicatively respond to these tensions. Sunwolf maintains that a dialectical approach is helpful for understanding group members’ needs to conform to group norms but also maintain an individual identity. In addition, a dialectical perspective provides a

framework for understanding what symbolic behaviors members use to manage tensions within and outside of the group.

Driskill, Meyer, and Mirivel (2012) explain that dialectical theory "...assumes that two competing forces are embedded in language and are thus an inherent part of how social worlds are created through interaction" (p. 245). Analyzing the language used to communicate about these competing forces provides a useful way for understanding the social construction process (Driskill, Meyer, & Mirivel, 2012). Responding to Baxter's (2011) critique that research has a tendency to end after uncovering competing discourses, Driskill, Meyer, and Mirivel (2012) conducted a longitudinal study to examine competing discourses and gain a better understanding of how these discourses fit into larger systems of meanings for one particular group. For groups with a relational history, looking at these processes simultaneously provides a way to see which discourses evolve over time, which discourses are more salient and when they are more salient, giving a clearer picture of how groups manage ongoing tensions. From their examination of the management of ongoing tensions in a religious community-building organization, Driskill, Meyer, and Mirivel (2012) found that members used a variety of strategies to manage the ongoing tensions of unity-division and cooperation-noncooperation. In order to manage the tension of unity-division within the organization, group members relied on the construction and telling of moral narratives to suggest how group members should act. Group members also used segmentation to frame tensions as complementary, alternated between poles in response to different pragmatic obstacles as well as relying upon prayer rituals to transform tensions. As a whole, these findings suggest that

members relied upon different strategies to manage the ongoing tensions in the group, reinforcing the importance of a longitudinal examination of tensions in groups.

Research in the area of group communication has made strides in developing a group dialectical theory for understanding the communicative practices groups use to manage ongoing tensions. Some existing research on dialectical tensions in groups (Adelman & Frey, 1997; Kramer, 2004) suggests their utility for understanding how group members create and sustain a sense of community life. Kramer's (2004) work on examining dialectical tensions in a community theater group revealed four tensions that the group needed to manage: (a) commitment to the group, (b) ordered and emergent group activities, (c) inclusion-exclusion (group membership), and (d) group norms. Group members used a variety of strategies to manage these tensions, including talking about tensions, silence, avoiding other group members or relevant issues, minimizing tensions, segmenting tensions or denying tensions. Kramer argued that due to the interconnected nature of these tensions, additional research was necessary to understand how and what strategies group members use to manage interconnected tensions.

Adelman and Frey (1997) examined the central tensions between staff and residents at an AIDS hospice. Specifically, Adelman and Frey uncovered several tensions that influenced the way that residents and staff created and sustained community life. A dialectical perspective emerged as a metaphor for understanding the underlying tensions in daily community life. Adelman and Frey (1997) explain the importance of a dialectical perspective for capturing the dynamic nature of community life by "...embracing the complexity of community life by accepting and respecting the multiplicity of voices that reflect different experiences, expectations, needs, and goals"

(p. 105). Key tensions for this community included private-public life, individual identity-group identity, resident autonomy-staff control, wellness-illness, and attachment-detachment. Maintaining community life is complicated by attempting to create stability when members are in a fragile state. Adelman and Frey explain that the community is a liminal space where residents exist between states of life and death. Maintaining stability despite the fragile nature of this liminal state necessitates that members accept and respect tensions inherent in the community as well as utilize communicative practices that provide a space where conflicting points of view may exist. In addition, maintaining community exists in a “...never-ending process embedded in mundane and grand gestures” that allows community members both to respect the fragile state of the community as well as maintain harmony among members (Adelman & Frey, 1997, p. 105).

Dialectical Tensions, Online Community, and the Transition to Motherhood

A primary dialectic for a group might change daily, making it important to focus research on looking at tensions in a more dynamic way. Rather than attempting to identify a list of primary dialectics, Johnson and Long (2002) highlight the importance of looking at “...how a group creates and manages those tensions-that is, how members create and recreate their group day to day within the tensions they experience” (p. 37). They also argue that “...observing a group in action, viewing patterns of behavior firsthand, seeing the intricacies of context, and even experiencing the dialectics personally when possible add vital depth to the research” (p. 38).

Research on online mothering communities suggests that these communities may be spaces that empower women, allowing them to dispel the myths of what motherhood

may look like (Brady & Guerin, 2010; Koerber, 2001; Madge & O'Connor, 2006). In their examination of interactions in an online mothering group, Brady and Guerin (2010) discovered a prominent theme that attempted to dispel the myths of motherhood. Past research has documented the use and significance of social support in these communities; however, the tensions that may arise from expectations of motherhood and the reality of the lived experience of motherhood are less understood. The defining communicative features of online mothering groups may make them significant places for new mothers to discuss a range of mothering experiences. As more women are turning to the Internet during motherhood, and in particular to online communities, a dialectical perspective provides a way of understanding how communities fit in to helping women make sense of the transition to motherhood. A dialectical perspective allows for an understanding of how salient tensions evolve over time in communities as well as the range of communicative strategies members enact to make sense of tensions. Additional research is critical for understanding the early mothering experiences and what role communication plays in helping women make sense of the transition. To understand the ways that tensions may emerge and be managed communicatively in these groups, the following research questions are posed:

RQ1: What are the tensions around the transition to motherhood that emerge in online mothering communities?

RQ2: What communicative strategies do group members use to manage the tensions in the transition to motherhood?

Chapter Two

Method

Denzin and Lincoln (2000) define qualitative inquiry as an, "...interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings attempting to make sense of, or interpret phenomenon in terms of their meanings people bring to them" (p. 3). In this study, a qualitative approach provided a way to examine the experience of new mothers within an online community. A qualitative approach was used to gain a more in-depth understanding of the tensions around the transition to motherhood that emerge in online communities. For this study, one particular community was selected for study, with a specific focus on an online discussion forum devoted to the transition to motherhood. Using a grounded theory approach, this study attempts to understand the transitions inherent in the transition to motherhood and the communicative strategies used by group members to manage and make sense of these tensions. Qualitative inquiry provides a way to look the development of tensions in communities over time, allowing for a greater understanding of how these tensions emerge and which tensions are the most salient (Johnson & Long, 2002). Observing group interactions over time provides a way to understand how tensions changed as well as the unique communicative patterns used by community members to manage tensions.

Grounded Theory

Strauss and Corbin (1998) explain that grounded theory seeks to develop "...theory that was derived from data, systematically gathered and analyzed through the research process" (p. 12). Grounded theory allows the analyst to move beyond

describing data to generating a theory shaped by and grounded in the experience of participants (Creswell, 2007). Grounded theory is also useful for use when models and theories may exist in the literature, but have been developed and tested on different groups (Creswell, 2013; Patton, 2002; Strauss & Corbin, 1998). This aim of this study is to develop a substantive theoretical explanation of the communicative strategies used to manage the transition to motherhood. This theoretical explanation will be derived from this particular online community, developing a rich theoretical explanation of messages in a community devoted to the early months following the transition to motherhood. This theoretical explanation will provide insight into the communicative strategies used to manage the transition to motherhood.

More specifically, this study will utilize a constant comparative approach (Creswell, 2013; Strauss & Corbin, 1998). Using the constant comparative method allows the theory to be grounded in the data by constantly comparing incidents in the data to the emerging theory, ensuring that the emerging theory remains grounded in the interactions of the community. The process of making constant comparisons involves a continual process of going between collected data and evolving theory. In other words, the constant comparative method provides a way to jointly collect and analyze data.

A constant comparative approach involves saturating categories by looking for "...instances that represent the category and to continue looking until new formation does not provide further insight into the category" (Creswell, 2007, p. 160). Comparisons are made from comparing incidents-to-incidents in the data, comparing categories (theoretical comparisons), and comparing incidents in the data to extant literature (Strauss & Corbin, 1998). Going between the data, the literature, writing memos and returning to

the evolving theory allows the researcher to both fill in gaps and clarify the properties and dimensions of each category (Creswell, 2013). Using the constant comparative method to analyze data yields a set of carefully developed categories, tied together systematically through a theoretical framework that explains the relationships between categories, developing a theory to understand a process or actions experienced by the participants (Strauss & Corbin, 1998).

Data Collection

Research on the nature of online mothering communities has looked at both communities with private membership (Ley, 2007) and communities with public membership (Madge & O'Connor, 2006; Rashley, 2005). While the nature of interactions and the commitment to community may vary depending on the type of membership, a public community embedded within a parenting website has been selected for two reasons. First, past research on the nature of searching for pregnancy and parenting information online suggests that nature of Internet searching produces top search results that lead women to these websites (Rashley, 2005). As one of the larger pregnancy and parenting websites, The Bump.com is a community that appears in major searches. TheBump.com is a parenting website that was developed by the creators of the wedding website, TheKnot.com, and the popular website for newlyweds, TheNest.com. Second, research on the types of parenting philosophies suggests that these large, public more commercialized websites, such as TheBump.com, might offer a wide-range of parenting perspectives (Koerber, 2001; Rashley, 2005). New mothers, in particular, may be drawn to these websites because of the large amount of information about pregnancy as well as preparing for and transitioning to motherhood. The number of communities

embedded within the website may offer a wide range of perspectives, exposing them to other women with similar experiences.

TheBump.com was created as a way to provide new parents with information about pregnancy and parenting topics. Specifically targeting pregnancy, TheBump.com, provides information and advice by pregnancy stage, ideas and advice for preparing for the arrival of a new baby, local resources, interactive tools (e.g. due date calendar), as well as an online community for new parents. TheBump.com also provides question and answer pages that offer advice from pregnancy through motherhood from experts such as OB/GYNs, pediatricians and sleep experts. In addition, the website contains advertisements for personalized baby gifts, and products geared for women during pregnancy and motherhood, as well as products for newborns, infants, and toddlers (XO Group, n.d.). In order to provide a personalized experience for its users, TheBump.com (XO Group, n.d.) relies on,

Harnessing the power of social networking, TheBump.com connects parents to peers and personalized advice using an unparalleled combination of user-generated content and up-to-date community features, including baby blogs, local reviews, lists, profiles, photo galleries, and topic-based message boards

As of early 2013, TheBump.com contains 233 discussion forums divided by groups including: TTC (Trying to Conceive), Pregnancy and Parenting; specialty boards, birth month boards, local boards and boards devoted to each week of pregnancy. As of February 2013, TheBump.com has approximately 8,949,531 users. The community also maintains a presence on Facebook, Twitter, and Pinterest, providing additional options for users to connect to website information.

TheBump.com is one of the larger public websites that is easily accessible to pregnant women and new mothers, which enables women to draw upon more people for support and information. Viewing original posts and replies does not require website membership. In order to create a profile, start a blog, or post on the discussion boards, users need to register and create an account. Users without accounts are able to view the discussion boards as well as other material on the website; however, they are not able to post or respond to posts on the discussion board.

Based on existing research (Choi et al., 2005; Miller 2007; Nelson, 2003; Sethi, 1995), the first three months postpartum represent a time of struggle for new moms, in both making sense of their experience and negotiating their new identity. Although this discussion board might draw mothers who are at different points postpartum, the board was selected because of its focus on this transition period. In this study, one parenting discussion board, Babies 0-3 months, was examined for a period of three months (May-July 2012). As of February 2013, this discussion forum has 5,916 threads, with available content available from August of 2009 to the present.

During the three-month period, original discussion posts and subsequent responses from community members were observed to develop a better understanding of how these tensions manifested in the online community. In order to develop a systematic process for analyzing interactions, discussion posts were examined for the first two weeks of each month. For initial coding, Tuesdays and Thursdays were investigated during the first two weeks of each month (May-July). For this phase, there were 3,030 messages analyzed, with 418 original posts and 2,612 replies. For verification coding, messages from Mondays and Wednesdays during the first two weeks of each month

(May-July) were used. For the verification coding, there were 3,030 messages analyzed, with 388 original posts, and 2,175 replies. A total of 5, 593 messages were analyzed during the three-month period. Messages excluded from analysis were: (a) posts with no reply, (b) solicitations (ex: giveaways, sales of baby items, entering contests, swapping coupons), and (c) posts alerting users that they have a private message.

