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Social Support Mediated by Technology. A Netnographic Study of an Online Community for Mothers

Abstract

New mothers experience social isolation, and they sometimes lack experience in interacting with their babies. Social support accessed via information and communication technologies (ICTs) can help mitigate such difficulties. Social media groups, in particular, offer opportunities for interacting with other mothers, thus locating an alternative and potentially powerful source of support. In this study, we describe such an online community of mothers in Romania, aiming at capturing the mechanisms of social support in the group, and also, schematically, the changing norms of motherhood they are related to. The paper expands on a four-dimensional analysis of social support – informational, emotional, affirmational, and instrumental components (Langfort et al., 1997; Leger & LeTourneau, 2015). It then introduces the results of the netnography we conducted in the context of a three-week data gathering period in the observed community. We suggest that the physiognomy of support we observed is related to changing normative models of motherhood in this Eastern-European nation. In helping each other, the mothers we observed also expressed their difference from older generations, and their personal and professional aspirations.

Keywords: ICT use, mothers, models of motherhood, social support, online community

This paper captures a series of snapshots of motherhood at a time of change. It does so from a particular point of view, that of mobilizing and offering support, and in the context of the banalization of social internet. There is also a spatial and cultural anchoring, a place with its share of historical disruptions, of which more below. Reconfigurations in the experience of motherhood brought about by the meanders of science and technology are nothing new – think e.g. the impact on mothers of the medicalization of birth, and the replacement of midwives by male doctors in the nineteenth century (Apple, 1987; Shuttleworth, 1996). But the minutiae of the connected motherhood of today are new and set in a somewhat evanescent landscape. Lending a helping hand between mothers is punctuated by changes, too.

The twin trends of surging use of technology, and facile Internet access have led to significant changes in how people seek information and access assistance (Pew Research Cen-

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ter, 2002). To focus on what is perhaps the most dynamic area of the online world, and on a specific kind of need, in stressful situations, social media is considered useful not only for information seeking, but also for social support, as it provides both informational and emotional assistance (Gibson & Hanson, 2013). In the following, we discuss life experiences in which, typically, information and support are needed. Having a child tends to be seen as one of the most stressful experiences in a lifetime (Leigh & Milgrom, 2008), and accordingly social support is valuable for parents looking for information, advice, care, and empathy. As reports indicate that mothers experience high tiredness and stress (Gibson & Hanson, 2013), it is not surprising that online groups and communities have been set up as a support infrastructure which offers various forms of assistance. How help happens when embedded in an online medium is not, however, immediately transparent. Nor is it always clear how it affects or is connected to changing models of motherhood.

One could start researching this issue by simply noting the magnitude of the phenomenon. These groups gather a significant number of members, and there are substantial daily interactions between members. Our local context is no exception in this respect. In Romania – the country this study focuses on – there are over 400 Facebook groups dedicated to parenting, motherhood, and related topics. Many of these virtual communities have more than 100.000 members. As it tends to happen, such groups have already been identified as a lucrative market segment, and are frequently targeted as such by marketers. Their scale notwithstanding, they have been less explored by academic researchers.

Social support – evidence from previous studies

The changes in the life of a new mother and her baby are an object of interest for both the academic literature, and health authorities, generally with a focus on healthcare issues and social concerns, for example the risk of social isolation (Madge & O'Connor, 2006; Ngai & Chan, 2011). Phenomena such as the well documented postpartum depression (Wisner et al, 2002; Leigh & Milgrom, 2008), or vaccination and vaccine hesitancy (Wang et al., 2015) have been studied from both medical and societal perspectives. This is not the case for all problems in this area, however. Issues related to social isolation tend to be circumscribed to particular contexts and discussed accordingly. Such contexts are remote areas, or vulnerable categories, such as teenage mothers, immigrant-, or economically deprived communities (Pustulka & Tr'bká, 2018; Higginbottom et al, 2016; Birkeland et al., 2005; Lanctôt & Turcotte, 2018). This is certainly important, but richer perspectives would be helpful.

Studies looking at social support specifically often refer to the assistance and care given to others, pointing out that the relationship between the helping party and the receiving party is reciprocal (Langfort et al., 1997). This body of literature also suggests that social support is an important factor in mothers' well-being during the perinatal period. Its lack can lead to a vast array of consequences substantially affecting maternal physical and mental health (Leahy-Warren et al., 2012).

