

**Portfolio Volume 1: Major Research Project**

**Exploring the Experience of Parenting when using Social Media: A Grounded Theory  
Study**

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### Abstract

Becoming a parent is a period of great transition in which a person's relationship to their evolving identity can impact upon their wellbeing. Both group membership (Seymour-Smith et al, 2017) and social comparison (Gilbert, 2014) can impact on a new parent's identity as they negotiate this new role. Parents, nowadays, face an ever changing social context in which social media use has become a normalised part of society, however research into the impact of social media use and the processes which underpin it is limited. The wellbeing of new parents is especially important when we consider that between 10% (Maternal Mental Health Alliance, 2020) and 20% (NHS England, 2020) of new mothers and 10% of new fathers (Singley & Edwards, 2015) experience perinatal mental health difficulties and this can have long lasting impacts on the health and wellbeing of both the parent and their baby.

This study used a Grounded Theory methodology to explore the experiences of eleven new parents, who had infants aged between birth and two years. One to one interviews were used to explore the impact of social media use on their emerging parenting identity, their wellbeing and their relationships to others, including their baby.

Two models are presented which aim to describe the processes associated with using social media, as described by the new parents. Parents used social media as means of seeking both information and connection and specific support groups were described as beneficial to new parents in meeting these needs. However, insecurity within their parenting role was identified as both a reason for continued social media use and as a consequence of using the platforms. This suggests bi-directional reasons for using the platforms. Furthermore, negative impacts of social media use were identified away from the screen. These included experiencing a negative impact on their relationships, their wellbeing and their desire to

engage in performative parenting. Parents also described attempting to reduce their social media use; however this process came with challenges. A continued and complex process of stepping back from social media and being pulled back in was described.

This study suggests that social media use, for new parents, is a complicated process which may have negative experiences attached to it. This has implications for clinical practice, throughout a new parent's perinatal journey, as the impact of social media use is not typically explored. Open conversations about an individual's use of the platforms may normalise the difficulty that can be experienced and support clients to identify those aspects of social media which may be unhelpful for them.

## Introduction

### 1. Chapter Overview

This study will explore the social media experiences of parents who have an infant aged between birth and two years old, who may or may not be their first child. It will investigate whether these parents believe that social media has influenced their identity as a parent, their wellbeing and their relationships as they transition into their new role. This chapter will outline the definitions of key terms that will be used within the study. This will be followed by a broad exploration of the context within which the project is being conducted within and consideration as to how this context may fit with existing psychological theory. The chapter will also include an exploration of both the personal and epistemological stances that will be adopted throughout the study. This will lead to an identification and evaluation of the current literature that informs the area of research through a systematic review, which will be used to inform the rationale and aims of the study.

#### 1.1 Definition of Key Terms

##### 1.1.1 Parent

Section 576 of the Education Act 1996 defines the term ‘parent’ as ‘All natural (biological) parents, whether they are married or not; Any person who, although not a natural parent, has parental responsibility for a child or young person; Any person who, although not a natural parent, has care of a child or young person’ (Education Act, 1996). This description will be used within the project in order to include all participants who identify themselves as a parent or primary caregiver to a child, regardless of the biological or familial context. Initially, the term ‘caregiver’ was considered as a means of encompassing all individuals within the target population. However, following discussions with the service-user

consultant, it was felt that 'parent' may be a term that individuals have more connection with, with 'caregiver' being more suggestive of a professional caring relationship.

The study would ideally reference the experiences of all parents, however when referring to studies that relate just to the experience of mothers, this term will also be used.

### **1.1.2 Mother**

The Cambridge Dictionary defines the term 'Mother' as 'a female parent'. This term will be used to relate to a female parent, using the definition of parent as stated above (Cambridge Dictionary, 2020).

### **1.1.3 Infant**

The Cambridge Dictionary defines the term infant as 'a baby or very young child', without clear acknowledgment about what age range this term would cover (Cambridge Dictionary, 2020). There is some contradiction in relation to the age of an 'infant' and no agreed period of development. For example, the Centre for Disease Control and Prevention (CDC) (2020) refers to a period ranging from birth to one year old. However, The Parent Infant Foundation recognise the first 1001 days of an individual's life, from conception to age 2, as a sensitive and critical period in which experiences can have lifelong impact on the individual's wellbeing (The 1001 Critical Days, 2013). Due to the sensitivity of the period until the age of two, the term infant will be used within this thesis to describe a child who is under two years old. The terms 'baby' and 'child' will also be used interchangeably during the thesis to mirror the language used by parents, but to describe the same age period.

### **1.1.4 Social Media**

The Cambridge Dictionary describes the term 'social media' as, 'websites and computer programs that allow people to communicate and share information on the internet

using a computer or mobile phone (Cambridge Dictionary, 2020). This thesis will use this definition, which encompasses popular platforms such as 'Facebook' and 'Instagram'.

For the purpose of this study, messaging platforms such as 'WhatsApp' will not be included under the term of Social Media.

## **1.2 Parenting in the United Kingdom**

Having a baby is typically a new and unique experience in which people may find great joy, reward, fun and a sense of achievement (Archer & Kao, 2018; Petch & Halford, 2008). However, it is also a period of great adjustment in which new parents may experience difficulties such as feeling overwhelmed (Moon et al, 2019) with meeting infant demands, financial concerns and having less leisure time (Petch & Halford, 2008). There were 640,370 live births in England and Wales recorded during the year 2019 (ONS, 2020). These births led to 275,510 individuals becoming parents for the first time (ONS, 2020). The average age of mothers at childbirth was 30.7 years (ONS, 2020) and the average age of fathers, recorded in 2016, was 33.4 years (ONS, 2017).

## **1.3 The identity of a new parent**

An individual's identity refers to 'who a person is, or the qualities of a person or group that make them different from others' (Cambridge Dictionary, 2021). This is not a static state, however, as a person's identity fluidly changes throughout the lifespan, influenced by life stage (Erikson, 1959), as well as experience and time (Skultety, 2000). Katz-Wise et al (2010) describe becoming a parent as a key transitional point in a person's life, in which they are required to integrate a new parental identity with their existing identities that they held, prior to having a baby. The role of identity formation in new parents

is important to consider as periods of life transition, such as this, have been linked to psychological distress and major depressive disorders (Hammen, 2005).

#### **1.4 Impact of identity change for new parents**

The formation of an identity is a process which embodies both individual and social phenomena (Adams & Marshall, 1996). The experience of individual factors and wider societal contexts will now be discussed in relation to the formation of identity in new parents.

##### **1.4.1 The impact of social identity**

Praharso et al (2017) explored the link between social identity approaches and the experience of identity at times of life transition. They drew on previous knowledge regarding the relationship between group identification and feelings of pride and self-efficacy from Social Identity Theory (Tajfel & Turner, 1979), in addition to the understanding of how individuals categorise themselves and others into groups, as discussed within Self-Categorisation Theory (Turner et al, 1987). They found that feelings of depression and life satisfaction were predicted by identity loss at times of transition. This idea is further explored by Seymour-Smith et al (2017) who found that mothers who were less than one year post-partum were more likely to experience depressive symptomology if they perceived a decrease in their previous group membership, after giving birth. Conversely, the maintenance of perceived group membership was shown to be a protective factor for mental health symptomology. If we consider the Social Identity Model of Identity Change (Jetten et al, 2009) which suggests that a person's social networks and sources of social support are affected by life transitions, in addition to the reported importance of social support to the wellbeing of new parents (Archer & Kao, 2018; Bennett et al, 2017; Negron et al, 2013), this suggests that this is a period of sensitivity in which new parents are vulnerable to mental health difficulties as a result of their perceived social identity and networks of support.

The aforementioned studies highlight the importance of relationships and social interaction in new parents' wellbeing and identity formation in their new role. This is unsurprising when we consider that the human brain has evolved in order to choreograph complex social processing through relationships (Gilbert, 2014). Furthermore Gilbert (2014) argues that this means that social contexts, relationships, and our relationships to the self, need to be central to understanding the mental health difficulties of an individual. Within his Compassion- Focussed model, Gilbert documents the Threat Protection System (Gilbert, 2005), which suggests that all human emotions can be loosely placed into one of three categories on a triad; Drive, Threat and Soothe. He argues that people move between these systems, prioritising the management of threat responses, using drive to move forward and to achieve and using the soothing system to care for both themselves and for others. Gilbert argues that individuals are driven by competing and by social ranking and that they use social comparison in order to do this. When this comparison is favourable, a person may experience feelings of pride and self-assertiveness. However, feelings of shame and self-criticism are linked to a less-favourable comparison (Gilbert, 2009). This idea of comparison is supported both within research (Kraus et al, 2012) and within social identity models, such as Social Identity Theory (Tajfel, 1979), as previously discussed. In addition, Gilbert et al (2007) argue that this process of social comparison results in either an identification as part of an 'in group' or the stigmatisation and exclusion associated with not fitting with a privileged identity. This, in turn, activates the 'threat' system for individuals as their identity and self-efficacy is 'under attack', leading to a further activation of the 'drive' system in order to realign with the 'social norm'. This further highlights the importance of considering the social context and norms within which social comparison and relationships are occurring within.

### **1.4.2 The impact of social context: The lens through which a parenting identity is formed**

The roles of mothers and fathers have historically deep rooted constructs within societies, entwined with our constructions of femininity and masculinity. A societal construct, in this sense, refers to the ‘an idea that has been created and accepted by the people in a society’ (Merriam-Webster, 2020). These ideas about the roles of parents can also be considered in the context of dominant narratives, which refer to the lens through which societal stories and historical accounts are told, through the eyes of a dominant ideology. It is important to recognise the stories of parenting that are privileged within society, whilst also recognising that this thesis, and the research discussed within it, have also been completed through a lens of constructs and narratives. With the aim of identifying this lens, narratives of parenting within the United Kingdom will now be discussed.

#### **1.4.2.1 The role of gender**

Douglas & Michaels (2005) describe mothers as being positioned as primary caregivers who, in order to ‘mother successfully’, needs to relinquish their autonomy and adopt a child-centred identity. Furthermore, Orton-Johnson (2017) explores the idea of the ‘natural mother’ which suggests that women innately transition to motherhood with the knowledge of how to care for their babies. The role of the father was historically linked to being a good ‘breadwinner’ (Coakley, 2006), however modern imagery of fathers suggests that they are interested in taking a more active and involved role in childcare (Marsiglio & Roy, 2012). Green (2012) explored how imagery of parenthood was portrayed within the media, with a focus on motherhood, and suggests that the images that are shown portray ‘ideals’ which, in turn, feed into societal narratives of ‘good parenting’. These narratives then

become embodied in the experiences of mothers as they embark on parenthood and attempt to fit with a construct of an idealised image, rather than a lived experience.

More recently societal changes have occurred which may have impacted on the traditional gendered roles within the household. For example, female employment rates reached a record high in the period of October to December 2019 at 72.4% (Devine and Foley, 2020; ONS, 2020) and despite women being more likely to be working in part-time posts, when compared to their male counterparts (Devine and Foley, 2020; ONS, 2020), this suggests a shift in societal norms regarding women's roles (Bennett et al, 2017). The increase in dual income households can be viewed as an inevitable result of women fighting for more parity of opportunity within the workplace over the last century, with over half of mothers reporting that they would prefer a household of two equal earners and reporting that they would work even if it was not financially required for the household (Morris, 2014). However, we must also consider the need for dual incomes within the context of the austerity measures put in place by the recent government, an inflating cost of living and rising house prices as couples attempt to maintain an adequate standard of living (Leonce, 2020).

#### **1.4.2.2 The narratives of a society**

Despite the aforementioned literature suggesting a practical change in gendered roles within society, there is less suggestion that societal narratives surrounding the roles of mothers and fathers have changed in this way. One example of this lies with government policy regarding maternity and paternity leave following the birth of a baby. Within the United Kingdom women are entitled to take up to 52 weeks of maternity leave, following the birth of a baby and men are offered 2 weeks paternity leave in the same period (Gov.uk, 2020). This perpetuates both the idea that women will be the main caregiver for babies during infancy, whilst also implying that they will be returning to work and supporting a dual

income family. Despite policies such as the promotion of shared parental leave and pay aiming to shift this balance, the number of families who actually share the leave is very low, at approximately 2% in the year 2018 (Gov.uk, 2020). This suggests that the expectation that mothers will take a leading role in the care for their baby extends from both government policies down to individual family decisions. Furthermore, literature suggests that mothers often complete more of the unpaid labour within the household, including childcare, even when they are also employed in full time occupations (Biggart & O'Brien, 2010; Lyonette, 2015).

#### **1.4.2.3 A mismatch in messages?**

The changes presented above suggest that families may be stuck between negotiating the expected narratives of parenthood and the realities of lived experience. Orton-Johnson (2017) refers to this when discussing the conflict experienced by parents as they negotiate a 'western' work-centred culture with narratives of maternal selflessness. She states that this places women in a lose-lose situation in which they are emotionally, economically and structurally placed between opposing ideological positions. In addition, men may be left with the dilemma of how to simultaneously domesticate masculinity whilst also masculinise domesticity (Gavanas, 2003). This suggests that they are caught between narratives of being an effective 'breadwinner', increasing their role as a caregiver and balancing the workload within the home.

#### **1.4.2.4 The impact on identity**

The aforementioned theories which emerged in relation to identity and social comparison are important to consider when thinking about this negotiation between traditional societal narratives of parenting and constructs of modern lived experience for families. Both Social Identity Theory (Tajfel, 1979) and Compassion Focused ideas regarding

the Threat Protection System (Gilbert, 2005) describe the comparison and categorisation that is made when people view others. If an individual is exposed to imagery that privileges a view of parenting that is unattainable to them then this may lead to a negative comparison and a distancing between themselves and the 'in-group', which in turn may result in feelings of shame and self-criticism (Gilbert, 2005) as well as lower self-esteem (Tajfel, 1979; Tajfel & Turner, 1979). Gilbert (2005) would suggest that this could activate the threat system and also result in the drive system being activated as the person further strives to fit with the 'in-group', something that may not be congruent with their experience of modern society.

### **1.4.3 The impact of social context: Accessing social support**

As previously described, social support is seen as being of great importance to the wellbeing of new parents and face to face support with other mothers has been identified as crucial to the postpartum experience (Strange et al, 2014). Traditionally social support has come from family members, friends, other parents and healthcare professionals. However, social, economic and political changes to communities have resulted in changes to the ways in which new parents are able to access social support.

#### **1.4.3.1 The impact of geographical mobility**

Due to greater geographical mobility parents are now less likely to be living within the same community as their family than they would have once been (Bennett et al, 2017). Furthermore, with an increased number of women in the workplace, the daytime community is less likely to be made up of women who are available to support new mothers. Furthermore, young women may get less opportunity within their community and within their wider family to witness day-to-day parenting and to be around children prior to giving birth (Bennett et al, 2017). When we consider that Social Learning Theory (Bandura, 1977) suggests that we learn through observation and adapting our behaviour based upon how we

evaluate the behaviour of others, it could be argued that this loss of ‘observed parenting’ may provide new parents with fewer opportunities to gather knowledge regarding the type of parent that they wish to be.

### **1.4.3.2 Government Policy**

Furthermore, austerity measures within public services have impacted on the support than can be offered within maternity services (Bennett et al, 2017). Across healthcare settings thresholds for receiving support have been repeatedly raised and those individuals assessed as ‘low risk’ have been encouraged to access support on their own (Bennett et al, 2017; Price et al, 2018). This narrative of a ‘stretched NHS workforce’ may also encourage autonomy amongst parents who do not want to use up the ‘valuable time’ of healthcare professionals. However, new parents may still be left with a desire to receive validation and confirmation of their own knowledge and practices (Strange et al, 2014). In addition, austerity measures have led to the widespread closure of Children’s Centres which offer support, advice and facilitate social interaction for new parents through educational and play based groups. The Early Years Alliance reported that 1 in 6 Children’s Centres closed between 2010 and 2019, further reducing new parents’ access to support and information (Early Years Alliance, 2019).

These changes in societal norms may impact on a new parent’s access to group membership in which they can negotiate their ever-changed identity as a new parent. Furthermore, they may experience both a physical loss of social support and also a perceived reduction in social support, as perceptions of the support that is received can be related to social identification (Haslam et al, 2005). This could negatively impact on their wellbeing as parents whilst also leaving them searching to access both group identification and social support in other ways.

### **1.4.3.3 The impact of social context: Is technology the answer?**

In considering the changes to the way that social support and relationships are accessed within society, it is important to consider the way in which the use of technology impacts on the context of parenting in a modern UK landscape. The Office of National Statistics (2019) report that 87% of UK adults use the internet daily or almost every day, with 84% of adults accessing the internet 'on the go' via smartphones, tablets and other handheld devices. Furthermore, social media use is very prevalent in the UK, with 45 million individuals actively using these sites in 2020. This equates to approximately 66% of the population (Statista, 2020). There are multiple different social media platforms, and new sites growing in popularity all the time. However, Facebook is arguably the most commonly used social media site, with 1.2million users active globally each day (LSE, 2017).

Bolton et al (2013) highlight the impact of technology for individuals in 'Generation Y', who were born between 1981 and 1999 (Brosdahl & Carpenter, 2011), and are therefore likely to encompass many adults of child-bearing age. They describe a cohort of society who have grown up with access to technology and who use it for leisure and entertainment (Park et al, 2009), socialising and experiencing a sense of community (Valkenburg et al, 2008) and staying in touch with friends (Lenhart & Madden, 2007). This trend of high use of technology in this age group is supported by global statistics of social media use which suggest that 59% of Facebook users are between 18-34 years (LSE, 2017).