Data Analysis

The goal of this research is to understand the unique tensions during the transition to motherhood that emerged within this community as well as to understand the communicative strategies that group members used to manage these transitions. Throughout the coding process, the researcher moved between: (a) coding the group interactions (b) theorizing (c) writing memos and (d) integrating additional data and refining categories (Bernard & Ryan, 2012). The researcher used memos to note ideas about the emerging categories, the coding process, as well as the emerging theory. The coding process involved several rounds of coding, reviewing the existing literature, memo writing, and performing analytical checks with an additional researcher.

Strauss and Corbin (1998) explain the process of open coding as a process where, “data are broken down into discrete parts, closely examined, and compared for similarities and differences” (Strauss & Corbin, 1998, p. 102). After reading through the posts and responses on the initial coding days, the researcher developed initial categories that captured the tensions that existed in the online community. In addition, the researcher consulted with an additional researcher to define and to develop initial categories. Making comparisons between the extant literature and the emerging categories, the researcher was able to develop the properties (characteristics) of each

category as well as the dimensions (continuum) of each category (Strauss & Corbin, 1998).

After producing the dimensions of each category, verification coding began. This coding phase involved making comparisons between messages from verification coding days and messages from initial coding days. Verification coding included the process of making comparisons between messages during verification coding days and the existing days, writing memos, and performing analytical checks with an additional researcher. This process was repeated until categories reached saturation. This theoretical saturation occurs once additional data collection yields no additional categories or insights into the theory (Creswell, 2013; Strauss & Corbin, 1998). A comparative analysis allowed for collapsing and reducing of incidents in the data that shared common characteristics (Strauss & Corbin, 1998). Returning to the larger body of data allowed for verification and revision of initial categories and subcategories. Initial categories were assessed for clarity and repetition, allowing for the tensions surrounding the transition to motherhood to be categorized into three major themes.

The next step, axial coding, provided a way to relate categories and sub-categories around a central concept (Strauss & Corbin, 1998). During this stage of coding, "...coding occurs around the axis of a category, linking categories at the level of properties and dimensions" (Strauss & Corbin, 1998, p. 124). Theoretical explanations evolve from "...a set of well-developed categories that are systematically interrelated through statements of relationship to form a theoretical framework that explains some relevant social, psychological, educational, nursing or other phenomenon" (p. 22). Closely examining the dimensions of each category allowed for the development of

relational statements to explain the categories and sub-categories. Statements of relationships, then, provide the foundation for an explanatory theoretical framework (Strauss & Corbin, 1998). Throughout the process, the researcher consulted memos and discussed emerging findings with an additional researcher to evaluate the coding process and the development of categories. During this stage of coding, the researcher was able to examine the communicative strategies that emerged in the online community, developing a continuum to understand the strategies used to manage the tensions in the transition to motherhood.

Finally, selective coding allowed the researcher to make careful connections between the categories, creating a storyline for understanding the central phenomenon (Creswell, 2007; Strauss & Corbin, 1998). This stage of coding developed propositions to explain the relationships between the categories, providing a foundation for making theoretical explanations of the relationships between categories. To understand the relationship between categories, the researcher constructed diagrams of the concepts. Following the recommendation of Strauss and Corbin (1998), diagramming enabled the researcher to develop, "...distance from the data, forcing him or her to work with concepts rather than details of the data" (p. 153). Diagrams served as an analytical tool for the researcher to develop categories, ensuring careful logic in advancing relationships and theoretical explanations. As a result, data analysis yielded a substantive level of theory grounded in the experience of the members of the online community, providing a theoretical framework for understanding the communicative strategies that group members use to manage the transition to motherhood.

Chapter Three

Results

Findings from this study suggest that community members draw upon a range of communicative strategies to manage tensions during the transition to motherhood. Three major tensions emerged in this community: (a) tensions between authority from medical expertise and trusting the experiences of women, (b) tensions between mother-led practices and baby-led practices, and (c) tensions between expectations and experiences. Community members used different communicative strategies to manage tensions: (a) offering reassures and diffusing judgment, (b) blending expertise and experience, and (c) striking a balance for families. While these tensions stem from different areas of mothering practices, the nature of the tensions reveals the complexities new mothers encounter when making sense of their mothering experiences. A list of common abbreviations and acronyms used in discussion posts can be found in the Appendix.

Tensions

Medical Expertise and Experiences of Women

The second theme that emerged from online discussion was a tension focused on seeking information about health and safety issues. In particular, struggles centered around a tension between authority from medical experts and the value of a mother's instincts and experiences. Understanding the contradictions between these tensions requires examining how they work together. Within this community, concerns about normal behavior and infant health and safety were reoccurring discussion threads. Discussions created concerns over infant health issues (gas, colic, growth spurts, infant acne, and cradle cap) and concerns over what constitutes normal infant behavior

(sleeping too much or too little, fussy, responsiveness, and meeting milestones).

Challenges also surfaced around safety issues (car seats, placing car seats on shopping carts, and using age-appropriate baby gear) and feeding issues (type and amount of formula, breastfeeding concerns, and supplementing). At the core of this tension was a struggle between accepting authority from experts and making decisions about trusting instincts.

Expert knowledge was attributed primarily to pediatricians. In discussing infant health and safety issues, this tension focused on the critical role of experts in decision-making and evaluating information, referencing the critical role of the expert, the pediatrician (more commonly referred to as the “pedi”). Women drew on other sources of expertise. Women frequently mentioned books that provided expert advice for caring for babies. One frequently mentioned method was Baby Wise. Originally developed by Gary Ezzo, Baby Wise advocates developing schedules for feeding, waking, and sleep cycles for new babies to help them to sleep through the night sooner. In contrast to Babywise, Tracy Hogg and Melinda Blau, authors of *Secrets of the Baby Whisperer: How to calm, connect, and communicate with your baby*, advocate for an approach to managing infant life that focuses on developing a loose routine based upon a baby’s cues. This routine, commonly known as the E.A.S.Y. (Eat, Activity, Sleep, Your Time), provides structure to a baby’s day, yet allows moms to carefully follow baby’s cues and adapt to their individual needs. In a similar vein, Dr. Harvey Karp’s book, *The Happiest Baby on the Block*, draws upon similar ideas of following a baby’s cues, as well as methods for trying to soothe babies gently.

Women also drew upon more widely recognized pediatricians with a range of parenting philosophies, citing the philosophies of both Dr. Richard Ferber and Dr. William Sears. Known for his careful scientific methods, Dr. Ferber developed one method for training babies to sleep, the “Cry-it-Out” (CIO) method. This method emphasizes the importance of developing carefully schedules, putting babies down to sleep at ideal times and teaching them to self-soothe and fall asleep on their own by not responding to their cues. In sharp contrast, other pediatricians, such as Dr. William Sears, advocate for parenting methods that emphasize the importance of following instinct and a baby’s cues. Women also referred to different websites that were viewed as expert sources of information. The Baby Center website, similar to TheBump.com, offers information, support, advice, and community for new parents. Women referred to articles posted by varying pediatricians and other health professionals that provided information about infant health, safety, and care. Women also referred to the KellyMom website, which offers information and support for breastfeeding mothers. While the emphasis is on breastfeeding, there are other articles that focus on advice and information on other issues around infant health.

Mothers also referred to organizations such as the American Academy of Pediatrics (AAP). Communication about health and safety issues centered on the careful emphasis on the central, critical role of experts in infant health and safety, such as, “My pedi told me,” “Clear it with your pedi,” “My pedi advised,” “My pedi suggested,” and “My pedi recommended.” One message, in response to a mother who was weighing a decision between consulting with a pediatrician versus a family doctor over infant health issues, appealed to the central role of the pediatrician, “Pedis are the experts in children’s

health care. Why would you NOT want that?” In a similar vein, another poster grappled with the issue of weight health information with a specific health issue (gas). In response to posters who replied encouraging her to trust her gut, one response highlighted the strategy of relying on expertise, “Your pediatricians vote outweighs everything on a forum.”

Decisions about making changes in feeding and the influence of decisions on the health of infants reflected the tension between expertise and experience. One message expressed a concern changing the type of formula used (switching from milk-based to soy-based) to supplement breast milk. Responses to this message echoed this tension in determining who the best one to make these choices is: mom or a pediatrician. One response reinforced that this was ultimately a decision that needed to be made by a doctor, “...you should really contact your pedi before you change formulas. You shouldn’t experiment with switching him on your own. Call your pedi. Let him/her know what’s going on, and see what advice they have.”

Another poster struggled with the decision to start adding cereal to milk (for a 7-week-old baby). In this message, the original poster experiences a sense of tension between the mother and her husband:

My husband said that some of the people he works with, men and women, who already have kids who are a little bit older now, told him to put cereal in LOs milk. I told him no. I told him I would talk to the pediatrician about it, and DH (Dear Husband) said that they will advise against it, but its actually fine.

Although this poster is asking the community for advice, the subsequent exchanges

among group members reflects the greater tension that exists in making sense of the advice and information. One response reflected the tensions around the role of experts as well as the tension around the credibility of information, “Is your husband a doctor? Why does he think that even though a doctor would advise against it, that it is okay to do? And, for the record, cereal does not help STTN (Sleep through the Night).” Another response echoes a similar sentiment:

Really coworkers and DH trump pedi? Well, Isn't he sure of himself. Hasn't he thought to ask WHY an actual MD would advise against it? Please tell your husband to read a book, hell, even google it. It does not help them sleep through the night.

Another response draws from other sources of expertise including two websites (www.babycenter.com and www.kellymom.com) and guides by the AAP, summarizing findings of research on solids and sleeping:

Both studies have shown that this doesn't work. It's a baby's maturity-not the bedtime snack-that dictates how long he's capable of sleeping. Keep in mind, too, that the American Academy of Pediatrics (AAP) recommends not starting solid foods until your baby is at least 4 to 6 months old.

Responses within this discussion thread communicate the central role of expertise in making decisions around infant feeding. These messages suggest the importance of relying on expertise in making decisions (“You shouldn't experiment on your own”) and recommendations. These messages primarily rely upon pediatricians and the American Academy of Pediatrics but also bring in other sources of expertise to justify the importance of following recommendations.

Reliance upon expertise was also present in messages about infant safety. One message expressed a frustration over figuring out how to place an infant car seat on a shopping cart, expressed a concern for making sense of what she saw others doing and what might work best for her baby. In trying to make sense of her experience, she posted:

...I looked this up on line and found many people saying that it is unsafe to put the car seat on a shopping cart. I looked it up because our car seat doesn't clip on or even sit very well on the cart. I just assumed they all did, since I always see people doing it."

Some replies tried to send a gentler reminder about placing car seats on top of a shopping cart:

I know you would never intentionally put your baby in danger but none of the car seats are made to clip onto the car. It's usually even in the manual telling you specifically NOT to do it. Even if it seems secure, it is not.

Some replies attempted to provide advice and deflect attacks on the original poster:

As for everyone jumping all over the mom who uses a carrier/car seat (yes, the terms can be interchangeable) designed to clip onto carts, get off the poor woman's back! She's got her LO in a shopping cart, not on a roller coaster! What are you people doing that carts are tipping over? Geez. Ok. I 'm done with this thread. Horse feathers!

An overwhelming number of posts relied on expertise to make sense of information about car seat safety. In contrast to the previous reply, these responses appealed to authority, the American Academy of Pediatrics, "The American Academy of Pediatrics has highly

discouraged the practice of placing the infant car carrier on top of the cart,” followed by a link to the AAP’s statement on this issue. Although the original question unveiled some tensions in seeking information, what is significant in this discussion thread is the tension that evolves in community interactions about who has expertise on safety.

