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MOM TO MOM: ONLINE BREASTFEEDING ADVICE

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MOM TO MOM: ONLINE BREASTFEEDING ADVICE

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Communication and Information
at the University of Kentucky

By
Jennifer D. Furkin

Lexington, Kentucky

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ABSTRACT OF DISSERTATION

MOM TO MOM: ONLINE BREASTFEEDING ADVICE

Exploring online support groups has gained more and more popularity in the last decade. Investigating the type of support messages users send each other has broadened the already extensive social support framework built in the last forty years. Mothers utilize online support for various topics, and a very common topic is breastfeeding. The perception of breastfeeding has changed throughout history with shifting beliefs and societal norms coupled with solid facts about its importance in the sustaining of infants. Online breastfeeding support has been previously explored through the categorization of types of support and themes within the interactions. This study extended this by investigating deeper into the advice solicitation patterns and directness of advice patterns. Results indicated that informational support most commonly was responded to support seekers. Support seekers utilized the requesting an opinion or information solicitation type most often when posting to the discussion board. Mothers most commonly offered storytelling as responses to posts and embedded advice within the stories.

KEYWORDS: social support, breastfeeding, online support, mothers, advice, storytelling

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3-28-2018

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March 28, 2018

In honor of Bowen,

may you always follow your dreams and find happiness in all you do.

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Chapter 1: Introduction

Her newborn moves gently in the bassinet. The baby's worn out mother, who has not slept a full 2 hours straight since her birth two weeks earlier, closes her eyes for a moment and before she can even let out a deeply exhausted exhale, the baby begins to cry those very distinct newborn cries of hunger. Feeding time. This mother has tried without wavering to breastfeed her baby, gave her all to do what is "best" and expected. For months and months while pregnant, it seemed like even the stranger had an opinion about the way she would choose to feed her baby. Most pointed to the "best" method--breastfeeding. The only problem is her experience has not been the textbook breastfeeding experience with a proper baby latch and sufficient supply. Instead it has been lots of tears. Tears from her and tears from Baby. Baby does not latch well. Baby does need eat well. Mom feels like a failure and mom feels alone. She cannot talk to her friends because they do not have kids yet. She cannot talk to her mother because her mother used formula to feed her babies. She did not feel comfortable talking to her pediatrician again because when she asked before, she was shamed for not being able to do this very natural part of being a mother. So she does what all good mothers do when they need answers. She Googles. One click leads to another click, leads to another click. She ends up at a discussion board for moms with questions about breastfeeding. She reads and reads each stressed out mom's post with questions about breastfeeding as well as the posts where the moms vent about the inability to create the picture she had envisioned for her baby to feed with warmth, happiness, and pride. She "lurks" for several days until she gets up the courage to post her question to this new found place for her to find moms similar to her. She sees herself in most of the posts. She feels their

angst. She needs advice. She needs affirmation. She needs someone to make her feel like she is not alone in this journey of new motherhood.

Many mothers find themselves in similar situations as the scenario above-filled with stress and sadness because their hopes of breastfeeding are not coming to fruition. Online communities like the discussion board this mom used serve millions of people all over the world, creating “small” virtual communities where people can connect over similar topics and interests; the Internet allows users to tap into advice resources with a multitude of subject areas. In health related issues, such as breastfeeding, the Internet is recognized as a source in seeking support and self-help (Pehora et al., 2015). Learning more about the support interactions from a communication perspective occurring in this asynchronous setting, however, is a phenomenon that is continually being broadened by scholars (Braithwaite, Waldron, & Finn, 1999; Gray, 2013; Kang, 2017; Sillence, 2013; Stommel, 2009; Stommel & Koole, 2010).

The benefits of using an online support channel are well established (Tanis, 2009), and have been reported as convenience (Warren, Allen, Okuyemi, Kvasny, & Hecht, 2010), anonymity (Postmes and Lea, 2000; Valaitis & Sword, 2005), potential for nonjudgmental reactions (Hwang et al., 2010), and the sense of empowerment in finding information and alleviating alienation sometimes experienced by parents (Madge & O’Connor, 2006). The Internet has changed the opportunities that are afforded to parents in seeking support (Nieuwboer, Fukkink, & Hermanns, 2013). Parents tend to be more connected to and enthusiastic about technology than do nonparents (Dworkin, Connell, & Doty, 2013). Parents have so much information at their fingertips; however, deciding what information to trust and deem credible has been an area focused on by some

researchers (Bernhardt & Felter, 2004; Drentea & Moren-Cross, 2005). The use of parenting websites and online forums is perceived by parents to be a supportive and safe space to aid in the deeper understanding of parenting (Madge & O'Connor, 2006).

Social support is at the core of many parenting issues that have been explored. For example, some parenting advice-giving topics that have been studied are: breastfeeding (Graffy & Taylor, 2005; McInnes & Chambers, 2008), sex (Pedersen, 2014), home safety (Ablewhite, Kendrick, Watson, & Shaw, 2014), first time mothers (Johnson, 2015), and postpartum depression (Evans, Donelle, & Hume-Loveland, 2012), to name a few. Personal experience is a driving force in advice-giving (Eichhorn, 2008), and mothers typically have varying parenting experiences that can be shared with other mothers seeking advice. As a communication scholar, I want to know more about mother to mother advice giving interactions, particularly through online forums. In this study, mothers' advice giving regarding breastfeeding will be explored.

Historically, breastfeeding has been a topic of discussion, and health officials have always encouraged mothers to breastfeed (AAP, 2012). With the creation of formula, breastfeeding numbers have fluctuated throughout the decades (Stevens, Patrick, & Pickler, 2009). Today, the push for breastfeeding is strong and recommendations are made by health officials to breastfeed baby till at least one year (AAP, 2012), but still the media and society have continuously stigmatized breastfeeding (Bylaska-Davies, 2015; Norwood & Turner, 2013). Often mothers do not feel comfortable breastfeeding in public due to the scrutiny many experience (Lee, 2004), which may influence a mother's decision to breastfeed long term or even at all. Not only do mothers experience the challenge of society and culture, but mothers also face physical struggles during

breastfeeding (Weiman, Du Bois, & Berenson, 1998). A popular outlet mothers use to seek advice regarding these challenges is through online forums.

Using online forums, participants can contribute to the board through posting new messages and commenting on others' messages; the original message posted becomes a thread on the board. Thousands of discussion board groups exist on Babycenter.com as well as other popular sites, which give people seeking online support a multitude of options when searching for a group that meets his/her needs. Boards often have a moderator, which is someone (or a group of people) who monitors the posts and comments of members, as well as actively communicates with the group; for example, a moderator may do a roll call each month to see who is active in the group, or he/she may be intentional in responding to each new post made by members. As Tanis (2009) points out, active participation by members is not mandatory; there are those that do not contribute, known as lurkers, but instead only actively read over posts and comments typically to gain information that may meet a personal need. Whether a lurker or an active participant, users have the opportunity to receive support through the use of online forums.

The primary purpose of this dissertation is to learn more about the ways in which mothers give advice in breastfeeding online support forums. The overarching research question guiding this dissertation is: what types of advice and patterns, strategies, and themes emerge within advice-giving about breastfeeding in a mothers' online support forum? Through the analysis of types of advice, patterns, strategies, and themes, exploring the questions mothers post and feedback made to mothers' original posts potentially will allow for more understanding about the interactions that occur from

mom-to-mom about breastfeeding. The second chapter will offer a literature review that begins with a clear conceptualization of the theoretical foundation for the study—social support—discussing seminal support research and its evolution to supportive communication. There will be a brief look into the types of social support. An extensive review of advice and online support groups tie together pieces of the context for the study and leads to a review of literature pertaining to breastfeeding, including societal norms and shifts throughout history, and what is already known about breastfeeding online support groups. The third chapter explains the data collection and analysis. The fourth chapter explains the results and findings. And finally, the fifth chapter offers the discussion, future research, and conclusion.

Chapter 2: Literature Review

Social Support

What is known about coping with life problems through talking derives from social support literature (Goldsmith, 2004). Within the communication discipline, social support, a heavily researched concept for decades, holds merit in understanding more about relationships and the communication that takes place in these relationships. Even though numerous studies focus on this common phenomenon, many scholars agree that thoroughly conceptualizing social support has lacked across the discipline (House, 1981; House, Umberson, & Landis, 1988; Thoits, 1982; Turner, Frankel, & Levin, 1983; Vaux et. al, 1986), leaving many variables and terms undefined and resulting in conceptualizations being not useful due to the fact that they are often not precise enough (Thoits, 1982). Cobb's definition was one of the earliest that provided a well-developed conceptualization of social support and its connection to the communication process (Albrecht & Goldsmith, 2003). Cobb (1976) defined social support "as information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations" (p. 300). Taking a less recipient-oriented perspective than Cobb, around the same time, Caplan (1974) offered a definition discussing the support giver's ability to aid emotionally, psychologically, and informationally by helping with the tasks at hand, as well as in a more tangible way with resources, such as money, skills, and tools.

After Caplan and Cobb's contribution to social support literature, Albrecht, Burleson, and other colleagues would contribute a new layer in the understanding of social support through the communication lense termed *supportive communication*.

There is a vast amount of research conducted on the physical and mental implications of social support in individuals. Specifically, social support and well-being have been examined through the lens of the theoretical framework of supportive communication (Burleson, 2009), defined as “verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid” (Burleson & MacGeorge, 2002, p. 374). Burleson and MacGeorge (2002) explain that other disciplines such as sociology and psychology point to social support as more of a “by-product or perceptual outcome of social interactions” (p. 384), but instead the communication discipline considers social support “fundamentally communicative in character” (p. 384).

With the connection to emotional, mental, and psychological aid that Cobb and Caplan pointed to, over the past decades, this led many scholars to explore the impact on well-being in connection to social support. Smith and Fiske (2005) point out that “social support is an important factor in understanding the onset, progression, and outcomes of physical health problems” (p. 133). Many have strong support systems in their lives and studies show the benefits of positive support, mentally and emotionally (Junhyoung, Wonseok, Sooyeon, & Himanshu, 2012; Li, Ji, & Chen, 2014); however, not everyone has someone who offers support (Rini, Schetter, Hobel, Glynn, & Sandman, 2006).

Under this dissertation’s context of parenting, extant research pertaining to connections between parenting, social support, and well-being (i.e., health outcomes) include a range of valuable parenting topics. For example: postpartum depression (Chung, Yoo, & Joung, 2013; Evans, Doenelle, & Hume-Loveland, 2012; Lee & Koo, 2015), maternal self-esteem (Denis, Ponsin, & Callahan, 2012; Hermann, VanCleave, & Levisen, 1998), self-efficacy (Cutrona & Troutman, 1986; Fulton, Mastergeorge, Steele, & Hansen,

2012), breastfeeding (Graffy & Taylor, 2005), infertility (High & Steuber, 2014), and marital stress (Cutrona & Suhr, 1992; Horwitz, McLaughlin, & White, 1998).

Well-being connects to much of the social support research partly due to the importance on the effectiveness of social support in the receiver's perspective, and research points to how the receiver feels during the exchange and the acceptance (or non-acceptance) of the support given (Brett, 2004; Marigold, Holmes, Wood, & Cavallo, 2014; Park et al., 2013). The type of support given is a valuable aspect in the social support research and several scholars have conceptualized social support in regards to this classification of social support (Cobb, 1976; Gottlieb, 1978; House, 1981). One of the most well-known is House's typology. House's (1981) four broad classifications of *supportive behaviors or acts* within social support are: instrumental, emotional, appraisal, and informational.

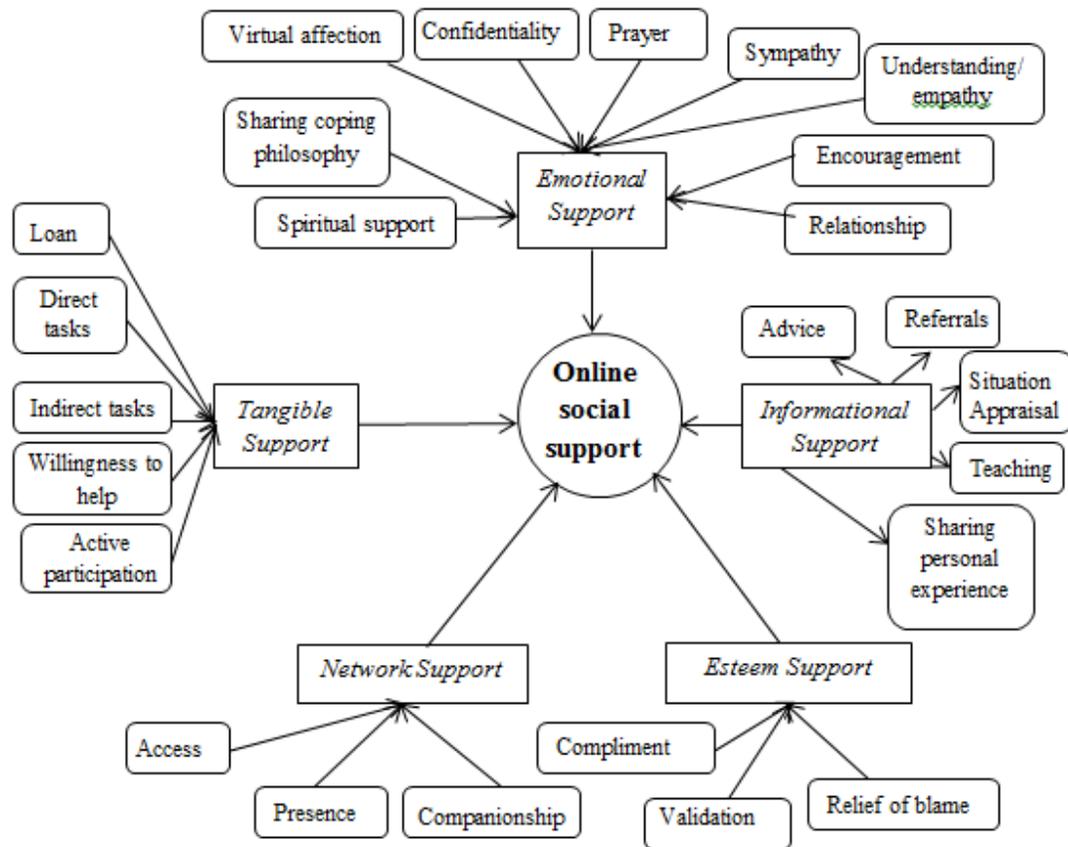
1. Informational support is offering advice, suggestions, and information that can assist in problem solving.
2. Emotional support is offering empathy, love, care, and trust.
3. Appraisal support is transmitting information that is relevant in self-evaluation.
4. Instrumental support is providing a tangible aid and/or service that assists in problem solving.

House (1981) criticized previous typologies for social support because they often did not cover all types, whereas his conceptualization does cover all types under the umbrella of social support. Each category could be classified into more specific acts, "but these four constitute a minimal set of potential types of social support that is more inclusive than any of the conceptualizations previously addressed" (p. 26). It is important to consider one of the early typologies in the research of social support, like House's, in order to explain the framework of later typologies. Cutrona and Suhr (1992) developed a

typology that is used in much of the online support research. It was based on a study of support in stressful events in married couples. Scholars have utilized and modified this model while studying online support. Abbasi Shavasi, Morowatisharifabad, Abbasi Shavasi, and Melat's (2016) model was used for this study (see Figure 2.1). Abbasi Shavasi and colleagues used Cutrona and Suhr's framework and effectively found new patterns in social support while studying online support in MS patients.

Considering the aforementioned conceptualization problems and after reviewing many social support definitions, as well as scholars' social support typologies, the following definition by Mickelson (1997) guides this dissertation: "Social support is the transaction of empathy and concern, information and advice, or tangible aid (i.e. goods and services) between two or more individuals" (p. 157). Based on the transactional model of communication, it is important to include the transaction occurring in a social support interaction leading to the purpose of the exchange as Mickelson does. The transaction of empathy and concern within relationships (Devoldre, Davis, Verhofstadt, & Buysse, 2010; Verhofstadt et al., 2016) and also in the online setting in support groups (Han et al., 2011; Paulus & Varga, 2015; Zhao, Abrahamson, Anderson, Ha, & Widdows, 2013), which is the context of this dissertation, exist as a cornerstone in cultivating supportive communication. As House (1981) mentioned years prior to Mickelson's definition, scholars often include some types of support within their own definition for social support. Mickelson does include emotional, informational, and instrumental, but doesn't explicitly include appraisal support; however, it could be argued that it is implied within the other types. House (1981) states, "Appraisal support, like informational support, involves only transmissions of information, rather than the affect involved in

Figure 2.1: Thematic Map, Showing Main Categories and Related Categories of Online Social Support (Abbasi Shavasi et al., 2016)



emotional support or the aid involved in instrumental support...Other people are sources of information that individuals use in evaluating themselves” (p. 24). The types can be easily differentiated, but relationships often provide more than one type of support, which could present a difficulty in studying them “empirically as separate constructs” (Heaney & Israel, 2008, p. 190).