With this increased use of technology, and social media, within individuals of a child-bearing age, it is unsurprising that the sharing of parenting experiences has become increasingly prevalent and this can be seen by the rise in parenting websites, Facebook support groups, 'mummy blogs' and 'Instagram mum' profiles (Archer & Kao, 2018). In January 2019, a search for the hashtags #children and #family on Instagram brought up 23.6

million and 301 million results respectively (Lazard et al, 2019). Through these platforms sharers portray their own experiences of motherhood and readers, in turn, use these to consider and reinterpret their own constructs of mothering practices (Powell, 2010). These constructs may provide a forum for contesting the traditional narratives of parenting which may not fit with the individual experience (Petersen, 2015).

This suggests that digital technology, and social media, may play a significant role in the lives of new parents (Lazard et al, 2019). Therefore, as with other changes in societal context, it is important to understand its influence so that parents can be supported by professionals in a way that fits with their experiences. It is especially important to explore the impact of social media when we consider the importance of social support for new parents, the benefit of learning through observation (Bandura, 1977) and the societal context in which parents may need to access support in new ways. It is also important to consider the impact that imagery of parenting may have on new parents in the context of social comparison (Gilbert, 2009; Tajfel, 1979), whether it be images that relate more closely to their own experience and result in feeling part of the 'in-group' or whether they identify difference and make a negative comparison, which could impact negatively on their wellbeing.

#### **1.4.4 The impact of wellbeing in new parents**

The wellbeing of parents is particularly important to due to the prevalence and impact of mental health difficulties experienced during the perinatal period. Perinatal mental health difficulties are those which occur during pregnancy or within the first year post-partum (Better Births, 2016; NHS England, 2020). Within the UK between 10% (Maternal Mental Health Alliance, 2020) and up to 20% (NHS England, 2020) of new mothers will experience perinatal mental illness, including depression, anxiety disorders, OCD, post-partum psychosis and post-traumatic stress disorder. This poses a risk to the wellbeing of the mother, a risk of

experiencing long-term difficulties and furthermore a risk to life of the mother, as suicide remains one of the leading causes of maternal death in the UK (Maternal Mental Health Alliance, 2020). In addition, 10% of new fathers also experience mental health difficulties, including anxiety and depression and they are often less likely to seek support during this period and have less mental health support offered to them (Singley & Edwards, 2015).

In addition to the risk to the wellbeing of the parents, their capacity to sensitively attune to their babies needs may impact on the attachment relationship experienced for the baby. Although many parents with mental health difficulties are able to care for their babies sensitively, parental mental health difficulties remain a risk factor for difficulties within the parent infant relationship (Van Ijzendoorn et al, 1999). This relationship is particularly important for the baby during the first 1001 days of their life (from conception until two years old) as it is a sensitive period of neurodevelopment which can have an impact on their experiences across the lifespan (Rare Jewels, 2019). This further highlights the importance of offering parents appropriate, helpful and timely mental health support, during the perinatal period, to increase the wellbeing of both the parent and their baby and to facilitate a strong attachment between them.

It is therefore important that professionals, and parents, have access to information regarding the potential benefits and difficulties associated with their experiences of modern parenting, such a social media, so that they can make informed choices which supports their wellbeing. This is especially important when we consider the impact of social identity and relationships at this time, alongside the significance of mental health difficulties within this population, for both the parent and their infant. In order to explore existing literature within the field, a systematic literature review will now be detailed below.

## Systematic Literature Review

### 2 Chapter Overview

This section aims to outline the existing literature which contributes knowledge regarding the question,

‘What is known about the use of social media in parents of infants?’

Firstly, the search process will be outlined, including a description of the inclusion and exclusion criteria that was used to find the literature. Following this, the key features of the identified papers (Table 1) will be discussed and the quality of the research will be explored.

#### 2.1 Identifying literature

A search for existing literature was conducted using three databases, Pubmed, Scopus and Ebsco-host. These databases were chosen as they are large databases which, across them, include a wide range of psychological and medical literature, in addition to literature which has come from differing academic schools and stances. A further search was completed via search platform Google Scholar and studies were also identified from citation lists within the identified literature.

Following discussions of models and literature outlined within the introduction, three key themes of ‘wellbeing’, ‘identity’ and ‘relationships’ were identified as important areas of exploration, in relation to experiences of new parents and social media. Following initial searches, as outlined in Appendix 1, the search included studies from the years 2010 – 2020, as technological advances have meant that prior to 2010 social media platforms were almost unrecognisable. This search identified two studies from the Pubmed database and two studies from the Scopus database. This final search criterion was then used within the Ebsco-host

database, which identified a further two studies to be included in the review. Following the database searches, three studies were identified from citations within the identified literature and a search on Google Scholar search engine. This resulted in a total of nine studies being identified and included within the literature review (Table 2).

Inclusion Criteria	Exclusion Criteria
<p>Reference to use of social media platforms</p> <p>Reference to the experience of parenting or being a parent</p> <p>Reference to the child being an infant/baby/toddler (in comparison to an older child)</p> <p>Published 2010-2020</p> <p>Written using the English language</p>	<p>Reference to social media use in relation to specific health-related support</p> <p>Reference solely to the experience of sharing, rather than experiencing the content of social media sites</p> <p>Reference to social media use in relation to support for specific parenting approaches.</p> <p>Reviews, rather than exploratory research</p>

Table 1: Inclusion and Exclusion criteria for the literature review

Some studies were excluded, despite discussing the experience of parents using social media, due to the specificity of the research question and population explored. These studies typically aimed to explore how parents seek online support when their child has a specific illness or disability. Another study explored the use of social media when accessing support for a specific parenting approach. Despite these being interesting topics it was felt that these studies contributed information regarding the helpfulness of social media when informing a

very specific experience, rather than the use of social media per se. Studies which solely explored the experience of sharing, from the perspective of a ‘vlogger’ were also excluded as this experience is likely to demonstrate another interesting and complicated process for individuals which would need to be explored in greater depth within a separate study.

Two reviews of literature were also identified and read (Gleeson et al, 2019; Lazard et al, 2019) in order to identify any literature which had not been highlighted by the review. No additional papers were identified from the reviews. Each of the reviews explored the use of specific areas of social media use, by parents, such as the use of online groups (Gleeson et al, 2019) and the context of parental pride and a neoliberal political backdrop on social media use (Lazard et al, 2019) and therefore gaps in understanding the experience of using social media as a new parent still remained.

<b>Database</b>	<b>Initial Search</b>	<b>Secondary wider search</b>	<b>Further widening of criteria</b>	<b>Citation search and Google Scholar</b>
Scopus	0	1	2	3
Pubmed	0	0	1	
Ebsco-host	-	-	2	
				Total: 9

Table 2: Search origins of literature to be included in literature review.

## **2.2 Overview of the Identified Literature**

Nine studies were identified through the systematic literature search outlined above. Of these, four studies used a qualitative methodology, with two studies using a Grounded Theory design (Moon et al, 2019; Orton-Johnson, 2017), one study using a Discourse

Analysis (Price et al, 2018) and one study using a Thematic Analysis (Archer & Kao, 2018). In addition, four studies used a quantitative methodology, with two studies collecting data online (Baker & Yang, 2018; Schrock, 2016), one study collecting data via the post (Bartholomew et al, 2012) and one study not indicating how the measures were shared with participants (Schoppe-Sullivan et al, 2017). One study used a mixed-method design (Strange et al, 2018) with a content analysis being used to analyse the qualitative data.

Of these nine papers, five studies focused solely on the experiences of mothers (Archer & Kao, 2018; Baker & Yang, 2018; Moon et al, 2019, Orton-Johnson, 2017; Price et al, 2018) and four included both parents (Bartholomew et al, 2012; Schoppe-Sullivan et al, 2017; Schrock, 2016; Strange et al, 2018).

Orton-Johnson (2017) collected data from participants located in the United Kingdom (UK), United States of America (USA) and Australia. This was the only study to collect data within the UK. Four of the studies collected data specifically within the USA (Bartholomew et al, 2012; Moon et al, 2019; Schoppe-Sullivan et al, 2017; Schrock, 2016), one study collected data across the USA and Puerto Rico (Baker & Yang, 2017), one study was located in Canada (Price et al, 2018) and two studies in Australia (Archer & Kao, 2018; Strange et al, 2018).

### **2.3 Key themes and Findings from the Literature**

A summary of each of the research studies can be found in Appendix 2. The key ideas which emerged from the literature will now be discussed. In order to understand the ideas in a succinct way and to draw together any similarities and/or differences within the studies themes were highlighted and coded in each study and then common themes were grouped together using a thematic analysis. The studies will be discussed under these thematic headings.

### 2.3.1 How and why parents access social media sites

Five of the studies explored the use of social media in their sample. Bartholomew et al (2012) explored social media use in both mothers (N=154) and fathers (N=150) who were part of a wider study, nine months post-partum. They found that mothers reported accessing Facebook more than fathers ( $p < .05$ ) and 44% of mothers stating that they have used the platform more frequently after giving birth, compared to 31% of the fathers. Furthermore, both mothers (63%) and fathers (73%) reported uploading more photos to Facebook since becoming parents.

Baker & Yang (2018) explored the reasons for mothers using social media sites. They reported that 97.5% of the 117 mothers who completed the online survey described using social media to seek information and knowledge. Further to this, mothers described using it to ask questions or to seek advice (89%), communicate with other mothers (43%) and to receive social support (83.9%).

Both Price et al (2018) and Archer & Kao (2018) describe the immediacy and flexibility of accessing social media at a time that fits for the mothers. One mother stated that,

*'I probably use it when I'm sitting there breastfeeding at two in the morning and I just want something mind-numbing to look at'. (Archer & Kao, 2018)*

Bartholomew et al (2012) describe ways in which parents access Facebook and explore how this impacts on their experience of the sites. They found that mothers who have more Facebook connections with family members are also statistically more likely to report greater parenting satisfaction ( $p < .05$ ). Furthermore, the likelihood that a parent's post would be commented on was significantly correlated with perceived parenting satisfaction, for both parents ( $p < .05$ ). Schoppe-Sullivan et al (2017) explored the experiences of mothers nine

months post-partum as part of a wider study. They found the mothers typically described uploading a photo of their baby to Facebook within one week of giving birth.

### 2.3.2 Information seeking

Three of the studies explored the use of social media as a tool for seeking information in regard to parenting. Moon et al (2019) describe the importance of information seeking for new mothers, and how this can be easily facilitated by the internet. They reported that the mothers, within their focus groups and individual interviews (N= 28), described having ‘multiple questions everyday’ and that the internet provided an ‘endless amount of information at your disposal’. In addition, the mothers explained that the internet can provide up-to-date information and ideas, compared to other sources of information, such as their own mothers (Moon et al, 2019). Furthermore, mothers may be seeking information for themselves so that they don’t need ‘to bother’ health professionals (Moon et al, 2019). One mother stated,

*‘At some point I’m like, I’m wearing out my poor nurses’.*

Mothers also reported that the perceived anonymity of sharing online meant that they could ask a ‘stupid question’ or discuss things of a ‘personal’ nature without fear of being judged (Moon et al, 2019).

Orton-Johnson (2017) showed 32 mothers the blogs of two parents who were using their forums in order to criticise the other’s approach to parenting, and interviewed them about their thoughts. Some of the mothers highlighted the benefit of seeing differing perspectives of mothering online. Examples of this include,

*‘...gives a different way of thinking about mothering than the usual advice that you get coming at you from everywhere and everyone.’*

However, Price et al (2018) highlight how this wealth of information available via the internet can be overwhelming for parents, especially as it is often contradictory. They described one mother's experience,

*'There is so much information on the internet and some conflicting so it was so frustrating to me because I wanted to do the 'right' thing'.*

This is supported by Moon et al (2019) who share a mother's experience that the 'million and one opinions' is 'overwhelming' but they also highlight the lack of diversity in medical pictures and identify that mothers may want to seek support and information from people within their cultural community, thus identifying the positive factors associated with multiple sources of information.

### **2.3.3 Shared experiences**

Two of the papers identified the experience of sharing information with another parent who has experienced a similar issue. Moon et al (2019) and Price et al (2018) highlight the validation that can come from seeking support from those who have had similar experiences to themselves. Participants described how social media can facilitate this,

*'every baby has the same issues when it comes down to it and so somebody's had to deal with it at some point' (Moon et al, 2019)*

*'...and someone else is like, "oh my baby did that too", And you're just like "ah OK!" (Price et al, 2018)*

### **2.3.4 Social Support**

Four of the papers highlighted social support as an area of discussion. Archer & Kao (2018) describe ways in which the mothers described using social media as a way to connect

with others. For some of the participants within the focus groups, it was a way of 'keeping in touch' with friends and family who did not live nearby. Whereas another mother described using social media to connect with the world outside of her house,

*'For me it's an outlet for contact with the outside world. Otherwise there are days I don't want to leave the house or talk to anyone.'*

The value of social media, as a means of social support, is highlighted by both Price et al (2018) and Schrock (2016). Schrock (2016) identify a significant relationship between use of Facebook via a mobile phone and the engagement in multimedia activities with closeness within Facebook relationships ( $t=1.99$ ,  $p<.01$ ). Furthermore, this bonding was significantly correlated with 'trust' ( $r=.440$ ,  $p<.001$ ), as measured by whether the participants would trust a Facebook contact to watch their child for an hour (Schrock, 2016).

Strange et al (2018) asked 487 parents (465 mothers, 22 fathers) whether they felt that online communication provided support for parents with young families. 302 described online communication as supportive, listing reasons such as 'access to information', 'staying in touch' and 'reducing isolation', with one participant stating,

*'it reduces my loneliness and helps me to feel connected to the community'.*

Just 12 parents reported that online communication does not offer support and a further 173 parents described feeling conflicted, citing both positive and negative factors associated with the support offered by online communication. Three negative factors were identified which included, parents accessing conflicting or judgemental information, the potential for isolation despite being connected and the tendency to make social comparisons. Examples of these include,

*'When you read status etc. of people claiming life is all good and their kids are brilliant and everything is all rosy when you feel like everything in your life is the complete opposite'*

*'...more and more people hide inside behind a computer screen instead of getting outdoors and meeting people.'* Strange et al (2018)

Price et al (2018) describe how mothers have valued connecting with other mothers who share similar cultural backgrounds. They describe how one mother described seeking online support regarding breastfeeding from mothers with the same cultural expectations, which she felt differed from those offered by health professionals.

### **2.3.5 Experiences of negativity**

Participants in four of the papers discuss having negative experiences in relation to their social media use. In addition to Strange et al (2018), Price et al (2018) share the negative experiences of using social media which had been described within their studies. Mothers reported that conversations are often judgemental and people may be more critical than they would be face to face. This is further supported by Orton-Johnson's (2017) findings in which 32 mothers were given a series of conflicting blog posts and then interviewed about their thoughts. One participant highlighted the criticism that mothers often face online, stating that it is,

*'...sad that we can't be more supportive of difference...'*

In addition, some of the mothers, within Archer & Kao's (2018) study describe the 'superficial' nature of Facebook posts, which may elicit difficult emotions. One mother states,

*'...all very glorified. Like supermums and people that are putting all these wonderful photos up.'*

### 2.3.6 Linking social media to difficult emotions

Five of the studies identify the experience of feeling difficult emotions in relation to social media use. The mothers within Archer & Kao's (2018) study discuss the way in which accessing social media sites can leave them feeling low or anxious. In one example, links are drawn to the 'judgemental' nature of posts, which supports previously discussed studies (Orton-Johnson, 2017; Price et al, 2018; Strange et al, 2018),

*'Everyone putting their opinions across what you do, things like that. Causes me too much anxiety.'*

Another mother described noticing her mood being affected by accessing sites,

*'I have to get off because it depresses me too much...'* (Archer & Kao, 2018)

Schoppe-Sullivan et al (2017) explain that mothers described feeling 'somewhat pleased' if they receive more comments on their posts than expected and conversely felt 'somewhat displeased' if they received less comments. Further to this, Schoppe-Sullivan et al (2017) used a regression analysis to show that mothers whose perceived value of self-worth is related to their role as a mother and partner are more likely to use Facebook. In addition, mothers who felt compelled by society to be a 'perfect mother' were also significantly more likely to use Facebook than for mothers who did not feel influenced by societal norms in this way. Furthermore, the mothers in these groups were more likely to experience an emotional reaction to Facebook commentary (Schoppe-Sullivan et al, 2017).

### 2.3.7 Finding it difficult to leave

One of the studies highlights the difficulty that individuals may have if they wish to withdraw from social media. Archer & Kao (2018) discuss the 'addictive' nature of

Facebook, suggesting that people may find it difficult to leave the site, even if they find it problematic. One mother, within their focus group stated,

*'...you get caught up and before you know it I haven't made dinner or had enough sleep.'*

In addition, Archer & Kao (2018) identify the theme of, 'FOMO – fear of missing out' if they do not engage with Facebook, which some of the mothers expressed as reasons for staying active on the platform.