Some researchers analyze social support by differentiating between emotional and instrumental components (both formal and informal), as well as by investigating mechanisms of community building and protection (Drentea & Moren-Cross, 2005). Social support has also been conceived as a four-dimensional entity, divided into informational, emotional, affirmational, and instrumental threads (Langfort et al., 1997; Leger & LeTourneau, 2015). To keep

to this four-dimensional analysis, informational support is part of a problem-solving process, and consists in providing pieces of information and helpful details to a person seeking advice in a stressful context (Langfort et al., 1997). On a different track, affirmational support implies communicating information relevant for self-evaluation (Langfort et al., 1997; Leger & LeTourneau, 2015). Then, since it consists in providing love, care, and empathy, emotional support is connected to the perception of belonging and trust (Cobb, 1976; Langfort et al., 1997;) and is considered one of the most important attributes of social support. Finally, being directly linked to the emotional component, instrumental support implies a tangible helping hand – straightforward assistance and aid provided to another individual.

Another important feature of social support, related to its capacity to enhance one's coping resources, is the manner in which it is perceived by the recipient party. There is evidence that in situations such as those of postpartum depression or making decisions related to breastfeeding, mothers rate social support as more important than health service support (Leger & LeTourneau, 2015). Moreover, for issues related to breastfeeding, research shows that mothers tend to rank support actions, such as praise and encouragement, above accurate information, observation of behavior, diagnosis or provision of solutions. Mothers seem to expect to receive this type of support from healthcare professionals, while physicians and other medical staff consider support to involve answering questions posed by mothers, providing written information to them, or making a referral to a consultant (Dillaway & Douma 2004). This is one instance of incongruent understanding among many.

Coping with the stress of parenting is obviously of paramount importance. Belonging to a community and benefiting from (its) strong social networks may be instrumental to this effect, since it is correlated with the ease of access to information, and also with a form of validation for the 'normalcy' of one's own experiences. Being exposed to other women's mothering experiences may recontextualize and revalue one's own. Such communities provide a space for sharing stories, experiences, and expectations that have a significant contribution to overcoming stressful life situations and to anticipating childrearing difficulties (Hall & Irvine, 2009).

ICTs and motherhood

Previous studies (McDaniel et al., 2012; Coyne et al, 2017) have pointed to changes in the manner mothers seek advice and support brought about by the generalization of Internet access and by the significant increase in (this type of) technology usage. Besides being instrumental for healthcare providers in adjusting and adapting their response, ICT use among mothers is worth researching due to its capacity to offer *peer* support via information sharing. With confusion and information overload being reported by mothers during the first year of their babies' life (Valtchanov et al., 2016), access to relevant and useful information is predictably an important item on their agenda. A complication in this context is that sometimes it is difficult to discern between different information-related needs, as they are intertwined (Loudon et al., 2016).

Since the early 2000s social scientists have shown a constant interest for the way in which information and communication technologies are used to facilitate founding and operating social networks. This includes networks used to support women during the perinatal period. Even before the advent of social media, researchers were investigating the many ways in

which mothers turned to the Internet as a technology mediating support. Connecting online with other mothers (Drenea & Moren-Cross, 2005) and using parenting websites (Plantin & Daneback, 2009) were just a few of the social uses of ICT explored during the early 2000s. At that time, a neologism was introduced to describe this phenomenon: *cybermothers* (Madge & O'Connor, 2006). For obvious reasons, this term is by now obsolete, an archaism. Nevertheless, its usage then was symptomatic of a fundamental shift in how the communities of interest were built. By rallying in online communities, mothers were seeking to escape the social isolation generated by a large array of factors, such as the expansion of space (increased geographical distances between family members), the difficulties of managing a single-parent family (being a single mother), or the demands of participation in the workforce (Valtchanov et al., 2016).

The use of technology by mothers is usually linked to some level of involvement with online communities, such as belonging to a peer group or to an online support group (in cases of post-partum depression, for example) (Evans et al., 2012). However, these are only the most noticeable instances of ICTs being used by mothers, with e.g. blogging and the use of mobile apps left aside. This is a multifaceted development, and an emerging body of literature is addressing the growing recognition of mothers' increased online participation (Moravec, 2011), and looking at its correlations with the changes in local communities that are often not meeting mothers' needs for connection and social support (Nelson, 2009; Parry et al., 2013). Advice, support, and even empowerment are among the main benefits of belonging to online communities, as recent research demonstrates that mothers do share their experiences and concerns by connecting online (Ley, 2007; Madge & O'Connor, 2006; Moravec, 2011; Valtchanov et al., 2014). Moreover, there is a growing body of evidence pointing out that confidence and reassurance are the most substantial benefits derived by new mothers from using ICTs (Hall & Irvine, 2009).