Advice in Online Groups

When someone is unsure of something, often seeking advice from others aids in the decision making process. Advice is a supportive communication act that is shared

within interpersonal relationships. More specifically, advice is often problem-centered and puts an emphasis on what action to take in order to improve a situation in someone's life (Feng & Lee, 2010). DeCapua and Dunham (1993) "defined advice as opinions or counsel given by people who perceive themselves as knowledgeable, and/or who the advice seeker may think are credible, trustworthy, and reliable" (p. 519). Vargas and Schafer (2012) argued advice to be one of the most influential ways to attempt to offer aid to social ties. When given advice, people tend to put more weight on advice regarding difficult tasks and less weight on advice regarding easy tasks (Gino & Moore, 2006). Ravazzolo and Roisland (2011) found weight put on advice is negatively related to how much the seeker's opinion differs from the advice offered due to the possibility of the advice-seeker viewing him as more informed and competent than the advice giver. Similarly, Schultze, Rakotoarisoa, and Schulz-Hardt (2015) found the more the advice given aligned with the seeker's original opinion, the more validated they felt, which meant more confidence in the advice and decision.

The medium in which social support is offered may influence how messages are received and how one may respond (Burlison, 2009). Since the 1990s, the importance of web-based supportive communities for individuals continues to grow (Stommel, 2009). The Internet has changed the way support can be given and received; once limited to only face to face or phone call support interactions, for the past couple of decades people have had an opportunity to connect with others with no geographical boundary regarding their daily lives. Researchers are learning more about online support group interactions and how they affect those involved. Online support groups consist of web communities, web chat rooms, and e-mail list serves where users can interact with others, including in some

cases medical professionals (Daneback & Plantin, 2008). Online support is similar to face to face interactions in many ways, but it also offers convenience, anonymity, and nonjudgmental reactions (Hwang et al., 2011). The anonymity of posting online allows users to talk about sensitive issues to avoid judgment (Kang, 2017). Postmes and Lea (2000) found anonymity to be the only reliable effect that leads to more online support group interactions. Anonymity allows the user to express questions, concerns, or information in a comfortable setting (Valaitis & Sword, 2005). People are also drawn to online support groups because they view users as people with similar experiences and share the topic of the group in some way (Tanis, 2009). As a result of sharing similarities with other users, less negative emotional comments and more empathy are commonplace in online groups (Preece & Ghazati, 2001).

One of the most common online support channels is through discussion boards. Discussion boards often become a community for those with specific needs, such as a health related issues like breast cancer (Kang, 2017) or an eating disorder (Stommel, 2009), and parenting issues, like child-rearing (Porter and Ispa, 2012), infertility (Malik & Coulson, 2010) and breastfeeding (Gray, 2013). Criticism exists regarding online support groups due to the nature of some discussion board topics (Cummings, Butler, & Kraut, 2002); for example, when the user has met the need of receiving advice and potentially solving the issue or gets close to a resolution, the weak tie relationship to those in the forum tend to be easily dissolved (Uslaner, 2000), but even so many utilize online forums to seek advice.

Advice exchanges. Online support groups allow for the exchange of information through advice-seeking and -giving. Previous findings suggest advice exchange is

common within online communities of peers (Kouper, 2009). With no bounds physically and geographically, interacting in online support groups is categorized by weak tie relationships. Weak ties are considered brief interactions with acquaintances and even strangers, and in comparison to strong ties, are based on lower levels of trust, commitment, and connectedness; however, often weak ties are considered valuable sources of support with the power to strengthen the scope and unity in relationships (Rogers et al., 2014). Rogers and colleagues went on to theorize that weak tie relationships have been reported to be “more durable and less liable to loss over time” when compared to strong ties (p. 3). Weak ties allow people to obtain information and resources that their immediate circle of family and close friends may not provide for them (Granovetter, 1973). Morrow (2006) argues advice is more easily accepted from strangers than advice from family and friends; additionally, Niela-Vilen et al. (2016) found internet-based breastfeeding peer support was considered to be more useful by mothers than seeking support from a medical professional.

The study of the advice exchange began with understanding more about the advice solicitation, or in other words, the advice-seeker’s request. Goldsmith (2000) determined that there are six advice solicitation categories. Through this study of oral advice interactions, the door was opened for other contexts to be studied in regards to categorizing advice. Sillence (2013) expanded Goldsmith’s study of solicitation of advice to the online support group context through her study of advice exchanges in an online breast cancer support group. She determined five types of advice solicitation (Table 2.1). In conjunction with categorizing the types of advice solicitations, Sillence categorized the responses to the advice solicitation with Kouper’s (2009) four directness

Table 2.1. Types of Advice Solicitation (Sillence, 2013)

No.	Advice Pattern	Description
1	Request for advice	Explicit solicitation of advice using the following phrases: (a) “I need your advice”; (b) What should I do?”; and (c) “Should I do X?”
2	Request for opinion or information	Questions such as “What do you think? Or “What do you think of X?” that can often generate advice responses even though they may be ambiguous about whether the poster wants to solve a problem or obtain emotional support.
3	Problem disclosure	Also potentially ambiguous, as it can be interpreted as a request for advice, sympathy, solidarity, etc.
4	Announcement of a plan of action	The poster may receive advice after announcing their intentions.
5	Anyone in the same boat?	The poster asks specifically to hear from anyone in the same boat as themselves or those who are going through the same experience.

of advice categorizations that were used in evaluating advice interactions on an online peer journal. (See Table 2.2.)

In peer advice exchanges it is assumed that all participants have the same status with regard to knowledge and professional experience unless somebody claims otherwise.

Therefore, the directness of advice can be expected to be mitigated in order to moderate strong claims and lower responsibility for the advice. In the situation of advice for mothers it is even more important to be careful with advice, because advice is usually related to children, especially of little age, who are more vulnerable to the adults’ actions. (Kouper, 2009, p. 11)

Advice-giving is a type of supportive communication and is defined as messages relevant to an individual’s problem-solving activities and includes analyzing a situation, offering advice, or referring to certain resources (Burlison & MacGeorge, 2002). According to Locher and Hoffman (2006), “The advice-giver offers an opinion on how to solve a

Table 2.2. Types of Directness of Advice (Kouper, 2009)

No.	Type of advice	Description
1	Direct advice	Any comment that included imperatives or the modal verb <i>should</i> .
2	Hedged advice	Any comment that contained explicit hedges or hedging devices, e.g. “I think,” “It seems,” or “Why don’t you?”
3	Indirect advice	Any comment that lacked explicit or hedged advice but had enough information to act upon it, for example, “Here’s one possibility” or “There are a number of options.”
4	Description of personal experience	An account of how the person dealt with the situation the advice seeker had described.

particular problem and by doing so implies that the suggested way of action is beneficial to the advice-seeker” (p. 71).

Many scholars, such as Burleson and MacGeorge (2002) and House (1981) both classify giving advice to be a type of informational support, along with offering information and guidance. In contrast, Feng (2009) proposes a model for advice in the supportive context as beginning with providing emotional support. Often advice-giving is based on the fact that the sender has perceived that the receiver is in need of some type of guidance. This can be problematic because that may not always be true in face to face situations (Feng, 2009). However, in online support settings, typically all the advice giver may have is the verbal explanation of the situation by the original poster, therefore there may be little or no social cues to interpret with the exception of using emojis to display emotion. The advice-giver’s challenge is to deliver the advice in such a way that will minimize any resistance from the advice-seeker (Waring, 2007).

In an evaluation of advice conversations online, Morrow (2006) found presence of a problem message from the seeker that included a description of the issue, feelings of the seeker, and a request for advice. His evaluation of the advice message included direct

or indirect action with an inclusion of personal experience, how he/she handled the situation, and the outcome. Finally, Morrow determined a thanks message usually followed from the seeker in acknowledgment of the advice given. Similarly, Harrison and Barlow (2009) found online advice in an arthritis help forum to be embedded within their own personal experience, their own actions, and the outcome. In the next section, personal experience will be conceptualized.

Personal experience as advice. Personal experience has been found to be a common type of advice offered to advice seekers in online support groups (Eichhorn, 2008; Paulus & Varga, 2015). This type of support is important because it allows one to have more control in the situation and it also helps reduce uncertainty so that a more informed decision can be made (Albrecht & Adelman, 1987). Morrow (2006) determined one of the main strategies in offering advice on an online support group for depression was through the sharing of their own personal experience. But, as Kim, Weinstein, and Selman (2017) found in some cases, personal experience was not the most prevalent way to offer advice; making a recommendation to the advice seeker made up 58% of the types of advice offered, whereas personal experience was the lowest with only 9%. In an online group of young mothers, sharing personal experiences as well as information with one another proved to be a major benefit of engaging in online support communication (Kauppi & Garg, 2008).

Personal experience is considered a type of advice within advice classifications. Sillence (2013) found advice to be shared through stories of personal experience in online breast cancer support groups. Malik and Coulson (2010) classified personal experience separately from advice in their findings, where 45.4% of messages included personal

experience stories and 15.9% advice. Abbasi Shavazi et al. (2016) found some members answered the poster's question with an explanation of their own personal experience. Similarly, some researchers explain advice as being embedded in personal experience messages (Gilchrist-Petty & Reynolds, 2015; Harrison & Barlow, 2009; Robillard, Padi, Lewis, Julious, & Troutman, 2017). Niela-Vilen, Axelin, Salantera, and Melender (2014) conducted a systematic review of literature exploring parenting Internet-based peer support interventions and determined parents appreciated informational support based on personal experience. Some researchers classify the personal experience as "second stories." Arminen (2004) defines second stories as "stories told in a series in which later stories are designed to achieve a recognizable similarity with the first (or previous) story" and explains this story to echo the symbolic meaning of the original post's story or message (p. 319). In the coming paragraphs, a review of literature about storytelling will frame the use of personal experience in this study.

Personal experience expressed in storytelling. Historically, storytelling has been part of human communication since the beginning of time. Oral histories have been passed down from generation to generation through storytelling. Storytelling often becomes a way for those in the community to teach others about many different aspects of life. Often a strong collectivistic orientation results from storytelling in communities (Ball-Rokeach, Kim, & Matei, 2000). Typically storytelling is researched within the communities characterized with close geographic closeness and face to face interactions, but storytelling occurs in the online group settings as well. De Ridder and Van Bauwell (2015) explored teens' intimate storytelling acts on their social networking sites, as well as exploring storytelling within a gay teen online community. In addition, medical

students shared stories to help new prospective medical students through a blog, according to Becker & Freberg (2014). For breast cancer survivors using online support groups, Hoybye, Johansen, & Tjornhoj-Thomsen (2005), storytelling was found to be a way to cope with the many different facets of dealing with the illness.

When considering women and storytelling, Carter and Spitzack (1989) consider women to traditionally be the keepers of the stories. Traditionally, and stereotypically, when compared to men, women tend to explain things in more detail, including when storytelling. Page (2003) found that women personalized their child birthing stories more and had a higher level of involvement interpersonally when discussing childbirth in comparison to the male partners. Women also tend to use more emotion and include more personal comments than do men in peer support settings (Mo, Malik, & Coulson, 2009). Mothers tend to embed life advice to daughters within storytelling as well (Gilchrist-Petty & Reynolds, 2015). Through storytelling, disclosures of personal information occur. In the next section, a brief overview of Communication Privacy Management theory and self- disclosures in the online context will be explored.

Self-disclosure and privacy in online settings

Storytelling and personal experience narratives within support occur through the act of disclosure. Once information has been disclosed, there is then a dialectic that occurs between public versus private. This complicated phenomenon of privacy is so highly valued, yet in order to receive proper support, people often have to disclose very personal information to meet their needs. In the case of the support giver, offering personal experience, disclosures occur as well to offer advice to others. Self-disclosure is defined as “any message about the self that a person communicates to another,”

according to Wheelers and Grotz (1976). The process management of how a person reveals and conceals this information is known as Communication Privacy Management (CPM) theory (Petronio, 2002). CPM suggests that rules dictate decisions to disclose and when to disclose, and rules are formed based on gender, culture, motivations, contextual factors, and risk-benefit ratio (Petronio, 2002). In the online setting, Lessler, Caspar, Penne, and Barker (2000) report higher levels of self-disclosures in comparison to face-to-face settings. Scholars have found characteristics within online settings that have led to increased self-disclosure, which are anonymity (Joinson, 2001; 2003) and reduced nonverbal cues (Walther, 1996). Sharing personal information with those seeking advice and from those giving advice are common occurrence in online support groups, which will be discussed in the parental context in the next section.

Mothers and online peer support

Parents report receiving positive support and advice in online support settings as well as useful advice (Daneback & Plantin, 2008), and many would agree that the Internet has transformed the way people parent and how they seek/find information regarding parenting, with women being the primary users of parenting forums (Moorhead et al., 2013; Mungham & Lazard, 2011). Studies about peer support interventions largely target mothers (Niela-Vilén et al., 2014; Plantin & Daneback, 2009), and some of the research focuses on mothers' transition to parenthood (Solmeyer & Feinberg, 2011). Studies about mothers have focused on the types of support and topics discussed (Gray, 2013; Niela-Vilén et al., 2014; Porter & Ispa, 2012; Sherman & Greenfield, 2013) and reasons mothers use the Internet for support (Johnson, 2015; Kauppi & Garg, 2008; Madge & O'Connor, 2005; McDaniel, Coyne, & Holmes, 2011; O'Connor and Madge,

2004). Kouper (2009) explored an online motherhood forum and determined that giving and seeking advice was an important function and aspect of social interaction.

Furthermore, Mungham and Lazard (2011) reported the mothers felt information sharing was “empowering” and online parenting resources like forums allowed members to have a place of inclusion. Nieuwboer, Fukkink, and Hermanns (2013) conducted a systematic review of literature on internet parent support and found that there are positive outcomes when parents seek online support. In their research, the interactive forums and discussion boards often focused on issues regarding parenting children under age 12 (47.8%). A popular and important topic among mothers of small children is feeding and nutrition, which leads to a section reviewing breastfeeding throughout history as well as key points from literature.

Breastfeeding. Breastfeeding has long been promoted as providing positive health benefits for baby and mother (AAP, 2012). Knaak (2005) asserted, “Breastfeeding represents both a medical gold standard for infant feeding and a moral gold standard for mothering” (p.197). Even so, breastfeeding rates have varied all through history due to various innovations in formula and feeding mechanisms. In the 40s and 50s, formula was deemed a safe substitute for breastmilk, was even promoted by physicians (Stevens, Patrick, & Pickler, 2009) and was established as the main substitute to breastfeeding (Wolf, 2001). Up until the 1970s, breastfeeding steadily declined (Fomon, 2001) due in part to the fact that many women entered the workforce and experienced difficulty with working outside the home and continuing breastfeeding (Hirschman & Butler, 1981), as well as due to the push in formula usage (Stevens, Patrick, & Pickler, 2009). The promotion of breastfeeding became popular again in the 70s (Stevens, Patrick, & Pickler,

2009). In the late 80s, formula companies began advertising directly to the consumers, which pushed the American Academy of Pediatrics to speak out against companies' ability to advertise to the public (Stevens, Patrick, & Pickler, 2009).