## **2.4 Evaluation of the literature**

When considering current literature it is important to evaluate the quality of the studies otherwise this could lead to a substantial bias in our understanding, based on flawed methodology (Cooper & Hedges, 1994). Within this literature search nine studies were identified, with differing designs (4 qualitative, 4 quantitative and one mixed methods design). Therefore, I have used different tools to evaluate each type of study, in order to tailor the evaluation to the intricacies of the different methodological designs. Each of the studies has been evaluated using a checklist based tool. Burns & Kho (2015) analysis of surveys guideline was used for the quantitative studies (Baker & Yang, 2018; Bartholomew et al, 2012; Schoppe-Sullivan et al, 2017; Schrock, 2016) and the 'Big tent' criteria (Tracy, 2010) was used for the qualitative literature (Archer & Kao, 2018; Moon et al, 2019; Orton-Johnson, 2017; Price et al, 2018) and the mixed-methods study (Strange et al, 2018), due to the larger proportion of the analysis within this study being of a qualitative nature. A table of these criteria qualities can be found in Appendix 3.

### **2.4.1 Quantitative Literature**

Each of the studies which used a quantitative analysis were evaluated using the checklist outlined by Burns & Kho (2015). Using this measure, none of the studies fully met

or partly met all of the criteria outlined in the checklist and this will now be explored in more detail. Each of the four studies (Baker & Yang, 2018; Bartholomew et al, 2012; Schoppe-Sullivan et al, 2017; Schrock, 2016) stated a clear objective for the research. However, none of the studies fully met criteria in regard to the sample that they used, with all four studies stating a 'defined target population' but none of the studies using a sample which could be described as 'representative' of the wider population. For example, 90.5% of participants in Baker & Yang (2018) were married to the father of their baby, which needs to be considered when considering their finding that 91.7% of mothers report that their main support is their partner. In both Bartholomew et al (2012) and Schoppe- Sullivan et al (2017) participants needed to be the biological parent of the baby, married or cohabiting, in a dual income household, aged over 18 years and English speaking. It would therefore be difficult to generalise these findings to other members of the population who may, for example, be experiencing more isolation as a lone parent or experiencing greater financial difficulties, due to being from a single income family. In addition, 86% of the participants were of a White ethnicity (Schoppe-Sullivan et al, 2017). Schrock (2016) suggested that there may be differences in social media experiences between parents from different cultural groups, however they did not state the number of participants who were included from each demographic, thus making the validity of this finding unclear.

Two of the studies described a 'systematic approach to questionnaire development' (Bartholomew et al, 2012; Schoppe- Sullivan et al, 2017) as they used existing questionnaires and explained their process for analysing Facebook use. However, none of the studies described how the questionnaires were tested. In regard to data collection, three of the studies collected information either online (Baker & Yang, 2018; Schrock, 2016) or via the post (Bartholomew et al, 2012), which limited researcher bias in the data-collection, however

provided less control over environmental variables. This information was not provided in Schoppe-Sullivan et al (2017).

Two studies were conducted as part of larger studies and therefore there was information regarding the response rates of participation (Bartholomew et al, 2012; Schoppe-Sullivan et al, 2017). There was no mention of response rates in Schrock (2016) and due to the nature of the snowball sampling method used by Baker & Yang (2018) they could not account for how many times their survey had been shared between people.

Three of the studies clearly stated their findings and effect sizes (Bartholomew et al, 2012; Schoppe-Sullivan et al, 2017; Schrock, 2016). Baker & Yang (2018) stated clear findings but did not share the size of the effect, so it is unclear how significant the findings were. Despite these disparities in the quality of research, it is thought that all the studies can provide clinically important outcomes to highlight initial areas of interest. However, the findings need to be considered within the context of samples which lack in diversity and studies in which certain indicators of a robust methodology are not stated.

#### **2.4.2 Qualitative Literature**

Each of the studies which used a qualitative methodology was evaluated using Tracy's (2010) 'Big Tent' criteria. None of the studies fully met all of the identified criteria, however two studies met all of the criteria 'in part' (Archer & Kao, 2018; Price et al, 2018).

Tracy (2010) discusses the importance of literature being 'worthy' and each of the five studies (Archer & Kao, 2018; Moon et al, 2019; Orton-Johnson, 2017; Price et al, 2018; Strange et al, 2018) were identified as being relevant, timely, significant and interesting, in regard to sharing the experiences of modern parenting.

Each of the studies identified theoretical constructs and previous literature when underpinning their research methodology and/or when exploring their findings. However, less methodological rigour was identified when exploring the samples used within all five studies (Archer & Kao, 2018; Moon et al, 2019; Orton-Johnson, 2017; Price et al, 2018; Strange et al, 2018). Although Moon et al (2019) stratified their sample in regard to race and socioeconomic status; they had used the population of a wider study which had been limited to participants from a Caucasian or African-American racial background. Furthermore, they collected data from a predominately metropolitan area (Moon et al, 2019). Strange et al (2018) also focused on metropolitan areas, with specific focus on new residential houses, which they identify as places 'families typically move to'. In addition, their exploration of 487 'parents' was limited to very few fathers (N=22) which suggests that the findings may not be representative of all parent's experiences. Archer & Kao (2018) and Price et al (2018) used both urban and rural areas to recruit. However, participants within Archer & Kao (2018) would have potentially known each other, due to recruitment being located in playgroups, which may have impacted on their willingness to explore difficult personal experiences openly. Participants in the Orton-Johnson (2017) study ranged in age between 28-45 years which casts doubt on whether the findings can be generalised to younger parents.

Archer & Kao (2018) and Price et al (2018) include mention of reflexivity and the role of the researchers in the findings. However three studies do not explore the influence of the researcher in the exploration of the topics (Moon et al, 2019; Orton-Johnson, 2017; Strange et al, 2018).

All five of the studies provide rich and detailed examples of the participant's experiences which add depth and understanding to the findings (Archer & Kao, 2018; Moon et al, 2019; Orton-Johnson, 2017; Price et al, 2018; Strange et al, 2018). Furthermore, three studies (Moon et al, 2019; Price et al, 2018; Strange et al, 2018) describe processes of

triangulation or crystallisation of the data, which adds further credibility to their findings. However, there is no evidence of member reflections in any of the papers and none of them describe using participant input at any stage of the design process.

Each of these studies (Archer & Kao, 2018; Moon et al, 2019; Orton-Johnson, 2017; Price et al, 2018; Strange et al, 2018) provides the reader with an evocative and meaningful explanation of participant experience, which when remaining aware of the design limitations, could be useful when exploring the experiences of other parents. Each of the studies is thought to add knowledge to an under-researched area and discuss issues that may impact on other parents of young children. Furthermore, each of the five studies appeared to answer their research questions using appropriate tools and methodologies. They all drew on existing literature to develop conclusions and appeared to add meaningful coherence to the topic in question.

Only one study (Price et al, 2018) explicitly stated that they had ethical approval to conduct the research which provides the reader with reassurance that ethical considerations will have been scrutinised by an independent group. No other study (Archer & Kao, 2018; Moon et al, 2019; Orton-Johnson, 2017; Strange et al, 2018) discusses ethical decision making and although none of the studies suggest unethical practices, it is unclear the weight given to these considerations and the experiences of the participants during and after the study.

## **2.5 Summary of the literature**

The literature has identified that new parents report high levels of social media use. It suggests that social media may be useful for parents when they need to find information and also as a tool for finding social support. However, a more unhelpful aspect was also identified in which parents may experience negative emotions as a result of social media use and may

have difficulty stepping back from the platforms should they wish to. It is unclear, how this balance of potentially positive and potentially negative experiences of social media use impact on the mental health and wellbeing of the parents, when they step away from the screen and therefore this needs to be explored in more depth. In addition, the literature describes social media as providing a source of connection and support from other parents. However, it is less clear how the use of social media may impact on other connections in the parent's life, away from the screen, such as with their friends, partner and with their baby. A gap in the literature was identified in relation to how social media may impact on the emerging identity of the new parent. Considering the impact that imagery of other parents could have on the self-esteem and behaviours of a parent, as suggested within Social Learning Theory (Bandura, 1977), it is an important aspect to explore further.

There was a lack of diversity within the literature, with scarcity of father's experiences, in addition to unrepresentative samples in regard to race, socio-economic status and sexuality of the parents. It is therefore unclear how widely these findings apply. There is also little exploration of the experiences of parents within the UK and although the research may have reflected the same social media platforms as are used within the UK, specific exploration of a geographical area can explore the impact of specific historical, political and societal narratives in a greater depth.

Although social media use may be very prevalent in new parents, with both positive and negative experiences associated with it, the literature evaluation has identified this as an under researched area with a particular sparsity in robust research findings. This suggests that further research is needed in order to understand the experiences of new parents.

## 2.6 Research Aims and Question

Following the identified gaps in the literature, and considering the importance of wellbeing and relationships during this sensitive transitional period this study will aim to:

1. Explore how new parents experience social media in relation to their identity as parents.
2. Explore how new parents experience social media in relation to their relationships with others and their attachment to their baby.
3. Explore how new parents experience social media in relation to their wellbeing.

Therefore a research question has emerged as,

‘What experiences of using social media do parents of infants describe in relation to their identity, wellbeing and relationships?’

## 2.7 Implications for Clinical Practice

Despite the rise in social media use amongst parents, health professionals do not routinely explore a client’s relationship to these platforms within their clinical assessments. When we consider this, alongside the fact that it is an under-researched area, we could assume that parents may be engaging in an activity in which they are not fully informed as to the potential benefits and/or difficulties associated with their choices in the same way that they may be when making other parenting decisions. This could result in clinicians not being able to formulate a full understanding of the factors influencing or maintaining the difficulties that a parent may be experiencing and this may impact on the effectiveness of the support given. Furthermore, for parents who do seek support regarding social media there are not clear guidelines regarding the advice that they should be given, due to the sparsity of

research, and therefore information is likely to either be absent or based upon clinician's personal assumptions. This further highlights the importance of exploring the existing knowledge about social media use for new parents, whilst also identifying gaps in the literature.

## **2.8 Personal relationship to the Research Question**

When considering the research it is also important to consider my personal context, as the researcher, and how my experiences may influence my role within the study. As a parent of young children I have experienced the process of navigating parenthood within the age of social media. When I reflect on my feelings as a new parent I remember feeling torn between my identity as a mother and my previous identity, which included that of a trainee clinical psychologist. I recall remembering the narratives that I had grown up hearing, those of 'good mothers' who were self-sacrificing and present whilst also having boundaries to instil discipline. I was aware of wanting to do things differently including continuing to develop my career, to share the childcare with my partner and also developing loving attuned bonds with my children, but I was also aware of the incredible guilt I felt when negotiating this new identity.

As a new parent I found myself engaging in social media quite often. This didn't feel like an odd development for me as I have lived my adult life in the 'Facebook generation' and was used to accessing social media sites. However, as I reflect on my social media use in the early stages of parenthood, and consider the types of images that I shared, I notice that they portray a 'parenting style' that reflects the things that I aspired to and certainly didn't reflect the day to day complexities of juggling parenthood. During this time I noticed that I was automatically going to grab my phone during a 'cute moment', rather than just experiencing it. I have since reflected on this interesting paradox between wanting to share

the 'experiences' that I was giving my child and not fully experiencing them myself. I decided to pull back quite significantly from social media before having my second child. However, I remain a user and a parent and someone who is very interested in the role that these platforms have in shaping our experiences of parenthood.

## **2.9 Epistemological stance**

Epistemology can be described as 'the study of the nature of knowledge and the methods of obtaining it' (Burr, 2003). I was first introduced to the epistemological idea of critical realism whilst on clinical training. I was drawn to explore it further as it made me question many of my previously held beliefs and consider them within a wider societal, historical, political and cultural context. This understanding has led me to value the importance of questioning 'facts' and valuing knowledge as a product of individual experience. Bhaskar (1997) describes three 'levels' of knowledge which extend further than that which is observed to also consider knowledge that cannot be observed and the conditions which impact upon these understandings (Walsh & Evans, 2014). Walsh and Evans (2014) explain that a critical realist perspective 'views unobservable structures as real on the grounds that their effects can be experienced or observed' (Bryman, 2001). This idea has been criticised due to the idea of labelling a contestable factor, such as human experience, as a reality (DeForge & Shaw, 2012). However, it can also be argued that whilst situated within wider context and lived experience, the effects of a given factor are real to the individual and thus are important to consider (Walsh & Evans, 2014). This study will explore the experiences of the parents from a critical realist perspective. Therefore the study will accept that the participants may be describing 'their reality' and their reality may be in agreement with other realities. However, the knowledge of the participant, the interview and the interpretation will be historically, socially and culturally situated (Archer, 2016). In addition, the processes underpinning the lived experiences will be explored with the aim of

understanding the less observable factors which impact upon the use of social media for new parents. Therefore, within this study I believe that it is important to value the insight into participants' individual experiences whilst also considering the wider context in which the research has been conducted, including the influence of the researcher in all stages of the study.

### **2.10 The context of Covid-19**

At the initial stages of the study the Covid-19 pandemic was just emerging within the media and preliminary plans were made without any consideration to how widely felt the impact of the pandemic would reach. At the time of the ethical application submission, daily life was being affected, albeit mildly, and therefore two methodologies were devised, one which was to be used if the restrictions were to end in a matter of weeks as predicted and another 'just in case' they went on for longer. Therefore, at the initial design stages the pandemic was not held in mind. However, the experiences of the parents and the research team will have been inevitably impacted upon by this context and this will be considered within the discussion.

## Methodology

This section will aim to describe the methodology that has been used to explore the research questions within this study. It will discuss the design of the study, in addition to, the ethical dilemmas which were raised, the epistemological stance of the design and how service-user consultation impacted on the study throughout its completion.

### 3 Study design

A qualitative methodology was used in order to explore the individual experiences of participants and the processes that underpin these experiences. Due to there being over forty frameworks that could facilitate a qualitative design (Tesch, 1990) it was important to remain curious about two pertinent aspects of research design, as outlined by Weaver-Hightower (2018), when choosing a methodology that was a best fit for exploring the research questions. Weaver-Hightower (2018) describes the importance of considering how researchers can support participants to share their stories, and even secrets, in a way that feels coherent and meaningful to their experience. In addition, they discuss the value of questioning how we, as researchers, consider the communication that is presented to us, how it is presented to us and how we can attempt to convey another individual's experience in a way that is authentic to them (Weaver-Hightower, 2018).

As this study aimed to explore an under-researched area, with little data identifying the processes which underpin individual experience, it was important that the methodology chosen was exploratory in nature. Initially Interpretative Phenomenological Analysis (IPA) was considered due to its bottom up approach of being led by the data, rather than hypothesis testing, and its purpose of exploring the 'lived experiences' of participants (Alase, 2017). However, it was important to also capture the process of social media use, for new parents, in order to add new knowledge to the area of research. Further exploration led to consideration

of a Grounded Theory design. Glaser & Strauss (1967) described a Grounded Theory methodology as the process of producing a theory that is grounded in the data and this fit with the question that had emerged from the gaps in the literature. Further to this, within Grounded Theory, the emerging data is privileged over existing theory (Dey, 1999) and the preconceived ideas of the researcher (Urquhart et al, 2010) in order to identify an emerging theory. This fits with an exploration of a relatively new social process, one in which an explorative stance is required. This design appeared to have the best fit with the research question as Grounded Theory privileged the data in addition to exploring social processes. Moreover, Grounded Theory aims to facilitate the development of a model, which could provide a practical and visual tool for parents and clinicians to explore and understand individual experiences. Therefore, using a Grounded Theory design was considered as the best fit for answering the research question identified within this study.

### **3.1 Epistemology**

Consideration was made to how a critical realist epistemological stance would fit with a Grounded Theory design. Glaser (1992) spoke about searching for 'true meaning' which suggests that there is both a truth to be found and that this truth can be generalised to a wider cohort of individuals. However, it was important to remain mindful of the data being subject to context, time, place, culture and the communications tools that the individual had available to them. In addition, the importance of reflexivity was considered, with particular emphasis on the questions that were asked, the codes that were identified and the choice of ideas that were privileged (Gubrium & Holstein, 1997). Further to this Gergen (2011) discusses the 'active' nature of sharing information and how this is a relational process, which adds further weight to the importance of data being observed as a co-construction between participant and researcher. These ideas fit with a critical realist approach in which the unobservable processes which impact upon more observable experiences can be explored (Archer, 2016).

In addition, Charmaz (2006) discussed the way in which Grounded Theory can be used as a 'neutral' design in which differing theoretical constructs can be adopted by different researchers. Therefore within the study design there was a careful consideration paid to the language used within the questions, analysis and subsequent sharing of the data in order to consider the impact of the researcher within the co-construction of a social process.

## **3.2 Participants**

### **3.2.1 Recruitment**

Participants were recruited through an online invitation which was shared on internet forums, such as local 'mums' groups on social media platforms, such as Facebook and Instagram. The invitation was also shared through a process of snowball sampling, by asking others to share the invitation with their networks. A range of 'specific' online forums were chosen with the aim of including parents and caregivers from underrepresented groups within the sample, such as groups specifically for fathers, single-parents, parents from a LGBTQ background and parents from BAME communities, whose experiences have often been missing from parenting literature. The researcher only shared the invitation on sites with permission of the group administrator. It was important to recognise that due to the nature of sharing on social media, and also of use snowball sampling methods, it was unclear how many people had seen the invite and within what context. Therefore uptake rate could not be calculated. Both purposeful sampling, in which a sample that is assumed to be representative of the population is invited in a non-random process (SAGE research methods, 2008), and theoretical sampling, in which recruitment was led by gaps in the emerging data (Breckenridge & Jones, 2009) were used at different times during the study. Initial recruitment was guided by a purposeful sample of the inclusion criteria, and this was explored with potential participants prior to their participation in the study. As the study

progressed and key themes and areas of curiosity emerged, theoretical sampling was used in order to move the data towards a point of data saturation.