As we have already mentioned, mothering abilities need confirmation and validation for adequacy. In addition, sharing experiences related to concerns and choices contributes to a higher degree of perceived social support. Even more significant is the fact that ICT enables new ways of experiencing motherhood: qualitative research in this domain seems to indicate not only a movement of alignment as usage of ICT quickly advances in all chapters of social interactions (e.g. working or learning), but also a significant shift – “more than a lifeline; it's a revolution” (Samuel, 2011, p. xii).

In this context of change (and also opportunity and puzzlement), the aim of the current study is to explore the nature of social support for, and by mothers in their online communities in Romania. While the study is locally anchored, it does resonate with the general trends sketched above. We will be looking at the four dimensions of support already identified in previous research (Leger & LeTourneau, 2015) in order to further the understanding of the mechanisms at work in this phenomenon and their features. In addition, our study looks at the connections between the configuration of social support and changes in the way mothers perceive their role. Conducted with means characteristic of qualitative research, the study analyzes the role of communities in providing social support mediated by technology. Specifically, we look at mothers' usage of social media (Facebook) groups in their efforts to access much needed social support.

Method

The construction of social support in online communities is explored here through a qualitative research design, in order to understand the manner in which mothers engage in conversations seeking to obtain informational, emotional, affirmational, and instrumental support in a medium defined by technology. Given that social support for mothers in such dedicated virtual (or hybrid, online-cum-offline) communities is comparatively underexplored in the existing literature, we thought a netnographic approach (Kozinets, 2018) would be well suited in this area. This is because of the nature of the subject, and also due to our aim of revealing elements of the everyday interactions between users, and of understanding how social support is generated within the relevant online community. The research design, in other words, aimed to provide insights regarding the features of the community which are of interest in this context, the communication patterns established between users, and the construction of social support in its distinct dimensions.

The netnography (Kozinets, 2019) we conducted consisted in observing daily conversations, the mechanisms at work in the community, and interactions between members. To be in a position to make these observations, we joined the community and took part in online interactions as regular members of the group. We then archived the gathered data, after eliminating all information that could have been considered sensitive from an ethical standpoint (see the section on Ethics, below).

Data collection was done in two stages. During the first stage, we aimed at gathering posts that covered a period of time long enough to avoid situations in which topics were specific to a season or event (e.g. summer holiday, kindergarten issues, flu season, Christmas, events organized within the group) likely to monopolize discussions. Such ‘attractors’ can warp or derail the topics discussed, making for a distorted view of the group’s typical metabolism. After a preliminary assessment of the posts published during two different ‘ordinary’ months (i.e. months without extraordinary events), we decided to collect posts from 20 consecutive days. Data was collected every two or three days, by going back to all the posts published during the circa three-week period we observed the group. Although this is likely to affect some metrics (shares and reactions etc.), it allowed us to register more relevant data, especially when a topic was gathering comments for more than 24 hours. A note is worth making at this point: topics directly addressing fundamental values and the positioning of mothers regarding their role as members of society were rare (we identified two such examples within the investigated corpus) and (both of them) exceeded 24 hours in conversation length.

During the second stage of data gathering, names, pictures, and links were either deleted or replaced. Every name was replaced by a tag. The *main poster* tag was allocated to the person that initiated the topic and, subsequently, *poster 1*, *poster 2* to persons that interacted with that specific post. The tags were re-allocated for every new post. We did not follow any member of the group across multiple posts. The quotes that are used below to illustrate ideas were previously labelled with a randomization code.

Group

At the time this research was conducted, the Facebook group we observed was a private group, publicly visible. Access was conditioned by a three steps admission process. To become a member, one had to be a mother or an expecting mother, to have been recommend-

ed by another group member to answer a filter question, and to agree to the rules of the group. The rules were related both to social interaction and communication (e.g. being polite), and to specific parenting options when it came to polarizing topics of the day, such as seeking medical advice, vaccination, or breastfeeding. At the time when we conducted the research, one of us was in the position of fulfilling all conditions for joining the group and therefore she registered as a member.