The formula-breastfeeding debate is a popular one among parents (i.e., mothers), the media, and medical professionals alike, but health agencies point to breastfeeding as the best option for the health of infants. The World Health Organization (WHO) considers breastfeeding to be a normal way for mothers to provide nourishment needed for growth and development (WHO, 2017). Even so Berry and Gribble (2008) state:

However, concern has also been building that these 'breast is best' and 'benefits of breastfeeding' messages fail to communicate the pivotal role that breastfeeding plays in the growth and development of infants and young children. In fact, these messages may have come to obscure the importance of breastfeeding to infant and maternal health. (p. 74)

The CDC (2017) suggested that the majority of mothers in the United States want to breastfeed and most do begin breastfeeding their newborns. Yet according to the U.S. Department of Health and Human Services [USDHHS] (2011), an abundance of barriers exist that prevent some mothers from beginning to breastfeed and impede mothers from continuing to breastfeed long-term. It is recommended that babies be exclusively breastfed throughout the first six months with the introduction of new foods, and a continuation of breastfeeding for 1 year or longer (AAP, 2012). Dunn, Kalich, Henning, and Fedrizzi (2014) also pointed to several positive influences on mothers' decisions to breastfeed, which are knowledge of benefits, positive breastfeeding perceptions of important others (family, friends, partner/spouse, coworkers), access to groups for mom and baby, and an encouraging hospital environment.

Despite the known benefits of breastfeeding, an abundance of negative influences impede women from following the encouraged regimen, such as discomfort of breastfeeding in front of people; negative perceptions of family, friends, partner, and co-workers; breastfeeding being against societal norms; and the ease of access to free formula samples (Dunn, Kalich, Henning, & Fedrizzi, 2014). Wieman, Du Bois, and Berenson (1998) extend these barriers by adding reasons, which include breast disfigurement, perception that breastfeeding is painful, and the fact that feeding relies on the mother alone. All of these barriers, coupled with what experts report about the marketing of formula, easily deter some women from breastfeeding because they do not possess specific breastfeeding goals (US Dept, 2011). Additionally, other research points to the determination to breastfeed being based on the fact that the mother herself was not breastfed by her own mother (Isabella & Isabella, 1994). Because of a lack of support from the important others in mothers' lives, breastfeeding is often unsupported and not encouraged within the family unit (Abbass-Dick et al., 2017).

The feelings of nonsupport for mothers reach beyond family and friends' lack of support, to the norms and perceptions the media reinforces. Bylaska-Davies (2015) asserts that women expressed that the U.S. portrayed bottle-feeding as the norm based on the lack of representation in media messages being that women are made to feel negatively regarding feeding their infants in public. The lack of social and cultural support in breastfeeding can lead to feelings of embarrassment and be viewed as impractical (Dorfman & Gehlert, 2010). The media's sexualization of women's breasts intensifies the feelings of the lack of support to breastfeed (Bylaska-Davies, 2015). Norwood and Turner (2013) analyzed online comments about the May 2012 Time

Magazine cover which displayed a standing mother breastfeeding her three year old that also stood in a chair, and stated, “This backdrop of sexuality for breastfeeding is significant not only for mothers’ choices and practices regarding nursing, but also for policymakers who seek to support breastfeeding” (p. 79). Society tends to be more comfortable seeing a mother bottle feed, which gives the impression to moms that to breastfeed, they must stay home, resulting in isolating feelings (Lee, 2004). Geographical isolation and feelings of being alone were found to be common experiences for moms in one internet support group (Gribble, 2001). Malik and Coulson (2010) indicated the sense of isolation was reduced through the sharing of experiences in the online setting. Society’s perception and support (received from family, friends, and medical professionals) are major factors in the decision to breastfeed and to persist in breastfeeding long term (Hunt, 2006). Cisco (2017) found seeking breastfeeding support (e.g., emotional, informational, and financial) from family and friends influenced the breastfeeding duration. To supplement support received by medical professionals, parents often utilize internet-based support (Niela-Vilén et al., 2014). Literature about breastfeeding online support groups is reviewed next.

Breastfeeding online support. Through the systematic review of literature about online support for parents, Niela-Vilén et al. (2014) found that emotional support, seeking information, and a bonding social community for mothers were positive outcomes in obtaining online support. As mentioned earlier in this literature review, many studies included the sharing of feelings and experiences, as well as immediate access to advice and information. Mothers seek out internet peer support about breastfeeding, specifically for emotional support and instrumental support (Cowie, Hill,

& Robinson, 2011; Drentea & Moren-Cross, 2005; Johnson, 2015). McKeever and McKeever (2017) suggest mothers often turn to online support groups to seek information and connect with mothers experiencing similar struggles due to the fact that some mothers may not see their own experiences reflected in the mainstream media discussion of breastfeeding. Breastfeeding and general information on the eating and feeding of infants and toddlers are the most common types of posts and comments in online parenting groups (Porter & Ispa, 2012). Similarly, in an unpublished study conducted by this researcher, feeding (breastfeeding, formula feeding) was expressed to be the most sensitive topic reported by mothers who engage in advice-seeking interactions with other mothers. Gray (2013) found that after analyzing top online breastfeeding forums, the most common theme discussed was dealing with disapproval or guilt and criticism for breastfeeding, for choosing not to breastfeed, or stopping breastfeeding. Similarly, Len-Rios, Bhandari, and Medvedeva (2014) studied online comments in online breastfeeding articles and found women are more likely to express personal struggles in online support groups than to seek health-related information.

As explained, much is already known about online support and more studies are being conducted specifically about mothers' support-seeking in breastfeeding online groups. While some studies offer only typologies in their data analyses (Malik & Coulson, 2010), this study takes one step further and analyzes storytelling behaviors mothers engage in during their interactions with advice-seeking mothers. Thus we know a bit more about the questions mothers post (Porter and Ipsy, 2012) and about the ways in which mothers communicate support (Gray, 2013), this study extends what is already

known by adding new layers to this ongoing discussion. The following research questions are advanced:

RQ1: What are common themes in questions mothers are posting on the breastfeeding discussion board?

RQ2: What are the types of support given to mothers that have posted questions about breastfeeding?

RQ3: Does advice embedded within storytelling occur often within moms' advice exchanges about breastfeeding?

RQ4: What themes exist within the advice embedded within storytelling (personal experience)?

RQ5: Is storytelling prompted by a specific type of advice solicitation?

Chapter 3: Methods

This dissertation used two different analysis methods. Thematic analysis was used to examine the comments members post to questions posed by mothers in the Babycenter.com online breastfeeding support group. Content analysis was used to analyze the questions mothers post to the breastfeeding support site. This chapter will discuss the data source, data collection, ethical considerations, method, and coding.

Data source

The Babycenter.com “Community” page offers links to thousands of parenting groups. After researching various online support groups for moms and evaluating the number of daily posts, there is one online support group that will be the focus of the data collection due to the high volume of interaction occurring and that has occurred in its past. Specifically, this dissertation examined a discussion board called “Breastfeeding Support and Help”, which is the top Feeding and Nutrition group for parents on Babycenter.com. This group was selected for its relevance to the topic being studied and because this board has the most traffic. The “Feeding and Nutrition” discussion board options on Babycenter.com reach over 1,200 online groups that new (and more seasoned) parents can visit. This group reports 125,073 members, 176,590 posts, and 955,943 comments (responses) since the start of the forum in March 2008 (Breastfeeding, 2017). Thus, this board is both relevant to the study and contains an active user base in which to study advice giving interactions.

In order for a person to post on the discussion boards, he/she has the option to join Babycenter.com, which is free and requires an email address, password, and username creation. Once a board is chosen to join, the site leads the user to a page that

states “You’re In” and explains the layout of the page. Also at the top of the boards is a pinned post explaining expectations of members and helpful links. In the expectations, it explicitly says that this group is to encourage breastfeeding over formula feeding with the goal of getting mothers to breastfeed (Welcome, 2016). (See Figure 3.1 for part of the “Welcome” post.)

Data Collection Procedure

Previous research regarding discussion board interactions has sampled a wide range in the number of comments. For example, Gray (2013) sampled 921 messages related to breastfeeding over a span of six years. Eichorn (2008), however, evaluated 490 messages in her investigation of online eating disorder support groups, and Porter and Ispa (2012) reported analyzing 120 message postings on parenting forums. In this dissertation, and consistent with Eichorn’s quantity of content, all data was obtained from the “Breastfeeding Support and Help” group in September 2017 covering 17 days. There were 914 total messages that were documented, which breaks down to 136 original posts from support seekers (threads) and 778 total comments to the threads were documented. Of the 778 total comments to the original posts, 124 comments were made by the original posters within the thread. There were four threads removed from the data set due to being outliers. The topics of these particular threads were not related to breastfeeding; therefore, they were removed from the data set. Every other original post throughout the month was documented, along with all corresponding response comments. Specifically, the original post was documented to evaluate the types of questions mothers are asking on the support site. Then every other original post in the forum and all comments for each post were documented. The information documented was: date of original post

Figure 3.1. Welcome post on Breastfeeding Support and Help group.

From [Breastfeeding Support and Help](#)

Welcome! START HERE! Plus - Helpful Links

 
Group Owner
Last edited 11/06/2016

Hey ladies! Welcome to the Breastfeeding Support Group! Please be advised, while the health of your baby is the most important, this is a BREASTFEEDING support group which means that the moms on here encourage breast milk over formula. Our goal is to get you to breastfeed!

We are a support and help group meant to guide moms through breastfeeding. If you notice your question going unanswered, please feel free to bump it! We ask that off topic posts be reserved for your birth boards as we want to help as many people as possible. Any disruption to the community or posts that excessively take the attention away from moms and babies that need help will be locked or removed.

A list of your Group Owners:


Figure 3.1 (continued)

Just a reminder, nothing mentioned or suggested is meant as a substitution for medical advice. We are here to help, but it is recommended that any medical issue be seen or addressed by a medical professional.

Helpful Sites/ Resources

General Sites:
<https://breastfeedingusa.org/>
<http://kellymom.com/>
<http://www.llli.org/>
<http://www.llli.org/resources.html>
<http://kellymom.com/bf/normal/newborn-nursing/>

Baby Weight Gain - What's Normal?:
<http://www.breastfeedingbasics.com/articles/weight-gain>

Baby Diapers - What's normal?:
<http://www.babycenter.com/baby-poop-photos>
http://www.babycenter.com/404_how-many-times-a-day-does-a-breastfed-baby-normally-poop_8832.bc

Lip tie, tongue tie, and high palate:
[ingusa.org/content/article/tell-me-about-tongue-](https://breastfeedingusa.org/content/article/tell-me-about-tongue-)

(OP), title of thread, exact post, number of comments for post, and exact comment. The user name of members will not be documented and instead a pseudonym of a combination of letters and numbers will be assigned. Also if OP responded to commenters, those comments were noted as being from the OP post, as well as when any commenter commented multiple times, it was indicated by pseudonym. An example of an original post with two comments is in Figure 3.2.

Figure 3.2. Original Post with Comments Example Screen Shot

From [Breastfeeding Support and Help](#)

Frustrated and sad :(

 
Posted 09/30/2017

I went back to work almost a month ago and have been pumping at work and nursing when I'm home. Today baby girl refused to breastfeed 😞😞 she cried and cried until I offered a bottle and she drank it all. I tried again and she still refused. Is this the end of breastfeeding? Is there anything I can do to make her want to breastfeed again?

--

 
Posted 09/30/2017

I've not experienced this (yet?) but I've heard that offering to nurse every hour or 2 when you are home will help so that baby isn't terribly hungry and frustrated. Also, I wouldn't offer the bottle at all outside of daycare.

--

 Reply   

 1

Figure 3.2. (continued)



Ethical Considerations

The information found on Babycenter.com's online forums are part of the Internet's public record. Even though a person will form an account and join a board to interact with other users, those steps are not required in order to read all posts and comments. The pages, postings, and information are all accessible by anyone on the Internet without having an account with Babycenter.com. Walther (2002) explains, "[T]he analysis of Internet archives does not constitute an interaction with a human subject...it may be no different than researching using old newspaper stories...for research" (p. 207). No usernames or identifying information will be documented in the data in order to protect users' anonymity including pictures if any pictures are to be used.

Being that screen names do not guarantee anonymity (Steinmetz, 2012), a pseudonym was assigned to each poster and commenter. The pseudonym was letters or a compilation of letters and numbers.

While this is not considered an ethnographic study, it is important to point out that this researcher, in the past, has been involved in online groups for moms and also experienced the struggles that accompany feeding a baby. This personal experience is classified by LeCompte (1987) as a bias. According to Corbin and Strauss (2015), in addition to being aware of biases, a researcher must make an effort to understand the impact the biases could have. They go on to explain that writing memos is critical in keeping a check on how the researcher responds to the data. Chesney (2001) discusses the need for transparency and awareness in research like this, and states:

Reflecting honestly and openly has helped me retain some integrity and develop insight and self-awareness, and it has given me a certain confidence. Ignoring, suppressing, or falsifying the self places the fieldwork on shifting sand and sets a bad example for the researched. (p. 131).

Steinmetz (2012) explains that in a study such as this dissertation, the researcher plays the role of a “lurker” being that the group is not made aware of the researcher’s presence, and therefore, has no interaction with those posting.

Due to the fact that no human subjects are involved in this dissertation and all content is available on an online public domain, there is no requirement for approval from IRB. Other studies of similar methodology did not obtain IRB approval (Becker & Freberg, 2014; Fullwood, Sheehan, & Nichols, 2009).

Method

Thematic and content analyses were used in this dissertation. Thematic analysis is appropriate for this dissertation because it focuses on the relationship between the data

and the categories that emerge during the coding process (Lindlof & Taylor, 2002), and content analysis is also appropriate for this dissertation because it focuses on the “identif[ication], enumer[ation], and analy[zing] of specific messages and message characteristics embedded in texts” (Frey, Botan, & Kreps, 2000, p. 236). The objective of this dissertation was to understand more about advice exchanges between mothers that utilize an online breastfeeding support group. The data analysis occurred in four parts: the original posts analysis; the comments analysis; from the comments analysis, the personal experience theme was further analyzed in regards to embedding advice in storytelling; and simple data descriptives. Thematic and content analyses were the guiding methods for the dissertation. Recent qualitative studies focusing on online support in health-related contexts have utilized thematic analysis to successfully explore and categorize the strategies and patterns occurring in online interactions (e.g., Flynn, & Stana, 2012; Kendal, Kirk, Elvey, Catchpole, & Pryjmachuk, 2017; Smedley & Coulson, 2017). In addition, to investigate embedded advice in storytelling like the dissertation hoped to achieve, Gilchrist-Petty and Reynolds (2005) used content analysis to successfully explore storytelling narratives.

Thus, simple descriptives will be obtained to offer quantitative information regarding number of threads (i.e., original posts) and comments associated to each thread.

For RQ1, to analyze the original posts, a thematic analysis was used to qualitatively evaluate the original advice-seeking messages moms post. This thematic analysis was driven by prior research. Goldsmith (2000) originally evaluated oral advice seeking messages and categorized them into five patterns. Sillence (2013) then took those advice categorizations and applied them to the online support context. Therefore, for this

study, Sillence's modified version of typologies of advice solicitation (Table 2.1) was used for analyzing the advice-seeking patterns occurring within the breastfeeding online group. The presence of any new emerging categorization not already established by Sillence was also explored.

For RQ2, thematic analysis was used to examine online social support given by commenters in the breastfeeding group. The thematic analysis was driven by prior research. Cutrona and Suhr (1992) developed social support coding framework that several scholars have used in analyzing online support data, including Abbasi Shavazi and colleagues (2016). Their final thematic model will be utilized in the categorization and exploration of this data. There are 5 main categories and 23 subcategories. See Figure 2.1 for the final thematic map that shows all categories and subcategories, which was previously displayed in Chapter 2 (Abbasi Shavazi et al., 2016). The presence of any new emerging theme(s) not already categorized by Abbasi Shavazi and colleagues was also explored. In addition to the support categories, the directness of advice was analyzed by using the typology determined by Kouper (2009), which displayed again here in Table 2.2.

For RQ3 and RQ4, a content analysis for the social support category of "sharing personal experience" was conducted. In a previous study by Gilchrist-Petty and Reynolds (2015), through content analysis, they analyzed mothers' embedded advice within storytelling to their daughters. These stories were open-ended responses, much like what is possible for commenters on discussion boards. Kaplan (1943) states, "The technique known as content analysis... attempts to characterize the meanings in a given

Table 2.1. Types of Advice Solicitation (Sillence, 2013)

No.	Advice Pattern	Description
1	Request for advice	Explicit solicitation of advice using the following phrases: (a) “I need your advice”; (b) “What should I do?”; and (c) “Should I do X?”
2	Request for opinion or information	Questions such as “What do you think? Or “What do you think of X?” that can often generate advice responses even though they may be ambiguous about whether the poster wants to solve a problem or obtain emotional support.
3	Problem disclosure	Also potentially ambiguous, as it can be interpreted as a request for advice, sympathy, solidarity, etc.
4	Announcement of a plan of action	The poster may receive advice after announcing their intentions.
5	Anyone in the same boat?	The poster asks specifically to hear from anyone in the same boat as themselves or those who are going through the same experience.