Initial planning had also included the sharing of invitations in libraries, parenting groups and social enterprise projects aimed at new parents, however due to the restrictions in place during recruitment, due to the Covid-19 pandemic, recruitment was limited to the online sphere.

### **3.2.2 Inclusion Criteria**

Initially, participants were invited to take part in the study if they identified as the parent or caregiver of a baby under the age of two years old. In addition, they needed to use social media 'most days' and often for two hours or more within a 24 hour period, which placed them as slightly 'above average' in regard to daily social media use in the United Kingdom (Statista, 2020). It was not required for participants to accurately measure their social media usage as it was assumed that individuals who identify to be part of this group will have experiences associated with social media use which can be explored within the interviews.

During the first recruitment stage the administrators of fourteen 'parenting groups' were contacted via social media platforms, Facebook and Instagram (Appendix 4). Seven of the contacted administrators agreed to share the advert which potentially reached a shared group membership of 175,215 members, across the seven groups. Only three participants were recruited through this process which raised questions regarding why there was such a low uptake, considering how far reaching the advert had potentially been. The three participants were also recruited from similar, smaller, breastfeeding support sites which became a concern as it could provide an unrepresentative sample of the wider population. Different reasons were considered including the hectic life of new parents, the ways in which

people may be engaging with larger social media groups, for example by scrolling without engaging with the information, and the wording of the advert. It was thought that the criterion that participants needed to use social media for two hours each day may not reflect how individuals relate to their use and this, in turn, may deter them from taking part. Therefore, following an amendment, the wording in the inclusion criteria was changed to include people who use social media 'most days', without reference to the amount of time that they use it for.

The advert was then re-shared with the same groups to give anyone who wanted to take part, but did not fit with the initial criteria, an opportunity to share their experiences. Further contact was made with groups that had not made contact following my initial email. This change in advert resulted in the recruitment of five more participants. A further three participants were recruited through a snowball sampling.

### **3.2.3 Demographic of Participants**

Eleven participants were included in the study. Despite the inclusion criteria including both parents and caregivers, only mothers volunteered and then took part in the study. Participants had babies who ranged from 14 weeks old to 23 months old. Eight of the participants were first time parents and two participants had older children as well. Five participants were located in the south of England, two in the Midlands, one in the north of England and two were located in Scotland. All participants were of 'child-bearing' age due to the nature of the study. The sample did not include the diversity of parents that was hoped for in regard to ethnicity, gender or sexual orientation. During the recruitment process, social media groups which were specifically targeted as underrepresented groups were contacted and the researcher attempted to explore the benefits of representation in research. However, unfortunately this was not reflected in the sample. A particular piece of work was done with

the founder of a charity 'Daddytime', which at the time of recruitment had 155,366 followers, to discuss the reasons why fathers may not be participating in the study. However, despite the advert being shared on multiple occasions fathers were not represented in the sample.

### **3.3 Ethical Considerations**

Ethical approval was granted by the University of Hertfordshire, Health, Science, Engineering and Technology EDCA (Appendix 5) and an amendment granted to change the wording of the inclusion criteria by the same ethical body (Appendix 6).

Particular ethical consideration was paid to the wellbeing of the participants, within the study, as they may have been discussing personal experiences in which there was an associated distress. There was also consideration given to the experience of verbalising their relationship with social media, potentially for the first time, and how this could feel exposing as they could also fear judgement from the researcher. Therefore, in order to minimise risk to participants, potential participants discussed the broad topics of the interview with a researcher before agreeing to participate, in addition to being given a Participant Information Sheet (Appendix 7) and being given time to consider it alongside asking any questions. They were informed that they could withdraw at any time and that they did not need to answer any questions that they did not want to. In addition, the researcher used clinical judgement to assess the impact of the topic on the participant, during the interview, and if a participant became distressed they were offered the opportunity to stop the interview. This occurred during two interviews and during both of which the participant requested to continue their participation and engagement with the interview process. On these occasions, however, the interviewer was sensitive to move towards less emotionally driven topics towards the end of the conversation and to further check on the participant's wellbeing before leaving the call.

Further ethical consideration was paid to the data of the child within the study. Although the child remains separate from the data collection, due to the nature of their young age they were often present for some or part of the interview. Due to the nature of the topics discussed, parents often referred to their baby by name, during the interviews, and following this any identifiers were anonymised in the transcription process and not included in data analysis. The interviewer also refrained from using any identifying information about the child within the interview and instead used generic terms such as ‘your baby’ to describe them.

### **3.4 Service User Consultation**

Consultation was sought, throughout the study design, from a mother of a thirteen month old infant who used social media frequently each day. This individual was not taking part in the study as a participant, although would have been eligible. They were contacted through personal connections of the researcher. Initial ideas regarding the study design were discussed, including the language that is used, and these led to inform key areas of investigation. Examples of this included receiving feedback about the use of the description ‘primary caregiver’, which had been initially included in the study design, as they did not feel that parents would identify with this term. Discussions also led to the development of an interview topic guide and areas that were important to include and those that may be sensitive issues were highlighted. In addition, practical considerations of including parents in research were considered, such as the location of interviews, timing, baby-friendly environments and resources that would be needed, including changing facilities. Further discussion occurred regarding the emerging data and the model was shared to inform the conclusions that were formed.

### **3.5 Being an insider researcher**

It was important to reflect on and minimise the researcher's personal experience in the design and delivery of the study. This was done, in part, through a reflexive relationship with the study in which a reflective diary (excerpt in Appendix 8) was kept and the researchers own experiences were considered. In addition, the interviews were led by the participant's experiences and by the previous data, rather than a structured interview schedule, which would have had greater researcher influence. The process of service user consultation also aimed to minimise the impact of the insider-researcher due to the process of 'checking in' to see if aspects of the study felt led by the researcher's experience.

### **3.6 Data Collection**

Participants were met, via the virtual meeting platform 'Zoom', at a time that was convenient for them, and given a consent form to read through and sign (Appendix 9). The researcher checked that they felt comfortable to speak openly and felt comfortable in their surroundings. They were reminded that they could take as many breaks as needed and to care for their baby in any way that they need during the interview. Following the interviews participants were sent a debrief form (Appendix 10) which included contact details for the research team, should they wish to discuss their participation or were distressed, following the interview.

#### **3.6.1 The Original Plan**

Early in the study design, prior to the Covid-19 pandemic, data collection was planned to take place within a series of focus groups. Focus groups were initially chosen in order to eliminate researcher bias, as much as possible, whilst also creating discussions between parents in a situation similar to a potentially familiar parenting group. However, this

methodology also came with caution. It was unclear whether participants would feel able to share their personal experiences in a way that was meaningful and reflective within a group of other parents, without fear of judgement. It was also noted that, despite facilitating, the researcher would have less control over the responses that the participants received and there were ethical concerns associated with this. There were also practical concerns about holding a focus group with new parents, as there was a high likelihood that there would be multiple babies present and this may have impacted on the ability for parents to share free-flowing conversation and for the sessions to be recorded, in order to be transcribed. However, whilst attempting to put measures in place to manage these concerns, news broke of the Covid-19 pandemic and it became increasingly unlikely that we would be able to meet with participants in person. As a result, a tentative ethical application was made, citing two methodologies, one of which was to be used until participants could meet in person, but in fact the restrictions remained throughout the completion of the study and therefore a 'Covid-secure' design was used to collect data.

### **3.6.2 And How We Adapted...**

Participants were met via online platform 'Zoom' to conduct an individual interview. The interviews lasted approximately one hour and followed a 'topic guide' rather than a formal interview schedule, due to the exploratory nature of the research questions. However, all of the questions fell within one of the topics listed below (Table 3).

	<b>Topic</b>	<b>Example Question</b>
<b>1</b>	Experiences of identity in relation to social media and parenting	Do you feel that social media sites have influenced the type of parent that you have tried to be?
<b>2</b>	Experiences of wellbeing in relation to social media and parenting	Have you ever noticed feeling positive emotions after using a social media site?
<b>3</b>	Experiences of relationships in relation to social media and parenting	Have you ever felt like using social media sites has impacted on your relationships with other parents?

*Table 3: Topic guide used to guide individual interviews with participants*

Data collection occurred during a period of 2020 in which the United Kingdom was experiencing the Covid-19 global pandemic. As a consequence, social contact was limited by law for periods of time and traditional sources of connection for new parents, such as baby centres and baby groups, ceased to meet face to face. This will have inevitably impacted on the experiences of the new parents involved in the study, in many possible ways. Consideration was given to whether we should ask specific questions about the experience of using social media within the pandemic. However, it was decided that due to the exploratory nature of the research question and study design we would be guided by the topics brought by the participant, within the broader 'topic guide'. In addition, we remained aware that new parents may experience factors such as isolation due to a multitude of factors, including physical and mental health difficulties, social isolation and within experiences of domestic violence, regardless of the pandemic, and therefore we chose not to single out specific experiences to explore.

Although the impact of the pandemic was raised across interviews, the focus of the study remained to explore the influence of social media on new parents, regardless of their reasons for their accessing of the platforms. It could be argued that within the context of 'lockdown' individuals may have accessed the internet with greater frequency. However, this study's aimed to explore the impact of this use and the processes underpinning it, within each of the participant's personal context.

### **3.7 Conducting data collection and analysis**

Within a Grounded Theory methodology, data collection and analysis occur concurrently and therefore both processes will be outlined below, entwined in the manner that they were conducted.

During the first four interviews, open questions were used to explore each of the topic areas, and were guided by the experiences brought by the participant. These interviews were transcribed and coded using a line-by-line process within computer software NVivo. The process aimed to identify analytical codes, rather than descriptive ones (Urquhart, 2013), in order to develop an understanding of the experiences described and the processes which underlie them. This process involved analysing the data to reflect the processes that are underlying the excerpt, rather than just labelling a description of what has been stated. Examples of these initial codes included, 'justifying use', 'using social media when most vulnerable' and 'using the language of social media'. From the NVivo codes, relationships began to be constructed using a pen and paper, and key ideas and themes started to become apparent. A series of memos were used to reflect these initial ideas and thoughts as they emerged, a process that is described by Glaser (1978) as the 'bedrock of theory generation'. This process of 'bottom- up' coding resulted in many codes, which can be described as a disadvantage of using a Grounded Theory design (Urquhart, 2013). However, from these codes and memos, a construction of the initial links and relationships within the data was

explored using a series of visual diagrams to capture links and to highlight conflicting data. These diagrams, referred to as integrative diagrams by Strauss (1987), were used throughout data collection and analysis to develop both understanding and to identify further areas of curiosity (Appendix 11).

The curiosity and missing information that emerged from these interviews guided the exploration in the next interviews. For example, following the first two interviews there was a sense of 'finding it hard to step back', however there had been less discussion about the process of returning to social media use following an attempted break. This was therefore highlighted as a topic to explore in greater depth should the topic be raised in future interviews. Subsequent transcripts were coded using a process of 'focused coding', within NVivo, in which codes were identified that provided further understanding to the themes that have previously emerged (Charmaz, 2006). Examples of focused codes include, 'seeking support' and 'showing unrealistic images'. During this process, when new ideas were identified, the coding process returned to a line-by-line methodology in order to capture any new ideas or experiences that had not previously been discussed. Furthermore, new ideas were added to the 'integrative diagrams' in order to build further understanding of how they fit with the existing data. As data collection continued, each interview built on those which had come before, and data was collected to add further richness to the emerging themes. Within some topics, it was identified that the interviews were no longer adding further insight into the experience and no new questions were emerging in relation to the topic. These topics were highlighted as reaching a point of 'data saturation' and were no longer privileged in the subsequent interviews. One example of this was the code of 'experiencing negative emotions', as this had been explored across each of the interviews. Therefore, despite being touched on in future interviews, other areas were privileged for exploration in a greater depth. At each of the stages discussed above, discussion with the wider research team was valued in

identifying patterns in the data alongside raising further questions that needed clarification in subsequent interviews.

During the recruitment process two individuals initially identified as meeting the inclusion criteria, however they also explained that they were actively engaging in a process of withdrawal from the platforms due to their experiences of the sites since becoming parents. This felt like an important experience to explore and therefore they were interviewed as 'exceptions to the data', with the aim of exploring the same topics with people who had reduced their social media use as a result of negative experiences. Following data collection, a process of theoretical coding (Urquhart, 2013) was undertaken in which patterns and relationships were identified between the codes to form larger theoretical understandings of the emerging data. These theoretical codes informed further integrative diagrams as relationships and links between the data were continually explored (Appendix 11).

### **3.8 Reflections**

*"As I embark on data collection I wonder what impact my role as an insider-researcher will have on my own experiences of the interviews. As a parent myself, it is possible that I will be engaged in conversations in which my own parenting choices are questioned or criticised, unknowingly to the participant. I am curious about how I will experience this within the context of the thesis impacting on my work-life balance and my experience of balancing a heavier workload with my own guilt about it impacting on my family. When considering previous clinical work – this has happened before. On these occasions I have reflected on these experiences in supervision with the aim of exploring my own feelings whilst also being aware of my potential biases to reduce the impact that they may*

have in sessions. There isn't the same frequency of supervision within a research study however I will remain aware that my supervisors are there and are happy to be contacted to discuss my experiences. In addition I will continue to write my reflections in a diary and to consider my experiences alongside my analysis of the participants. I also wonder whether my interactions in the interviews will be placed as those of a parent for the participants. For example, a knowing nod at something that only a parent would know. Will this impact on the data – it is something that I need to remain aware of!

I have also been thinking about my social media use... do I think it is a positive or a negative for me? I haven't formed this idea as yet, however these reflections have made me aware that it is not something that I have spent time considering in the past. I suppose this is unusual because if I were to engage in another activity daily I would probably think about my enjoyment of it in some depth as it is taking up my time. I wonder if social media has crept into my life over the years and I haven't given it much thought. It will be interesting to see how these thoughts develop as the study progresses and I give it more attention. "

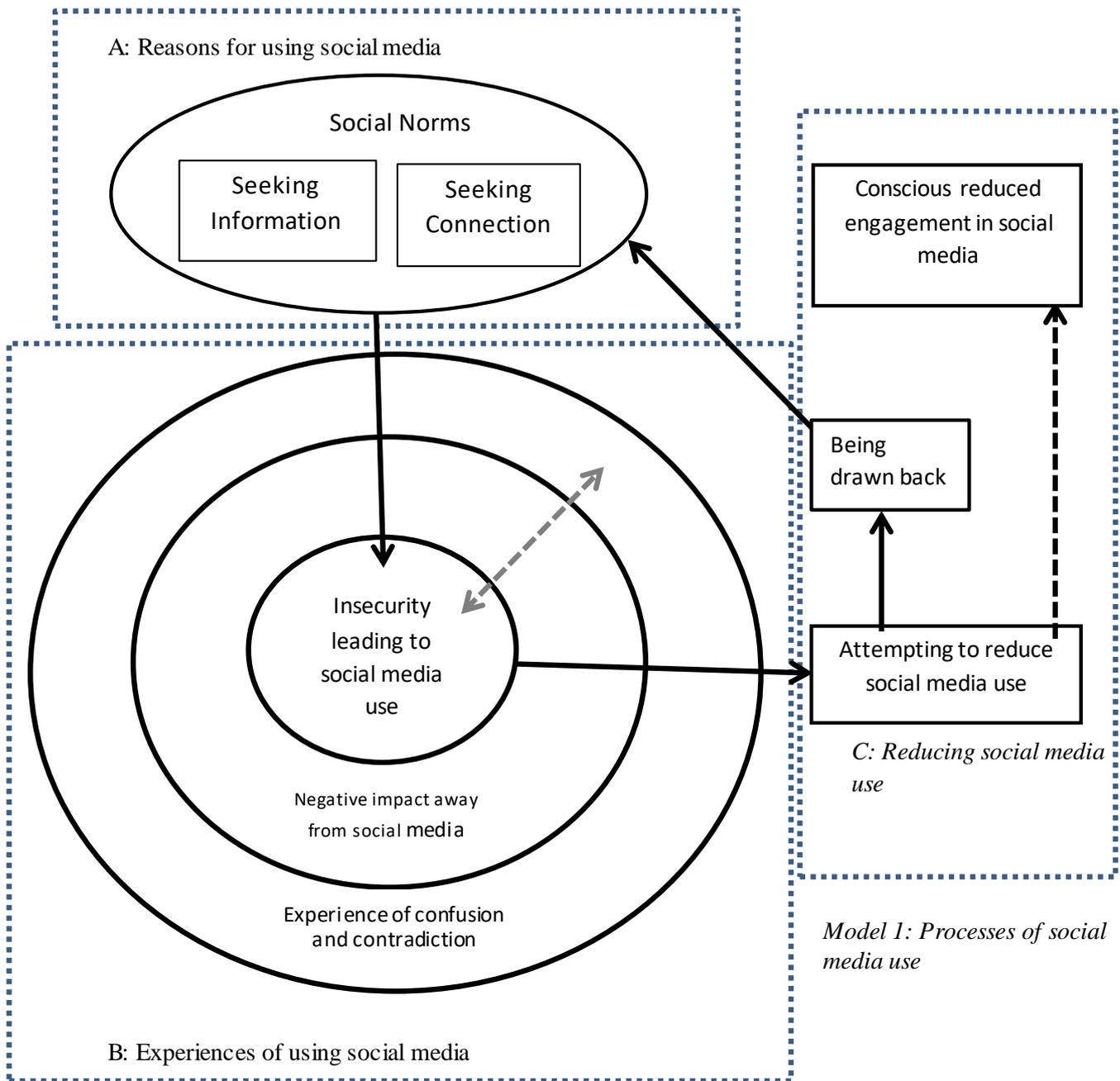
(Excerpt from reflective diary)

## Results

### 4. Introduction to the Model

This section will describe the models that emerged from the data. Firstly, this will include a brief exploration of 'Model 1' which contains an overview of three processes, namely: Reasons for using social media (A), Experiences of using social media (B) and Reducing social media use (C). This will be followed by Table 4 which will document quotation examples for each of the processes described in Model 1 and also describe the frequency that

these processes were discussed within the interviews. This will be followed by a more in-depth exploration of the experience of using social media, as described in part B of Model 1, which will be detailed in ‘Model 2’. This section was chosen to document in a greater depth due to the complexity of the experience that the participants were describing, differences in the ways that the separate models may be useful within clinical practice and the knowledge that a more detailed exploration could add to the gap in the current literature.