In the group, *business as usual* meant that mothers shared stories and feelings, expressed sympathy and offered accolades. They also conveyed gratitude for support, and shared expectations. They asked for advice or narratives of similar experiences in numerous different situations. In addition, sharing information was an important feature of the group, but the main process we witnessed remained community building and the provision of social support.

Here are some other features we observed. This group, besides its online activity, organized several annual 'get together' offline meetings. As with other similar groups, this one had a commercial dimension. For example, it endorsed events specifically organized for promoting or selling goods and services. Moreover, the group had its own online market, where members could sell and buy books, toys, and clothes. Other small scale reunions were also organized from time to time, where mothers could attend alone (over a glass of wine, the kind of 'girls' night out' meeting) or accompanied by their babies (e.g. a picnic).

Although it is difficult to assess the group from a socio-demographic perspective, drawing on various life experiences shared by its members it seems likely that its most active members were people with a high level of formal education, mostly living in urban areas (with Bucharest being probably on top of the places of residence). Members were residents of Romania, but also of other countries. The language of communication was Romanian; however, posts (and answers) were occasionally written in English. This had mostly to do with habits and a certain 'coolness' factor (see below).

Ethics

When constructing the research design, given the obviously sensitive nature of this investigation, we paid attention to several ethical concerns, based on two factors: (1) a literature review on ethical issues and their management in qualitative research on Facebook (Kara & Pickering, 2017; Bhatia-Lin et al., 2019; Willis, 2019); and (2) a process of decision making which took into consideration the aims of this study and the kind of data it required, at a minimum, to be informative. Issues of anonymity, confidentiality, and informed consent were permanently given attention to during data collection and data analysis. For reasons related to respecting the privacy of the individuals participating in the community, in presenting the group's main characteristics some features are not mentioned.

Several other steps were taken to ensure anonymity and confidentiality. To keep to the aims of the study while protecting sensitive and personal information, we chose to focus solely on texts, and therefore we conducted the research from the perspective of a document-based study and not a human subjects research. The question of informed consent was waived (Willis, 2019), after carefully considering both the practical implications of obtaining consent from all the group members (some might not have been active during the monitoring period), as well as the constraints upon the research design and the limitations thus imposed.

The most challenging part of the ethical review and steps we took to mitigate potential inadequacies was to ensure that when presenting our findings and describing specific charac-

teristics and/or situations we respected not only the letter of the required ethical regulations, but also their spirit. A reflexive process of decision making took place as we arrived at the final research design.

Treatment of data

In order to explore the nature of social support mothers asked for, or were offering in the Facebook group we studied, data coding was informed by the four-dimensional analysis of social support (informational, emotional, affirmational, and instrumental components) we have discussed above. Both information emerging from observations of the interactions and relationships noticeable in the group, and data which captured conversations in this setting were coded using the four dimensions characteristic of social support. Stepwise, we first performed an iterative analysis of all texts (posts and comments alike). Then, data was grouped with the help of the Atlas.ti software through open coding. The resulting 352 codes were then grouped according to the four dimensions of social support.

Findings

Our focus in this research was on how the online community we observed provided various forms of social support (emotional, affirmational, instrumental, and informational). We also investigated how these forms of social support were built through conversations and on-line interactions.

Emotional support

Emotional support is usually associated with providing care, empathy, love, and trust (House, 1981), and also with a feeling of belonging (Drentea & Moren-Cross, 2005). Within the group rules, this translated into emphasizing the importance of getting involved into the shared conversation: „we are (...) people willing to participate and contribute to discussions within the community, having a constructive and open-minded attitude”. This imperative of engagement seems to have worked; group moderators’ data pointed towards a high rate of interactions: almost 90% of the group members were involved in some form of participation (commenting, liking, or posting).

Emotional support was expressed in a large variety of comments, related to issues such as fatigue, interaction with healthcare professionals, breastfeeding, or relationships after the baby’s arrival. Having a particularly strong link to the universe of motherhood, these topics were more frequently discussed. In the context of the current study, we examined emotional support under several distinct facets: conveying a feeling of belonging, offering accolades and encouragements, expressing care and love, and sending empowerment messages to other mothers.

Belonging

The use of hashtags to convey emotional support was quite limited in this group. We encountered only one instance that may qualify as a hashtag used specifically for offering sup-

port (#mombonding [in English]), employed in a post asking the group to welcome a newcomer. The vast majority of posts written to generate emotional support used hashtags aiming at the leading cause of concern, e.g. relationships, rage, or sleep deprivation.