Communication about expertise places a high value on the medical expert (the pediatrician), highlighting the importance of adhering to expert advice, and the importance of consulting the pediatrician before making decisions.

On the other hand, women expressed the importance of trusting experience, instinct, and the notion of “trust your gut.” Making sense of women’s experiences focuses on the role of personal experience, discussing what practices they use.

Communication from this perspective emphasized how they draw upon experience to navigate experiences with their little one (LO), “This is what I do/use have tried with my LO, “or “My LO does...” Tensions around relying on trust medical expertise and trusting the experiences of women emerged as women struggled making sense of advice dictated by experts and their own intuition about how to care for their child. “Everything that I’ve heard/read/seen says...but my experience tells me...” best characterizes this tension. This tension was evident when women realized that their experiences did not match expert advice and opinions. The importance of trusting women’s experiences surfaced in messages that also attempted to communicate about the importance of relying on the expert. These messages reflected a contrast between what women experienced from communicating with experts as well as a struggle of how to make sense of this expertise when it did not seem to be reflective of personal experiences. One message reflected this tension in making sense of how her baby’s development:

Everything I've read says spurts at 3 and 6 weeks and 3 and 6 months. DS (Dear Son) is 10 weeks and I swear he was eating every half hour all night and all morning and then sucking on his fists between feeds.

Responses reaffirmed that this experience was possible, with one poster suggesting questioning expertise, "Yes, it is possible LoL, the books are generalized! Also, kids are constantly growing. They have growth spurts all the time." Communication about the importance of women's experiences placed mothers in the central role as the experts on health and safety issues. Another area where instincts and making sense of expertise arose was around the area of infant sleep safety.

One message reflected this tension between wanting a baby to sleep comfortably (instinct) and being "lectured" by the doctor (expertise) for letting the baby sleep on his stomach. While the original poster solicited advice on how to get her baby to sleep on his back, responses from group members reflected a greater tension around expertise and safety. One response pointed out the importance of being informed and making your own decisions:

I love doctors and the advice they give—I really do. But at the end of the day, YOU are the mom. Decide if you want to follow your doc's advice or do something different...The risk of an individual baby dying from SIDS is unknown...I 'm not saying ignore the literature of anything-definitely do what you can to prevent SIDS. I wouldn't back sleep an African American boy baby covered in blankets in a smoked filled room. It's all about weight the risks and deciding for yourself

Another response attempts to justify why the original poster should trust her instinct:

As for why anyone would consider it-because many of us were set on our stomachs to sleep without ill effect? Because our children sleep better that way? It's not completely insane, for reasons that were outlined earlier. I personally wouldn't put DD (Dear Daughter) down on her stomach or let her sleep on her stomach while I was not right there watching her until she is able to roll over.

Discussing the importance of the experiences of women also involved encouraging women not to be bullied by experts. One message detailed the struggles of a mom who was breastfeeding and had overcome a number of obstacles in the early weeks of her son's life. After overcoming those obstacles, her pediatrician told her that she needed to start supplementing because the baby is not getting enough calories, she expressed her frustration, "Of course I want what is best for my child, but it breaks my heart a little especially since we have tried so hard to breastfeed." One response detailed the response of a mom who shared a similar experience:

I've had two previous EBF (Exclusively Breast-Fed) where doctors have tried to convince me to supplement because they were on the smaller end of the growth curve...but it turns out my children are just small, health as horses, just small horses. Weight curves are guidelines that not everyone fits inside. I took them to a pediatrician when they were infants for a second opinion and was told there was absolutely no need to supplement. Don't be bullied. Get help and/or a second opinion...

Within this thread, other messages seemed to capture both sides of the tension between expertise and experience. These threads, while not entirely touching upon the experiences of women, reflected a general distrust of pediatrician's as the best ones to

handle all issues. These threads, though not necessarily reinforcing the experiences of mothers, emphasized the importance of other experts who may place more of significance on the experiences of women. In particular, one poster spoke to a general lack of knowledge about breastfeeding, reinforcing the importance of other experts (outside of the pedi) and questioning expert advice:

Even if there was a problem (and I don't think there is), It is irresponsible and just plain uninformed to jump to recommending formula supplementing at this point. It will effect your supply and is most likely totally unnecessary... Your pedi is out of date on this topic and I HIGHLY recommend you see a LC (Lactation Consultant) ASAP. I hired a IBLCE (International Board of Lactation Consultant Examiners) to come to my house and it was the BEST thing I have ever done.

Other responses echoed the importance of looking to other experts, "I would get help from an LC. Pediatricians know very little about breastfeeding," and "I would recommend going to the Lactation classes support group." Responses in this discussion thread highlight both the importance of trusting the experiences of women but also these responses touch on the role of experts who value the experiences of women. Differing from messages that emphasize relying on medical expertise for information about health and safety issues, this message reveals a distrust of these sources, discrediting the knowledge of pediatrician's about issues around feeding, in particular.

Mother-Led Practices and Baby-Led Practices

A final theme that emerged was tensions around the management of mothering practices. In particular, struggles centered around a tension between mothers controlling mothering (mother-led practices) and following babies' cues (infant-led practices).

Specific mothering practices represented by this theme included: issues around infant sleep (where infants sleep, when they transition to their own rooms, night waking, sleep training, and sleeping through the night), setting schedules and routines for infants and mothers, and feeding issues (space between feedings and scheduling feedings). Concerns arose around gauging what is normal infant behavior, making sure babies are on track developmentally, and the concern for developing bad habits. Looking at messages that struggled with both sides of the tension provides a foundation for understanding the struggles that mothers encounter in making sense of mothering practices. Understanding the contradictions between these practices requires examining how they work together.

Mother-led practices emphasized the importance of women controlling mothering practices such as schedules and feedings. These practices emphasize the importance of schedule, order, and places women in control over these practices. Mother-led practices emphasize that mothers are in control of mothering; however, mother-led practices emphasize a reliance on expertise to justify their decisions. Although the mother is the one in control, pediatricians and other experts dictate these practices. Communication about this tension includes statements such as “I am not going to form bad habits,” to emphasizing the importance of teaching babies to be independent, “...not going to just attach him to my boob.” This tension captures the importance of women setting and controlling mothering practices from early on in their baby’s life.

Relying on expertise and emphasizing their role in leading the management of mothering practices, mother-led practices play women in a central role, reinforcing the importance of order, scheduling and not developing bad habits. Women reinforce their role in leading the daily routine as well as reference expert methods such as pediatricians

and expert methods of scheduling and managing infant life ranging from *The Baby Whisperer*, *Baby Wise*, *Crying it Out* (Ferber) as well as instructions provided by pediatricians. These sources advocate for the importance of mothers establishing routines and schedules for infants, emphasizing the central role of mothers in setting up these practices.

For example, in response to a mother grappling with breastfeeding and night routines, one reply exemplifies that importance of mother-led practices, “I am not going to get in the habit of nursing her to sleep every day.” Other messages reinforce the importance of control include emphasizes the important benefits of infant sleep schedules. Original messages and posts emphasize that this important because small babies thrive on routine, and schedules provide a sense of normalcy for parents. Messages that reflected a tension between needing a schedule and struggling to set them up were often managed by a strong emphasis on discussing why routine is so important. One particular message addressed concerns with the difficulties of schedules, routines, and more specifically worries about setting up a bedtime, “I just started a bedtime routine...She’s only 4 weeks but I keep reading how important it is.”

Along similar lines, one source of expertise that these messages rely upon is the information from pediatricians. In response to an original post about how to manage night feedings for an infant who wakes frequently. One response emphasized the advice of the pediatrician, “What helped was when our pediatrician recommended we get her on a feeding schedule,” while another shared a story to emphasize pediatrician’s advice:

A friend of mine took her 4 month old for her checkup and asked the Dr. when she would start sleeping through the night. The doctor asked, ‘Are you feeding

her at night?’ He said, ‘Why would a baby sleep through the night if you are feeding her?’ That makes perfectly good sense to me!

Another message, while emphasizing that they were following baby’s cues “for now,” expressed a concern for figuring out how to establish schedules in the end. Emphasizing the importance of following a schedule, one reply pointed to the importance of timing feeding and sleep, “I try to feed him after naps so he doesn’t depend on the boob to fall asleep.” In a similar vein, another reply emphasized the importance of schedule and making sure feeding was not the last step before sleep:

Eat, wake, sleep. No wake time at my 8pm feeding or 10:30pm feeding, also no wake time during middle of the night feedings when she wakes up on her own. Because I have been doing this since day 1, she is doing it at almost every feeding. I am not going to get into the habit of nursing her to sleep every day.

Responses in this thread seem to suggest that mother-controlled practices separate feedings from sleep to in order to prevent babies from forming “bad habits.” For this mother, allowing a baby to associate feeding with sleeping was developing a “bad habit” of teaching the baby to need to eat in order to fall asleep. These messages reinforce the importance of an order that involves set schedules by the mother that dictates eating, waking and sleeping, placing the mother in control of these practices, rather than relying strictly upon the baby’s cues.

Another message communicated concern for both the need to develop a schedule and the difficulties in getting started. Several replies emphasized the best methods to use and reinforcing the importance of scheduling for both babies and mothers. One reply

pointed out how tools such as Baby Wise, assists with the management of mothering practices:

So I don't feed on demand like everyone else is saying. I do parent directed feeding (read Baby wise). Which means I wait for her cues (such hands, etc.) and then I make sure that it has been at least 2 ½ hours since the last feeding. The key to this is to give a FULL feeding each time. Every time she cries I don't just attach her to my boob...Doing this keeps our schedule pretty consistent.

In a similar vein, another reply draws on Baby Wise and her response reinforces why this expert method is so important for mothers and babies:

I am in the crowd that believes that babies who have a routine feel more secure and become more confident because they can predict what's coming next and know how to act accordingly. Think about it-even puppies need structure to thrive. And I agree with PP (Previous Poster)-most of the people who will tell you otherwise end up with babies who are not STTN or sleep in bed with them until they are toddlers! ☺

As a whole, these responses highlight the importance of mothers taking control of mothering practices. Critical to taking control of these practices involved integrating sources of expertise that mothers draw upon to help them manage and control mothering practices. These responses emphasize the importance of establishing routines for both children and mothers. Differing from other threads, these messages suggest that mother-controlled practices are important for development and even survival. Messages go so far as to suggest that mothers who are unable to control these practices not only end up with

babies that do not sleep through the night or turn into toddlers who sleep in bed with their parents, blaming mothers for the actions of babies and toddlers.

Messages also emphasized the importance of following babies' needs by letting mothers follow their own instincts, learning about their babies' natural patterns and rhythms, and following babies' cues rather than "following the clock." Communication around this tension reinforced the importance of following cues, "DD decides her own schedule," and emphasizing being biologically ready to sleep, "...will sleep when ready... give it time." Messages around this tension highlight the need to follow (biological) cues, placing the infant in control, emphasizing that "Babies will create their own patterns and routines," and reinforcing the needs of individual children over strict scheduling, "...give it time..."

This side of the tension was salient in messages that would question how to weigh out expertise and control to manage a baby's needs. Infant sleep, particularly messages that grappled with how to get infants to fall asleep and sleep through the night, emphasized following babies' needs. In a post where a woman is struggling with a decision to give formula to her EBF (exclusively breast-fed) baby at night to help him sleep, replies emphasize the importance of following a babies' schedule; "Your baby will sleep longer stretches when ready. I KNOW how you are feeling (I am so there), but this is really a short time. GL (Good Luck)." In this particular thread, responses vacillated between figuring out what works best to slight attacks to emphasize the importance of following babies' needs. One response emphasized the importance of following babies' cues, simultaneously judging decisions made by other posters:

I personally think if you want to BF (Breastfeed) then you should no matter what time...if you just want the formula so your lo can sleep then I think that is just an out. I know how you are feeling and wanting sleep but it does get better. LO is still not sttn and will not for a while but I am up for the challenge...GL

Other replies echoed a similar sentiment, reinforcing the importance of instinct and a similar level of judgment:

Getting up in the night is just part of the package with a newborn. I think sometimes from reading this board that a lot of new moms are a too obsessed with trying to get their very little babies to sleep through the night to the point of compromising their well being (few feedings, putting babies on their tummies, etc.). This stage will pass soon. For now just accept that you need to get up in the night to feed and will be living on a little less sleep. I know it's tough, but parenthood is tough.