Figure 2.1. Thematic Map, Showing Main Categories and Related Categories of Online Social Support (Abbasi Shavasi et al., 2016)

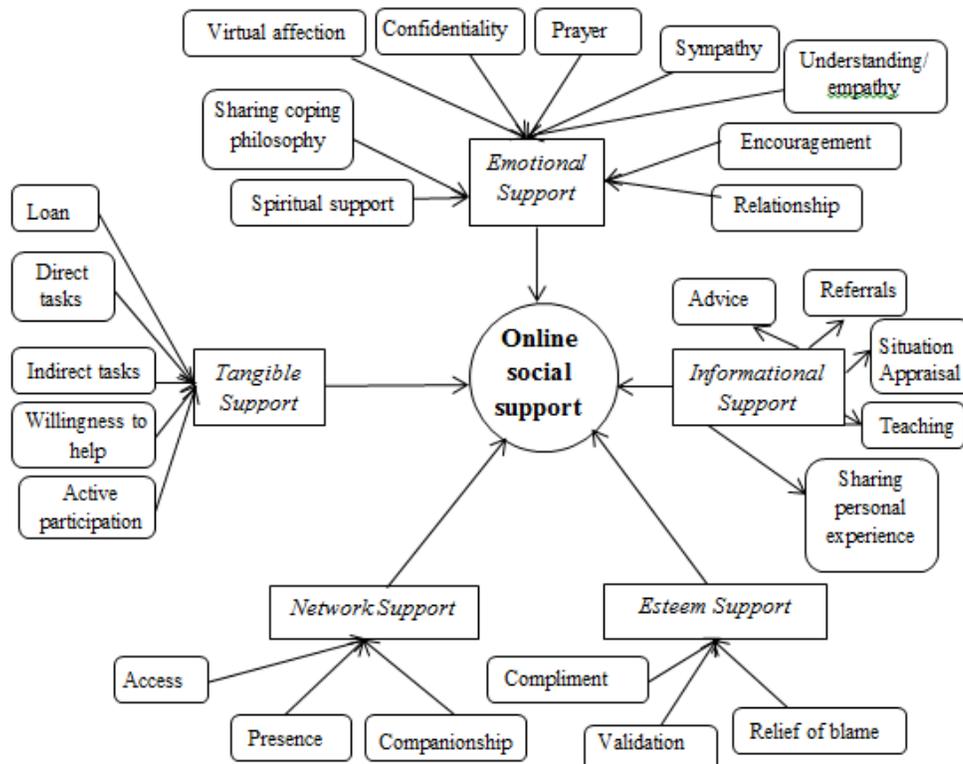


Table 2.2. Types of Directness of Advice (Kouper, 2009)

No.	Type of advice	Description
1	Direct advice	Any comment that included imperatives or the modal verb <i>should</i> .
2	Hedged advice	Any comment that contained explicit hedges or hedging devices, e.g. “I think,” “It seems,” or “Why don’t you?”
3	Indirect advice	Any comment that lacked explicit or hedged advice but had enough information to act upon it, for example, “Here’s one possibility” or “There are a number of options.”
4	Description of personal experience	An account of how the person dealt with the situation the advice seeker had described.

body of discourse in a systematic and quantitative fashion” (p. 230). Being that quantitative measurement was used to count the amount of times mothers use storytelling to share advice, as well as describe those messages, content analysis was appropriate. Gilchrist-Petty and Reynolds’s process in which their data was coded will be explained below in the coding section being that it is the same process used for this dissertation.

In RQ5, relationships were explored between types of advice solicitation and the “sharing of experiences” category for each individual original posts and corresponding comments in order to determine if certain ways of solicitation advice prompts storytelling.

Coding

All data were obtained from the breastfeeding discussion board. One additional experienced coder independently coded the messages and had an open dialogue regarding the analysis process, similar to Sillence (2013), who also used one additional coder. The development of a code manual is crucial to the study because it acts as a valuable interpretation tool in order to manage the data (Crabtree & Miller, 1999). Early on, both the researcher and coder coded the same set of small data and discussed the process and

outcome together to ensure the coder was properly trained, which is critical to test the reliability of the code (Fereday & Muir-Cochrane, 2006). According to Saldana (2016), “Team members can both code their own and others’ data gathered...to cast a wider analytic net” (p. 37), which is the intended process for all the data analyses. Each coder will independently organize preliminary coding with existing and, potentially, new categories and typologies. Codes were revisited to ensure that all data that is conceptually similar is grouped together under the same conceptual label, an analytic strategy suggested by Corbin and Straus (2015).

In forming the codebook for the first two research questions that use thematic analysis, the established categories and typologies by Sillence (Table 1) for the original posts seeking advice and Abbasi Shavazi et al., (Figure 1) for the comment posts offering advice was utilized. During coding, the researcher and coder were conscious of potentially new themes and categories emerging. Lindlof and Taylor (2011) pointed out that codes do not equate categories, but that “a major purpose of codes is to characterize the individual elements constituting category. A category on the other hand, is devised so as to enable the researcher to define and explain the underlying meaning of these elements” (p. 248). Each message was read multiple times and coded for the presence of social support, advice directness, and advice solicitation codes, as well as search for any new themes or meanings within the data. Fereday & Muir-Cochrane (2006) explain there are other steps necessary in demonstrating rigor in the coding of data while using thematic analysis, which are making connections with the codes and identification of themes, and corroborating and legitimizing coded themes.

For RQ3, RQ4, and RQ5 content analysis was used. The process Gilchrist-Petty and Reynolds (2015) followed was the coding process outlined by Auerbach and Silverstein (2013), which will be explained as follows. For this data, the coders first examined the comments to look for repeating ideas, which is defined as concepts “expressed in relevant texts by two or more research participants” (Auerbach & Silverstein, 2013, p. 54). In the coding process, both the coder and researcher worked independently and categorize repeating ideas into themes as suggested by Auerbach and Silverstein (2003).

The reliability of all coding was determined through the percentage of agreement between the coders conducted through a unit-by-unit analysis, as suggested by Frey, Botan, and Kreps (2000) as a procedure to assess reliability. Using the agreement method determined whether the coding of the data was consistent between coders (Seng-Chee, Hyo-Jeong, & Ching-Sing, 2011). If there is at least 70% of agreement in coding, then it is considered reliable (Frey, Botan, & Kreps, 2000). Each separate coding required was assigned a number to simplify the coding process. Boyatzis (1995) confirms with the “absence/presence judgment” of coding, like what was used in this dissertation, is useful in determining reliability in qualitative data from virtual communities, and further states:

There is another and important reason to use percentage agreement scores as estimates of reliability: The themes being coded call for “yes/no” or “presence/absence” judgments by the coder. Because many of the interpretive, thematic codes require a presence/absence judgment by the coder, percentage agreement is the most typically cited measure of interrater or rater-expert reliability, (p. 154).

The numbers assigned with each category are listed below in Tables 3.1, 3.2, and 3.3.

The first 31 threads were originally coded to establish codebook training.

Table 3.1. Advice Patterns: Numbers for Coding

No.	Advice Pattern of Original Post
1	Request for advice
2	Request for opinion or information
3	Problem disclosure
4	Announcement of a plan of action
5	Anyone in the same boat?

Table 3.2. Online Social Support Categories and Related Categories: Numbers for Coding

Online Social Support categories and related categories	
No.	<i>Informational Support</i> related categories
1	Advice
2	Referrals
3	Situation appraisals
4	Teaching
5	Sharing personal experience
	<i>Emotional Support</i> related categories
6	Relationship
7	Encouragement
8	Understanding/empathy
9	Sympathy
10	Prayer
11	Confidentiality
12	Virtual affection
13	Sharing coping philosophy
14	Spiritual support
	<i>Esteem Support</i> related categories
15	Compliment
16	Validation
17	Relief of blame
	<i>Network Support</i> related categories
18	Companionship
19	Presence
20	Access
	<i>Tangible Support</i> related categories
21	Loan
22	Direct tasks
23	Indirect tasks
24	Willingness to help
25	Active participation

Table 3.3. Types of directness of advice: Numbers for coding

No.	Type of advice
1	Direct advice
2	Hedged advice
3	Indirect advice
4	Description of personal experience

Coding for advice solicitation and theme of the original post, support type and directness of the advice for comments, as well as theme of any comment storytelling, was coded for every original post. Any existing coding discrepancy was discussed in order to improve the consistency in codes for the remainder of the messages. Then every message was coded separately. Once completed, both sets of coding were compared and all frequencies and percentages were calculated by hand with multiple checks to ensure accuracy consistent with Gray (2013). The Table 3.4 exhibits the consistency in coding between the analysts for each separate code.

All calculations, frequencies and percentages alike, were also generated by hand, again, similar to Gray's (2013) processes. Also, Excel was utilized to double check all mean, median, and mode calculations. All analyses were guided by extant research on online support group communication, as well as on breastfeeding online support. Thorough note taking and reflection during the coding process aided in categorizations and determinations of themes. Similarly, discussions about exemplars allowed for greater consensus in the coding process. To ensure trustworthiness of coding, post analysis checks, as well as the reflections of codes and note taking were made reference (Fereday & Muir-Cochrane, 2006).

Table 3.4. Consistency in Coding

Coding Category	Percentage and Number of Codes Consistent Between Coders
Advice Solicitation Pattern	91.9% = 125/136 total original posts
Support Categories	84.2% = 655/778 total comments
Directness of Advice	93.2% = 577/619 comments assigned directness codes

Chapter 4: Results

Those utilizing the breastfeeding support discussion board ranged in women who were pregnant to moms with multiple kids, and even one dad seeking support for his stressed out wife. This indicates that no matter the previous experiences a mother has, there are always times when help from others is sought to assist in this challenging part of motherhood. Through this analysis, it was revealed that these interactions were complex. Original posts (i.e., threads) from support seekers ranged in themes and ways of soliciting advice, with most specifically requesting opinion or information. Some original posts included multiple advice solicitation attempts within the posts. Some comments from support givers were very direct and some were more implied. Also, many specific support categories were represented in the responses to the support seekers, and the majority of comments included multiple types of specific support within one message posting. Most support was within the informational support category with high representation in all five related subcategories of informational support. Several instances revealed that many commenters offered emotional support, as well as provided validation for the mothers who explained the breastfeeding issue they faced, which is considered esteem support. It was clear that two of the advice solicitations by original posters prompted the most personal experience storytelling within comments. Finally, quotes provided will remain unaltered and verbatim, meaning no corrections will be made to abbreviations, grammar, spelling, etc.

Simple Descriptives

Because this dissertation focused on the dyadic conversations occurring on the discussion board, the descriptives for the comment posting activity is important to

discuss. The threads ($N=136$) were documented, including all comments associated with each thread. The total number of comments, as mentioned previously, was 778, which included 124 comment responses made by the original poster within the thread. The range of comment count was zero to 63. (See Table 4.1 for the specific comment count.) The median comment number per thread was four. The average was 5.72 comments per thread. The comment count occurring most (mode) was one, reoccurring 18 times.

RQ1: Common Themes in Support Seeking Original Posts

The first research question asked, what are common themes in questions mothers are posting on the breastfeeding discussion board? For mothers, and even the one father who posted, seeking support was the clear primary goal for posting to the board. This research question involved assigning an advice solicitation to each original post and a classification of topic theme.

Advice solicitations. Sillence (2013) offered five advice solicitation patterns in online peer advice. Every message included an advice solicitation pattern including some that used more than one pattern. Some posts included multiple types of advice solicitations within one message, which resulted in 177 various instances of advice solicitations. In Table 4.2, the number of original posts with instances of advice solicitation patterns are displayed, with the highest representation at 62.5% of original posts included a request for opinion or information ($n = 85, 62.5\%$). Some moms, however, like in Thread #15, list several questions seeking information, with a direct question of “When do you suggest...”

Hi everyone, I have a 5 week old DS (*dear son*) who is EBF. I'm not sure if my supply is established or if he's is going through a growth spurt, but nurses all the time. He sleeps for usually 3 hours for his first stretch at night, after that he is up every 2 hrs or less after that. My supply seems fine at night. By the time I get up

Table 4.1. Specific Comment Count per Thread

# of comments per thread	Frequency (%)
0	12 (8.8%)
1	18 (13.2%)
2	17 (12.5%)
3	15 (11.03 %)
4	8 (5.9 %)
5	11 (8.09%)
6	11 (8.09%)
7	7 (5.1%)
8	11 (8.09%)
9	4 (2.9%)
10	5 (3.7%)
11	2 (1.5%)
12	2 (1.5%)
13	1 (0.74%)
14	2 (1.5%)
15	3 (2.2%)
16	2 (1.5%)
17	1 (0.74%)
18	1 (0.74%)
19	1 (0.74%)
24	1 (0.74%)
63	1 (0.74%)

Table 4.2. Original Posts Advice Solicitation Pattern Instances

No.	Advice Pattern	Frequency (%)
1	Request for advice	24 (17.6%)
2	Request for opinion or information	85 (62.5%)
3	Problem disclosure	45 (33.1%)
4	Announcement of a plan of action	5 (3.7%)
5	Anyone in the same boat?	18 (13.2%)

at 6 am, my breasts don't have much to give. I started pumping after the 6 am feeding and only get about an oz total. During the day I feel like my breasts are pretty empty, even though I know they are not. I can hear him swallowing during the initial letdown, but after that he pretty much just comfort sucks and I don't hear a lot of swallowing. He does have enough dirty and wet diapers, but does this sound like a growth spurt? Low supply? Normal? I have to go back to work in 3 wks and really need to start building a freezer stash but never get anything when I pump. When do you suggest I pump When I say nurse all day long? I'd appreciate your guys' help!

Request for advice. In the request for advice solicitation, mothers explicitly included a direct question regarding the advice the mothers had, such as in Thread # 17:

Hi ladies, My little one is 11 days old. I'm wondering if it's too late to start breastfeeding. Originally I planned to breastfeed. We changed our minds last minute, but the idea of breastfeeding has stayed on my mind. I'm at the point where I'm still producing but my breast size has gone down. I started pumping today in hopes that it's not too late for us to breastfeed. Anyone have any advice on this until I contact the doctor on Monday?! Thanks so much in advance!

It is clear in the original post that she is searching for advice from others. She disclosed the issue and followed up with a direct request. In Thread # 82, this mom includes a request for advice in the beginning and ends the post with another request, with the first stated as “urgent”.

Hi mommies! In urgent need of your advice! I am ebf my 2.5 month old baby whose birth weight was 3.4 and at present is 5.3. From past few days my nipples are becoming very hard and sticky due to which milk is not flowing out well. When I do warm compress and express milk, the nipples become soft and milk flows but when my lo tries to suck it again becomes very hard and sticky and the milk does not come out. I m getting clogged milk ducts as my lo does not take feed regularly and sometimes she sleeps for 4 hours at a stretch. Please advise how to get milk flowing. TIA

Some posts included less direct questions seeking information such as this mom asking for information about the effect of birth control on supply in Thread # 108:

If I get on birth control will it effect my supply? If so how much will it effect? Hubby and I don't want another for at least two years, and I would love to nurse my LO (*little one*) for as long as possible.

Problem disclosure. Within the problem disclosure solicitation, posters took a less direct way of seeking support. These posts tended to be more ambiguous about what the support seeker wanted. Often these posts gave the impression that the mom simply needed to vent about a current issue. This mom in Thread # 37 makes no request of any kind, but instead seems to express frustration with her mother's lack of knowledge regarding breastfeeding and she does so through sarcasm.