To be a part of the online community was acknowledged as a fact that generated bonding and a strong feeling of belonging. Members expressed those feelings, alongside other thoughts nurtured either by interactions in the group or by the mere fact that they were reading messages. “I am happy to be a member of this group” was a recurrent phrase, especially when a member wrote for the first time after an absence. This type of affirmation prompted answers on a similar line.

Gratitude and praise for the support received were also expressed in relation with being a member of the group: “I have grown so much thanks to you”; “I can’t say how close you were to me”; “I have learned so much from here” or “being a part of this group is one of the good things in my life”. Being heard and understood was yet another way in which members of the group were constructing belonging: “What revelation I had today! I really needed to share with you... I dearly hug you all”.

Expressing simple thanks – sometimes spontaneously and unrelated to the discussion topic – contributed to building emotional support, by acknowledging the importance of sharing thoughts and emotions: “I am glad that you shared with us what you have experienced today”; or “thank you for this post and for the memories it brought back to me”; “all your comments warmed my heart (...) I needed this, thank you”.

A constant action, identified across conversations of all kinds, was to encourage mothers that were confessing to be struggling with their predicament. Some conversations in the group were purposefully asking for emotional support. Within the collected data, we came across three such conversation starters, appealing to “the collective wisdom of the group”. Other conversations, referring to day to day activities, sometimes also received comments that conveyed a feeling of care towards the poster or commentators (e.g. “hang in there [in English]”). Sending “hugs and kisses” did not occur too often, given that it is conventional: the present corpus contains only some 26 examples.

To express appreciation for other mothers’ achievements was yet another way of giving emotional support, no matter if this referred to having a new baby or to attaining an academic goal: “congratulations”; “you are here and you are strong; you grew up; you did that. All of that” [in English]; “you are a force”; “you rock” [in English]; “congrats, you are awesome” [in English].

Finally, the feeling of belonging was also correlated with the idea of not being alone, and with validating the normalcy of one’s struggles and inquietudes: “It is difficult to balance who you are as a person with the new role of mother, and even if you feel like you are alone, you are not. This [the group] is for sure a clear evidence for that”.

Informational support

Informational support seemed to be mainly related to daily care or outdoor activities. Mothers asked about and offered information on almost every imaginable topic related to babies, from which devices were better when using the feeding bottle and preparing formula, to recommendations for children friendly restaurants.

Medical concerns and medical questions had a special status in this group. A condition for being part of the group was to hold or at least manifest a pro-vaccination view on children’s

health, as well as to reject ‘alternative medicine’. The group admins were regularly posting reminders about the group rules and about steps that should be taken when babies get ill or injured (e.g. first getting in touch with a pediatrician and / or calling a medical helpline, and only afterwards asking for help / input from the community). Also, they were always stressing that no medical advice should be asked for or offered in online conversation, and they even reprimanded posts or comments that sometimes were heading in that direction. Interactions in this area were strictly regulated by the group norms, and this showed in the way conversations were structured. Usually when addressing a medical concern mothers were mentioning either in the beginning or at the end of their post what steps they took towards accessing professional medical advice. Mothers shared healthcare concerns, and when they touched on a complex problem, they positioned themselves in a “please tell me about your personal experience” frame. Alternatively, they described the steps previously taken, e.g. “I booked an appointment with the doctor”. Or they used formulas such as: “[after briefly explaining the situation] ...but I am not happy with the diagnosis, I will ask a second medical opinion – but meanwhile I would like to know about your experience in similar cases”.

Recommendations about where to find medical assistance such as minor surgery, dermatology, a pediatrician in a specific neighborhood etc., were present in nine of the observed conversations. These exchanges were usually quite short (8 to 12 comments to a post, with maybe 5-6 different persons involved). Answers provided actionable information (e.g. a helpline, a website, the name of a doctor and the invitation of discussing further via personal messages).

Books recommendations or baby carrier systems were other examples of topics involving informational support, generally attracting straightforward answers. We identified somewhat more nuanced informational support in a post about baby clothes – a significant part of the motherhood universe. (Some context: related to a growing market for bio- or eco-sustainable products targeted at new parents, and in line with international trends, the merino wool is a growing trend in Romania, too). “Ok then. The much talked about merino wool. I read several posts on this topic, and I would like to know your opinion”. Such topics gave way to various manifestations of informational support from expressing availability for further discussions (“I am here if you have more questions”) to simple choice confirmation (“that is correct” or “that combination worked just fine for us.”).