#### **4.1 Reasons for using social media (Process A)**

Many of the participants explored their reasons for using social media and two overarching themes emerged from the data; 'seeking information' and 'seeking connection'.

##### **A.1 Seeking Information**

The theme 'seeking information' references participants feeling unsure about aspects of parenting and using social media to access knowledge (10 participants). Participants explained,

*'I'm always looking on there for meal ideas or erm sleep or behaviours or lots of things, I'd use it a lot.'* (Rebecca)

*'...that's where I have gained the most knowledge about, like, baby's development and tips and tricks from that. Just little bite sized chunks that I can read in the middle of the night...'* (Chloe)

##### **A.2 Seeking Connection**

Ten participants discussed using social media for 'seeking connection' with other parents who could offer support and solidarity. One participant described becoming a parent as a time of vulnerability to isolation and loneliness which supports the idea that new parents would engage in platforms which are marketed as facilitating connection with others.

*'Loneliness and isolation and stuff, regardless of lockdown, is such a big part of having a baby.'* (Catherine)

Support groups which brought together 'similar' parents were described as being particularly helpful for eight of these participants. These participants described joining groups in which

they could connect with parents, who may share a specific style of parenting, be based in a similar location or share the same occupation. Examples of this include,

*'There's always another mum sort of going, 'yes hello, I'm, going through it as well,' erm so I guess there is a whole kind of support mechanism within social media.'* (Catherine)

*'When you find the right one it's empowering and just makes you feel less alone and that you find people that sort of understand how you are feeling'.* (Hannah)

One participant described accessing a group in order to learn how to parent using a different technique to the parenting that she had been exposed to within her own experiences. She explained,

*'To parent how I want to parent I have to re-parent myself...'* (Imogen)

The same participant explained that she has been able to use these groups for support and validation which differs from that offered by her friends. Examples of this include,

*'...because my friends don't necessarily subscribe to the type of parenting that I subscribe to...'*

*'I think because I surround myself with people that support my ethos it is very easy to get that validation...'* (Imogen)

### **A.3 Social Norms**

Ten parents spoke about the wider societal expectations that they have experienced and how these norms influence their decision to use social media as a tool to support them with information gathering and seeking support. Parents described the expectation to share on social media that come from family and also from local resources, such as nurseries and baby groups, as this is often their method of connecting with the public. This may mean that

parents would miss out on up to date information regarding local events should they decide to withdraw from the site.

One participant described her use of social media as,

*'...it's kind of the norm, it's expected, and everyone else is doing it.'* (Faye)

Other participants, who had decided not to share images of their baby online, discussed the pressures that they had felt from other people to post pictures and the ways in which others have made the assumption that they can share images of their child online, which was distressing for them. This suggests that the decision not to share may be viewed as an unusual one that needs to be justified within the wider society.

*'My mother in law wasn't very happy about it because she wanted to tell the world that she'd had a baby'* (Rebecca)

*'...people don't think to ask and then they put pictures up, they put pictures of him and I think, whoa, it's sort of really shocked me.'* (Chloe)

One parent also spoke about the way that using social media as a parent has been a continuation of their use prior to having a baby. She explained that her cohort of parents are the 'Facebook generation' who have had access to the platform for their whole adult lives and therefore it feels natural to continue to share your life and that happens to now involve parenting.

*'...it's just something that I'm really proud of in the same way that I put up photos of my graduation...'* (Clara)

## **4.2 Experiences of using social media (Process B)**

The second section of the model explores the experience of using social media, as described by the participants within the study. This process will be outlined in greater detail further in the project (page 68) and therefore this section will include a summary of the overarching processes. The participants described a series of processes which are shown within a series of circles, akin to a 'ripple effect'. The experiences within the 'ripple effect' are bi-directional, with each ring impacting on the rings either side of it.

### **B.1 Insecurity leading to social media use**

Central to the model are two continuing processes each stemming from the experience of feeling insecure within the role of a new parent. Ten of the participants described using social media as a way to support the 'unknowing' that had come with their new role and discovering ways to either 'improve' or 'validate' their parenting. One participant described being concerned about her ability to support her daughter with verbal communication, however the wealth of information available on social media led to her to a process of frequently using social media to gather information, she stated,

*'I was completely obsessed with it and then I was looking and people were like, well you should be doing this and you should be doing that...'* (Hannah 5)

### **B.2 Negative impact away from social media**

Within this context of using social media, parents described experiencing negative impacts on their lives away from the screen, represented by the second circle. All eleven participants described experiencing a negative impact on areas of their life.

A strong theme to emerge from the data was the way in which social media use impacts on the participant's mood as they step away from the platforms and engage in other activities.

One participant stated,

*'I would find myself coming away from social media just feeling a little bit less happy.'*

(Chloe)

Participants explained that the use of parenting based social media sites results in feelings of insecurity within their own parenting role,

*'I think looking at social media doesn't help that because it sometimes reinforces what you're doing wrong or this is the ideal'.* (Rebecca)

Participants also described their social media use impacting on their relationships, away from the screen, including with their partners, their friends and with their babies. One participant described the impact that social media has had on her relationship with a friend,

*'...every time I see her post...it...I can only say it enrages me...'* (Imogen)

### **B.3 Experience of confusion and contradiction**

As illustrated by the outer circle, ten of the participants described feeling confused about how to manage their social media use or describing a sense of contradiction in the experiences that they were describing. One of these experiences was described by a participant as they questioned why they posted pictures onto social media sites,

*'It's completely silly really that I even post them because I don't then go back on Instagram and see whether anybody has liked or seen it.'* (Clara)

Participants also described contradiction in their use of social media use for information as despite following multiple sites, they do not use the information that they gather. One participant described,

*'You can't criticise them, I think they're all, they're all really good. But erm, in reality, I don't really use them.'* (Catherine)

As shown in the model, each layer of the 'ripple' is impacted upon by the previous one. However, this appeared to be a bi-directional process as insecurity led to negative 'real-life' impacts and subsequently feelings of confusion and contradiction, whilst also this confusion and contradiction led to further negative 'real-life impacts' and increased social media use as participants looked for ways to manage these emotions.

### **4.3 Reducing social media use (Process C)**

Many of the participants discussed their high frequency of social media use. This was expressed in ways such as,

*'I don't know what else I would feel if I didn't have access to social media, probably have a gaping hole for about two hours of my day ...'* (Jessica)

*'Yeah, I'm always on it. Always on it. Erm yeah, I think I'd be quite lost without it which is a bit not very good.'* (Rebecca)

#### **C.1 Attempting to reduce social media use**

Subsequently all eleven participants described experiencing a desire to reduce their social media use, or having experienced this desire in the past. Each of the participants also described attempting to reduce their social media use at some point, either presently or in the

past. For some of the participants this involved putting measures in place to stop themselves using it, for example,

*'I catch myself and I have to go and make myself, like, go and put it somewhere else...'*

(Hannah)

However, five of these participants discussed currently wanting to reduce their social media use but not feeling able to at the present time. One participant stated that,

*'I should have phone free time (sighs) but erm I sort of need to give that some more thought and then actually put it in to practice'. (Rosie)*

Another participant explained that,

*'I do find myself up late at night thinking I need to put the phone down now because it's two in the morning and I need to get some sleep' (Imogen)*

However, when asked if they would consider reducing their use of social media sites the same participant described experiencing a physical response to the thought of not using it,

*'Ooooo it's just a bit uncomfortable...'* (Imogen)

## **C.2 Being drawn back**

Nine of the participants described being 'drawn back' to social media following their attempt to reduce their use. Some of the participants described using their phone as a 'habit' and this makes it hard to change their behaviour, for example one participant said,

*'...it's just a habit that I'm trying to break. It's much better when I don't look at it all the time but I still sometimes do that...'* (Chloe)

Other participants discussed the difficulty that they have reducing their social media use due to it being used for multiple aspects of their life, such as shopping, planning events and receiving information from organisations such as nurseries and baby groups. One participant explained that,

*'It's so hard to escape. So even if you think, Oh I'm not going on Facebook, meaning I'm not going to look at other people's pictures and compare myself, there's still lots of other uses for it.'* (Catherine)

Participants described being 'drawn back' by habit, other uses and a fear of missing out and this led back to the continuation of increased social media use, driven by the factors described in the first part of the model. This continuation of social media use led to participants describing feelings of guilt and further feelings of insecurity within their parenting role, which in turn further continued this cycle of social media use. One parent explained,

*'...and then sometimes you look down and you've got these like big amazing eyes looking at you and you think, oh god I just missed five minutes of that amazing face.'* (Catherine)

One participant described trying to withdraw from social media due to the negative impact that it was having on her mood, however also described planning to return to the site when able to. There was a strong theme of internalising difficulties associated with social media use as 'an inability to cope' rather than as an expected part of using the platforms. They described,

*'I will dip back into the water but trying to be a bit more, consciously, when I know that I am more resilient, not when I'm feeling a bit sort of overwhelmed. More when I can cope with that kind of negative stuff.'* (Jessica)

When we explore the participant's reasons for wanting to return to the site, despite experiencing negative impacts on their mood previously, the same participant spoke about the fear of missing out on something, considering it is such a widely accepted part of modern society. They stated,

*I don't want to have things completely pass me by because I want to know what's happening and to be able to keep up with things. I suppose it's the classic millennial problem, isn't it, like fear of missing out, you don't want to be the only one that doesn't know about X, Y or Z'*  
(Jessica)

### **C.3 Consciously reduced engagement in social media**

Three of the participants described a process of 'consciously engaging with social media' following a period of withdrawing from social media use. This is indicated on the model using a broken line due to this being a different experience to the more common experience of returning to the cycle. Two of these participants described continuing with this 'conscious withdrawal' over time. The other participant described being pulled back to increased social media on some occasions. They described using social media as a resource when needed, however not using it to 'mindlessly scroll' or to engage with other people. For example one participant described their use being to,

*'...try and look for information more actively when I know that is what I want, rather than follow people who I find interesting and then make comparisons subsequently...'* (Jessica)

Both these participants described a process of finding other ways in which to connect with others so that they are not missing out on the social interaction that they would benefit from if they used social media more, for example,

*'I made a very conscious effort to ask friends to send me any nice photographs or anything directly and I would have lots of nice interactions with friends, meaningful interactions with friends...'* (Chloe)

However, although both of these participants described enjoying this way of using social media, and connecting with people in a meaningful way, they both explained that it is an ongoing conscious process as they need to remain active in not being drawn back to their previous social media use. One participant stated,

*'I'll reach for my phone when I'm feeding him out of habit and then I think what am I doing, this is such precious time, I'm not going to be feeding him for much longer. Be mindful and put it away...'* (Chloe)

Another participant referred to the ongoing draw of scrolling through social media when they said,

*'I probably would if I allowed myself to but I think I try and consciously erm I try to make better choices...'* (Clara 9)

#### **4.4 Examples of the themes highlighted in Model 1**

The table below (Table 4) will now show quotation examples for each of the themes that are highlighted in Model 1, alongside information regarding how frequently each occurred within the discussions.

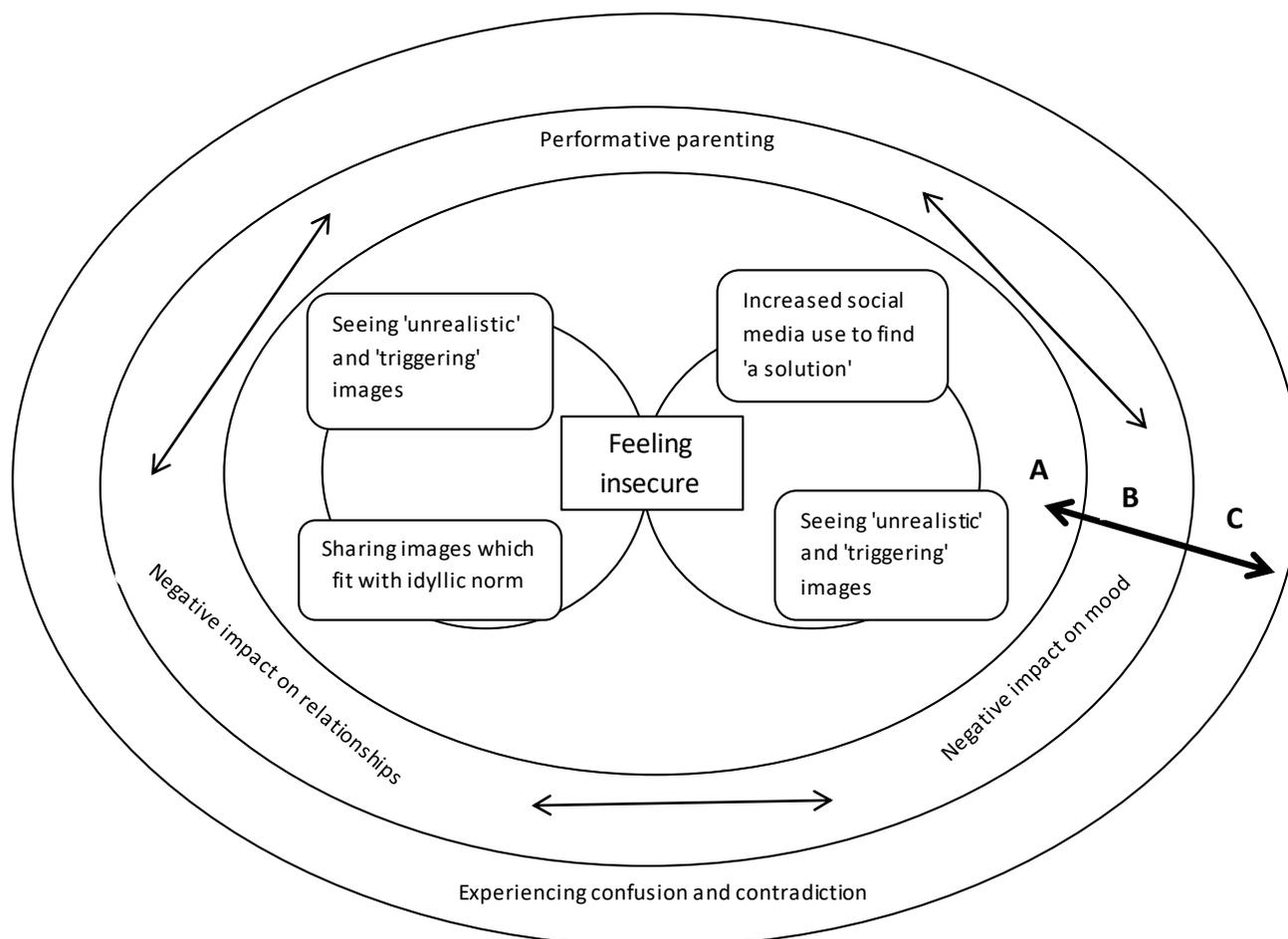
<b>Description on Model 1</b>	<b>Number of interviews</b>	<b>Example Quote</b>	<b>Quote made in interview...</b>
Not Knowing	10	'I just seek for information about the issues that I'm having or 'is this normal...' sort of thing.'	Rebecca
Seeking Connection	10	'It's really nice, like any time of the night you can just put a message on there like, 'oh my god, she's woken up' and one of them will come back, 'oh my god, so has mine.'	Hannah
Social Norms	10	'...it's kind of the norm, it's expected, everyone else is doing it.'	Faye
Insecurities leading to social media use	10	'..I want to be able to find ways of managing and I think that's why I go to social media in the first place...'	Jessica
Social Media negatively impacting on life away from the screen	11	'I think that it can really unnerve you and make you feel quite unsteady about what you're doing as a parent.'	Faye
Experiencing confusion and contradiction	9	'...just looking at the ideals of parenting...looking at all the advice but not actually putting into practice...'	Rebecca
Desire to reduce social media use	11	'I'm just like, I need to get off this because I need to play with her not sat on my phone.'	Hannah
Attempting to reduce social media use	11	'...it had to be a conscious change of putting it on loud but putting it on the other side of the room...'	Chloe
Being drawn back to social media use	8	'Yeah, it draws you back....I suppose it's like you don't want to miss out on anything.'	Hannah
A conscious process of reduced social media use	3	'...if I see a picture that somebody's posted then I would rather not interact with that and I'd rather message them and say hey'	Chloe

*Table 4: Examples of the themes highlighted in Model 1 – Processes of social media use*

#### **4.5 The experience of using social media – An in depth Exploration**

The experience of using social media, as documented in part B of Model 1, will now be explored in greater detail in Model 2, due to the complexity of the experiences that were discussed by the participants.