Just have to share the hilarious things my mother has asked me about breastfeeding. My sister and I were both formula fed , and she doesn't know anyone who ever breastfed. She is completely baffled by the idea, and asks the dumbest things. Such as: 'How can you tell if he's hungry?' 'What do you do if you are wearing a sweatshirt?' 'So... what does he eat in the MOTN?' 'How does he eat in the car?' 'So you don't take a bottle when you leave the house?' 'How do you get any sleep?' It's not that she's unsupportive, she's just totally clueless! My favorite is 'How can you tell he's hungry?' like it's a secret code or something! Or 'What does he eat in the MOTN (middle of the night)?'I don't know Mom sometimes I just whip him up a turkey sandwich at 2 AM

Similarly, this mom in Thread # 16 explains a stressful situation and never asks a question, leaving the reader wondering if she wants to solve a problem or receive emotional support.

the last few nights have been really rough. My 3 month old hasn't been sleeping well so, I haven't been sleeping well. I'm working, and have 2 other kids to get to school before I go to work. Then after work I get them all and it's just busy busy busy with 3 kids. Well last night I fed the baby at 9:20 and put her to bed. I was planning on going right to bed afterwards...so I told my husband to wake me if she gets up after 12 cuz I didn't pump since I just fed her and I'll need to feed her or I'll be sore. Well bless his soul, he didn't listen and fed her a bottle from what I had pumped at work that day. Gotta love him trying to help me out but now I have a clogged spot in my left breast and it freaking hurts so bad ☹️ I can't even get mad bc if he hadn't helped I'd still be a zombie. At least I got a solid 6 hours of sleep... positive thinking.

Announcement of a plan of action. The advice solicitation, announcement of a plan of action, was only assigned to five threads out of the entire data set. Similarly,

Sillence (2013) also found this category to be the least prevalent method of advice solicitation occurring in only 1% of her findings. In this particular thread (# 3), the poster also includes questions after stating her plan of action.

I plan to get my tubes tied 6 weeks after this baby comes. My question is, will it affect my breastfeeding supply? What is your experience? Do you know how long after the procedure I will have to wait to feed baby again? Any feedback is greatly appreciated!

It is important to point out that she received no responses to her post, except for her own “Bump” comment to attempt to put her post at the top of the page at the time. (Bump posts are posted by users when there have been no comments posted and the original poster will comment “bump” to move their thread to the top of the discussion board with the intention of getting comments.) This was also the only thread out of the data set that included a question about how a tubal ligation could potentially impact breastfeeding. In another post including the announcement of a plan, Thread # 76, a mom rejoices in the fact that she is currently nursing uncovered in a store.

I'm nursing uncovered for the first time! Our grocery store has an eating area including a 'kids space'. I'm sitting there (with Paw Patrol on lol). I took out my cover but he is starting to hate it and I just didn't feel like using it.

Anyone in the same boat? Finally, the last pattern of advice solicitation, anyone in the same boat?, specifically asks if anyone has experienced a particular issue like they are experiencing. In Thread # 119, the mom explains her situation and follows up with a question, asking if anyone had been in the situation before.

I have been fighting to breastfeed ever since LO (*little one*) was born (she is now almost a month old). She was induced at 37 weeks due to iugr and was born very small. Because of her low birthweight and a bit of Jaundice I was instructed to supplement with formula basically from her first week. Since then I have not been able to increase my BM supply and she needs to be supplemented with 1-2 oz of formula almost after every feeding. My breasts at this point produce only 1oz per feeding (according to how much I pump) and although I am power pumping and

doing everything I can to increase supply I am getting the feeling that it is hopeless to get to a point where I can almost exclusively breastfeed. Has anyone been in this situation and been able to get back to breastfeeding?

The mom in Thread # 36 situates the question seeking others in the “same boat” within several questions posed.

My daughter has nursed to sleep pretty much always for naps and nighttime. Suddenly three nights ago she got very fussy at bedtime. She acted gassy, kicked, swing her arm around for a while, then finally settled and fell asleep. And last two nights she nursed and pulled away, awake, after doing the same thing. The one night she cried hysterically for an hour and a half before conking out on my husband. Last night she went peacefully, again on my dh. She is almost 6 months and feels like she's getting teeth buds. Maybe this has something to do with it?? But she's still nursing and sleeping fine for naps and motn feeds. It's just the initial bedtime feed. Has anyone else had this experience? Any tricks? Is this a phase or should I expect a permanent thing?

Topic themes within the original posts. To extend this research question beyond advice solicitation, the themes of topics discussed were also examined. Within the original posts, many overlaps were clear in the mothers’ disclosure of the issues they were tackling. Constant comparison revealed four major themes in the original posts: pumping, mother’s physical effects of breastfeeding, mother’s mental effects of breastfeeding, and breastfeeding process.

Pumping. Seeking pump and supplies suggestions was quite popular among moms on the discussion board. Several moms indicated they will be going back to work soon and are trying to figure out a pumping schedule, such as this first time mom (FTM) in Thread # 72:

Lo is 13 weeks old and I'll be starting back to my 12 hour shifts at the hospital soon. Of course I'll be pumping during my shift, but I understand that some women also pump in the car. It seems like a good use of time, but...how exactly does it work? You just strap on your pumping bra and drive around with your apparatus sticking out? I have a low car and I'm just trying to picture myself pulling up next to someone at a stoplight...please enlighten this FTM!

First time moms look to more seasoned mothers for insight on many subjects, but searching for a pump was a common subject. Thread # 75 states, “First time mom and dont know anything about pumping!! Do i need an adapter for my spectra s2? And do i need to buy anything else for my breast pump besides the stuff it comes with?”

Some moms felt pressure to build a pumped milk freezer stash to help with times mom has to be away from the baby, which in turn can increase worry about other breastfeeding issues. Thread # 102 explains:

LO (*little one*) is 1 week old. Milk is in and baby is nursing well every 3ish hours. It still is very very painful, especially because my left side is a bit on the flat side 😊 I wanted to start building up my freezer stash but I worry that if I start pumping now my milk production won't regulate. With my son I got mastitis and breastfeeding was a struggle for several months so I want to make sure to do things "right ". When (and how often) should I be pumping?

When moms have been instructed by a doctor to supplement due to supply issues and baby's weight decreases, moms often pump to measure the amount the baby gets during a feed session. The pressure of constantly being focused on baby's intake and having to pump in addition to nursing and use formula, can be overwhelming, as explained in Thread # 46:

My little one lost a significant percentage of weight after birth. I was told to supplement and am continuing to do so at home due to inadequate milk supply. She is 6 days old. I am having difficulty with time management because between breast feeding, pumping, and formula feeding it is taking an hour to achieve all three. I am exhausted, all I am doing is feeding or preparing feeding in some way. Has anyone been through this? Any suggestions of how I can manage better?

Mother's physical effects of breastfeeding. Within the posts, mothers expressed several physical issues with their breasts caused by breastfeeding. Nipple pain and trauma was a common discussion. In Thread # 106, the mother explains in this excerpt from her post,

... breastfeeding has been a real struggle. First she was losing weight and I had nipple trauma and needed prescription ointment for all the scabs and cracks.... I've seen 3 lactation consultants ...The big scabs are gone but when I breastfeed my nipple comes out creased and blanched (though it doesn't hurt while she is feeding).

Many of the moms continued to express nipple pain and searched to find suggestions to assist in decreasing nipple pain. A mom with previous breastfeeding experience posted in

Thread # 9:

...I have a 3 day old LO EBF and she is doing well latching it seems, however I am still having nipple pain and soreness especially on my left nipple. I have a picture to show how its traumatized from almost 8 years ago nursing my first DD, it kind of almost tore half way off and now its very painful that Im nursing again. I am using lanolin free nipple butter and its very soothing and the medela hydrogel pads for pain relief. Is there anything else I can do?...

In addition to nipple pain/trauma, mastitis was commonly mentioned in posts.

Thread # 117 explained, “My body is falling apart, I'm constantly getting mastitis, dd (*dear daughter*) is fussy at the breast, latching, unlatching, off and on, so when I so bf her it's more of a wrestling match...I feel so terrible physically, mentally, emotionally.”

Specifically, mothers expressed concern with working through the issue of clogged ducts in order to prevent mastitis from occurring. One mom (Thread # 35) said:

...Wondering what experience you have with a blocked milk duct! I have a hard and now painful lump on my left breast and have literally tried Everything to release it but to no avail. Went to walk-in and they gave me Keflex. I'm honestly hesitant to take it while breastfeeding but also don't want mastitis!...

In the case of Thread # 123, this mom dealt with several of the common themes discussed in physical effects of breastfeeding. She explains in the excerpt, “ My lo is almost 14 months old and is still breastfeeding. I've had problems the whole time! Mastitis, clogged ducts, milk blebs, cracked nipples, and sore nipples the entire time...”

Mother's mental effects of breastfeeding. Not only do mothers experience physical effects from breastfeeding, but often times the mental effects of breastfeeding can be a major struggle for mom as well as the partner. Through the physical struggles of breastfeeding, mothers will often experience mental struggles as a result. Adjusting to infants' many needs can create many stressful and worried feelings in mothers and often this was expressed within their support seeking posts. Not only do mothers experience these mental struggles, the fathers experience stress during the adjustments as well. In fact, there was one thread where a father posted regarding his wife's breastfeeding difficulty that led to her mental struggles. This was the only incident where someone other than the mother posted seeking support. (Consideration was given to whether or not to include this post in the data being that it was the only "dad" post. However, due to the nature of the themes found in the post and being that it was consistent with the other moms' problem disclosure posts, it was determined that leaving it a part of the data offered a supportive perspective.) In Thread # 85, the dad expresses the need for being there for his wife, which confirms what several moms also suggest in other threads about needing a strong support system at home. Here is his full post from the dad:

Our daughter is seven weeks old, and my wife has struggled with breastfeeding since day one. First it was a latch issue - then little one AND mom got thrush - then the Gentian Violet gave little one sores in her mouth. Now little one struggles with latch again and falling asleep at the breast. The only reason why my wife continues breastfeeding is because she has managed to have some good sessions and even some good days. However, when things go poorly, she is super frustrated, gets verbally frustrated with little one, and cries. Sometimes a session can take an hour or more. I don't think it's a pattern that can continue, especially once my wife starts back to work. I mean, her initial weeks with our daughter have not been enjoyable but full of constant stress surrounding feedings. As the husband and father, I feel that I have been very supportive and I think my wife would agree. I hope that I don't have to post my resume in that regard. Despite all our conversations surrounding breastfeeding, I don't know if it's my place to tell her to call it quits. I feel like maybe she ought to come to this decision on her

own. However, I know it would be a difficult decision for her to make. What if she needs someone to make it for her? But I also know it's her body and her relationship with our daughter. It's just stressful for our household. Watching the level of frustration my wife experiences with breastfeeding makes me feel more helpless for her sake than helping her during labor...

Reading this stressed dad's post sheds light on how important the support system is in the mothers' breastfeeding journey, mentally. In contrast to the dad's need to help his wife, another support seeker in Thread # 131 had a "confinement lady" employed to help in the first month at home. Instead of helping the mom, she ended up causing her much more stress, and stress was repeated in posts. Stress in first time moms can be high especially when worried about the baby's weight and milk intake. This stress can cause some moms to supplement, like in Thread # 6:

FTM (*first time mom*) here, my baby is now 3 days old and he screams and cries every time I try to breastfeed. At his first appointment, the doctor was concerned because he lost 10 ounces in 2 days so I now have to supplement with formula. I'm trying to pump to give that to him, but my milk still hasn't really come in. I'm lucky if I manage an ounce each time I pump. I'm still trying to get him to breastfeed, but I know that stressing makes it more difficult and the way he cries while I'm trying to hand express and get him to attach does not make it easy to relax. Any tips?

The sleep situation of the family is a point of worry from some moms as well.

The mom in Thread # 90 expressed worry over the safety of her child. In addition to the pain she felt with putting him in his crib to stop co-sleeping, and she yearned for support to help her with her feelings.

My LO (*little one*) turned 4 months and doc said it's time to start weaning him from cosleeping. 😞😞 The thought of it breaks my heart, I EBF (*extended breastfeeding, exclusively breastfeeding*) and I feel there's a really strong bond between us. Today I was so positive and so ready to try to get him in his room. I got all his jammies ready, nightlight, and humidifier ready. and Then when the sun came down I couldn't stop crying and crying. My LO (*little one*) usually falls asleep by playing with My hands or touching My face. He's lying beside me now and I'm thinking in my head "what happens when he wakes up and realize that I'm not there" 😞 we've always had enough room on the king size bed, I'm in between

my husband and baby. My husband and I don't move in our sleep and ive have not rolled over on him. I will let him sleep in his crib, maybe not today, or tomorrow but maybe when he starts rolling over. I know sleeping on his own decreases SIDS but I like to be right next to him if he does have a hard time breathing or if something happens. Please let me know if there's anything the can ease my mind ladies!

Struggles with breastfeeding process. The process a mother has to go through to breastfeed can be challenging and filled with several obstacles. A common theme among mothers seeking support is regarding the strategies and techniques involved in successfully breastfeeding. The improper latch of the baby to the breast emerged as a common issue from mothers on the discussion board. In Thread # 1, the mom stated:

He spent two days in the nicu where he was bottle fed and then i tried BF and he latched on right away. But due to my milk not fully coming in yet, I still supplemented with a bottle of formula after he spent about fifteen minutes on the breast. Now I'm home and my milk is starting to come... I can pump out about 2oz per breast in about 25 minutes. He's been latching on still but really only to the left side and for about ten to fifteen min and he stops. Now the last two feedings tonight he won't latch on to my breast at all but will take the bottle right away. What do I do???

Unlike the previous thread where the baby had an improper latch, Thread # 101 explained a situation where the baby would not latch. Here is an excerpt from her post:

...So we had a rough start with breastfeeding, baby girl wouldn't latch and wasn't eating enough. We had to supplement in the hospital but was able to pump and switch to my milk as supplement. Then, she stopped latching because she got a bottle of breastmilk. Fast forward through some meltdowns I ended up with nipple shields which she would latch on to but she wouldn't fill up from the breast so bottles stayed a necessity...

In addition to latch issues, mothers discussed the popular issue of nursing in public.

Feeding the baby in public requires learning proper techniques within the process for successful breastfeeding. Many people find breastfeeding in public to be inappropriate and taboo, which is why some women may refrain. One mom in Thread # 44 explained, "I want to breastfeed in public for my LO (*little one*) but I'm still not comfortable. I try &

I make things more awkward/obvious.. any one have any tips?" Another mom (Thread # 76) had finally attempted breastfeeding in public and seemed to feel liberated in her experience. She states:

I'm nursing uncovered for the first time! Our grocery store has an eating area including a 'kids space'. I'm sitting there (with Paw Patrol on lol). I took out my cover but he is starting to hate it and I just didn't feel like using it.

RQ2: Types of Support

The second research questions asked, what are the types of support given to mothers that have posted questions about breastfeeding? Using Abassi Shavazi et al.'s (2015) categorizations, support types were assigned to all comments made to the original poster. No new types were discovered. Upon coding the types, I found that Gray (2013) categorized offering links as tangible support, whereas Abassi Shavazi et al. (2015) coded them as informational support, specifically referrals. These links and resources, such as articles or blogs, were classified as referrals within this dissertation, as Abassi Shavazi et al. did. Like the previous research question's findings, comments often included multiple instances of support type subcategorizations. Specifically, there were 1,282 total instances of support types with an average of 1.97 support types for every comment. The majority of responses included just one type of support ($n = 288$; 44%), but the responses went as high as including eight different types of support ($n = 1$; 0.15%) in a single message posting. (See Table 4.3 for a frequency chart displaying the number of support types for message posting responses.) Informational support was the most utilized by commenters in their responses, with 910 instances within the 136 original posts. Network and tangible support were the least utilized. (See Table 4.4 for frequencies of each support type.) Exemplars for the top four types of related support categories will be

Table 4.3. Frequency of Number of Support Types per Message Post.

Number of support type per message post	Frequencies (%)
1	288 (44%)
2	207 (31.7%)
3	96 (14.7%)
4	38 (5.8%)
5	16 (2.4%)
6	6 (0.92%)
7	2 (0.31%)
8	1 (0.15%)

Table 4.4. Frequency of Types of Support Types

Online Social Support categories and related categories	Frequency (%)
<i>Informational Support related categories</i>	
Advice	251 (38.4%)
Referrals	81 (12.4%)
Situation appraisals	98 (15%)
Teaching	95 (14.5%)
Sharing personal experience	385 (58.9%)
<i>TOTAL INSTANCES</i>	<i>910</i>
<i>Emotional Support related categories</i>	
Relationship	2 (0.9%)
Encouragement	115 (17.6%)
Understanding/empathy	84 (12.8%)
Sympathy	15 (2.3%)
Prayer	1 (0.2%)
Confidentiality	0
Virtual affection	1 (0.2%)
Sharing coping philosophy	5 (0.8%)
Spiritual support	1 (0.2%)
<i>TOTAL INSTANCES</i>	<i>217</i>
<i>Esteem Support related categories</i>	
Compliment	6 (0.9%)
Validation	136 (20.8%)
Relief of blame	6 (0.9%)
<i>TOTAL</i>	<i>148</i>

Table 4.4 (continued)

<i>Network Support related categories</i>	
Companionship	1 (0.2%)
Presence	1 (0.2%)
Access	0
<i>TOTAL INSTANCES</i>	<i>2</i>
<i>Tangible Support related categories</i>	
Loan	0
Direct tasks	0
Indirect tasks	0
Willingness to help	5 (0.8%)
Active participation	0
<i>TOTAL INSTANCES</i>	<i>5</i>
<i>TOTAL OVERALL INSTANCES</i>	<i>1,282</i>

provided. The informational support category was represented at a greater number than the other types and two of the exemplars are categorized in informational support.