Similar to other messages, these replies emphasize the importance of following the cues of babies. Differing from previous messages, these responses also seemed to communicate that the "obsession" with feeding and strict schedules was not healthy for babies. Messages also grappled with tensions around trying to time feedings and sleep. One original poster explained the right now they were "...just rolling with the punches." However, the post expressed a concern with trying to figure out what might work best long run. Similar to other messages, group members responded in different ways make sense of the tension between following babies' needs and following a schedule.

Emphasizing the importance of following cues, "I nurse on demand. Sometimes she

feeds before a nap sometimes when she wakes up and often both. She knows when she is hungry.”

Messages that addressed the tensions between needing a routine versus following a baby’s patterns frequently highlighted the importance of following cues. In one message that expressed concern about setting up routines during the day, responses emphasized the importance of following cues:

At this point, schedules/routines are for adults, not their babies. Toddlers thrive on a routine, but for infants scheduling is not really developmentally appropriate. Your baby knows when he is tired. He knows when he is hungry, and how hungry he is. He doesn’t need an adult to mandate this.

A similar message addressed concerns with the difficulties of schedules, routines, and more specifically worries about setting up a bedtime. Responses reinforced the importance of following babies’ cues, “We are still kinda letting DD decide her own schedule.” Another reply reinforced this idea, “We don’t do much scheduling around here.”

Issues around managing infant feeding also focused on concerns about the amounts that infants were consuming, and in particular, concerns about overfeeding babies. One message expressed concern with balancing out a baby who always seemed hungry after breastfeeding, making sure he was not gaining too much weight. Responses provided reassurance, “Yes totally normal. There are several growth spurts they are going through where they will literally eat all day long.” A second response closely echoed this reassurance, “Not only is it normal, LO is trying to establish your supply. If you feed on demand, your supply will be right for your baby.” A third response provided

encouragement to follow a baby's cues, "You won't really be able to space out feedings until he is ready. If he's hungry, he's hungry. And eating more often will help your milk supply grow."

Another post reflects the struggles around the decision to letting babies cry. Differing a bit from previous messages, the original poster expresses a tension between what she and her husband want to do, attempting to solicit ideas from the community. Responses focused on following babies' were common replies in this thread. One response, while seeming to suggest that families should do what works best for them, but maintains that it would not work for her:

I am not a fan of it when they're little...every parent should do what works for them, but to me it feels like it's just a justification to walk away from a difficult time with your baby so you don't feel guilty about it. I wouldn't judge someone who uses it pre-4 months, but it's not for me.

Another response emphasizes the importance of taking care of the needs of newborns:

At this age they really just need to be held, and I really believe it is best to provide what they are crying for...they're so little, and too young to understand anything about where you are and why they're alone.

In a similar vein, another response reminds the community of the importance of following those basic cues, "My philosophy: for 10 months 'YOU' were all your baby knew. Sometimes our world is a little overwhelming. She is relying on you to keep her safe and reassure her it is all ok." In a more aggressive way, another post reminds the original poster that the idea of "get anything done" is not as important, "That tiny baby?"

No way in hell. Your husband is an idiot. She's a baby. Hold her. Nothing you need to 'get done' is that important right now...there is no habit to 'break.'"

Collectively, communication about baby-led practices emphasizes the importance of following cues rather than worrying about forming "bad habits." These messages remind community members to trust their instincts and to take actions to make babies feel secure and loved. In contrast to mother-controlled practices that reinforce infants feeling secure through routine, baby-led practices emphasize the importance of that babies feel secure in knowing their caregiver is tending to their needs. Tensions around the management of motherhood simultaneously reflected tensions between expertise (expert-driven methods of child rearing and instincts about child rearing) and control and balance in the mother-infant relationship (mother-led practices and infant-led practices).

Expectations and Experiences

The tension between expectations and experiences involved a struggle between expectations for motherhood and the reality of mothering experiences. Cutting across different areas of new mothering, this tension captured the difficult experiences and emotions of new mothers. These tensions emerged as women communicated a tension between their expectations and experiences, which created emotional struggles. This overarching tension reflects what is typically experienced as an individual tension. This tension draws members unto the discussion, which gives rise to group tensions. While this tension differs from other tensions experienced by the group, understanding this tension provides insight into the underlying communication processes that allow other tensions to emerge within the community.

Women expressed a range of emotions when talking about the experience of new motherhood. Emotional struggles arose as women experience a tension between how they expected to feel about motherhood and the reality of their own experiences. Women expressed that they expected to feel a range of positive feelings about their motherhood experience, including falling in love with their baby, experiencing an instant bond with their baby to feeling “magical” or “lovey-dovey.” In contrast, women also expressed feeling overwhelmed, frustrated, helpless, guilty, worried, anxious, and feeling the “baby blues.” A reoccurring message that emerges within this tension is a similar frustration of “I thought that...but...” and “I should be able to...but...” Women communicate about what their expectations should look like, but they express a struggle when their experiences do not match the expectation.

Emotional struggles surfaced as women managed the expectations for how they expected to feel about the transition and the reality of their experience. One post captured this struggle between expecting to feel happy but instead, feeling sad, “... theres no reason for me to be unhappy all things considered, and yet I just feel so sad every night.” An area where women expressed this emotional struggle was around the experience of bonding with their babies. New mothers attempted to make sense of their own experiences by looking to other mothers in their lives. While some new mothers saw bonding as a natural experience, other women in the community expressed that the bonding took more time and effort. Women who felt that bonding did not come quickly or naturally communicated uncertainty about how to make sense of their own experiences, “Everyone I talked to about falling madly in love with their baby from the start and I felt bad that I don’t feel that way about my LO (Little One). I didn’t hate him,

but I didn't get warm fuzzies." Speaking to the difficulties of bonding with her newborn, another message echoed a similar sentiment, "I loved/love my DS (Dear Son), but I also had a hard time 'connecting' with him. I sort of found myself handling him and his needs more like a business transaction than, what I feel like, a Mother should." Another reply highlighted a similar experience, "I could have written this word for word. I love my baby but I can't say that I love being his mom. I feel like this 'job' just isn't for me." These feelings represented an emotional struggle for women who expected to form an instant bond but did not. Although these messages expressed a love for the new baby, they also highlighted the emotional struggles of feeling guilty about not forming an instant bond with their newborn.

Some women who struggled to make sense of the clash between their expectations and experiences sought reassurance from community members. In questioning community members about their experiences one poster asked, "Has anyone else had troubles having an instant bond or love to being a mother? Not an instant love to their baby...Am I alone in feeling this way?" Responses acknowledged that different feelings were normal, "I think your feelings are completely normal. I did feel that instant bond & connection, also I am a FTM (First Time Mom) and love every second of it." Another response echoed a similar concern to the original post, acknowledging the time it took to feel a bond, "At first I questioned if having a baby was a mistake. I also mourned the way my life was...it took about 4 weeks until I really started to appreciate our new life together." A second time mom expressed a similar feeling with her first baby, "with my first I knew that I love her but I wasn't feeling that instant mushy gooshy feeling about her and I felt like it took me awhile to bond with her." As a whole, these posts

capture the complexity of emotions during the transition. While some posts highlight feeling an instant bond, others focus on a less positive experience as mothers grappled with missing their old life and not falling in love immediately with their newborns. Although women expressed a concern about the less positive feelings, community members provided reassurances that the feelings were normal.

Mothers also expressed feeling overwhelmed by their newborn. Stemming from the unpredictable nature of newborn behavior and learning about their babies, women struggled with negative emotions. Closely tied to tensions around emotions and bonding, one message reflected the intersection of these emotions, “I have been home for 7 days with my newborn. I feel so scared with the unpredictable cries and trying to figure her eating schedule. I thought I would be madly in love yet I feel helpless.” Let down by their own expectations of positive emotions and instantaneous, natural bonding with their newborn, women were left feeling overwhelmed, frustrated, and helpless when their experiences differed from this expectation.

Women also expressed feeling frustrated and helpless when their experiences or feelings clashed with their expectations. When this clash occurs, some posts reflect a feeling of being a horrible mother. One message spoke to this frustration and fear:

So my baby girl is 6 weeks and I have always loved kids. But I feel like a failure! Since we brought her home she began to cry.....A LOT. Like if she were in some kind of pain, well come to figure out last week she has reflux and her formula wasn't doing well...long story shoret we changed it within those two weeks two more times and now my baby turns purple while trying to poop. I feel

helpless not being able to help her. It is also frustrating seeing the house workload pile up & going back to work...

Another post reinforced a concern about feeling overwhelmed and feeling like a horrible mother. In capturing her struggle and frustration with coping with a colicky baby, one mother expresses:

“I feel like I should be able to handle this, but sometimes I can’t. Sometimes I just put her in her crib and let her cry because I can’t do it any more and I feel like a horrible mother.

In a similar vein, another message reflects the range of emotions:

My daughter is almost 3 months old and I feel like by now I should be to ‘read’ her cues and understand her routine a little better than I did in month 1 and 2. Well the last two days have proved to me that right when I think I should have this whole mommy thing down, my daughter throws me a curve ball and I feel like I don’t understand her at all...At this point, I feel like a complete failure as a mom and have no idea what she needs from me.

These posts highlight feelings of being overwhelmed and helpless as new mothers tried to read their babies’ cues as well as how to integrate the changes of motherhood into their lives (e.g., house workload piling up and returning to work). These messages communicate an underlying concern that not being able to handle all of the changes makes a woman a bad mother. Applicable to a range of issues in the transition to motherhood, tensions surfaced as women expressed emotional struggles about what they expected motherhood to be like and the reality of their experiences. Within this community, group members established trust by sharing and responding to the emotions

and experiences that rose from the tension between expectation and experience. Creating a community based on shared experiences builds the trust needed to share negative or difficult experiences. Building relationships between community members and developing trust creates a space where group level tensions arise.

Communicative Strategies

Communication Strategies for Reassurance and Diffusing Judgment

For managing the tension between expectations for motherhood and the reality of the experience, communicative strategies focused primarily on providing reassurance to other women and diffusing judgment from others. These messages provided support and reassurance that women were not alone in their experiences. In response to a community member expressing a tension between expecting to feel madly in love but feeling helpless, community responses provided support and reassurance:

In the beginning it feels like the weight of the world is on your shoulders and with all of the physical trauma you just went through and the hormonal changes you're experiences it's normal to have all of those emotions. The days will get easier and more fun, you will start to enjoy her soon.

Another poster acknowledged the difficulty of managing these emotions and expressed solidarity. In addition to providing support, she also reinforced the importance of community in managing these difficulties, "It is not easy or 'natural for most of us. It is a learning process. Take it slow get help, be easy on yourself. We are all in it together." These communication strategies drew upon supportive, positive, and nonjudgmental messages to respond to women who expressed emotional struggles. Instead of judging new mothers for discussing difficult experiences and emotions,

messages reflected support (“it will get easier,”) and provided reassurance (“We are all in it together”). Responses were quick to provide emotional support, empower others, and share their embodied knowledge to ease concerns (“I could have written this post”).

While the original posts may have expressed difficult or negative experiences and emotions, these responses did not reflect judgment. Instead, these strategies diffused judgment by emphasizing the importance of learning, getting through and remembering that there is not an instruction manual with one set of standards for caring for babies.