Affirmational support

A specific instance in which affirmational support occurred was when sharing thoughts and experiences about relationships. The example below refers to a discussion related in the context of an offline workshop on romantic relationships. Note that the discussion took place before the workshop, therefore views and opinions expressed in this sample were not influenced by external sources. Mothers were simply asked about their ‘to go person’ when it came to discussing concerns and day to day worries. As expected, the conversations indicated a variety of practices as well as experiences that were too particular to fit into any one category. Posters were actively validating one opinion or the other, by relating their own experiences with those described in previous answers: “much the same here”; “same worry”; “me too”; “it largely depends on the relationship”; “Now I realize that...”; “same same” [in English]. Different opinions were expressed, but without conveying disagreement or dissent.

Sometimes affirmational support was simply conveyed by offering a massive reinforcement to the idea or position expressed by a mother looking for similar experiences. Here are only some of the instances of such emphatic support we collected: “Love you” [in English]; “I find myself 100% in what you are saying”; “I understand this post, I understand what you are feeling”; “I hear you sister, I feel you sister” [in English]; “I understand what you feel and what you mean”; “I know exactly what you are talking about”; “Love, love, love” [in English].

Validation of one’s expressed or confessed feelings or thoughts was another way to provide affirmational support. Sometimes this kind of validation occurred in posts that had a significant emotional load (threads of support do overlap), however the same process was noticeable even in some posts written in a lighter mood. Mothers recognized the need to know that their thoughts and feelings were within acceptable boundaries, their coordinates on a ‘normal’ spectrum. Probably for this very reason they contributed to transmitting and confirming this idea to other mothers: “Everything you feel is normal; if you feel like being on cloud no. 9 it is great; and if you don’t, it is ok, it will pass (...) you are not alone”; “everything you feel is normal, and it will pass!”; “don’t blame yourself if you don’t know anything, to be a mum is a learned skill”; “It is normal to be afraid, it is normal to want to cry, it is normal to be scared sometimes”; “Even if it seems like you can’t handle this, You’ve got this” [in English].

The group provided validation for the normalcy of other women’s mothering experiences in a more comprehensive sense, too. Good examples were especially the exchanges driven by the idea that one should not idealize maternity or motherhood. Within the current corpus, there are two explicit affirmations making precisely this point: “I never try to sweeten the image of motherhood”; and “If you don’t resonate with romanticizing maternity, you are not alone”. However, acknowledging the gap between expectations and the realities of motherhood was not a central issue, even in posts that did focus on welcoming new mothers. In these circumstances, the primary concern was still to validate feelings (as seen in the previous paragraph) and to carry over the idea that these persons were not failing as mothers (“If you ask for help, you must know that that doesn’t make you a worse mother”).

A similar pattern in this community was the frequent voicing of the idea that feelings and thoughts observed in the group were triggering similar thoughts or feelings. This kind of almost revelatory experience came up in a variety of situations. Expressing an ‘aha’ feeling or moment sometimes appeared as an answer to a memory shared by someone or to a post or comment about a couple’s relationship or family affairs. “After reading your comment, I realized that...”. Or “(thank you for this post) and for the memories it brought back to me”; “This came as a slap on my face: I never even had the time to consider this”; “Now I see this. I have some serious homework to do”; “Thank you I had yesterday a similar episode”; “Exactly on time this post of yours”; “Yes, I confirm”; “5 years now since I keep feeling this”; “Me too, I am in the same box”; “Wow, thank you, this opened up my eyes and made me realize that (...)”.

Through their conversations, mothers were reflecting on their need for personal support and on their transition to parenthood, or on negotiating a new relation with their own parents, from new positions. Simpler formulas of validating the appropriateness of feelings and thoughts were: “totally agree”; “I also feel this special energy”; “I also have my doubts”; “This sound legit” [in English]; “how nice you put it”; “how sweet that was”; “in my case”; “In relation with...”.