Sharing personal experience. The highest specific support subcategory out of all 25 was sharing personal experience, or personal storytelling as this dissertation refers, which accounted for 58.9% ($n = 385$) of the comments. For a commenter to be able to properly answer the original post's questions, she often relies on her own experience as the basis for the support offered. An excerpt from Thread # 6, 1c states:

...I don't know if this will help you, but it worked for me. I would try to get baby to latch, and when he started screaming, I switched breasts and tried to get him to latch to the other one. If that didn't work x 3 or 4 tries, I had him suck my pinky and used a syringe in the side of his mouth. It probably took 2 or 3 weeks for him to breastfeed consistently...

This mom declares that this particular experience advice may not work for the mom seeking support, but that it proved successful in her own situation. Throughout several different comment posts, moms would include a similar statement indicating they may

not have the answer, but it may be worth a try being that it was a successful remedy for them.

In Thread # 14, this mom (14-OP) received seven comments from seven different posters to her original post that all included sharing personal experience stories within their responses, in addition to including some other types of support. It is displayed in the Table 4.5. The mom in the original post asked a series of questions, specifically to moms who have used the tea in the past, which likely resulted in the inclusion of experience stories from the moms commenting. She sought out their experiences with the way she framed the post.

Advice. The advice category accounted for 215 (38.4%) support instances within the message postings. Advice is an opinion from a credible source and in the case of the mom in Thread # 23, she received advice on how to tackle her issue with pumping. Here is the original post:

My little one is 10 weeks old and i returned back to work but before he turned 8 weeks. Unlike my first he only eats on one side each feed. When returning to work I pump on both sides each time I pump Be more time efficient and try to pump every 3 hours since that's how often he eats. Problem is I am starting to get uncomfortably full when I'm with him because he only eats one side. Should I be spacing out my pumps at work or only pumping one side. I don't want to mess with his tummy by constantly having an oversupply and him not being able to get the hindmilk. I know pumping more will cause a greater supply but I don't want him only Getting foremilk. Suggestions?

Mom 2c responded, "I would either double pump less often at work or just pump one side every 3 hours," and mom 1c responded:

I would gradually space out your pumping sessions so your body starts to produce less. You have considerable oversupply. Most women need to pump for 15-30 minutes every 2-3 hours and then wilk get 1-1.5 oz per hour. You're getting double that amount in half the time.

Table 4.5. Discussion Board Conversation (Thread # 14)

14-OP	I am using the tea to try to increase supply... If you have used it, how long until you saw results, how often did you drink it, how much more were you able to pump, do the results continue after you stop drinking it- or do you need to drink it forever? Thanks!
14-OP-1C	I have been drinking the tea for about a month or so and I will say, that when I am not drinking it, I notice I don't have as much...so when I start drinking it again, I notice the increase. I drink about 3 cups a day and find I like it unsweetened. I have a friend from Italy and she says her mother and aunts always took fennel tablets (the tea has fennel in it) and it is common in part of Europe to take such tablets or supplements for your milk to come in well. I notice a difference usually the next day when I start drinking the tea. I just feel fuller and seem to be able to pump more as well. Hope this helps!
14-OP-2C	I don't use the tea I have an over supply problem this time but with the last baby had a poor supply and couldn't get all the tea down to make it work. I hear that More Milk Plus by Motherlove is the best thing to take to build up supply. It looks good. I plan to use that if I have a problem. The problem with the tea is you have to drink lots of it to see an increase. The more milk plus is 4 times a day but it's 1/4 tsp not 4-6 cups of tea.
14-OP-3C	check out kellymom.com for info on increasing supply, from what I have read before Fenugreek capsules from the drug store might work quicker and be more convenient, I always ate oatmeal twice a day when I had supply issues and that worked within 2-3 days (I had supply drops once my menstrual cycle returned so I ate right before and during that time) I found that the mother's milk tea took longer when I tried it and I couldn't stand the taste....
14-OP-4C	Never worked for me. But it's great if you have a cold, the herbs are good for you. As far as boosting milk, adding extra pumping and nursing sessions with using the More Milk Special Blend from Motherlove worked wonders for me. I used to be an EP'er and went from 40oz a day to 1-2oz a day. Used the MMSB for 4 days and my milk was back like normal even after I stopped using it. Good luck, I've tried the tea, fenugreek, oatmeal, and even had Reglan prescribed and none worked for me, but everyone is different. Hope it works for you.

Table 4.5 (continued)

14-OP-5C	I take Reglan and only drink this tea on occasion. I don't see any difference when I drink it, honestly. The tea isn't that great to me... I have to choke it down when i drink it.
14-OP-6C	Whenever it's "that time of the month" I drink 3-5 cups of Mother's Milk Tea and take 2 capsules of Fenugreek (not sure of the milligrams) 3x/day. I think I also see results the next day. I started really liking the tea. It tastes just like other herbal teas, to me, but I do add a large tablespoon of honey. It gets addictive. I think the results do stop when you stop drinking it. I usually use it for about a week, when my supply naturally goes back up after my period is over. And pumping is relative. I stopped being able to pump very much at about 6 months because, according to kellymom.com, your body gets very efficient at producing exactly what your baby needs, and they're better at getting it out than a pump. HTH!
14-OP-7C	I started the tea lastnight just to keep things flowing, my son is 11 days old and he feeds every 2 hours, this morning i woke up engorged! From one cup! I have not been engorged since my milk came in and today i can tell my milk has slightly increased. Im going to be careful drinking this lol

This was the second time that mom 1c had responded. Her first post was a question to clarify a question, also known as a situational appraisal support category. Both moms began their advice with “I would” statements. Similarly, in a different thread (# 86), an excerpt from a mom’s comment (1c) states, “...I say if he is sleeping longer, let him sleep if he is gaining weight and Dr isn't concerned...” Framing the advice with “I” statements seems to be common among the advice giving comments. And finally, another example in Thread # 105 where a mother is having issues with her mother-in-law’s insistence on supplementing because the mom is “too skinny” in her opinion, comment 3c, uses an I statement as well:

I recommend you listen to a lot less of her advice. It doesn't come from knowledge, but from a desire to make parenting decisions. This is a test to see if

you are an adult or if you will let her be head matriarch. And I would cut down on the travel. That's a lot more than I would ever consider with a newborn.

Validation. Validation ($n = 136$; 20.8%), which is considered esteem support and is defined as communicating agreement with the poster's perspective (Cutrona & Suhr, 1992) most often occurred attached to other types of support. Moms included validation in order to make the moms feel better about their situation. In Thread # 90, this mother received 63 comments about co-sleeping and breastfeeding, and 20 of the message postings included validation. Here is the original post:

My LO (little one) turned 4 months and doc said it's time to start weaning him from cosleeping. 😞😞 The thought of it breaks my heart, I EBF (extended breastfeeding, exclusively breastfeeding) and I feel there's a really strong bond between us. Today I was so positive and so ready to try to get him in his room. I got all his jammies ready, nightlight, and humidifier ready. and Then when the sun came down I couldn't stop crying and crying. My LO (*little one*) usually falls asleep by playing with My hands or touching My face. He's lying beside me now and I'm thinking in my head "what happens when he wakes up and realize that I'm not there" 😞 we've always had enough room on the king size bed, I'm in between my husband and baby. My husband and I don't move in our sleep and ive have not rolled over on him. I will let him sleep in his crib, maybe not today, or tomorrow but maybe when he starts rolling over. I know sleeping on his own decreases SIDS but I like to be right next to him if he does have a hard time breathing or if something happens. Please let me know if there's anything the can ease my mind ladies!

As a side note, it is important to note that based on the comments, many commenters were upset about the fact that a doctor told the mom she needed to wean her baby, which in the breastfeeding world is not often accepted. The post dynamic can be expressed with 90-OP-2c's statement of, "I hate when docs offer parental advice instead of medical advice." Many breastfeeding moms believe in the child guiding the weaning process, as indicated by the many comments. Here are some excerpts highlighting validation from the comments. 90-OP-1c states:

...If you want to cosleep and it works for you please do so. You are the mom you know what's best for your child. If you follow the safety rules of bedsharing there isn't more risks of sids and it's anyway recommended to have your child sleeping in the same room until one year old...

90-OP-3c states, "...If there is no medical reason and you are practicing safe sleep, no reason to change. Co sleep for as long as it works for your family..." and 90-OP-4c states, "...If this is what works for your family, keep doing it...."

Encouragement. Encouraging message posts represented 17.6% ($n= 115$) of comments. Comments of encouragement are offering hope and statements that can boost mothers' confidence. Comments such as: "...You've got this, and you're doing a wonderful job..." by 77-OP-6c; "...Good luck!" by 81-OP-1c; "...It's very much worth it and you will be happy you stuck with it..." by 129-OP-10c. Also, another phrase of repetitive encouragement in the message posts was a version of "it gets easier." When moms were expressing a clear struggle with breastfeeding, for example with being a new mom and new to breastfeeding, mom in Thread # 42, received several encouraging comments indicating that, after a while, the process gets easier.

Patterns in Directness of Advice

There were 791 instances of directness within the comments to support seekers. It was possible to have more than one directness type assigned to each message posting. The frequencies for all types are displayed in the Table 4.6. Directness involving the commenters' description of personal experience was the most prominent type found within message postings. 58.9% of comments included personal experience descriptions. In Thread # 74, commenter 3c explained her personal experience with spit-up by stating:

Table 4.6. Directness Type Instances within Comments to Support Seekers

Type of advice	Frequencies (%)
Direct advice	224 (34.2%)
Hedged advice	74 (11.3%)
Indirect advice	108 (16.5%)
Description of personal experience	385 (58.9%)
<i>TOTAL TYPE INSTANCES</i>	<i>791</i>

My lo just turned one. He had a phase about a month ago when he was spitting up a few times over about a week. I thought it was strange and was going to ask at the one year check up, but it stopped as suddenly as it started and I forgot by checkup time.

Similarly, in Thread # 118 where a mother expressed frustration with not being able to go anywhere due to her 1 year old daughter’s strong attachment to her, she received several personal experience responses like this excerpt from 4c:

My LO (*little one*) never had a bottle after 6 months and she was never a huge fan of breastmilk in a cup. When I had to leave her a few hours, even as an infant, I left her with a cup of breastmilk just in case but she usually just had water and a protein rich snack. She made up the difference nursing when I got back. After 12 months I had no problem leaving her all day with DH, he would just give her an extra snack before naptime like yogurt instead of nursing.

Direct advice represented 34.2% ($n = 224$) of the comments. Including information with a “should” statement classifies advice as the direct type. In Thread # 98, the mom requested opinions on when to start solid foods for her baby. She received a couple of comments that were considered direct. Commenter 1c stated, “Baby food should not be replacing formula or breastmilk at this age.” Agreeing with the previous

commenter, commenter 3c stated, “Yup, what pp said. Baby's primary source of nutrition should be formula or breast milk. You shouldn't replace milk with food at this point...”

Indirect advice was included in 16.5% ($n=108$) of the comments. Indirect advice is advice that isn't explicit in nature. In Thread # 90, commenter 25c gave an option about bed-sharing and co-sleeping by stating, “One option you can look into is taking out one side of the crib and securing it to your bed, so LO (*little one*) has a separate sleep space but still right next to you.” Another example of indirect advice is in this response to a mom in Thread # 106 who expressed major struggles in successfully breastfeeding her 5 week old daughter; commenter 2c stated, “...Another way to start might be calling your local La Leche League, which is free. A Leader might be able to suggest knowledgeable providers...”

Hedged advice was the least used directness with only 11.3% ($n = 74$) of comments including a hedged message. Hedged advice includes phrases such as “I think” or “It seems.” In Thread # 9, commenter 2c, stated, “...I think it's probably just fairly normal discomfort from nursing...” Similarly, mom in Thread # 12 needed advice on taking a trip and needing to pump while away. 1c stated, “..I think it'll be OK as long as you pump frequently...” A mom in Thread # 42 explained that she was exhausted from her infant's sleep habits, or lack thereof. Commenter 12c responded, “I think it's pretty normal.”

RQ3: Storytelling and advice exchanges

Research question three asks, does advice embedded in storytelling occur often within moms' advice exchanges? In the response posts to the moms seeking support, there were 385 instances of storytelling about breastfeeding experiences. To extend this

question in order to evaluate the dyadic exchange of a mom posting to a discussion board, it was further evaluated how often message postings, in general, incorporate storytelling. This includes the posts where the mother seeks advice through storytelling, the commenter gives advice through storytelling, and then the mother responds to the advice with another storytelling instance. Every single original post included storytelling ($n=136$) in order to describe the issue the mothers were dealing with. There were also 93 instances where the original poster responded back to the commenters and used storytelling in the response. Therefore, 602 (65.9%) total message postings out of the total 914 message postings included storytelling about the mothers' own breastfeeding experience within the advice exchange. See Figure 4.1 for a diagram with exemplars (Thread # 35) of the storytelling advice exchange that occurs in discussion boards.

RQ4: Themes within Advice Embedded in Storytelling

Research question four asks, what themes exist within the advice embedded within storytelling? Within the 385 instances where mothers were sharing their personal stories in response to mothers seeking breastfeeding support, there were eight prominent story topics repeated throughout the narratives with pumping stories being the most frequently shared (see Table 4.7 for frequency of stories).

RQ5: Storytelling Prompted By Specific Advice Solicitation

Research question five asks, is storytelling prompted by a specific type of advice solicitation? As explained previously, there were 385 (58.9%) comments to mothers seeking support that included personal stories of previous experience with the issues being discussed. Further analysis of the original posts that generated storytelling responses resulted in 70.6% ($n = 96$) of the 136 threads that included personal experience

Figure 4.1. Storytelling advice exchange in discussion boards.

Mother seeking advice through storytelling posts to discussion board: “Hi ladies! Wondering what experience you have with a blocked milk duct! I have a hard and now painful lump on my left breast and have literally tried Everything to release it but to no avail. Went to walk-in and they gave me Keflex. I'm honestly hesitant to take it while breastfeeding but also don't want mastitis! Thoughts?!?!”



Mother posts advice through storytelling: “Keflex is the antibiotic they generally use to treat mastitis. I know. I was on it 4 times last year. ∴ it's safe for BF (*breastfeed, or boyfriend*) and will nip the beginning of mastitis in the bud. Did you try massaging it with an electric toothbrush? Sometimes that helps break up the clog. Ultrasound therapy can help if nothing else does.”



Mother seeking advice responds to advice with more storytelling: “I've been using the electric toothbrush, taking hot showers, baths, warm compresses, massage, feeding in different positions, pumping etc. It's crazy that it's still not going away! I'm so sorry to hear you had this 4x last year 😊 Was it hard to keep going? Did you end up needing the ultrasound therapy?”

Table 4.7. Prominent Story Topics from Commenters

Story Topics	Frequency (%)
Pumping	67 (17.4%)
Brand/product recommendation	45 (12%)
Sleeping/co-sleeping	43 (11.2%)
Issues with breast (i.e. nipple pain, soreness, tenderness, mastitis, clogged duct)	32 (8.3%)
Lip tie/ tongue tie of baby	22 (5.7%)
Milk supply amount (i.e. building supply, low supply, oversupply)	22 (5.7%)
Nursing in public	18 (4.7%)
Lactation consultant experiences/recommendations	17 (4.4%)

stories. In the 96 threads, there were 116 instances of advice solicitations which averaged 1.21 advice solicitation patterns per thread. In the request for opinion and/or information, it was represented by 42 of the 96 threads, and 36 threads included a problem disclosure (see table 4.8).