Community responses to a post about the tension between wanting to hold her baby and being judged negatively by others in her life, reassurances go a step further to diffuse judgment, “I don’t think it has anything to do with you being a bad mom,” and “...babies are just this way. Has nothing to do with your parenting.” Responses to a similar message about being concerned about doing what is best but being labeled as a failure reflected a similar level of reassurance and diffusion of judgment, “Just remember...one day at a time! You’re doing wonderful...” to “You’re not a failure, babies don’t come with instruction manuals,” to “Every mother makes mistakes...What’s important is that you learn from your mistakes, and realize that things really WILL get better.”

Communicative Strategies for Blending Expertise and Experience

For managing tensions between relying on medical expertise and trusting the experiences of women, communicative strategies focused on finding ways to blend medical expertise and the experiences of women. Discussion threads around expertise and experience demonstrated a wider range of experiences, concerns, and communicative strategies to justify decisions made about information-seeking and infant health and

safety. As women navigated these issues, struggles surfaced between expertise and experience, they enacted various communicative practices to manage the range of reactions and responses to the tensions.

One way that strategies were blended was to both highlight personal experiences but in the same vein, reinforce the importance of backing up experience with medical expertise. For women struggling with balance a tension between their experiences and expertise, these strategies provided a middle ground to communicate about how to blend expertise and experience. While these strategies did communicate the importance of trusting instincts, these strategies also emphasized the importance of consulting with experts in making decisions. Blending expertise and personal experience also captures discussions that draw upon a range of communicative strategies in a single discussion thread. Discussion threads that blend these two strategies typically also include communicative strategies that emphasize both trusting experts and trusting experience. In addition, these communicative strategies served as a way to justify choices and experiences, emphasizing that choices and experiences were “backed” by expertise.

An original poster struggles with how to handle a baby who seems hungry less than an hour after breastfeeding, concerned if it might be time to start solid foods to help her baby feel fuller and sleep through the night. Although this original post reflects more of a solicitation for advice, tensions emerge around who should be able to make the decision about infant feeding. Subsequent responses reflect a range of communicative strategies to make sense of authority (expertise, instinct; blending expertise and instinct). Reactions to two responses in this particular thread, however, revealed the depths of the tension between weighing expert-driven advice and trusting your gut. One response

encouraged, “We started rice in the LO bottle a week ago. Just a sprinkle at night time and she is fine. But every child is different. Good luck!” Drawing upon the importance of trusting instincts, this poster presents information based on her own mothering experiences; however, she also emphasizes that every child is different. This response highlights the importance of understanding that children are different, suggesting the importance of following instincts to make this type of decisions. A second response echoed this same idea:

I think you should go with what you feel is best for your little one. ☺ My little one is 4 months old on Friday and has been on oatmeal cereal since he was 2.5 months old and started carrots on Monday. Each baby is different, and I realize it is not the norm or ‘recommended’ to start baby on solids before 6 months. 4 months at the earliest. It just depends on mom and baby

This response does acknowledge that recommendations exist, “...I realize it is not the norm or ‘recommended.’” However, this response strongly suggests the importance of a mom’s experience in making these decisions. This message blends expertise and personal experience while recognizing the recommendations (expertise) but also emphasizing the importance of experience by emphasizing, “I think you should go with what you feel is best for your little one,” and “It just depends on mom and baby.” While the response does acknowledge that her actions may clash with recommendations, she seems to tell the story as a way to highlight the importance to the original poster of making decisions that are best for both mothers and babies.

The reactions following these responses reveal how community members communicate about weighing the merit of “mommy choices” versus recommendations by

pediatricians. As responses struggle with the tension between determining if it is best to follow medical expertise and guidelines or if it is better to trust the experiences of women, messages attempted to blend expertise and experience by using expertise and research to support the mother's choices:

Excuse me I never stated that I have my LO cereal to help her sleep. Secondly our pediatrician is well aware that our LO gets cereal in her bottle a few times during the week at night. And she was ok with it as well as me breastfeeding and formula feeding at the same time. I started that every child is different. I have three kids. Oldest one is 13, and none of my children followed the textbook outline for when to feed babies solids, cereal, etc. And we have had the same pediatrician for 13 yrs. So please BACK the @%#%#@!\$^\$&%\$^\$&# u r NOT A DOCTOR either!!! Thanks!!

Another response echoes the importance of blending recommendations with what works best for children:

...just because what you believe differs from what I believe does not give my 'advice' any less merit than yours. And if I recall, this is a forum for moms/parents to receive advice from other moms, no matter what their beliefs, to help them with their choices that they are making regarding their children. It is most definitely a 'mommy choice' is when to start their baby on solid foods...Last I checked, a recommendation was not a mandatory statement. It is my definition advice. Secondly, I have done lots of research and I have consulted with my pediatrician. I agree with you full that one should seek the advice and counsel of their child's pediatrician...It is, at the end of the day, the parents

decision to make, based on the information that have obtained from whatever various sources.

In this response, the poster goes to cite two websites linked to expert advice, Dr. Sears and the website linked to the popular pregnancy and infant care book, *What to expect when you are expecting*, and addresses the tone of the previous responses. Another response to this post reinforces the role of experts, providing six sources to back her statement (Dr. Sears, KellyMom, LaLeche League, Wholesomebabyfood.com, and the American Academy of Pediatrics). These sources rely upon advice from pediatricians (Dr. Sears and the American Academy of Pediatrics), advice about breastfeeding, (KellyMom and LaLeche League), and websites that provide information about how to introduce solid foods based on recommendations expert recommendations (Wholesomebabyfood.com). Citing the research that she has done to arrive at her opinion, this communicative strategy adds credibility to her position by verifying that it is “backed” by a range of expert sources,

We can agree to disagree, that’s fine...Of course it’s not a law or a rule, practically no parenting decisions are. That doesn’t mean some will feel that one choice is better than another. And I will continue to give the advice...When someone posts that they are worried their 3 month old isn’t getting enough breast milk, I don’t think the answer is to supplement formula (initially) or start solids. One should check diapers and weight gain and meet with a professional (ICCLC preferably) to help them if they are still concerned.

As a whole, communicative strategies that emphasize the importance of blending expertise and experience emphasize the importance of both weighing expertise but also

making decisions that are in the best interest of mothers and children. These messages bring in expertise by referring to expert sources, mentioning recommendations, and backing choices with expertise. These messages blend expertise and experience together by also emphasizing the importance of individual experiences and needs of children.

Communication Strategies for Striking a Balance

Communicative strategies emphasized the importance of striking a balance for families, blending both guidance from experts, and making decisions in the best interest of families. Communicative strategies that involved striking a balance emphasized the importance of balancing mother-controlled and baby-controlled practices to establish practices that work best for the family. Blending these strategies, striking a balance sets the family relationship as the center of control, emphasizing the importance of doing what is best for the family relationship, rather than only for mothers or only for babies. These communicative strategies reveal a bit of discomfort with rigidly following expert advice, yet do not advocate completely allowing baby-led schedules is a difficult practice to put into place. These strategies encompass bringing in advice from expert methods as well as adjusting to the experiences and needs of the family. Strategies involve statements such as “We do what works,” and “what works for us.” In a post where a mother was struggling with a decision to give her breastfed baby formula at night to help him sleep longer. Replies emphasize the importance of thinking about what is right for the whole family, “When I was still breastfeeding, lo’s first nighttime bottle was a mix of breast milk and formula...it worked well for us...whatever works for you guys. Good luck!”

One message expressing concern for both the need to develop a schedule and the difficulties in getting started was met with replies that emphasize ways that mothers can find a balance that works best for their family. One reply suggested the use of technology to assist with the process, “If you have an iPhone, there are apps you can download that track your LOs sleeping/eating. After doing it a week, it’s easy to see pattern. It works for us and helps to see the patterns. This strategy of striking a balance seems to blend mother-led and baby-led practices by suggesting a way to develop patterns. This approach allows the mother to follow her baby’s normal behaviors and cues, but it also blends in an element of control by tracking these patterns to help form a routine that works for both mothers and babies. In contrast to mother-led practices that emphasize the importance of a set schedule, this strategy of striking a balance suggests the importance of a routine as a way to strike a balance between practices that work for mothers and babies.

As a whole, communicative strategies that involved striking a balance for families involved a mix of understanding babies and finding ways to manage mothering practices. In contrast to communicative strategies that emphasize either the mother or the infant in control, these strategies highlight the importance of families and parents, emphasizing what works for “us.” These strategies focus on blending mother-led and baby-led practice by finding a middle ground that allows for consideration of the needs of a larger family unit.

Summary of Tensions and Strategies

In short, findings from this study revealed three salient tensions for the community (a) tensions between authority from medical expertise and trusting the

experiences of women, (b) tensions between mother-led practices and baby-led practices and (c) tensions between expectations and experiences (see Figure 1). Findings suggest that members of online communities utilized a range of communicative strategies to make sense of these tensions. Community members used different communicative strategies to manage tensions by: (a) offering reassures and diffusing judgment, (b) blending expertise and experience, and (c) striking a balance for families. Looking at the range of communicative strategies represented within the community highlights the complexity and significance of these communities for new moms in making sense of the transition to motherhood. The intersection of these tensions reveals complexities in the underlying communication processes that allow both supportive communication and the emergence of tensions. As women make sense of their own expectations and experiences and as the community makes sense of tensions around control and expertise, a common message emerges from the community, “I thought that....but....” The existence of both individual tensions and group tensions reveals a complexity that community members face in making sense of their own mothering experiences. Examining the intersection of support and tensions around expertise and control provides insight into how tensions and support co-exist in this online community.

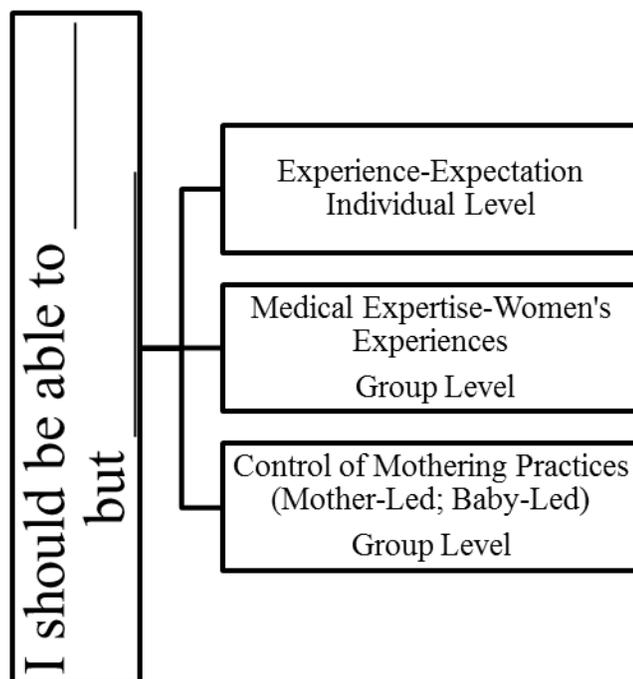


Figure 1 Intersection of Tensions in the Transition

Chapter Four

Discussion

This study drew upon a dialectical perspective as a guiding theoretical framework for understanding the dynamic nature of these communities. Past research about communities from a dialectical perspective allows for a richer understanding of how tensions, as well as the processes and communicative strategies that members draw upon to manage tensions become a part of group life. For the current study, a dialectical perspective of community life provided a way to understand how salient tensions emerged and changed daily, providing depth to understanding the range of possible communicative strategies used to respond the tensions. In the context of this online mothering community, tensions emerged during group interactions as community members attempted to make sense of differing issues and experiences during the transition to motherhood. For this particular community, tensions emerged around making sense of experiences, expertise, and mothering practices in light of expectations for what motherhood should look like. Looking at posts over an extended period, as well as comparing and contrasting days of the week, provided a rich insight into the social life of this particular community. In addition, this perspective provides a greater understanding in the variation and depth of communicative strategies used not only day-to-day, but also over an extended period. Although the salient tensions may differ over time, this perspective provides a way to think about the underlying communication processes and strategies that community members may use to create and manage tensions in the community.