Instrumental support

This type of support refers to tangible goods and services, and there are numerous ways in which such help is offered. With babysitting or daycare being one of the most important forms of instrumental support for mothers, one could wonder why their presence was rather pale within group discussions. Indeed, discussions did not revolve around babysitting opportunities or offers, but rather towards which type of babysitting is more suitable for various specific needs. Babysitting was a theme that rather had the characteristics of informational support or even emotional support. (An explanation for this situation is surely the existence of secondary sub-groups, organized around yellow pages topics.)

An instance of instrumental support was that within the group, once a month, mothers had the opportunity to present and promote their own business. A mandatory condition for those doing that was to offer lower prices or lower fees to members of the group. Previous beneficiaries of those offers were encouraged to offer constructive feedback, to help potential new clients decide. When presenting the goods and services they provided, mothers went directly to the point. They only seldom used other types of formulas than e.g.: “we offer a... % discount for...”, or “there is a free place for...”. Among the more elaborated messages were texts such as “We invite you to discover...” and “we start the season with...”. Context matters, and because such posts occurred only once a month and their comments area became rather crowded, text was kept to a minimum.

Another form of instrumental support was to organize shared orders for toys, books or children’s clothes, in order to obtain a better price or free delivery (in cases of items ordered from other countries). The present corpus includes four such topics (bikes, clothes, shoes, and books).

Offering goods and services for persons struggling with economic difficulties was yet another instance of instrumental support. Some of those offers, involving donations of devices, clothes, toys etc. were presented in an indirect manner: “I would like to donate this and this. If you happen to know a mother in need who could use those (...)”. Or: “we offer a free ticket for a mother within our community who, for the time being, cannot afford the cost”.

Discussion and conclusions

In interpreting our observations, the four-dimensional analysis of support was insightful, including in the sense that it made visible the hybrid or mixed form support often took. Scrutinizing all the texts in our sample to identify themes and types of support, it was sometimes difficult to separate between emotional and affirmational support, as there were cases in which they tended to be intertwined. This, however, reflects the fact, already observed in previous studies, that mothers themselves have a difficult time in differentiating between the various needs they have as new parents (Loudon et al, 2016). Examples of such hybridization are workshops and courses addressing relationships and the changes in social interactions after becoming a parent. These were organized at the initiative of the group moderators, in the ‘offline’ life, but they had echoes in the online activity of the group. A more obvious instance of instrumental or informational support mixed with emotional support (also in the ‘offline’ life) were the meetings and workshops on childcare that were dedicated to various themes, from healthcare issues to educational challenges. Being delivered by healthcare or education

professionals, these types of activities clearly provided informational as well as instrumental support through the educational service they offered.

Returning to the online exchanges in the community we studied, sometimes a post apparently looking for informational support received answers that were also effectively conveying affirmational or emotional support. To refer to yet another example from the sample, members were (again) discussing books, specifically on how to share care and attention between brothers, and how to manage the arrival of a second baby. The original post simply asked for book recommendations. But subsequently other posters chose to give voice to their worries or to confirm someone else's worries. E.g.: "Same here, I am not sure if I should fantasize or I should read about reality; if it really helps or maybe I should get some sleep instead".

Our findings also point to stable and well defined features, at least in the group we investigated. Underpinning all discussions about mothers' daily activities, their journey as parents, and their effort at re-defining relationships (with friends, family, and co-workers) there are recurrent themes related to what it means nowadays to be a (good) mother. We have previously indicated and briefly discussed one such topic: the refusal to idealize maternity. Two other themes, we think, are worth discussing further.

Reading and interpreting conversations between mothers on this Facebook group allowed us to glimpse at the (emerging?) construction of a social model for contemporary mothers in Romania. We can only speculate about the scale of adoption of this model, but we suspect that, at least for similar demographics, the model is likely to be informative. It is in any case hard to discern more than some general directions of how Romanian society sees maternity and motherhood at this point in time, as well as to accurately describe features of the mainstream discourse on motherhood. The literature published to date on motherhood and maternity in Romania revolves mainly around teenagers' pregnancy (Kirkham, 2013), communist policies on demographics (Bodeanu, 2004), and contemporary political instrumentalization of motherhood by female candidates to public offices (Mitu & Serbanescu, 2014). At its turn, Romanian media report an increasing interest in parenting courses and a growing market (see e.g. PROTV, 2019), without typically advancing figures. If one were to juxtapose the image we sketched above to some recent social movements that advocate for a 'traditional' family, one can venture to suggest that a change is underway. To wit, there seems to be a departure from the previous 'official' model, namely that imposed by the communist regime, in which a „good mother” had a daily job and was married (Bodeanu, 2004). A multitude of incompatible newer trends (e.g. cosmopolitan vs. traditional) may be at work in making this older model obsolete.