Upon analyzing the advice solicitation pattern in reference to producing storytelling comments from commenters, it was found that when moms are requesting opinion/information, they oftentimes explain the issue and then end the post with a request for tips or ideas. For example, in Thread # 7, the mom states, "...Any ideas or tips is greatly appreciated!" Mom 1c responded:

As long as baby seems content, is steadily gaining weight and has plenty of wet/dirty diapers then your supply is likely fine. Full breasts and leaking are common in the beginning but as your supply starts to regulate to baby's needs your breasts will feel softer and not leak as often. I didn't feel my letdown after the first couple weeks either. As long as you hear baby continuously swallowing for periods of time, then letdown is happening.

Another method for prompting personal experience stories is asking if anyone has ever experienced the issue the mom is describing, such as the mom in Thread # 13 who stated:

My daughter is 6 weeks old - I am exclusively breastfeeding her which naturally I am experiencing the normal issues..sleep deprivation, frustration etc. I find she constantly wants to be comfort feeding, I have to feed her to sleep. She doesn't settle unless I am holding her. I have read posts that this is totally normal at her age- that she is just seeking my comfort and gaining my trust, however when reality kicks in I need to eat! I need a shower! I need ten minutes by myself...but my partner has no patience - he holds her for a little while, maybe 20 minutes and can't stand hearing her cry any longer and passes her back to me to settle her. Has anyone else had issues with this? I really really need his help and I have tried to explain, that even our health visitor has advised to let her learn how to settle on him. But he is just finding it so difficult.

She received two very detailed experience stories, one from mom 4c:

Table 4.8. Frequency of Advice Solicitations that Generated Storytelling by Commenters.

Advice Solicitation Pattern	Frequency (%)
Request for advice	17 (17.7%)
Request for opinion or information	42 (43.8%)
Problem disclosure	36 (37.5)
Announcement of a plan of action	4 (4.2%)
Anyone in the same boat?	17 (17.7%)
TOTAL INSTANCES	116

I'm sorry this is the case for you. My daughter was the same way. EBF. I couldn't stand to hear her cry either. I coached her dad on how to calm her, soothe her, rock her, shh her, holding etc. He did everything I would but she just wanted momma. She is 13 months now and it seems just the past couple months she is finally giving me room to breathe. If I was lucky to get away, 90% of the time he did not have any issue settling her. For quite a few months when she got older and more aware, I would have to sneak around because if she saw me she would start crying. I have never been so needed in my life and I thoroughly enjoy my "me" time which I rarely got over the last year. It's been rough. That being said, it truly won't last forever. I was told this by many and it never seemed to help, but it's true. And it's so true that they grow up SO fast. So even when it's shitty, try to enjoy it. Don't forget to communicate with your husband your needs. And as pp stated, make time for yourself...and it truly IS ok for your baby to cry. be easy on yourself.

And the other detailed narrative was from mom 5c:

I know how you feel and it is completely normal. My boy, who is now 5 months, would feed all the time and only want to be held by me. I barely had time to shower or eat. My husband would sometimes look after him so I could try to nap, but I couldn't sleep because he would cry constantly until I came back to him. It was really hard on my husband because he wasn't able to comfort him in the same way I could. By as the weeks passed this phase came to an end - by about 2 or 2 1/2 months I think. As my baby has gotten older his bond with my husband has grown, as will the bond between your baby and partner. Hang in there - you are doing a great job and it will get easier before you know it.

The problem disclosure advice solicitation is typically where moms are ambiguous about the support they need. They simply describe the problem and ask no direct questions, so commenters are open for interpreting what she wants. Even so, the

data showed that moms often responded with storytelling. For example, mom in Thread # 16 stated:

the last few nights have been really rough. My 3 month old hasn't been sleeping well so, I haven't been sleeping well. I'm working, and have 2 other kids to get to school before I go to work. Then after work I get them all and it's just busy busy busy with 3 kids. Well last night I fed the baby at 9:20 and put her to bed. I was planning on going right to bed afterwards...so I told my husband to wake me if she gets up after 12 cuz I didn't pump since I just fed her and I'll need to feed her or I'll be sore. Well bless his soul, he didn't listen and fed her a bottle from what I had pumped at work that day. Gotta love him trying to help me out but now I have a clogged spot in my left breast and it freaking hurts so bad ☹️ I can't even get mad bc if he hadn't helped I'd still be a zombie. At least I got a solid 6 hours of sleep... positive thinking.

The mother (1c) that commented included a lengthy story narrative, as follows:

I hear ya! A few nights ago i chose sleep over a pump session but now im really regretting it cuz i have a bad clogged duct in my right boob. It hurts so bad! Im trying to stay positive & keep pumping but i dont want to get mastitis again this is my 5th plugged duct since LO (*little one*) was born. Hes almost 10 months. Ive also had madtitis 2 times. This is my first time having a plugged duct while pumping cuz i nursed the first 9 months. Fingers crossed we both get rid of these plugged ducts! 😊

Post-hoc Analyses

Within the threads, the support seekers would often respond to commenters.

Among the threads, 75 included response posts from the original poster, and four prominent categories (with two minor categories) were developed from analyzing these comments as displayed below in Table 4.9. Within the 124 response comments made by support seekers within their posts, there were 176 instances of response classifications. Similar to the other analyses, multiple instances of categories were found within some of the single comments. The situation clarification response messages were most common within the thread conversations representing 39.2% ($n = 69$) of the response instances from the support seekers. When the original poster offered more information to clarify

Table 4.9. Support Seekers: Comment Response Types

Themes	Frequency (%)
Situation Clarification	69 (39.2%)
Appreciation	49 (27.8%)
Plan of Action	27 (15.3%)
Seeking More Information	18 (10.2%)
Bump	7 (4%)
Validation	6 (3.4%)

her original post or if a commenter asked her a question and she replied with a clarification, the situation clarification type was assigned. For example, a commenter (5c) responded to the original post (Thread # 23) with:

So you stopped when you got how much your LO (*little one*) was taking per feeding via bottle? I'm so paranoid about not having enough pumped milk for him. I know I'm being silly but it's hard not to want to fill up the freezer.

And the original poster responded with:

I pump anywhere from 6-10 ounces each session (5-8 minutes max) and he is eating 3-4 ounces each feeding, which is usually every 3 hours. Most days I pump 2-3 times in my 8 hour shift but if I don't pump the 3rd time I usually need to pump once I get home.

The appreciation type represented 28.7% ($n = 49$) of the support seekers' response messages. This category was assigned to messages when moms responded with some variation of a "thank you" response.

The plan of action type represented 15.3% ($n = 27$) of the responses. When a support seeker responded with a plan to tackle the issue discussed, this type was assigned. In Thread # 99, the mom asked a pumping question. Commenter 2c responded with very detailed information:

Unfortunately, yes. Breastfeeding is supply and demand. The more milk removed the more milk made. Inevitably, allowing milk to sit in your breasts longer before pumping will signal your body that you don't need that milk. So your breasts will

slow down or cut back production. Average output when pumping in place of nursing is 2-4 ounces both breasts combined, so your 3 ounces is absolutely perfect! A breastfed baby typically needs 3 ounces of milk per feeding, so it makes sense that you'd produce such when pumping. If you hope to maintain your supply, you need to continue pumping as often as baby would be eating...at the very least every 3 hours. Twice over 9 hours is not enough.

An excerpt of the original poster's response was: "I will start pumping 3x a day again tomorrow. I definitely don't want my supply to go down."

The seeking more information response type represented 10.2% ($n = 18$) of the response postings. If the support seeker sought more information after commenters would respond with advice, then this type was assigned to the message. A mother hoping to wean her 19 month old in Thread # 67 responded to a commenter with the following question: "Does bf'ing this late offer any nutritional value?" In this case, the mother did not get a response back to her question. However, in the case of Thread # 88, the mom's question of, "How do you determine if lo is allergic to dairy? Cut it out and see if it helps? Did you cut it out completely?" did receive a response back to her series of questions about ways to help her colicky baby.

The "bump" category represented 4% ($n = 7$) of the response messages. When an original post would go unanswered, the mother would post, "Bump," in order to move the thread to the top of the discussion board. There were three threads where the mom posted "bump" and it did result in comments; however, four threads received no comments. Three of the posts that received only a bump post were repeated questions from other original posts, so it is possible caused commenters to avoid responding.

The validation category represented 3.4% ($n = 6$) of message responses. Validation posts occurred when moms acknowledged that they found confirmation with the current issue at hand. In some cases, support seekers found other moms going

through similar struggles through the comments to her post and it resulted in the original poster commiserating with her. For example, in Thread # 67, the mom stated, “I get it. It is hard. Lo becomes so consumed with nursing whenever she pleases. Middle of a toddler class...in a store...guest house. Its just a big show. I didnt think we would still be nursing this long either.” Another mom in Thread # 98 stated, “Yeah, that’s what I figured.”

Chapter 5: Discussion

The objective of this dissertation was to investigate mothers' online breastfeeding support interactions. This study sought to provide a greater understanding of mothers giving and receiving support exchanges. In order to accomplish this goal, threads on a popular general breastfeeding support discussion board were analyzed. Results indicated that informational support was most commonly given in response to support seekers. Support seekers utilized requesting an opinion or information most often when posting to the discussion board. Mothers most commonly offered storytelling as responses to posts and embedded advice within the stories.

Research Questions Answered

RQ1: Common Themes in Support Seeking Original Posts. The first research question asked, what are common themes in questions mothers are posting on the breastfeeding discussion board? To answer this question, two different directions were taken. There was an analysis of the advice solicitation patterns, as well as a thematic classification of topic themes.

Advice solicitations. The analysis of the advice solicitation patterns showed that moms were seeking support mostly through requesting an opinion or information in their posts. Women participating in an online breastfeeding discussion board also mostly sought support through the form of requesting opinions or information from other members (Sillence, 2013). The moms would often explain the issue in great detail and then post a question to prompt the support givers to offer solutions or suggestions. Problem disclosure was the next highest advice solicitation pattern and moms tended to not directly ask any questions, but instead posted details about the problem, leaving the

support giver to interpret what support the mom needed. Goldsmith (2000) states the following about the difficulty interpreting the need in problem disclosure: “[A]lthough announcing a problem does not explicitly or unambiguously solicit advice, there are circumstances in which observers were able to hear it as solicitation” (p. 8). The moms often were expressing stress and frustration with an issue within problem disclosure, and therefore the responses from other moms revolved around the feelings expressed. As far as a direct request for advice, this pattern was second to last in number of instances. When moms included a direct statement requesting advice, they were classified as a request for advice pattern. As in some posts requesting breastfeeding advice, Goldsmith (2000) found the most explicit statement to be “I need your advice.” The next most prevalent advice pattern was when moms that explicitly asked for anyone in the “same boat” and they included a detailed account of the issue at hand. In breast cancer posts, Sillence (2013) found 20% of posts sought advice through seeking support from those who have had previous experience or “anyone in the same boat.” Lastly, it was uncommon for mothers to announce a plan of action. Similarly, Sillence (2013) also found this to also be the most uncommon advice solicitation pattern when studying a breast cancer forum.

Topic themes within the original posts. To give a full look into the themes occurring within support seeker posts, topics were analyzed thematically in addition to the advice solicitation patterns. There were five major topic themes within the threads on Babycenter.com’s breastfeeding discussion board: pumping, mother’s physical effects of breastfeeding, mother’s mental effect of breastfeeding, and breastfeeding process.

Pumping. Unlike Gray's (2013) findings, threads about pumping breast milk were most common in this discussion board. Gray found that pumping only represented 3.7% of the topics present on the discussion boards, whereas in this research, pumping was the most popular thread topic. Moms most often were expressing a need for information on pumping when returning to work, ranging from brand recommendations to building a freezer milk stash to recommended pumping spaces for mom at work. Pumping was also mentioned when moms attempted to measure the amount of breast milk their children were getting during each feeding. Porter and Ispa (2012) also reported that parents of infants who utilized online discussion boards were concerned with the amount of milk consumed. In addition, Flaherman, Hicks, Huynh, Cabana, and Lee (2016) found that negative experiences in pumping are related to milk supply concerns.

Mother's physical effects of breastfeeding. According to Wieman, Du Bois, and Berenson (1998), one of the barriers of breastfeeding is the perception that breastfeeding is painful. Considering the repeated posts involving physical pain the moms experienced, this is an understandable perception that moms have. Typically, these posts involved nipple pain, nipple trauma, mastitis, breast tenderness, and clogged ducts. These are extremely common experiences among breastfeeding mothers (Berens, 2015). Oftentimes the mothers who sought suggestions for soothing the pain and discomfort associated with breastfeeding also expressed a fear of these physical effects causing the mother to cease breastfeeding.

Mother's mental effects of breastfeeding. Research shows that stressful life events impacts the cessation of breastfeeding in mothers (Dozier, Nelson, & Brownell, 2012; Li, et al., 2008; Rondó, & Souza, 2007), and some mothers' posts to the discussion board

indicated life events were impacting their ability to continue breastfeeding. However, most mothers indicated that breastfeeding itself was the source of much stress, worry, and frustration and, in some cases, indicated they wanted to quit due to the mental toll of breastfeeding. Mothers become consumed with their milk production amount and the amount baby is actually eating, and Geddes, Hartmann, and Jones (2013) determined a reduction of stress impacts better milk production. Therefore, it can be deduced that based on this research and Geddes and colleagues' research, mothers' stress level could be affecting their milk supply. One of the most commonly named reasons for stress in Henshaw, Fried, Siskind, Newhouse, and Cooper's (2015) research was breastfeeding concerns, and others were lack of sleep, lack of social support, and difficulty balancing demands of being a new parent. Sleep issues related to breastfeeding were commonly referred to by the moms. Bed-sharing correlates to improved quantity and quality of sleep for the breastfeeding mom (Bailey, 2016), yet some posts expressed a need to get the baby to his/her own room in order to improve overall sleep for the moms. Also doctors often told mothers that babies needed to not be in the mother's bed for safety concerns, which as many moms indicated, this direct invasion of the doctor into their family life caused them much frustration and stress.

As indicated above by Henshaw, et al., (2015) lack of social support was a cause for stress in mothers. Research suggests the support system in the mother's life impacts the feeding decisions like that of breastfeeding (Brown, Raynor, & Lee, 2011; Bonia et al., 2013). Among low-income mothers, others' opinions, specifically the supportive individuals in their lives, exhibited strong influence on feeding intentions (Hill, Arnett, & Mauk, 2008). Typically research regarding attitudes about breastfeeding investigate the

mothers' perceptions only, although Laanterä, Pölkki, Ekström, and Pietilä (2010) conducted research on first time, expectant parents, considering perspectives of both mother and father, who reported intentions to breastfeed. The research determined inexperience with breastfeeding and also interest in both parents' involvement in feeding led to stronger negative attitude formation; however the findings pointed to seeking information as a means to decrease the negative attitude, which was found in this dissertation to be a very common reason why mothers were using the discussion board. Mothers with intentions of breastfeeding often have a partner or spouse that also supports the feeding choice (Pollack, Bustamante-Forest, & Giarratano, 2002). Formula-feeding, however, also has been found to be a choice made because of a lack of knowledge and family support, as well as someone else in the family, most often, the grandmother of the baby formula fed previously (Bonia et al., 2013). Some moms indicated in their posts that support from their husbands, their own mothers, mother-in-laws, and friends were the ones in their lives whose support impacted their stress levels, and therefore seeking guidance from the discussion board was often appreciated and at times they even reported how the situation changed through the advice that was offered.

Struggles with breastfeeding process. Latch, proper positioning, and breastfeeding in public were issues found to be repetitive among the mothers' posts. Gray (2013) categorized latching on, biting pain, and baby positioning as physical breastfeeding struggles, but in the analysis of this study's data, it seemed that a theme existed within the process it takes to breastfeed, which is why breastfeeding in public was categorized as this theme instead. Moms explained a struggle with being able to feel

comfortable with positioning when in public, which led to the classification of the process theme.