Examining online communities from a dialectical perspective provides a way to understand how both the features of the community and the existence of supportive communication allows other types of interactions to occur. Findings from this study highlight the importance of examining how other types of communication emerge in these communities. For the online community in this study, understanding the tensions that emerged in light of support as well as the range of communicative strategies community members used to manage these tensions provide an initial framework for understanding how conversations outside of support exist within these communities. A dialectical perspective, then, provides a way to think about the wider range of communication that occurs within these communities as well as the unique strategies community members use to navigate support and tensions. More specifically, these tensions are constantly in flux as community members make sense of their diverse experiences in light of social and cultural expectations for what motherhood should look like. In addition, findings from this study suggest that a dialectical perspective may be useful as a framework for better understanding communicative practices in online mothering communities.

Intersection of Support and Tensions in Online Mothering Communities

Findings from this study add to a growing body of research on the importance of online community during motherhood, highlighting the importance of community in providing a space to share diverse mothering experiences. Consistent with past research examining online mothering communities (Brady & Guerin, 2010; Drentea & Moren-Cross, 2009; Drentea & Moren-Cross, 2011; Hall & Irvine, 2008; Hether, 2009; Ley 2007; Ley, 2011; Leavitt, 2011; Madge & O'Connor, 2006), findings from this study

reinforce the role of online community as a place for sharing support and information. These salient features provide a foundation for understanding underlying communication processes within these communities. While online communities remain an important space for providing support, the features that create supportive communication make them an important space for understanding larger issues around motherhood. Some research suggests that women can be more open about their experiences and express disagreement within a community (Brady & Guerin, 2010; Koerber, 2001; Madge & O'Connor, 2006). However, other findings suggest that a high level of agreement tends to create a community where members feel pressure to conform, resulting in the exclusion of experiences that may fall outside of group norms (Leavitt, 2011). The supportive climate of these communities may foster the disclosure of experiences, but they may also make it difficult for disagreement to exist within these communities (Leavitt, 2011).

Findings from this study highlight the complexity of communication within these groups. Within this online community, tensions emerged and co-existed with supportive communication. As community members exchange support and discuss shared experiences, they build trust and interpersonal relationships with other community members. As a result, community members may have the trust and relational history needed to discuss difficult experiences candidly. Unlike previous research, results from the current study suggest that within a community where members are not forced to suppress disagreement unique tensions and patterns of communication emerged. This community served both as a place for support and discussing experiences without judgment, while simultaneously serving as a place where judgment and disagreement

about control and expertise and authority existed. The trust build through the supportive nature of the community may have contributed to members feeling comfortable sharing more difficult experiences as well as opposing viewpoints. The existence of both support and the more complicated group tensions highlights the importance of continued research to understand the ways community members create supportive communities where these tensions are able to emerge. The unique nature of online communication may be a factor that allows tensions to exist and emerge within these communities. Access to a diverse network of members, the anonymous nature of online interaction, and the convenience of online communities may make them attractive for new mothers.

The anonymity of online communities may allow women to communicate about tensions in a space that they perceive to be less judgmental. The social pressures to become a “good” mother may make it difficult for women to find similar others to discuss their experiences face-to-face. New mothers, in particular, may feel experience a high degree of uncertainty as they make sense of their own experiences in light of advice from experts. The perception that less judgment exists in online communities may enable the sharing of non-normative mothering experiences. The nature of online communities makes them suitable spaces for disclosing information and discussing difficult topics, which in turn, develops trust and connections between community members. As community members share stories and build a sense of community, online communities then become places where group members may feel comfortable discussing difficult topics (Barnes, 2003; Finfgeld, 2000). While community members supported a range of experiences and emotions, judgment and tensions emerged around control and expertise. In this study, the trust and perceived similarity among community members contributed

to the disclosure of these difficult experiences. New mothers communicated about difficult experiences bonding with newborns. Within online communities, the anonymous nature of interaction, lack of social cues and foundation of trust may enable mothers to share these difficult experiences. New mothers may be able to speak more candidly about their experiences with bonding, expressing frustration (e.g. My baby is driving me crazy), anger (e.g. Today I hate my baby), despair, and sadness. Social expectations of motherhood make it difficult to find spaces to share these experiences and emotions.

In this study, as women struggled with other tensions around expertise, authority, and control, it was clear that these communities could also be a space where women were judged for their decisions around issues of health, safety, and how they managed their daily practices of mothering. Women were not judged for expressing emotional struggles; however, women were implicitly judged for how they navigated information and made decisions about how to manage mothering practices. As community members made sense of issues around the transition to motherhood, some community responses reflected a level of judgment of practices. Around health and safety issues, community responses reflected a high level of concern for adhering to medical expertise. These responses suggested that mothers should not make decisions that deviated from expert advice and recommendations, suggesting it was not right to do so. Responses ranged in degrees of judgment. Some responses suggested that women should not make decisions without consulting with a pediatrician first, “You shouldn’t experiment on your own,” “You need to consult with your pedi first,” and “See what your pedi says.” Messages also reinforced the importance of following recommendations, “Keep in mind, too, that

the American Academy of Pediatrics (AAP) recommends not starting solid foods until your baby is at least 4 to 6 months old.” Other messages produced harsher judgments of women and their expertise. One message criticized a poster’s husband for his lack of knowledge about feeding issues, “Well, Isn’t he sure of himself. Hasn’t he thought to ask WHY an actual MD would advise against it? Please tell your husband to read a book, hell, even google it.” Going beyond suggesting the importance of adhering to recommendations this message harshly criticizes her husband. While the tone of these judgments varies, these message speak to judging women for both making their own decisions as well as for not having enough information about infant issues.

Community members expressed a wide range of experiences and were at times judged for their practices. Yet, within this community, women were still able to share their personal struggles, without judgment, and receive support from other community members. These findings suggest the importance of looking beyond supportive communication, to understand the ways that community members are able to discuss controversial experiences, disagree with other community members, and judge experiences within a supportive community. The emergence of tensions around expertise and control, however, highlights the existence of communication experiences within these communities that fall outside of supportive communication.

Navigating Mixed Messages in the Transition to Motherhood

Looking at both the individual tensions and group tensions within this community highlights the complexity and mixed messages that exist during the transition to motherhood. Tensions between expertise and experience as well as mother-led practices and baby-led practices emerged as salient tensions within the community. While these

tensions captured different mothering issues, larger issues around expertise and control draw these tensions together. Central to these tensions are larger ideas about good motherhood, in particular, the importance of medical experts and mothering as natural and instinctual. The intersection of these tensions reveals a complexity mothers face in making sense of mixed messages of what motherhood should look like.

Mixed messages and group tensions. Within this community, concerns about normal behavior and infant health and safety were reoccurring discussion threads. For community members struggling with tensions around infant health and safety issues, the opposing forces of this tension were following expert advice (from the pediatrician) and following mothering instincts. As reflected in past research, online communities may be a place to question authority and expertise (Koerber, 2001; Madge & O'Connor, 2006; Porter & Ispa, 2013). The supportive nature of these communities may also make group members feel hesitant to express conflicting viewpoints (Leavitt, 2011). In response to issues around infant feeding and safety, a range of strategies were used, even in community responses to a single post. Other sources of expertise including other health professionals, books that focus on parenting methods and policies from the American Academy of Pediatrics all influenced messages about expertise. Using these sources as justification, messages that focused on expertise suggested that mothers should not make decisions around health and safety, in particular, without consulting these sources. One post highlighted the importance of not making any decisions without first consulting a pediatrician, "...you should really contact your pedi before you change formulas. You shouldn't experiment with switching him on your own. Call your pedi. Let him/her know what's going on, and see what advice they have." These types of messages

reinforced the central role of expertise in decision-making, pointing out that the pediatrician, not the mother, is the best one to make decisions, unless first consulting with an expert. For new mothers trying to make sense of their experiences as a mother, they are making sense of these changes within a cultural narrative that says mothering is natural but at the same time, experts are the best to turn to for advice about child rearing. These messages reflect the importance of turning to experts, but struggles arise as women navigate a possible discrepancy between following their instincts when expert advice clashes with their own experiences. As women try to learn about their infants and mothering, they face the contradiction of following their instincts when social and cultural expectations tell them that experts are the best ones to turn to for advice. Highlighting the importance of following expertise over trusting one's own may create discomfort and uncertainty for women as it devalues and dismisses the importance of their experiences.

Ideas about trusting experts as well as prioritizing needs of mothers and children influenced issues around managing motherhood. Turning to experts such as pediatricians and authors of books that dictate methods of establishing routine and schedule reflect the ideals of scientific mothering. In direct opposition to the tension around medical expertise and women's experiences, mother-led practices were informed by carefully following expert advice while baby-led practices were informed by following instincts and cues from babies. Although experts may differ in the methods of parenting they prescribe, overwhelmingly, the expertise followed by community members focused on the importance of setting schedules, emphasizing the importance of mothers controlling and setting patterns for babies. These ideals contrast with the ideals of following instinct

(e.g., hear a baby crying, attend to cries) and the idea of putting the needs of a baby ahead of the needs of the mother (e.g., feeding on demand, loose schedules). Messages emphasized the importance of feeding on demand, “Not only is it normal, LO is trying to establish your supply. If you feed on demand, your supply will be right for your baby.” Messages also reinforced the importance of loose schedules and meeting the needs of babies, “For now just accept that you need to get up in the night to feed and will be living on a little less sleep. I know it’s tough, but parenthood is tough.” Consistent with social and cultural expectations of mothering, these messages emphasize the importance of putting the needs of babies first, placing mothers as the primary caregivers that are responsible for the well-being of their children. These messages sharply contrast the messages from experts that reinforce mothers, not babies, as the ones who should control schedules. On one hand, women are expected to put the needs of their babies first; however, on the other hand, experts tells them that they are to take control over practices, creating a contradiction in how to manage these mother practices. This contradiction may leave mothers unsure of how to make sense of their mothering experiences, which may also contribute to emotional struggles, making them feel as though they are failing as mothers.

Within this community, messages also reinforced the importance of trusting instincts and not being bullied by experts. Women were reminded that they were the ones who were in the best position to make decisions (“At the end of the day, YOU are the mom.”) and that pediatricians may not have the most updated knowledge all child-rearing practices. Specific to breastfeeding, one message highlighted this lack of knowledge, “I would get help from an LC. Pediatricians know very little about

breastfeeding.” Although these messages are not as frequent, they do highlight a trend in this community that attempts to empower women to make their own decisions. While the above message about seeking help from a lactation consultant speaks to seeking expertise, this message highlights an interesting trend within this community. This message questions pediatricians as the sole experts on the health of children, suggesting that pediatricians might not have all of the current information needed to inform women about issues around feeding. This message also redirects the original poster to a lactation consultant, suggesting, a lactation consultant’s expertise may be more in line with the experiences of new mothers. Positioning other professionals, aside from the pediatrician, as experts allows for multiple perspectives of expertise.

At the core of this struggle between relying on expertise and trusting experience rests a complexity in how women balance seeking medical expertise and learning to trust their own experiences and instincts. Community members attempted to manage this tension by using communicative strategies that blend expertise and experience to make sense of their experiences. Findings in the current study suggest community members were able to communicate about expertise as well as question expertise. Blending expertise and experience, women created a middle ground. At times, women's experiences were downplayed by carefully justifying or reinforcing that experiences were “backed” by expertise. As new mothers make sense of their motherhood experiences, they make sense of these experiences in light of social and cultural expectations for mothers. For new mothers trying to make sense of their experiences in light of the cultural narrative of good motherhood that says that motherhood is both instinctual and that mothers should turn to experts for child-rearing advice, this contradiction creates

struggles. Messages that communicated about experiences that were carefully backed by expertise may be reflective of the importance of this feature of the cultural narrative of motherhood. It may be that for new mothers making sense of their experiences, relying on expertise reduces their uncertainty. For women who are learning about their role as a mother and learning about their babies, deferring to the experts to support their decisions may make them feel more comfortable in their mothering practices. While the landscape of motherhood continues to change, remnants of scientific mothering and the importance of following expert methods of childrearing still exist. The discrepancies that new mothers face in trying to make sense of the cultural narrative of motherhood highlights the mixed messages that new mothers face when trying to make sense of their own experiences.