*Model 2: An in depth exploration of the experiences of using social media, as shown in 'B-Modell'.*



### **A. Insecurity leading to social media use**

The central circle shows two continuing processes which fall under the heading, 'insecurity leading to social media use', as also depicted in model 1. Participants described feelings of 'not knowing' within their experience of being a new parent and making decisions about the 'type of parent' that they are becoming. One participant explained,

*'...you start to think, okay, how am I going to be? What am I going to do?'* (Diana)

Another parent explained that,

*'When I first had (child), who is my third, I think my confidence in myself was probably lowest...'* (Catherine)

Participants described two processes which followed these feelings of insecurity in their parenting role. The loop towards the right describes parents 'feeling insecure' in their knowledge about parenting and doubting their ability. This led to 'increased social media use to find a solution' to their perceived difficulties. This may be through observing others parent's 'pages', reading the opinions and experiences of other parents or following specific support groups or pages in order to seek advice. One participant described using social media in this way when she stated,

*'...with the idea that if I flood myself with these images and words and stuff now, it will become second nature...'* (Imogen)

However, the experience of searching for 'a solution' also exposed the parents to 'unrealistic and triggering imagery' of idyllic parenting. One participant described this double bind of searching for a solution and this search leading to further feelings of insecurity. This was explored further by a participant, who explained the difficulty in remembering that the images on social media may not reflect reality,

*'I want to be able to find ways of managing and I think that's why I go on social media in the first place but it is that double-edged sword. You see lots of images and information about people who are managing and you kind of want to know how they do it but at the same time the fact that they're managing and you're not is a great big club that you can beat yourself with'.* (Jessica)

*'Social media is such a false place and I think that it's too easy to forget that.'* (Faye)

A second process illustrated by the loop on the left of Model 2 also starts with feelings of insecurity for the parents. This led to parents 'sharing images that fit with the idyllic norm'

that is typically shown on social media platforms. Participants explained that they tended to share images of parenting that they were proud of, for example,

*'It's people's, our own insecurities really and it's that need, desperate need to show everybody that actually you're doing really well at life and it's all great and painting everything in a really positive way to make you feel better about yourself.'* (Faye)

*'I wanted to (sighs) yeah maybe show off a bit that...we yeah...oooo look how amazing my little family is.'* (Rebecca)

However, as described previously, engaging with social media sites exposed the parents to 'unrealistic and triggering imagery' of idyllic parenting, which in turn left them feeling further feelings of insecurity as they made comparisons between their personal experiences and the perceived experiences of the other parent, based upon their social media post. One participant spoke about this process, describing,

*'So it's a really, it's really kind of sad that the times when you least..ermm...when you least need to be comparing yourself to someone are the times that you do it.'* (Catherine)

*'You're on your own, you're feeding for hours, you're kind of at your most vulnerable then and that's when you're most likely to be scrolling through Facebook and searching for people that you went to school with and all that nonsense that you do and then that's when you start to compare.'* (Catherine)

This central circle illustrates two processes which describe a similar pattern of experience for the parents. In both processes a parent accesses social media in order to reduce the negative emotions associated with feeling insecure within their new role. However, the use of social media left them with further feelings of insecurity and fuelled a cycle in which they were left needing to use social media even more. This suggests that social media sites may be used

with the intention to reducing feelings of insecurity in new parents, but in fact much of this insecurity has come as a result of their previous experiences of social media use.

## **B. Negative impact away from social media**

The second ring of Model 2 illustrates the way in which participants described their use of social media impacting negatively on their life away from the screen. These experiences fell into three categories which were; Negative impacts on their 'real-life' relationships, Negative impacts on their mood and the desire to engage in 'Performative parenting'.

### **B.1 Negative impact on relationships**

Participants described the impact that their social media use had on their relationships away from social media. These impacts were described in relation to their partners, their friends and also with their baby.

#### **B.1.1 Relationship with partner**

Participants described the ways in which their social media use negatively impacted on their relationship with their partner. For some participants this was due to their partner becoming frustrated by the amount of time that they were spending on social media and their difficulty to engage with 'real-life' conversations due to this distraction. For example,

*'(Husband) shouts at me all the time. He's like, just get off your phone, I'm trying to talk to you.'* (Hannah)

Other participants explained that both they and their partners use social media frequently and therefore they are often engaging with these platforms rather than with each other, despite being in each other's company. One participant said,

*'I suppose spending a lot more time on my phone looking at social media, and my husband probably does the same as well, erm so you don't spend as much time with each other...'*

(Rebecca)

### **B.1.2 Relationship with friends**

Participants also described becoming irritated by their 'real-life' friend's social media presence and that this had led to difficulty in them maintaining a friendship outside of social media.

One participant described feeling hurt when she sees the posts made by a friend who hasn't been in touch for some time,

*'I haven't seen her for three months, she hasn't made any attempt, yet on Facebook and Instagram I see she's out doing her swimming, she's out running, she's out meeting this friend, out meeting all of that.'* (Imogen)

Another participant expressed concerns about people observing her parenting in 'real-life' and comparing it to the online images of other parents, which in turn led to greater feelings of insecurity in their parenting role.

*'...we had a kid like a month apart and she's the one being like, everything is amazing...'*

*'...it's really hard like him knowing that he's seeing that she's having a great time and I'm finding it difficult'* (Rosie)

### **B.1.3 Relationship with baby**

Some participants explained that they believe that their high frequency of social media use impacts on their ability to attentively attune to their baby. This led to feelings of

guilt as participants considered the relational impacts that this may have for their baby.

Examples of these discussions included,

*'...it's a negative effect on parenting at times where I'm looking at my phone instead of looking at her and giving her the attention that she needs and that does make me feel bad.'*

(Rosie)

*'...looking at all the advice but actually not putting it into practice by just sitting here looking at my phone, waiting until bedtime or waiting until the next meal and not actually getting up and interacting with her...'* (Rebecca)

## **B.2 Negative impact on mood**

A strong theme that participants discussed was the comparison that they make between their lives and those portrayed in social media images, and the subsequent negative impact that this has on their mood. One participant described this experience and became tearful as they discussed the impact that this has,

*'I'm lower already and then I've looked at it and then I again compare myself and feel even lower than if I'd not'*

*'I think internally I'm always erm battling with what I should be doing and what and then I don't do that and then ....I sit on my phone and look at all the (long pause) and I think the perfect lives and you sort of then go and compare yourself even more.'* (Rebecca)

Participant described making comparisons about multiple factors including, their post-partum body image, the experiences that their baby has access to and the material items that the baby has within their household. Examples of this include,

*'...if you're sitting at home and you haven't got dressed properly for however many days and you know you're finding it really hard and then all your friends are like having days out with their kids and that's hard.'* (Catherine)

*'...she bought like a really fancy baby rocker and you know, one of these 'Mamaroos' and you just want your child to have the best of everything and I thought, I really did sit at home and thought, 'Oh God and I've put you in that bloody budget 'Mothercare' one' and 'you poor baby''.* (Imogen)

Another participant recognised that they experience difficulty due to the repeated nature of seeing images on social media. They stated that,

*'...especially as it's repeated as well as in they are repeatedly having positive experiences and you're repeatedly having a tough time and then it's tough that you're sort of thinking that they're still having a great time and I'm still not...'* (Rosie 6)

### **B.3 Performative parenting**

Participants also described the ways in which the images that they see on social media impact on their parenting. Performative parenting is the phenomenon whereby parents share content celebrating their children generally and their parenting especially (Campaign Asia, 2015). One participant explained that the images that are shown portray a normative type of parenting which fits with an ideal. This influence was explained by participants, for example,

*'...that pressure to conform with that or to make sure that you're within those normative boundaries.'* (Jessica)

*'The funny thing is I think is that the people that I don't like the idea of following, so the people who make it all look sort of like rainbows and sunshine, I'm probably, I'm probably*

*actually one of those people because I know I never go on except to post a nice picture of my daughter.* (Clara)

One participant described the 'performative' posts shared by parents on social media and explained the nature of sharing on such a public forum impacts on what is shown. They stated that this is especially prevalent when we consider that acquaintances from different spheres of one's life may have access to the images, for example, friends, family and work colleagues who may have typically be exposed to different parts of an individual's identity if interactions were face to face. The participant explained,

*'You've got a relatively open sort of presentation of yourself to people who you don't know and you're inviting, well, judgement, interaction, you know, you're putting things out there and it's such a human thing to want to control that narrative.'* (Jessica)

Participants also described feeling influenced to buy products that they have seen on social media in order to fit with these norms of parenting.

*'But then you look at a thing and you're like, 'Ohhhh', like they have been gifted bits of equipment that they...and you're like, 'Oh gosh, should I invest in that?'* (Rebecca)

However, the same participant described the number of purchases that she had made and subsequently not used following being influenced to buy them via social media sites.

*'The bibs alright, ermm...it's a faff putting it on her....*

*The cups, we don't really, they're just like little shot cups. I don't really use them....*

*Lots of books and things like that yea, I've bought several books that I've not used'* (Rebecca)

### **C Experience of confusion and contradiction**

The outer ring of the model represents the way in which participants described feeling confused and conflicted in the relationship with their social media use. It also described the way in which participants felt a sense of contradiction between different aspects of their social media use or between their thoughts and their behaviours.

During the interviews participants described feeling unsure about the impact of their social media use. In addition, there were multiple discussions in which participants described contradictions in their beliefs or behaviours in relation to their social media engagement, which further suggested that the participant's relationship with their social media use remained unclear. One example of this was highlighted by participants describing collecting lots of information on social media but not using it within their everyday life. In addition, participants described feeling guilty when they haven't implemented these ideas with their child, without recognition of the activities that may have engaged in instead. For example, *'...in the moment it's a really good idea but then the realities of life get in the way and you make other plans.'* (Hannah)

*'I think it's easy to kind of get a bit disheartened'* (Catherine)

A similar theme was identified when we consider that the parents described accessing the platforms to seek social support and whilst many parents did find this on social media, they also described the negative impact that social media use was having on their relationships away from the screen. This suggests a dichotomy between the aims of social media use and the consequences that are felt by new parents.

In addition, parents described the difficulty that they have when navigating their social media use without a framework of the benefits and disadvantages from their own childhood. Some

parents reflected on the 'traditional values' that they had experienced as a child and their difficulty with finding a fit between instilling these values into their own parenting, whilst also negotiating the societal norm of social media use. This led to parents questioning and/or justifying their decisions, rather than describing contentment with the actions that they were taking.

*'...it would be back to basics of oh mum's doing the washing or cooking or ironing or going to see my nan and grandad, things like that. So erm they were yeah, she was with us all the time but they are focused on what we were doing or playing with us or what have you. So that's how I don't think it's right because I shouldn't be sat on here, I should be interacting with her all the time.'* (Rebecca)

Parents described being torn between wanting to share pictures of their child and also wanting to keep them off social media. For some parents who described feeling strongly against sharing pictures of their child, they had found themselves doing this on the odd occasion, which had left them with feelings of guilt. In addition, parents who did not post pictures of their children on social media described questioning whether they were missing out by making this decision. Examples of these dilemmas include,

*'...when I see other people's I'm like, sometimes I'm like, am I missing out? Am I, I don't know, unnecessarily narrowing my, I don't know, my enjoyment and my use of social media and other people's enjoyment of social media by not posting things?'* (Diana)

*'I obviously have more recently decided to post something so I suppose that question is still going on and maybe some of that as I said, I guess it is down to a pressure a little bit, feeling pressure.'* (Diana)

## 4.6 Reflections

"I have been struck by the guilt and self-doubt described by the participants. I have noticed a strong message of 'not being enough', whatever the parents are doing. It has made me consider the narratives about parenting in society, especially those associated with motherhood, and the impossible task that they can face of 'having it all'. I was struck by how parents framed their parenting as 'not enough' despite describing objectively wonderful times with their child. I consider how these messages have impacted me a working parent and I wonder how social media has confirmed and contested these narratives. It is interesting that parents described this self-doubt regardless of their decisions. I have spent time reflecting on some of the decisions I have made as a parent and subsequently questioned or doubted. Would I have also doubted the decision had I made an alternative one?"

As I have been conducting the analysis of the data, alongside conducting further interviews I have been interested in the complexity associated with the participant's relationship with social media. It has made me consider my relationship with the platforms and I have spent time considering the aspects that I find helpful and the aspects that I find unhelpful. I have never broken down my experience in this way before and I realised that I, too, have multiple different experiences when using the sites. I have decided that I would like to use the sites less and to engage with people in other ways. However, this feels like a personal decision based upon my own experiences which have become more evident after a period of reflection. I wonder if other people ever take time to consider their experience in this way and how that would impact on their social media use?" (Diary excerpt)

## Discussion

### 5 Introduction to the chapter

This section will first provide a summary of the findings that emerged from the study within the context of the aims of the research and the existing models. Existing literature will also provide additional context to the findings. The clinical implications of this research will then be discussed alongside a review of the strengths and weaknesses of the study. Finally, ideas for future research will be discussed and this will be followed by a conclusion to the thesis.

#### 5.1 Summary of findings

Before summarising the findings of the study, it is important to reflect on the original aims of the research, which had emerged from gaps in existing knowledge. The aims included;

*Aim 1: To explore how new parents experience social media in relation to their identity as parents.*

*Aim 2: To explore how new parents experience social media in relation to their relationships with others and their attachment to their baby.*

*Aim 3: To explore how new parents experience social media in relation to their wellbeing.*

The findings will now be discussed in relation to these aims, alongside additional consideration of the context in which new parents are describing their social media use. In addition, other notable findings will also be discussed.

**Aim 1: To explore how new parents experience social media in relation to their identity as parents**

Smaller support groups, which bring together parents who have a similar trait, were described as being beneficial for connecting to other parents who share a similar 'parenting identity'. Parents described joining groups such as this based upon their parenting 'style', their babies feeding method, their occupation or their location and described the benefit of having accessible contact with likeminded parents who may be going through, or have gone through, the same issues. Parents valued their membership within a group which shared a common feature, which can be understood in the context of Social Identity Theory (Tajfel, 1979). Tajfel (1979) argues that identifying as part of an 'in-group' may lead to increased feelings of pride and self-esteem. However, despite parents describing these groups as invaluable at times, they were not used in isolation of other aspects of social media. Parents explained that whilst accessing the group they are often exposed to other images of parenting, which led to them making comparison between their lived experience of parenting and the image that has been shared online. A cycle emerged from the data in which this process of comparison led to parents feeling insecure within their parenting abilities, which may occur when their lived experience is perceived as differing from that of the 'in-group' (Tajfel, 1979; Tajfel & Turner, 1979). When we consider the Threat Protection System, outlined by Gilbert (2005), and discussed within the introduction of this thesis, we can assume that these feelings of insecurity may activate the 'Threat' system for an individual, as they perceive that their parenting identity is 'under attack'. This may, in turn, leave them feeling distressed. Gilbert's (2005) model can also be used to describe the ways in which parents attempt to reduce the disparity between the imagery that is seen on social media, and their lived experience, as activation of their 'strive' system. In order to do this, parents increased their use of social media as they searched for more information and parenting advice. This process further

increased their social media exposure, leading to even greater feelings of insecurity in their parenting role, thus perpetuating a cycle. In addition, the activation of the 'strive' system also resulted in parents sharing imagery which fit with group norms in an attempt to 'fit in' with the narrative of a 'good parent'. However, again, this further engagement with social media maintained a cycle of insecurity and greater use, which could negatively impact on a new parent's identity in their new role.

In addition, if we consider participation in smaller support groups as an 'in-group' (Tajfel, 1979), it is also important to consider the development of the group and how that may impact upon the parent's developing identity. For example, if a parent should join a group of other parents who are 'like-minded' in their approach to a specific stage of their babies development, such as weaning, then they may feel increased self-esteem as their parenting choices are validated through their group membership. However, the same group may differ in their parenting choices at other stages in their child's development, which could be exposing for group members as they may experience a threat to their membership within the 'in-group'. This, in turn, could lead to feelings of shame and self-doubt (Tajfel, 1979; Tajfel & Turner, 1979) and result in further striving towards being an 'in-group member' (Gilbert, 2005) by following the group norms. However, this 'Threat' to the identity of the parent, and striving to meet a groups norm, may negatively impact on a parents relationship with their own identity as they question the decisions that fit best for their own family.

Gilbert (2005) describes the 'strive' system as an emotional state in which individuals try to create better outcomes for themselves and this is evident within the experiences of the parents in this study. However, it is important to consider how social media is impacting on the societal narratives of 'good parenting' which may be seen as aspirational. Although, some of the images that parents are exposed to are likely to have been posted by acquaintances, the presence of parenting bloggers, and influencers, online was also discussed

within the study. The role of these bloggers is often a dual one, in which on one hand they share images and videos of their life which other parents may relate to or aspire to. Whereas, on the other hand, this sharing can also be a source of income, in which they are paid to advertise products. Although transparency guidelines have been put in place (ASA, 2020) to ensure that advertisements include the hashtag, #ad, this is often found within the smaller details of a post. These promotional social media posts often do not differ in consistency of content from a more natural blog, however the post differs in that the blogger is sharing products that they haven't paid for and are being paid to promote. When we consider the ways in which parents may strive to be a part of the 'in-group' it is important to remember that this image of an 'in-group' may be based upon unobtainable imagery that is not reflective of the everyday experiences of parenting.

**Aim 2: To explore how new parents experience social media in relation to their relationships with others and their attachment to their baby.**

Participants described 'seeking connection' as one of the main reasons for accessing social media, and as mentioned previously, many parents described smaller parenting support groups offering this sense of connection. However, participants also described the impact that social media engagement had on their lives away from the screen, and these impacts were predominantly described as negative. Participants described arguing with their partners about their high levels of social media use and finding it hard to engage with people who they were talking to face to face. In addition, participants also described becoming irritated if their friend's 'online persona' did not match with how they understood their everyday lives. For some of these parents, this irritation led to them reducing contact with a previous friend. Relational difficulties such as this were described for multiple reasons such as, their friend sharing images that were not a true reflection of their experience, making comparisons between their friend's experiences and their own and their friends sharing support for

parenting styles that did not fit with their own. This suggests that despite using social media to seek connection with others, it may result in an opposite consequence of experiencing negative impacts on existing connections.