RQ2: Types of Support. The second research question asked, what are the types of support given to mothers that have posted questions about breastfeeding? Online support in the context of the breastfeeding discussion board resulted in a representation of all types of support categories (informational, emotional, esteem, network, and tangible), but specifically it appears that moms resoundingly receive informational support. While emotional support accounted for many message postings (the second highest), the informational support category was most often included in these exchanges between moms. The importance of informational support is a finding consistent with previous studies (Abassi Shavazi et al., 2016; Attard & Coulson, 2012; Coulson, Buchanan, & Aubeeluck, 2007; Coursaris & Lui, 2009). Within informational support, the related category of sharing personal stories accounted for the majority of the support type related categories which is consistent with previous research in online support settings (Abassi Shavazi, et al., 2016; Attard & Coulson, 2012). Of the messages coded, 58.9% included stories of the mom's own experience. Also other prominent related categories were advice, encouragement, and validation. The evaluation of directness of advice patterns led to findings that determined that the majority of message responses were descriptions of personal experience. When experience is included in the response, advice recipients are more likely to do what is suggested because the source is more homophilous, which is where the support seeker perceives a similarity between her and the advice giver (Wang, Walther, Pingree, & Hawkins, 2008). Direct advice patterns were only found in 34.3% of the message responses, which is where "you should" statements are used. Based on this

research, it is recommended to avoid “you should” statements in advice postings, as this very direct message seems less like a suggestion to consider and more like a directive that must be done. This directive may lead the mother to be resistant to the advice unlike that of sharing a personal experience story that allows the support seeker to know there is experience backing her advice.

RQ3: Storytelling and Advice Exchanges

Research question 3 asked, does advice embedded in storytelling occur often within moms’ advice exchanges? Being that the majority (58.9%) of the message posting responses included storytelling, it is determined that advice is embedded in storytelling within the discussion board posts moms have about breastfeeding. This confirms what is already known about how females interact in support settings. Mo et al., (2009) determined that it is common for women to include personal information within support interactions like those of this discussion board. Previous research also points to the fact that when giving life advice to their daughters, mothers embed advice within storytelling (Gilchrist-Petty & Reynolds, 2015).

RQ4: Themes within Advice Embedded in Storytelling

Research question four asked, what themes exist within the advice embedded within storytelling? There were eight prominent themes discovered in the analysis of mothers’ stories shared while giving advice. The four most repeated themes within the message postings were stories about: pumping, brand/product recommendations, bed-sharing and breastfeeding, and issues with the breasts. Pumping posts often related to returning to work and managing pumping, as well as particular supplies and pumps suggestions. Quite often moms made brand/product recommendations and included their

own experience with using the brand/product. Encouragement and frustrations alike were included in the moms' stories of bed-sharing and breastfeeding. Finally, personal issues with the breasts, including mastitis, nipple pain, clogged ducts, and breast shape were repeatedly discussed.

RQ5: Storytelling Prompted by Specific Advice Solicitations.

Research question five asks, is storytelling prompted by a specific type of advice solicitation? The advice solicitation that prompted the most storytelling was requesting an opinion or information. Therefore, requesting an opinion seems to encourage mothers to give personal stories about the issue. Also, the second pattern that encouraged storytelling was the problem disclosure solicitation. When moms described an issue they were currently experiencing with typically no direct request for support, this often resulted in storytelling in the comments.

Implications of Findings

This study has several implications for the online support context, for moms who will receive and give support to other moms about breastfeeding or other parenting choices, and for healthcare workers. First, this study shows the many layers that exist within online support. Abassi Shavazi et al. (2016) outlined online support categories within Multiple Sclerosis patients that led the way for support to be analyzed in this very popular and applicable context of online discussion boards. This study provides another health issue to be highlighted in this growing area of research, and the context of breastfeeding online support is growing in popularity.

Learning more about how mothers use storytelling to communicate advice to other mothers is an area where little research has been conducted. Research exists on

how mothers embed advice within stories to their daughters (Gilchrist-Petty & Reynolds, 2015), but the area of mother to mother storytelling to give advice is rather novel and needs more research to gain a greater understanding about how mothers' frame their advice/experience stories and how these stories impact the receivers of the advice stories. Clearly, based on this study, giving advice often leads to storytelling, but a mother's narrative about her breastfeeding experience is a complex issue where the door is open for more interpretation and understanding.

The research conducted in this dissertation also allows mothers to understand more about how to frame questions to seek certain types of support and highlights how mothers can help other mothers through the understanding of these support seeking messages. Allowing mothers to learn more about how to effectively give and receive support to other mothers is an area that is untapped, however, some discussion boards' pinned post may offer information about proper topics and posts, there is not typically information offered to them about how to properly frame message for optimal effectiveness. Board moderators could serve a more intentional role at providing moms with better information on how to ask for the exact advice they want, as well as the commenters could be guided on how to provide the most effective advice. Sometimes moms may not understand how to frame a question in order to receive a particular type of support. For example, if a mother is stressed and worried about her breastfeeding situation and just needs other moms to tell her she is not alone in these feelings, then she will need to understand how to frame the question to get the kind of support she wants instead of receiving lots of information that she may not have been wanting. If discussion boards offered a guide for how to ask questions to get specifically what they

want from the exchange, then discussion boards could be even more useful and effective than they are now. In Appendix B, a tip sheet is offered for mothers seeking online support and mothers giving online support. It will provide suggestions for forming proper advice-seeking messages, as well as suggestions for offering more thorough and understandable advice responses.

Learning more about support messages can offer people a greater ability to seek out exactly what they want from their support system instead of just hoping that someone offers them the kind of support they yearn to receive. In interpersonal communication courses, professors should spend more time cultivating support skills in students. Allowing them to begin learning about how they should be seeking support and, alternately, giving support, could strengthen their relationships and in some cases allow them to end relationships that are not worth their time and energy. Having more fulfilled relationships has the potential to change the course of some people's journey for happiness in life. Similarly, implications for the counseling field to learn more about seeking and giving support could allow them to equip patients with a support tool kit to lead more fulfilled lives. Patients' ability to state more directly what their support needs are can lead to potentially more fulfilling guidance and advice from those in their lives.

The medical implications for this breastfeeding and support research also could provide healthcare workers (i.e., lactation consultants, obstetrician/gynecologists, and pediatricians) more insight into what common issues moms are discussing with other moms as well as the needs that are sometimes too uncomfortable to discuss with those in healthcare. Medical professionals need to be more open about providing the mom with

not only informational support, but also the meet the need of giving them encouragement and validation in their breastfeeding journey.

In addition to practical implications, the methodological and theoretical implications from this research are complex and critical for the future research of online social support and communication about breastfeeding. As it has been well established in this dissertation, moms heavily utilize online support for breastfeeding advice. Technology affords people the ability to have an enormous amount of information at their fingertips, which can lead to information overload when coupled with the medical professionals and close support people's advice. Seeking online support offers users a way to obtain quick information from various points of view. As was found in the particular board studied in this dissertation, this community was not one filled with negativity and judgment as is sometimes characteristically found in mom online communities, like Facebook for example, which was reported by moms in unpublished research by this author. Qualitatively studying support messages further in the online setting can provide more information and insight on message formation, credibility of the poster, as well as a deeper look into advice with consideration of face threat and politeness theory. With the studying of online discussion boards becoming more popular, the need for reliable and valid data coding and analysis is also at the forefront of the implications of this research.

Limitations

This dissertation offers a closer look at mothers' interactions on online discussion boards; however there are some possible limitations. First, the sample being from only one virtual community could be problematic. Had more websites been utilized in

obtaining the sample, a possible better representation could have been obtained. It is possible that behaviors, topics, and expectations are different on other sites with online discussion boards. Online discussion board culture and norms can vary greatly from site to site and even board to board. Secondly, even though it was determined that support was given to moms (and one dad), it cannot be determined if this support is actually effective. Using other qualitative methods, such as conducting interviews with moms that regularly use online parenting boards, could allow a better view of the level of helpfulness of the advice on the discussion boards; and in addition, using it as a second study to support the dissertation could have provided a stronger discussion on this dissertation topic. With the particular method of this study, there is no way to know if the support offered actually meets the needs of the support seekers other than evaluating responses from the original posters within the thread. Being that only the messages were analyzed, this could be a limitation in generalizability as well (Coulson, Buchanan & Aubeeluck, 2007), meaning that evaluating the member name, picture, and tag line information could provide more useful information. Thirdly, in the coding processes, it could have been more effective having more than two people code the data, and it is recommended by Frey, Botan, and Kreps (2000) that researchers should use at least two coders and more if possible. For testing reliability, percentage agreement was chosen, which is one of the weaker forms of qualitative reliability. Even so, the percentage agreement was suggested as a way to test the reliability of online community qualitative data coding, according to Seng-Chee, et al., (2011). The decision could have been made to use software to test in order to provide a stronger reliability for the research, like that

of Cohen's Kappa that was utilized by Gray (2013) in her online breastfeeding advice research.

Future Directions

This dissertation provided a different look at discussion board interactions within the context of mothers and breastfeeding because it sought to explore the full and complex interaction with the original poster and the commenters, as well as offering new information regarding storytelling between mothers. However, there is still much to be learned about how mothers interact with one another when participating in support settings. Observing face-to-face breastfeeding support groups in addition to interviewing mothers who give and receive advice to other moms could allow for the perspective of the helpfulness of the support to be explored. Also, there are other important issues within parenting that could be explored in this same online discussion board context, such as formula feeding, soothing methods for infants/toddlers, and vaccinations, just to mention a few.

Storytelling is clearly a major part of how mothers support one another in discussion boards, as this study found. Learning more about what prompts a mom to offer personal stories when interacting in any setting is an area that needs more research. Also, exploring the narratives of mothers' stories more in-depth could offer a better perspective of the types of stories mothers share, specifically stories related to making particular parenting choices (i.e., breast feeding vs formula feeding). In the future, interviews could be conducted with mothers asking them about general topics/questions seeking out their stories. This would allow a closer look at how the messages are themed, framed, and detailed. Additionally, to take a gender difference research direction could

provide some interesting information between moms' and dads' storytelling in regards to parenting as well. As mentioned previously, there was one dad who posted a detailed problem disclosure seeking support regarding his wife's difficult breastfeeding experience. One point important to mention about the "dad" post in this data is that the moms advised him not to tell his wife to quit, but instead to offer her support for whatever she felt was necessary. He was offered encouragement, personal stories, and information, which was much like all comments found throughout the data. Researching discussion boards about parenting that are geared towards males would provide a way to compare and contrast the way support is sought and given between men and women.

As a follow-up to this dissertation, it would be advisable to conduct interviews or focus groups with users of online parenting discussion boards in order to delve into the areas of research the data and method did not afford in this dissertation. Understanding more about their perceptions of advice seeking and giving could provide another layer to this online support work. In continuing the online discussion board research, utilizing multiple breastfeeding groups, even those with very specific topics and less general breastfeeding help, could afford this research a deeper look at norms and culture within board comparisons.

Conclusion

This dissertation has shown the multiple facets involved in the dyadic conversations occurring between mothers seeking support in an online breast feeding discussion board and mothers offering support. Specifically, it explored themes, patterns, and strategies involved in the support, storytelling, and advice exchanges. Results showed that the support seekers most often requested an opinion or information in their posts and

were most generally given informational support that often included storytelling as a means to offer the support and give advice. Themes that emerged within mothers' original posts seeking support included information on pumping, the mothers' physical and mental effects of breastfeeding, and the breastfeeding process. Within support giving, the directness patterns that moms used mostly revolved around storytelling as well as direct advice indicating the mother "should" do a certain directive in solving her issue. Storytelling about personal experiences was the most common way mothers framed their messages of support, and embedded advice about these topics within their stories which were related most commonly to pumping, brand/product recommendations, co-sleeping and breastfeeding, and issues with the breasts.

The results of this dissertation helps shine light on a current dilemma in today's culture regarding how moms interact with one another regarding parenting issues, in this case, breastfeeding. Oftentimes, interactions about sensitive issues, like that of feeding, result in many negative feelings within the mother. At such a stressful time of managing life with a new baby, more positivity and support is needed. In this study, it is clear how often mothers look to others, specifically in online discussion boards, for a place of warmth and guidance. This particular discussion board was filled with advice, encouragement, validation, and comfort to moms in need. More research is needed to continue forming a greater understanding in how moms' interactions truly impact other moms. As this research confirmed, breastfeeding is clearly stressful and a source of many mothers' struggles in parenting infants and toddlers, but having a place where mothers can seek out anonymous, judgment-free support is a start for mothers to get on the right track. More awareness is on the shoulders of researchers to translate findings, such as in

this dissertation, in such a way that moms who are doing the best they can for their families can understand more about how to communicate with other moms in more supportive and kind interactions.

Appendix A: Glossary of Terms/Acronyms

DS	Dear son
DD	Dear daughter
DH	Dear husband
SO	Significant other
TIA	Thanks in advance
HTH	Hope this helps
BF	Breastfeed
BM	Breast milk
EBF	Exclusively breastfed
LO	Little one
MOTN	Middle of the night
FTM	First time mom
SIDS	Sudden Infant Death Syndrome
Mastitis	Inflammation and/or infection in the breast tissue
Hind milk	Milk at the end of the feeding
Fore milk	Milk at the beginning of the feeding
La Leche League	Breastfeeding support group
Thread	Consists of the original post and all comments associated
Original post(er)	Support seeker's post that prompts comments from users
Commenter	Support giver offers feedback to the original post

Appendix B: Tips for online advice

Tips for moms posting questions to parenting discussion boards:

- ✓ Consider what you want/need from the commenters.
 - Advice?
 - Encouragement?
 - Validation?
 - A friend?
 - Someone who “has been there and done that”?
- ✓ Be specific and clear in communicating how commenters can help you.
- ✓ Provide enough details regarding your situation for the readers to fully understand your situation.
- ✓ Be willing to interact with the commenters in case they ask you clarifying questions or if you need to ask them clarifying questions.
- ✓ Re-read your post before submitting to ensure you have clearly explained what you need.

Tips for moms commenting in threads on parenting discussion boards:

- ✓ Pay close attention to what questions are being asked to ensure you provide the support requested. If no question is asked in the post, consider what the poster may need through the disclosure she has provided. Consider what you would need if this poster were you.
- ✓ Offer your personal experience so that the poster may be able to relate to you.

- ✓ It may be tempting to instruct the mom by saying, “you should do this...”, but it may be received better if the advice is more of an option. Instead say, “One thing you could do is...”
- ✓ Re-read your post before submitting to ensure you have clearly responded.

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Vita

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EDUCATION

- M.A. Communication, Western Kentucky University, Bowling Green, KY, 2008
Capstone: Case Study involving an Intercultural Communication course semester-long group project that incorporated aspects of interpersonal relationships, intercultural barriers, and computer-mediated interactions.
- B.A. Communication, Lindsey Wilson College, Columbia, KY, 2006
Magna Cum Laude

PROFESSIONAL EXPERIENCE

- August 2016—present* **Instructor of Communication**
Lindsey Wilson College, Columbia, KY
- September 2015—July 2016* **Co-Director, First Year Experience**
Lindsey Wilson College, Columbia, KY
- August 2008—May 2016* **Adjunct Instructor, Communication**
Lindsey Wilson College, Columbia, KY
- April 2007—September 2015* **Freshman Advisor, First Year Experience**
Lindsey Wilson College, Columbia, KY

PROFESSIONAL MEMBERSHIPS

- ECA—Eastern Communication Association
- NCA—National Communication Association
- KCA—Kentucky Communication Association

PUBLICATIONS

- Frisby, B. N., Horan, S. M., Booth-Butterfield, M., Lin, X., King, M., Byrd, D., & **Furkin, J.** (In progress for publication). Humor styles and shared laughter: Using humor as a post-divorce resilience mechanism.

PROFESSIONAL CONFERENCE PRESENTATIONS

- Furkin, J.** (2015). A formative investigation of student technology usage as a distraction in the classroom setting at small colleges. Paper presented at the annual meeting of the Kentucky Communication Association, Burns, TN.
- Furkin, J.** (2015). The impact of normative beliefs on decision-making in first time

parents: Theory of planned behavior framework. Paper presented at the annual meeting of the Kentucky Communication Association, Burns, TN.

Furkin, J. (2016). Fueling “the mommy wars”: Mothers communication on Facebook regarding other mothers’ posts about parenting choice. Paper presented at presentation at the annual Women’s Studies conference at Lindsey Wilson College, Columbia, KY.

HONORS

- Lambda Pi Eta—National Communication Honor Society
- Alpha Chi—National Honor Society
- 2006 Who’s Who Among America’s Colleges and Universities
- 2005 Outstanding Academic Achievement in Communication Award at Lindsey Wilson College
- Boyd-Lubker Oratorical Contest, Lindsey Wilson College—2nd place in 2004, 1st place in 2005, 2nd place in 2006

Signed: Jennifer D. Furkin