The diverse nature of membership may provide access to women with similar experiences, allowing mothers to connect to members with a wide range of mothering experiences. Online communities serve as a useful place for those with time and place constraints as well as those who may not be able to connect to similar others offline (McKenna & Green, 2002). Diverse membership exposes community members to a greater range of experiences and concerns. This, in turn, increases the chances that community members may be able to connect to members with similar experiences. On one hand, the ability to connect to others with similar experiences may provide help and reassurance. In contrast, diverse experiences may allow for more rare opinions or exceptions to medical recommendations (e.g. justifying putting babies to sleep on their stomachs or putting rice cereal in bottles) to emerge. While women may find validation from others who have experiences that fall outside of the norm, this diversity of

experiences may be problematic and potentially dangerous. At times these exceptions and experiences might provide beneficial information; however, there are times where following and normalizing these exceptions may produce misconceptions and dangerous advice. Overall, the diverse network of experiences and opinions is a specific feature of these communities that may allow unique experiences and tensions to emerge.

Mixed messages and individual tensions. As women try to make sense of their experiences, they may feel isolated, unsupported, and judged if their experiences do not match social and cultural expectations of motherhood. Social and cultural expectations for motherhood depict motherhood as natural and instinctual (Hays, 1996; O'Reilly, 2009), and that women should feel satisfied, fulfilled, and complete through their mothering experiences (Hays, 1996; O'Reilly, 2010). Findings from this study, suggest that the emotions and experiences during the transition to motherhood are not always positive. While some women in this study expressed that motherhood was natural and filled with positive emotions, messages from other mothers suggested that experiences were not that simple and emotions were not always positive. Women expressed difficulties bonding with newborns, which in turn, contributed to feeling overwhelmed, frustrated, helpless, or anxious. Women also communicated about expecting to fall in love with their newborns; however, once the baby arrived, this bonding process was more gradual. Consistent with past research on motherhood (Brady & Guerin, 2010; Choi et al., 2005; Douglas & Michaels, 2004; Heisler & Ellis, 2008; Johnston & Swanson, 2003; Kinser, 2010; Madge & O'Connor, 2006; Maushart, 1999; Miller, 2007; O'Reilly, 2010), findings from this study suggest that the lived experience of motherhood does deviate from these social and cultural expectations of mothering.

Inevitably, social and cultural expectations can (and do) influence interactions in these communities. As women try to make sense of the experiences in the transition to motherhood, features of good motherhood that seem to influence the communicative strategies used to manage tensions include the ideas that motherhood is natural, that women should put the needs of children before their own needs, and that good mothers should rely on expert methods of child-rearing. Although women did not explicitly talk about the importance of being a good mother, their concerns about being judged as a failure or a bad mom, as well as the range of communicative strategies used, suggest that these messages about good motherhood do influence how many make sense of issues in the transition to motherhood. At this stage of mothering, new mothers seem to take actions to set themselves up as good mothers and attempt to take steps to make sure that others did not see them as failures. To do this, women emphasized the importance of following advice by pediatricians, highlighting the importance of drawing upon experts for child rearing advice. Cultural expectations also dictate that women are the best primary caregivers, placing them in a position of being responsible for the behaviors and actions of their children. As a part of this expectation, mothers communicated the importance of developing schedules for their babies to help them feel secure. As one poster pointed out, not taking the time to develop sleep schedules and good sleep habits will lead to "...babies who are not STTN or sleep in bed with them [parents] until they are toddlers!" For some mothers in this community, taking these steps were an important part of taking responsibility for the actions and behaviors of children by developing schedules early on to set up acceptable behaviors down the road.

Women in this study expressed not feeling a natural instinct to mother, “Everyone I talked to about falling madly in love with their baby from the start and I felt bad that I don’t feel that way about my LO. I didn’t hate him, but I didn’t get warm fuzzies.” Another woman expressed, “I thought I would be madly in love, yet I feel helpless.” While women may hold the expectation that they will instantly fall in love with their newborn, this post suggests this may not be the reality for all new mothers. In addition, women struggled learning their babies’ cues, understanding cries or making sense of babies’ sleeping and eating patterns, suggesting that learning to mother does not always come naturally. Communicating about the challenges of new motherhood in light of the cultural narrative of “good” motherhood presents a challenge for women.

For new mothers, struggles may arise in talking about the struggles of managing emotions and learning about their infant when expectations of motherhood communicate that mothering should come naturally and should be filled with positive emotions. Concerns about judgment from others and concerns about being labeled as a bad mother may prohibit women from talking about the depth of these experiences, which may be a drawback to motherhood groups. In this study, women were able to discuss a range of challenges and experiences. The supportive climate of this community as well as the anonymous nature of interactions may have removed social pressure, allowing women to talk more freely about their experiences. For these women, online communities may provide a safer place to talk about the range of experiences. Being able to talk about a range of experiences and develop trust among community members may then provide a foundation for the emergence of other tensions around salient issues in the transition to motherhood. Overall, these messages deviate from social and cultural expectations about

what motherhood should look like, which may make it difficult for women to communicate about and make sense of conflicting emotions and experiences during the transition to motherhood.

Limitations and Future Directions

While this study does provide a richer perspective into how tensions during the transition to motherhood are managed communicatively in online communities, limitations to this research exist. First, the short duration of data collection serves as a limitation to this study. Although a large number of messages (5,593) were examined, messages were limited to the first two weeks of each month during the three-month period, focusing on the first four days for each week. This design, while intended to provide a systematic way to capture a range of messages, may not provide a complete picture of the complexity of tensions and communicative strategies for this community. Along similar lines, an inherent limitation in study communities is that interactions and membership is always in flux (Johnson & Long, 2002). As a result, membership, the level of involvement, and salient issues constantly change. Extending the time of data collection may allow for a more complete picture of which tensions are most salient over time. In addition, an extended time for data collection would provide a way to look more in depth at the ways that members create and recreate tensions over time.

Another limitation of this study lies in the discussion board selected for examination. Although past research does suggest that tensions surface during the first three months post-partum (Miller, 2007; Sethi, 1995), this forum represents only one space that may attract new mothers. Other forums, including forums dedicated to emotional struggles (Post-Partum Depression), specific parenting topics (Special Needs,

Breastfeeding, Attachment Parenting, Preemies), specific mothering and family experiences (Working Moms, Stay at Home Mom, Blended Families, LGBT Parenting) or the board dedicated to their baby's birth month may also be communities that draw new mothers. The current study focuses on the discussion forum, Babies: 0-3 Months, in an attempt to look at a community consisting primarily of new mothers during the transition period. Although the discussion forum in this study may represent some of the salient tensions during the transition, there may be other discussion forums that are also important for new mothers in making sense of these tensions.

This study represents just one endeavor into better understanding the communicative strategies used to manage tensions as well as the importance of online community in the transition to motherhood. Both the findings from this study and the limitations of this study provide opportunities for future research. General and specific recommendations for future research are examined. To address the limitations of this study, future research needs to continue to examine tensions and communicative strategies in online mothering groups. To develop a better understanding of how these tensions change over time and how community members respond, future studies should extend to other types of discussion forums. New mothers may find other communities more welcoming and as a result, different tensions and strategies may evolve.

In a similar vein, future studies should consider research designs that would allow for more time in the field. Looking at communication over a longer time may provide a more complete picture of how salient tensions change over time as well as how members adapt strategies over time. Future studies may want to include opportunities for interviewing community members. While it may be difficult to access community

members, insights from community members would provide valuable insight into the nature of tensions, strategies and the importance of the online community. Observing group interactions provides valuable insight into group functions; however, interviewing community members may provide clarification about the nature of tensions and choices about communicative strategies. Understanding how community members select strategies as well as understanding the importance of online community to group member could add an important layer to understand their experience during the transition.

An additional area for future research involves a more in-depth examination of the strategies used to manage tensions. Findings from this study not only suggest that multiple communicative strategies exist to manage tensions but also that within a single discussion thread, multiple strategies are used. A more in-depth investigation of these strategies may provide a useful way to understand how the strategies work together to manage tensions. Examining not only discussion threads, but also interviewing community members may provide valuable insight into both the motivations and the impact of the use of these strategies.

A final suggestion for future research is to conduct a more thorough investigation of messages about motherhood. Findings from this study as well as from past research (see Heisler & Ellis, 2008; Porter & Ispa, 2013; Radey & Randolph, 2008) suggest that new parents receive mixed messages from different sources about parenting. A systematic approach that would look at the sources of these messages, the content of the messages and the impact of these messages during the transition to motherhood to provide insight into the dimensions of tensions and the subsequent strategies used to make sense of tensions. In particular, as individuals continue to turn to online sources

such as blogs and discussion forums (Fox, 2011), research needs to examine the communication processes within these communities that might influence information seeking. Findings from this study as well past research on online mothering communities suggests that these communities are a valuable place for information and support for new mothers. Future research that examines messages should include online communities to better understand what messages come out of these communities, what they tell us about motherhood as well as why they are important for new mothers.

Conclusion

The primary purpose of this study was to develop a grounded theory of the tensions during the transition to motherhood in online communities, highlighting the communicative strategies that new mothers use to make sense of these tensions. Using a dialectical perspective of understanding community interactions provides a framework for thinking about how tensions arise in communities. As a guiding framework, this perspective allowed for a careful examination of the communicative strategies enacted during group discussions, highlighting the diverse ways that community members manage transitions. Results from this study suggest that new mothers use online communities to communicate about challenges around the transition to motherhood, including salient topics to new mothers. This examination of interactions in one online community suggests that community members develop a range of communicative strategies to make sense of these tensions.

Moving into the twenty-first century, there is still a great deal of attention devoted to motherhood. As women continue to turn to the Internet to seek information and community during pregnancy and motherhood, research needs to continue to examine the

importance of these communities during the transition. While research has uncovered that women face challenges during the transition to motherhood and that the support and embodied knowledge found within online mothering groups may be valuable for new mothers, research needs to continue to understand the specific communication practices used to make sense of the challenges. More specifically, this research needs to develop a better understanding of the role that community plays in making sense of and communicating about these tensions. As expectations for motherhood continue to change and as mothers increasingly turn to the Internet for seeking information and community, research needs to continue to devote attention to understanding the importance of this community during the transition to motherhood. As women make sense of the clash between social expectations and their lived experiences of motherhood, we must also continue to look at what role online communities play in breaking the silence around the tensions and challenges in the transition to motherhood.