In addition, participants described the impact that their social media use had on their relationship with their baby. Participants often described using social media during night time feeding as a habit to keep them awake and that this habit extended to all feeding times throughout the day. For some parents this was a concern as they had noticed that they were missing out on attuning to their baby's communication cues at these times, due to being focused on their phone. Participants also described frequently searching social media for 'parenting tips' in order to provide their baby with the best opportunities, whilst also missing out on day to day interactions with them, as they searched for this information. Participants generally described their phone use, in the presence of their baby, in a negative way and this resulted in feelings of guilt and concern about the baby's experience of their relationship, which led to feelings of lower self-esteem. This, therefore, provided another 'attack' on the parents' identity, which in turn led to further striving to find 'the answer' via social media. This holds particular weight when we consider Bowlby's (1969) attachment theory. Bowlby highlights the importance of the baby's early relationship with their primary caregiver. He suggests that the effects of this relationship can be seen throughout their lifespan in regard to their wellbeing and future relationships. Within this study parents described being drawn into social media engagement and finding it difficult to pull back, which could in turn make it more difficult to sensitively attune to their babies cues within a given moment. It is important to recognise that parents would not be expected to be able to attune to their babies all the time, in fact this may not be seen as beneficial for the infant either, however some parents described using their phone instead of interacting with their babies, which over time

may have some impact on their relationship and Bowlby's model is a demonstration of the importance of building this foundation early in life.

**Aim 3: To explore how new parents experience social media in relation to their wellbeing**

Parents described the ways in which their social media engagement impacted on their wellbeing as the process of comparison with unobtainable images left them feeling low. In addition, participants described feeling like they weren't offering their babies enough in terms of experiences and material items, following this comparison, which led to feelings of doubt and self-criticism. Referring back to Gilbert's (2005) Threat Protection Model, Gilbert (2005) suggests that if an individual spends too long in the Threat and Drive systems, as indicated in this process, without activating their Soothing system, then this can result in emotional distress. The Soothing system refers to actions that a person may do to promote kindness to the self, rest and self-care. However, within this study parents often described internalising the need to manage these emotions better as a deficit in their ability, rather than identifying social media as an expected cause of distress. When parents identified a need to 'cope better' with the difficult emotions that social media was creating, this may have perpetuated the assessment of 'needing to do better', further adding to the insecurity that they are experiencing.

The themes of worry and doubt were common throughout the interviews, with social media users feeling confused and guilty, which had the effect of negatively impacting on parent's wellbeing. For example, participants described feeling confused about the 'best practice' for social media engagement as a parent, and often doubted their decision making in relation to their usage, in addition to whether they share images of their child. For some parents, who shared pictures, they worried about the safety of doing this and the experience

of having a 'online presence' for their child as they grow up. Other participants described not sharing pictures of their baby but also worrying that they were missing out on the connection and joy that this may bring. In addition, some participants held strong beliefs about not sharing images of their baby, but had done this on certain occasions due to feeling compelled or pressured to do so, which had led to feelings of guilt and self-doubt.

Central to the model is the idea of insecurity in the role of new parent and that is described as both a cause for, and a product of, social media use. Therefore, it is important to consider existing theories of self-esteem and how these may inform the understanding of the processes that are described. Maslow's (1947) hierarchy of needs describes 'Esteem' as a key need for human wellbeing, as described in the fourth tier of his triangular model. He argues that an individual cannot achieve fulfilment in a 'level' of the model until they have security within the 'levels' below. In addition, Maslow describes esteem being met through both one's view of the self and also through how one perceives they are seen by others. This is striking when we consider the importance of seeking esteem for new parents at times in which they may doubt their abilities, as demonstrated in the seeking for a solution on social media. However, it is also important to consider the difficulty that may come from both seeing 'idyllic images' resulting in lower esteem in the self, and from sharing an idealistic view of their life in order to receive the positive accolade of others, as this lessens the confirmation that they are enough within their 'real-life'. Furthermore, Maslow describes Love and Belonging as an underpinning layer to Esteem and our findings would suggest that in seeking esteem, relationships with others are negatively impacted upon, thus creating further barriers to feeling fulfilled in the 'higher level' of Esteem. Further to this idea, Rogers (1959) describes the idea of 'self-concept' as an individual's overall perception of their self. He explains that the closer the gap is between an individual's current self-image and the image of their ideal self, the greater their wellbeing will be. This is important to consider when we

acknowledge that social media imagery may create a narrative of 'ideal parenting' that is based upon idealistic pictures which do not reflect the reality of the sharers actual experience. Therefore, this would suggest that new parents may base their ideal self-image upon an unattainable goal in which there can never be closeness to 'real-life', thus decreasing their feelings of self-concept and, in turn, their wellbeing.

## **5.2 Other notable findings**

### **Difficulty in stepping back**

Participants described using social media to seek connection and information but described experiencing negative impacts on their wellbeing and their relationships. When coupled with additional feelings of guilt about using the platforms, in the presence of their babies, it is understandable that they would want to reduce their use of the sites. However, this proved difficult for many of the participants who described the habitual and addictive nature of the sites. Griffiths (2005) describes the ways in which addiction extends wider than the traditional associations with substances, including to the internet. Dailey et al (2020) explored addiction to social media using a biopsychosocial model. They described biological risk factors for addiction, including being of a younger age, social factors such as gender influencing the tendency to be addicted to social media in females and gaming in males. They also described psychological factors, such as increased levels of stress, low self-esteem and low mood as being risk factors for increased addiction to social media sites. These are factors that may be increased within new parents who are negotiating a new and unpredictable role with an increased workload and changing identity. In addition, it is important to consider that the findings of this study suggest that social media use may also contribute to the experience of the risk factors outlined by Dailey et al (2020) which adds further support to the idea of a cyclical process of engagement.

### 5.3 Situating in existing research

This study supports the previous findings that suggest that new parents access social media in order to seek connection with others (Archer & Kao, 2018; Price et al, 2018; Schrock, 2016; Strange et al, 2018) and to seek information in relation to parenting (Baker & Yang, 2018; Moon et al, 2019; Orton-Johnson, 2017). These studies discuss the positive experiences of receiving support and information for new parents. However much of the literature also discusses the negative experiences of social media use (Archer & Kao, 2018; Orton-Johnson, 2017; Price et al, 2018; Schoppe-Sullivan et al, 2017; Strange et al, 2018) which supports the findings of this study. Previous literature tends to discuss the positives and negative experiences of social media use in isolation of each other, whereas this study suggests a more complex interconnected process in which the seeking of the ‘positive experience’ results in the ‘negative experience’ which leads to even further use. This is an important and novel finding as it suggests that directing new parents to sites that may appear to be helpful for them may inadvertently result in further distress. Furthermore, this study indicated that there are further bi-directional interconnections between experiencing the negative impacts of social media away from the screen and this resulting in increased use of the site, which adds further understanding to the current literature.

This study also supports the suggestion that the modern cohort of new parents are experiencing parenthood as a generation that has been exposed to social media throughout their adult life, as suggested in previous research (Lenhart & Madden, 2007; Park et al, 2019; Valenburg et al, 2008). With this may come societal expectations, based upon a parent’s previous relationship with social media use, which will impact on the expectation to share post-birth.

The negative impact of social media use on relationships away from the screen is an important and novel finding. This is especially important when we consider the value of an attuned attachment for the development of a baby within the sensitive period of their first 1001 days, from conception to two years old (Rare Jewels, 2019). Participants described feeling less able to attune to their babies needs in a given moment due to frequently researching parenting information, rather than experiencing 'being with' their baby. In part, this may be due to the habitual nature of social media use and the difficulty that participants had stepping back from the platforms. In addition, this may also be a consequence of the negative impact that social media has had on their self-esteem and insecurity in their parenting role. This, alongside the associated feelings of guilt that participants described, could have long-lasting implications in regard to the bonding relationships between the parent and their baby. Previous research suggests that social support is particularly important for the wellbeing of new parents (Archer & Kao, 2018; Bennett et al, 2017; Negron et al, 2013; Ohara et al, 2017; Strange et al, 2014) and therefore it is important to consider the experiences of the participants striving to seek connection and support, whilst also having difficulties within their 'real life' relationships. This may impact on the wellbeing of these parents and result in them having less emotional capacity to attend to their baby's needs whilst they negotiate these complexities.

Parents, and mothers in particular, can be understood to want to share images of their baby in the context of wider narratives of mothers taking a leading role in sharing family photography (Rose, 2010). It is also recognised that displaying pride in a child is a factor that is associated with positive developmental outcomes (Williams, 2009). Lazard et al (2019) discusses the context of a neoliberal society which values individual responsibility for success and discusses the way in which, for mothers, giving birth provides a new level of responsibility in which they are responsible for the successes of both themselves and of their

child. They refer to Huisman & Joy's (2014) account of mothers investing their time and effort into their child's success, in order to reflect their own abilities, when discussing the sharing of 'proud' moments on social media (Lazard et al, 2019). This has implications for the role of 'performative parenting', as outlined in this study, as parents may feel more compelled to share images which fit with an unrealistic goal in order to reflect their ability as a parent.

This study supports the idea previously discussed by Archer and Kao (2018) that new parents may find it difficult to step back from social media when it feels unhelpful. However, the study develops the idea further to outline a process of withdrawing and being 'pulled back' to the platforms, over short periods of time. A small number of participants described relating to social media in a 'more conscious' way in which they access the platforms for specific questions and once they have an answer they do not explore the platform any further. These participants described this as being an empowering process in which they now have more meaningful contact with others. Despite describing this as an ongoing process in which some days they feel drawn back to the platforms and need to consciously stop themselves from returning to the sites, their experiences add an understanding about how the positive aspects of social media could be utilised, without experiencing the parts associated with greater difficulty. However it also adds further understanding of how difficult it can be to withdraw from the sites, even after time, without use and when withdrawing is also perceived as having a positive consequence.

#### **5.4 Situating in a global pandemic**

Due to the study being conducted during the Covid-19 pandemic, the participants experienced periods of 'lockdown' in which face-to-face contacts were fewer and traditional structures of meeting other parents moved to online platforms, if at all. Although Covid-19

was not specifically asked about, participants inevitably discussed the impact that it had been having on them. Participants spoke about the differences between their 'expected' maternity leave experience and their personal experience, especially when considering the reduction in social contact. Participants referred to a narrative of social media, and other forms of technological communication, as being a 'lifeline' for people during this unusual time as they attempt to compensate for the social contact that has been lost.

Therefore, it feels important to consider the initial research coming from this time in relation to having a new baby within the pandemic. Dib et al (2020) describe the emotional toll that this has taken on new mothers with 56% describing being low, 59% feeling lonely and 71% feeling worried. Although 70% of the mothers described being 'able to cope' it is unclear what impact the experience of social isolation, possible health fears, possible loss and possible financial concerns will have had on the cohort of new parents involved within this, and other studies of this time. It is also unclear how much reduced face to face contact has impacted on parents using social media to connect and how this increase in societal connection via screens will impact on the wellbeing of new parents. In addition, the 'Babies in Lockdown' (Parent Infant Foundation, 2020) report highlights the reduction in face-to-face contacts that parents have had with professionals such as health visitors and breast feeding support. It is also unclear how this will have impacted on new parent's utilisation of social media as a more prevalent source of information during the pandemic period. The Babies in Lockdown report also highlights that 25% of parents expressed concerns about their relationship with their baby and 61% have significant concerns about their mental health. These factors are important to consider both in relation to the impact of social media during this time and also in relation to the wider experiences of new parents.

This suggests that the period in which this research was conducted was a particularly vulnerable time for parents and therefore consideration to their wellbeing is of great

significance. When we consider the contrast between the narrative of social media being a ‘lifeline’ during periods of lockdown and the findings of this study it is important to consider whether this suggestion may actually differ from the lived experiences of new parents. For example, if a new parent uses a tool which may negatively impact on their wellbeing, real-life relationships and security in their parenting identity as a coping strategy during the pandemic then instead of supporting them, the opposite could occur. This makes us question whether social media can be considered as the life-line of communication at times of separation in the way that societal narratives may suggest.

### **5.5 Strengths and weaknesses**

In order to robustly consider the strengths and weaknesses of the study, Tracey’s (2017) ‘Big Tent’ criteria were used. These will be outlined below and organised by each of the eight criteria of quality.

#### **Worthy Topic**

Tracy (2017) describes a worthy topic as one that is, ‘relevant, timely, significant and compelling’. Within this study the exploration of the research questions were relevant due to the high prevalence of social media use within the UK at present, especially within ‘Generation Y’ who are of child bearing age. This was coupled with the sparsity of robust research into the area. It is a significant and timely population to explore due to the significant changes that are experienced by new parents and the prevalence of perinatal mental health difficulties for 1 in 10 new mothers (Maternal Mental Health Alliance, 2020). In addition, this is a significant and timely period for the infant’s development due to their sensitivity to learn through relationships at this time in their lives. This period can have lasting impacts on the wellbeing of new parents and their babies and therefore it is important that clinicians have up to date and relevant literature to use when supporting their clients.

### **Rich Rigour**

A study which is rich in rigour has a 'careful attention to detail, methodological thoroughness, precision of evaluation and data richness and complexity' (Tracy, 2017). This study used video based interviews which provided flexibility for parents all over the country to participate, who may not have been able to travel. The interviews were guided by the participants and therefore they were not 'cut short' and were encouraged to add anything that they felt had been missed. The sample covered mothers from different parts of the country, who had babies whose ages ranged within the inclusion criteria and who were both first time parents and parents to older children. Parents were invited to talk informally about their experiences and this facilitated the exploratory nature of data collection which fit with the aim of the study, whilst also attempting to minimise the impact of researcher's biases. In addition, the Grounded Theory design led to the development of a model which provides a visual representation of the experiences described which is accessible for parents and clinicians.

However, due to the ever changing nature of social media interaction, theory and research can become outdated very quickly and so it was unclear the extent to which the findings could be considered within the context of previous knowledge. It is also important to recognise that online participation may have limited the population to those only who had access to fast enough data in order to engage in an interview in this way. Time in the field was also limited by the project requirements and therefore all the data was collected during the Covid-19 pandemic which will have impacted on the findings and subsequently casts doubt on whether they can be generalised to other points in time. In addition, the pandemic meant that it wasn't possible to use focus groups as planned which may have facilitated a greater breadth of information from parents who would have been talking in an environment, amongst peers, that felt more natural. An important limitation of the study is that the sample

did not include the diversity of participants that we would have hoped for, including the voices of fathers, parents of black and ethnic minority heritage, parents who identify as part of the LGBTQ community and parents who have adopted their babies. Therefore it is important not to generalise the findings to all parents without further research becoming available.

### **Sincerity**

Tracy (2017) states that sincerity is achieved through self-reflexivity, vulnerability, honesty and transparency. Within this study this was achieved through the use of a reflective diary and memos, which were used to explore the experiences of the researcher and the ways in which these interact with the topic. Reflections were made both in relation to the experiences of conducting the interviews and the researcher's own relationship with social media as the study progressed, in order to identify the topics that they were drawn to and the ways in which the co-construction of the conversation could be influenced by the researcher's position. The design and methodology of the study was outlined within the project and therefore a transparent identification of the processes of decision making, including the options that were considered but not used, were provided. There was an explanation of the difficulties that were faced during the study and how these difficulties impacted on the study design, data analysis, outcomes and development of the model.

### **Credibility**

The credibility of qualitative research can be demonstrated through reliability, replicability, consistency and accuracy of the data (Tracy, 2017). The data guided the description and examples and quotations were used throughout the Results sections in order to illustrate each category. Member reflections were used throughout each part of the project in order to illustrate the descriptions and add further richness and understanding to the data. An

expert by experience was also used in order to explore the study design at each stage of the project. However, the use of triangulation of data, using other sources of information, would have been a helpful way of adding credibility to the findings, had there been more time within the project.

### **Resonance**

Resonance refers to the extent to which the text impacts upon the audience (Tracy, 2017). It is hoped that the impact of the findings will resonate with readers, particularly with new parents and clinicians who are supporting this client group. This is done through evocative examples of the participant's interviews. The examples were chosen to create a picture of the participant's experience that could be understood by others. The experiences of the participants could resonate to the previous research in the field, however this study related it to new parents within the United Kingdom.

### **Significant Contribution**

Tracy (2017) states that a study that makes a significant contribution is one in which the findings extend, transform or complicate existing knowledge. This research supports previous knowledge, whilst also adds a new perspective to gaps in the current literature, including the experiences of parents away from the screen. The impact on the relationships of the participants has implications for their wellbeing and the wellbeing of the baby. In addition, the study highlights the complexity of the experience and the difficult bi-directional relationships that exist within the process. This is particularly significant when considering the support that could be offered within professional networks for new parents. The creation of a model creates an accessible tool for individuals to use to reflect on their own experiences and to start discussions about the relationships between positive and negatives experiences that they may have encountered.