In the group we studied, the different construction of 'normal' motherhood, as it can be discerned from conversations, was defined by two major axes: (1) setting boundaries – a deliberate break with the previous model; and (2) re-adjusting to one's professional life and negotiating relationships with childless friends. We will briefly discuss both these tendencies.

To begin with, mothers in this group identified themselves as different (and perhaps better) by taking distance from some practices specific to, and identified with, older generations. A look at the mother – daughter or mother-in-law – daughter-in-law relationship shows that at the core of the new model are a set of new skills and a certain emphatic 'walking away' from what older women perceive as being a sound tradition or a suitable way of caring for a baby. The mothers in the group were conversational in new technologies and sensitive to parenting, lifestyle, and health and self-help trends. They seemed to be, on the other hand, skeptical of the claims to knowledge and expertise of the older generation. Here are two examples

which illustrate this rejection of previous precepts, the latter in part ironical: “My mother in law didn’t understand why I was using the baby wearing system”; “If anything goes the wrong way, it is my fault because I am raising the kids ‘from the Internet’”.

The lens of emotional support may be the most useful in understanding the intergenerational tension. Some mothers in the groups made remarks such as the following: “I think this is common for many people from our generation... although we have 30 something years, one or two babies, we still don’t qualify for the status of adults”; or “This is a problem within Romanian society: we are forever children to them and as such, we are not allowed to have different opinions”. And on the same lines, but with a more moderate tone: “I try to do things better than my parents. I don’t pretend to solve all the problems because I really think it to be impossible and this expectation only leads to frustration”.

The infrastructure of support exemplified by the group we observed may be seen as a place of expressing difference, but also as an alternative to the traditional, intergenerational channels of support in the extended family. The group could offer or occasion multiple types of support – as we have documented above – that were likely less accessible in a traditional scenario. The four types of support we discussed also offered materials and validation for the new configuration of motherhood, online and offline. For example, a good mother not only wants to identify and care for all psychological needs of her children, but pays attention to her own. Therapy was not a taboo topic in group discussions, and it was not conceived as a tool of last resort, but as a benign and indeed routine ‘technology of the self’. This was just one element in a larger arsenal of measures and rituals performed for accomplishing goals.

Other lifestyle choices and practices may be seen in a similar light. Even if not explicitly condemned, it seemed that many members of the group did not see kindly hesitations with breastfeeding or the option to have a C-section. Such tendencies, too, may have already become part of a new normative model of motherhood. Support in such cases may be scaled back to its ‘colder’ threads (e.g. instrumental).

We will conclude our discussion with a brief commentary on professional reintegration and relationships with childless friends. In Romania, if they so choose, mothers may benefit from a paid maternity leave until the baby’s second birthday; this right is transferable to fathers. Having the option of an extended absence from work means that mothers often face difficult decisions in terms of dividing their energies, priorities, goals, and available time. As expected, returning to professional life after a prolonged interruption involves additional challenges. For example, a member of the group complained that a colleague suggested that some women ‘get used’ to their domestic existence as mothers. A complex exchange followed, with a mix of support and attempts to interpret the remark in non-threatening ways. While tensions and misunderstandings between women with or without children were acknowledged, there were attempts to vicariously diffuse them. This, itself, has the characteristics of a form of solidarity, if not support.

Two other recurring themes in this area were the superior ability of mothers to organize and multitask (one member claiming that a week with longer work hours would be enough to complete a month’s tasks), and the emphasis on choice. In the case of the latter, this meant that choosing to postpone the return to work in order to spend more time with one’s children was explicitly defended as a legitimate choice, and a question of equally worthy individual priorities. Professional status remained an important topic for mothers, as claims of preserved effectiveness attest. But it was rarely declared *sine qua non* for a healthy self-image, or for being a good mother. Support in this case was often affirmational, which is predictable giv-

en the defensive position mothers may find or imagine themselves in in relation to childless friends or colleagues.

It remains to be established in future studies whether the trends we sketched here via our observations of one community constitute a persistent and substantial new idea of motherhood in Romania, and perhaps in other post-communist countries, at least in some social strata. More ambitious projects could also look in depth, and in a comparative fashion, at the anatomy of support in different demographics.

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