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APPENDIX

Common Abbreviations and Acronyms

Acronym	Meaning
LO	Little One
DS	Dear Son
DD	Dear Daughter
DH	Dear Husband
FTM	First Time Mom
GL	Good Luck
STTN	Sleeping through the Night
CIO	Cry it Out
LOL	Laughing Out Loud
PP	Previous Poster
EBF	Exclusively Breast-Fed
BF	Breast-Fed
LC	Lactation Consultant
IBCLC	International Board Certified Lactation Consultant
IBLCE	International Board of Lactation Consultant Examiners

Ali Gattoni
Curriculum Vitae 2013

Education

Doctor of Philosophy, Communication (May 2013)

University of Wisconsin-Milwaukee

Advisor(s): Dr. Renee Meyers (deceased) and Dr. Jennifer Peterson

Dissertation: *Breaking the Silence: The Role of Online Community in the Transition to Motherhood*

Master of Arts, Communication (May 2006)

University of Wisconsin-Milwaukee

Advisor: Dr. Renee Meyers

Thesis: *The use of instant messenger in romantic relationships*

Bachelor of Arts, Communication (May 2002)

University of Wisconsin-Milwaukee

Graduated Magna Cum Laude

TEACHING

Instructional Experience

University of Wisconsin-Milwaukee, Department of Communication

Graduate Teaching Assistant, August 2008-present

Communication 300: Interviewers and Interviewing (Fall 2009-Spring 2010; Fall 2011-present)

- Independently teach three-hour stand-alone sections (1-2 sections per semester)
- Develop original syllabus, course policies and major course assignments
- Create and maintain course D2L website
- Prepare lectures and activities

Communication 105: Business and Professional Communication (Fall 2011-Spring 2012)

- Independently taught one three-hour stand-alone section per semester
- Maintained D2L website for standalone section
- Developed original lectures and in-class activities
- Collaborated with other instructors to revise course policies, develop exam questions and handle student issues

Communication 105 (online course): Business and Professional Communication (Fall 2008-Spring 2009; Summer 2009; Fall 2010-Spring 2011)

- Taught two online sections (Fall 2008-Spring 2009) and three online sections (Fall 2010-Spring 2011) per semester and one section during the summer
- Taught one eight-week stand-alone summer section

- Revised course materials including major projects and weekly assignments
- Developed original course orientation materials and created policies for online discussion
- Maintained course D2L website
- Created discussion topics and moderated online discussion
- Provided feedback on student assignments and presentations

Communication 103: Public Speaking (Summer 2010; Summer 2011)

- Independently taught one stand-alone section in a 6-week summer session
- Developed original lecture materials and in-class activities
- Maintained course D2L website
- Facilitated classroom discussion
- Provided oral and written feedback on student speeches

Concordia University Wisconsin, Medical Assistant Program (School of Health Sciences and Clinical Professions)

Instructor, August 2005-May 2008

MA 100: Interpersonal Communication (Fall 2005; Fall 2006; Fall 2007)

- Revised student syllabus
- Revised course syllabus for consideration by the university curriculum committee
- Selected textbooks
- Created assignments and tests
- Planned lectures and class activities

MA 210: Administrative Office Procedures I (Fall 2006; Fall 2007)

MA 220: Administrative Office Procedures II (Spring 2006; Spring 2007; Spring 2008)

- Developed course syllabus and student syllabus
- Selected textbooks and computer software
- Provided instruction on basic computer use and computer software in medical offices
- Created assignments and tests
- Planned lectures and class activities
- Planned computer-simulated activities and projects

MA 300: Medical Assistant Practicum (Spring 2006; Spring 2007; Spring 2008)

- Served as externship advisor for 1-4 students (one month placement)
- Maintained weekly contact with site supervisors and students
- Scheduled and facilitated meetings with site supervisors and students at the end of the practicum

- Managed all paperwork to turn into program director

University of Wisconsin-Milwaukee, Department of Communication
Graduate Teaching Assistant, August 2004-May 2005

Communication 103: Public Speaking (Fall 2004-Spring 2005)

- Taught three lab sections per semester
- Provided instruction on basic public speaking skills
- Facilitated in class activities and discussions
- Monitored and provided feedback after student speeches
- Graded student homework, tests, and speeches

Related Academic Experience

Concordia University Wisconsin (2002-2004)

Teacher Certification Program Coordinator (September 2003-January 2004)

- Recruited and interviewed prospective students
- Tracked student applications and made admission decisions
- Performed official transcript evaluations
- Assisted the Program Director in Student Teaching Placements
- Provided academic advising
- Remained current with Wisconsin Department of Instruction License requirements

Admission Counselor/Advisor (Liberal Arts Program) in the former School of Adult and Continuing Education (July 2002-September 2003)

- Recruited and interviewed all prospective students
- Attended education and career fairs to recruit new students
- Planned and conducted information sessions for prospective students
- Tracked admission applications
- Organized new student orientation
- Advised students for their first term at the university
- Served as the advisor to students in Liberal Arts Program by providing continuing students with academic advising, coordinating and facilitating orientation sessions and as well as exit sessions for majors

RESEARCH

Research Interests and Projects

New Communication Technology
Health Communication

Group Communication

Publications

Journal Articles (Peer-Reviewed Journals)

Bradford, L., Peterson, J., & Gattoni, A. (Submitted). Embarrassment in health care: Implications for providers. *Qualitative Communication Research*.

Gattoni, A. & Tenzek, K.E. (2010). The practice: An analysis of the factors influencing the training of health care participants in a digital culture. *Communication Education: Special Issue on Health Education and Promotion*, 59(3), 263-273. DOI: 10.1080/03634521003605808.

Kim, S., Allen, M., Antos, A., Gattoni, A., Grimes, D., Huang, H., Kim, J., Lu, S., Maier, M., May, A., Omachinski, K., Tenzek, K., Turkiewicz, K. L., & Zhang, Y. (2012). Testing an additive model for the effectiveness of evidence on the persuasiveness of a message. *Social Influence*. Retrieved from <http://dx.doi.org/10.1080/15534510.2012.65885>.

Non-Refereed Publications

Gattoni, A. & Tenzek, K.E. (2010). The Practice: Improving Doctor-Patient Communication. *Communication Currents*, 5(4) <http://www.natcom.org/CommCurrentsArticle.aspx?id=983>.

Proceedings

Bradford, L., Peterson, J. L., Gattoni, A. (2010). Embarrassment in healthcare: Intersections and Implications for communication. Proceedings from the 2010 American Academy on Communication in Healthcare Research and Teaching Forum. *Medical Encounter*, 24(3), p. 192.

Manuscripts in Preparation for Submission to Peer-Reviewed Journals

Kim, J., Gattoni, A., & Meyers, R.A. (in preparation). Relational communication in organizational work groups: Impact on decision-making interaction.

Presentations

Conference Presentations

Lau, A. & Gattoni, A. (2011 November). It takes an online community: Rethinking motherhood, technology and community in the 21st century. Paper Presented to the National Communication Association Convention, New Orleans, LA.

Gattoni, A. (2011 October). Pregnancy in Popular Culture. Paper presented to the Health and Pop Culture Division of Midwest Association of Popular Culture, Milwaukee, WI.

Allen, M., Kim, S., Antos, A., Gattoni, A., Grimes, D., Huang, H., Kim, J., Lu, S., Maier, M., May, A., Omachinski, K., Tenzek., K., Turkiewicz, K., & Zhang, Y. (2010 November). Testing an additive model for the effectiveness of evidence for the persuasiveness of a message. Paper presented at the National Communication Association Convention, San Francisco, CA.

Bradford, L., Peterson, J. L., & Gattoni, A. (2010 October). Embarrassment in health care: Intersections and implications for communication. Paper presented at the American Academy on Communication in Healthcare, Scottsdale, AZ

Gattoni, A., Kim, J., & Meyers, R.A. (2010 November). Relational communication in organizational work groups: Impact on decision-making interaction. Paper presented at the National Communication Association Convention, San Francisco, CA.

Gattoni, A., Omachinski, K.M., & Meyers, R.A. (2009 October 24). UK and US efforts to support engagement with SoTL online: Developing increased efficacy and collaboration. Paper presented at the International Scholarship of Teaching and Learning Conference, Bloomington, IN.

Gattoni, A., Timmerman, C.E., & Meyers, R.A. (2007 November 14). Using instant messenger to communication in romantic relationships. Paper presented at the National Communication Association Convention, Chicago, IL.

Buchanan, E., Gattoni, A., & Olson, J. (2006 April 1). Students as researchers; students researched. Paper presented at the 2006 Colloquium on the Scholarship of Teaching and Learning, Madison, WI.

Lazarides, K., Gattoni, A., & Meyers, R.A. (2005 November 19). The role of communication in student-faculty research partnerships. Paper presented at the National Communication Association Annual Convention, Boston, MA.

Meyers, R.A., Dvorak, J., Gattoni, A., Lazarides, K., Harris, S., & Ottman, K. (2005, March). SoTL through student faculty research partnerships: Theory and practice. Paper presented at the AAHE/CASTL Colloquium on the Scholarship of Teaching and Learning: Evidence of Student Learning, Atlanta.

Invited Presentations

Gattoni, A. (2012 September). Professional school: Tips for tackling the admission interview. Invited lecture at the University of Wisconsin-Milwaukee on interviewing and communication for pre-professional health students. University of Wisconsin.

Grimes, D. & Gattoni, A. (2012 April). Professional school: Tackling the admission interview. Invited lecture at the University of Wisconsin-Milwaukee on interviewing and communication for pre-professional health students. University of Wisconsin.

Gattoni, A. (2006 April 19). The role of instant messenger in romantic relationships. Paper presented at the University of Wisconsin-Milwaukee Department of Communication Research Colloquium.

Professional Development

Attended a one day workshop on the use of qualitative methods in social science research, Workshop conducted by P. Brodwin and E.S. Carr, E.S. through the Center for Addiction and Behavioral Health Research at the University of Wisconsin-Milwaukee, July 29, 2011.

SERVICE ACTIVITIES

Invited Manuscript Reviewer

Ad Hoc Reviewer, Journal of Computer-Mediated Communication, 2008

Convention Paper Reviewer

Paper Reader, Human Communication and Technology Division, National Communication Association, 2011

Paper Reader, Human Communication and Technology Division, National Communication Association, 2010

Paper Reader, Human Communication and Technology Division, National Communication Association, 2009

Department Service

National Communication Association Graduate School Open House Volunteer for the University of Wisconsin-Milwaukee Communication Department, 2011

Doctoral Program Peer Mentor, 2010-2011

Volunteer at the University of Wisconsin-Milwaukee Undergraduate Open House, October 2009

Graduate Student Peer Mentor, Department of Communication, University of Wisconsin-Milwaukee, 2004-2005

Graduate Student Advisory Council, Department of Communication, University of Wisconsin-Milwaukee, 2003-2005

Professional Associations

National Communication Association, student member (2005-2011)

Midwest Popular Culture Association, student member (2011-2012)

HONORS AND AWARDS

Top Papers

Allen, M., Kim, S., Antos, A., **Gattoni, A.**, Grimes, D., Huang, H., Kim, J., Lu, S., Maier, M., May, A., Omachinski, K., Tenzek., K., Turkiewicz, K., & Zhang, Y. (2010 November). Testing an additive model for the effectiveness of evidence for the persuasiveness of a message. Paper presented at the National Communication Association Convention, San Francisco, CA.

Academic Awards

International Communication Association Outstanding Teaching Award, Department of Communication, University of Wisconsin-Milwaukee, May 2010

Melvin H. Miller Award for Outstanding Research (Top Award for Research), Department of Communication, University of Wisconsin-Milwaukee, May 2006

Phi Kappa Phi, nominated in May 2005

University of Wisconsin-Milwaukee Intercollegiate Mock Trial Team (2001-2002)
 Regional Outstanding Attorney, 2002 (ranked third of 118 in region)
 Member of National Qualifier Team, 2002
 Regional Outstanding Witness, 2001
 Co-captain, 2002

Melvin H. Miller Award for Highest GPA (in the Communication Department), University of Wisconsin-Milwaukee, May 2002

Outstanding Scholarship Award, Department of Communication, University of Wisconsin-Milwaukee, May 2002

Grants

Research Grants

Office of Professional and Instructional Development, UW-System, *Student Participation in Research: Are they Learning*, \$15,000, Undergraduate Teaching and Learning Grant, duration 2005-2006, with Renee Meyers, Elizabeth Buchanen and Katina Lazarides. Received \$750 as a graduate student.

Travel Grants

Department of Communication (University of Wisconsin-Milwaukee), Travel Grant: To support graduate student travel and research presented at the National Communication Association Annual Conference in Boston, MA (\$150).