## **Ethics**

Tracy (2017) describes the importance of ethical consideration at all stages of the study. Ethical considerations were made and reflected on through the process of the study. Ethical approval was sought from the University of Hertfordshire ethics board. In addition, the wellbeing and the experience of the participants were considered throughout their interviews. The researcher was conscious not to leave participants further doubting their ability to parent and drew on their clinical skills, such as empathy, rapport building and active listening to support them through difficult conversations. The findings of the study have been written carefully in order to emphasise that difficulties as a result of social media are due to implications of the platforms and are not a fault of the parent.

However due to online data collection it was harder to notice relational cues in the room and therefore verbal checking in was needed more. This may have put pressure on participants to respond and they have been more inclined to report that they were fine. In addition, it was harder to display empathy and understanding through subtle non-verbal cues, as would have happened naturally should the interviews have been face to face. In order to compensate for this the researcher used verbal responses to indicate empathy and understanding and remained aware of the body language that could be utilised on the screen, such as leaning in and smiling.

## **Meaningful Coherence**

Tracy (2017) describes meaningful coherence in relation to the overall consistency, soundness and rationality of a study. The design of this study emerges from gaps in the current literature and subsequent research aims. The findings add knowledge to the aims of the study and to the wider knowledge base regarding the use of social media in new parents.

The findings can be used alongside existing research and theory to consider the needs of new parents when negotiating this experience.

## **5.6 Clinical Implications**

This study has highlighted the complexity of the experience of using social media as a new parent and the many considerations that parents make when navigating the experience. It has explored the experience of social media use as a new parent with consideration to Gilbert's (2005) Threat Protection Model and highlighted the activation of both the Threat and Strive systems during the process. However, this study has not suggested any activation of the Soothing system for the parents, associated with their social media use. Therefore, an important role for clinical services may be to support clients to activate this 'Soothing system' in order to create a greater emotional balance in relation to their experience (Gilbert, 2005). Currently, use of social media is not typically discussed with new parents within professional settings, either prenatally or postnatally, which could leave parents unprepared for the multiple experiences that their social media engagement could bring. Therefore, this study suggests that clinicians working with new parents should have open conversations regarding social media use, which include an acknowledgement that it can result in negative experiences for some parents and can also be difficult to withdraw from. The development of the two models may facilitate these conversations, each in different ways. For example, Model 1 shows the multiple complexities which both lead to and maintain social media use and may be particularly helpful to guide professional formulation sessions, in addition to exploring these 'maintaining factors' with clients. Alternatively, the in depth exploration of social media use documented within Model 2 may be more useful when working with clients to explore their own experiences and highlighting the positive and negative aspects of their social media engagement.

It is proposed that due to the ever changing nature of becoming a parent, conversations about social media use should be normalised at multiple points during the perinatal journey. This may include within maternity services, health visiting appointments, sessions with birthing organisations such as NCT and within Perinatal Mental Health services. Three questions have been proposed as a guide for facilitating these conversations, which include;

1. What parts of social media do you find helpful and what parts do you find unhelpful?

This question aims to normalise the experience of social media users having multiple experiences and emotions attached to it. In addition, the answer may help clinicians to support new parents to utilise other resources to meet the needs that they currently find helpful in their social media use.

2. Does social media ever negatively impact on your mood?

This question aims to normalise and validate negative experiences of social media. This may highlight negative impacts for some parents or may be used as a tool to facilitate conversations about not needing to learn how to 'cope better' with the negative impact of social media. This would aim to shift the perception that 'not coping' with the use of social media is a personal difficulty that needs to be worked on, towards a more generalised viewpoint that parents who engage with social media may experience a range of difficult experiences away from the screen. It is also important that professionals normalise the experience of struggling to step back from social media platforms, with the aim of reducing the feelings of guilt for parents struggling to do this. Clinicians may also be able to reflect on the client's experience of 'being parented' and their own 'ghosts in the nursery' (Frailberg, 1975) which are the childhood experiences that the parent takes with them to their own role as a parent. These reflections may support the clients to explore their feelings about social media use and to formulate possible reasons for any associated feelings of guilt that they are

experiencing. For parents who are perceiving that they 'aren't enough' or that social media is impacting on their relationship with their baby, reflection on this experience will help to pull apart these emotions and to highlight whether this is a further example of setting unrealistic goals of parenting that are unattainable to meet or whether their social media use is having the described impact. Open conversations regarding comparison may also support the parents to notice times in which they are comparing 'idyllic imagery' to their moments of difficulty, with the aim of reframing this comparison and developing self-compassionate narratives.

### 3. Do you ever want to reduce your social media use but find it difficult?

This question aims to identify new parents who would like to step back from social media use, for any reason, and to support them to do so. Firstly, this may be through normalising the experience of finding it difficult. New parents may also be supported to utilise other resources to meet the same needs as social media, without the negative impact. For example, they may be supported to use a messaging service to share photos of their child with carefully selected people, with the aim of maintaining connection and having more meaningful interactions. In addition, it is important to recognise that many professional groups are offering online classes during the Covid-19 pandemic and often share information using social media platforms. Whilst providing new parents with access to social support and information, as highlighted as important in the study, the use of online platforms may encourage a return to social media sites for parents who are trying to 'step-back'.

It also highlights the importance of clinicians reflexively considering their own experiences of social media use, especially in relation to parenting, and to consider the ways in which this may guide their interactions with clients. For example, a clinician who reports having a positive experience of social media may encourage their clients to access the platforms in order to reduce social isolation. However, this may result in the client experiencing further

experiences of low mood as a result of their interactions with the site. Whereas alternatively, a clinician who has had a negative experience of social media may discourage their client's participation in specific parenting groups, which may have been of benefit. Ultimately, by increasing knowledge of the self, alongside approaching the complexity of interacting with social media platforms, clinicians will be more able to facilitate conversations concerning the pros and cons of the clients use and also be able to normalise the experience that it can sometimes be difficult.

### **5.7 Suggestions for Future Research**

An important area of future research will be the exploration of social media experiences for a greater diversity of parents. This includes parents who are from BAME backgrounds, same-sex families and the experiences of fathers. Therefore 'bottom-up' collaborative design within communities of parents may be beneficial at the stage of study design in order to provide a greater in depth exploration of individual experience. Although some of the participants may have accessed perinatal mental health services, it would also be helpful to explore the experiences of social media use within a clinical population of parents who are currently accessing mental health services, as this could not only add further knowledge to the topic but also be used to inform service development and further influence professional's response to social media use. It will also be important to explore the voices of those parents who don't engage with social media, including both those who have never used it and those who have withdrawn from its use. This may provide greater insight into the experience of seeking connection and information from other sources and this could be particularly helpful knowledge for professionals when supporting parents. Due to the ever-changing social media experience it will also be important to compare the findings at different points in time, across different generations of new parents, in order to explore

whether generational factors and/or differences in emerging social media platforms impact in the same way.

In addition, further research could quantitatively measure any differences in the well-being of parents as they engage with social media at different times. A matched-pairs design could be used to quantify whether there is a statistically significant difference in the well-being of social media users, as they navigate parenthood. Furthermore, parent's experiences could be explored in greater depth within focus groups in which researcher bias could be reduced as parents discuss their experiences.

Furthermore, it is important to recognise the role that the Covid-19 pandemic will have had on the experiences of parenting for the participants of this study. During periods of 'lockdown', potential fears of accessing professional teams and with travel to see people who could offer social support limited, it could be expected that seeking connection through online tools have been utilised across society. Therefore further research would need to explore the experience of social media use in a time in which face-to-face interaction is more accessible.

## **5.8 Conclusions**

This study has achieved its aim of exploring the identity, wellbeing and relationships of new parents who are accessing social media platforms. It has provided knowledge to support previous findings and related them to parents within the United Kingdom. New information was added to the existing literature including the bi-directional relationship between the effects of social media and its increased use, in addition to the influence that it has on people's experiences away from the screen. Further information was also added to the existing knowledge regarding withdrawing from social media sites and the difficulty that this can pose. Two models emerged from the data which can provide an accessible tool for

parents and professionals to start open dialogues regarding social media use and to consider the ways in which it impacts on their experiences. Further research is needed, however, to capture the voices of a greater diversity of parents. In addition, further exploration of parents experiences following the Covid-19 pandemic will also be important to consider.

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## Table of Appendices

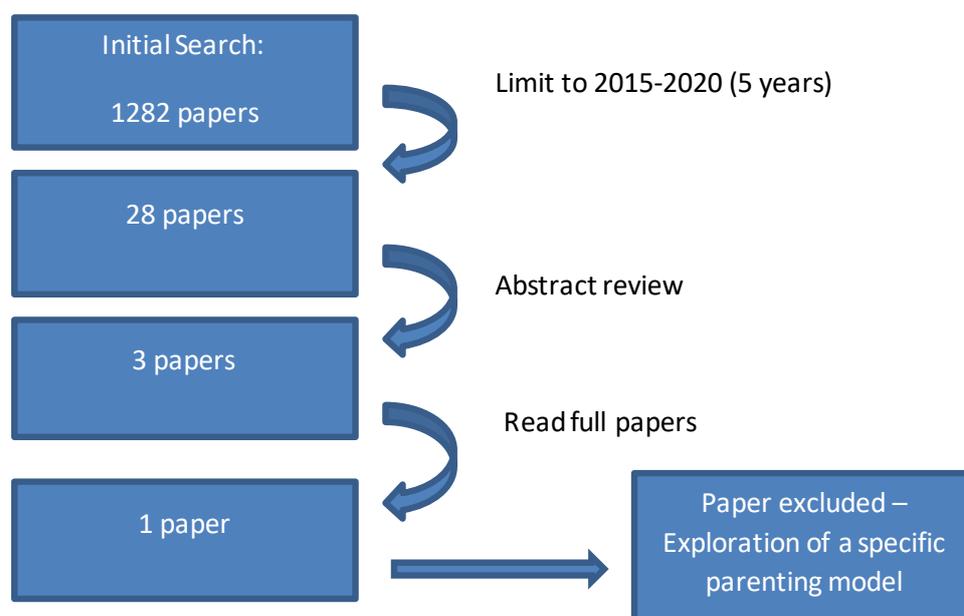
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### Appendix 1: Systematic literature review search process

Initial Search:

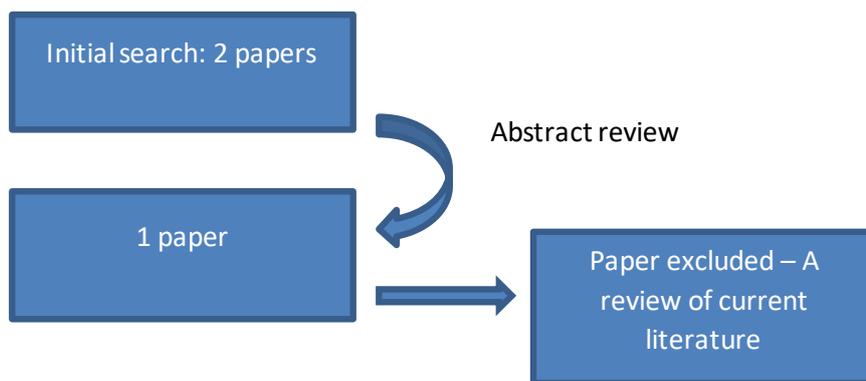
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Scopus- 1282 papers



Initial Pubmed search

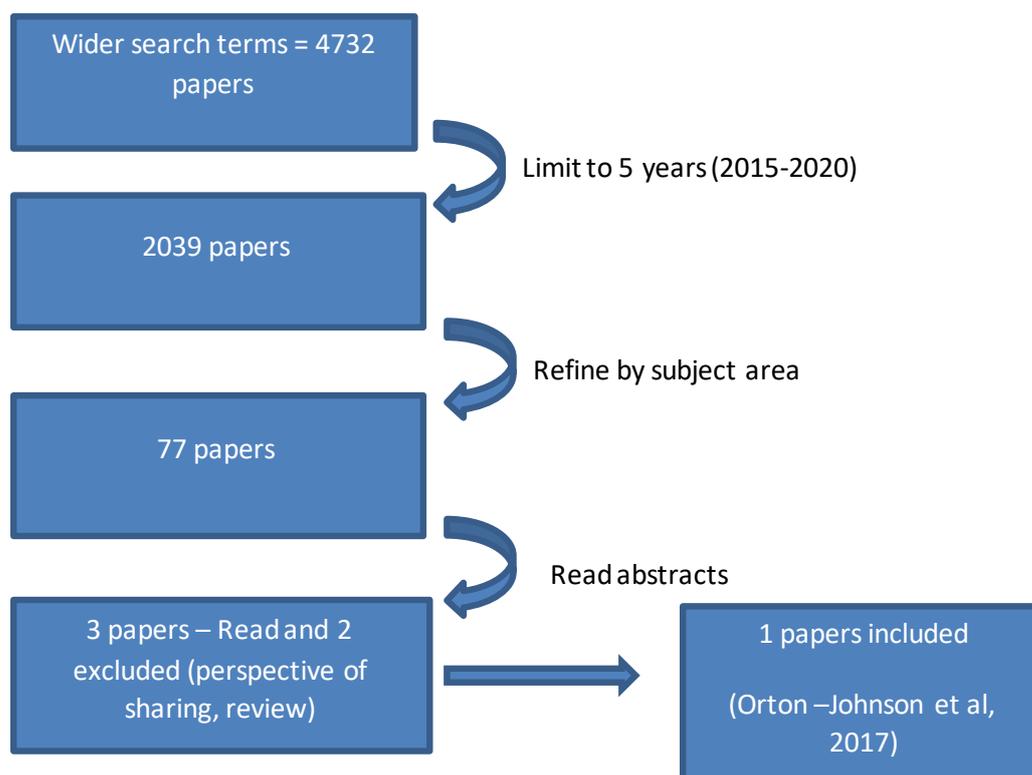
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- Felt like search criteria may be too specific and therefore not able to capture all research in the field. Therefore....

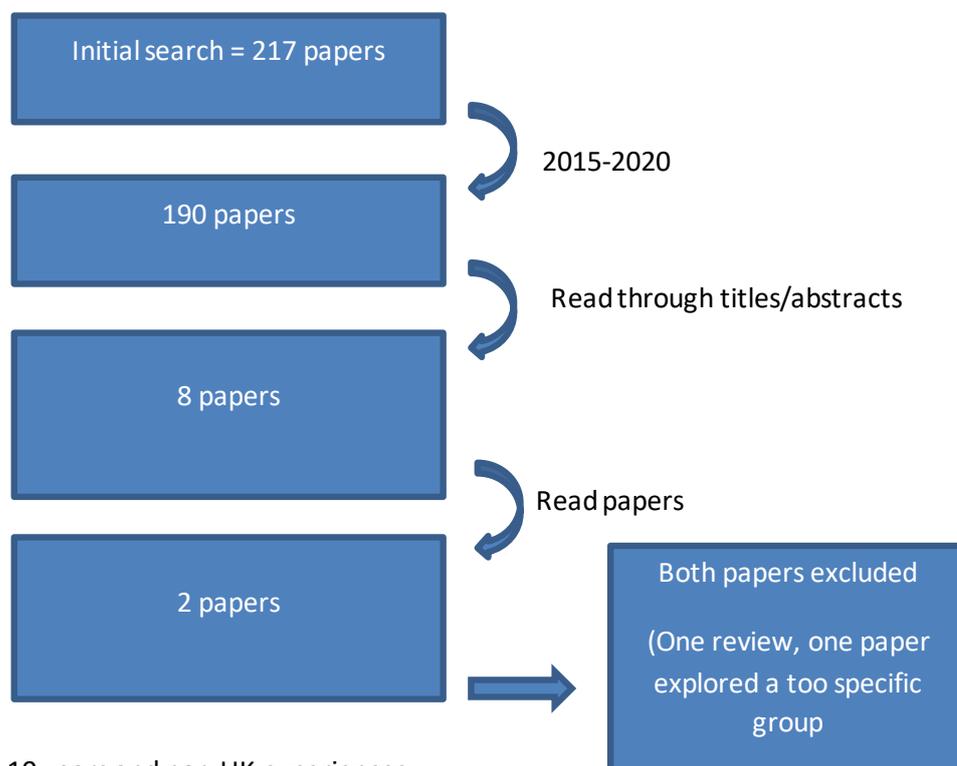
Wider Scopus search

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Wider Pubmed Search

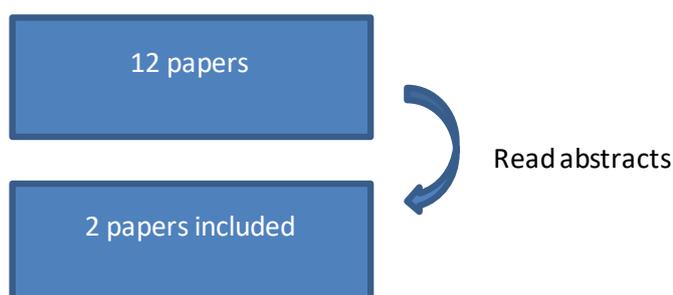
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Further widening: Last 10 years and non-UK experiences

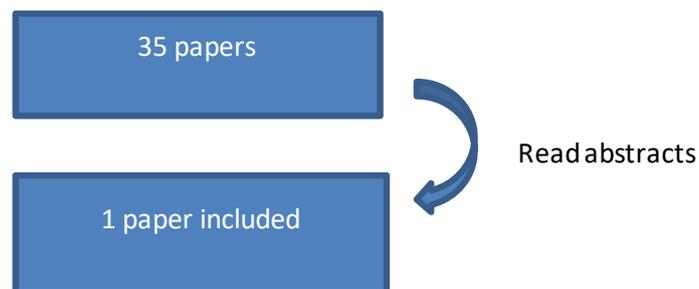
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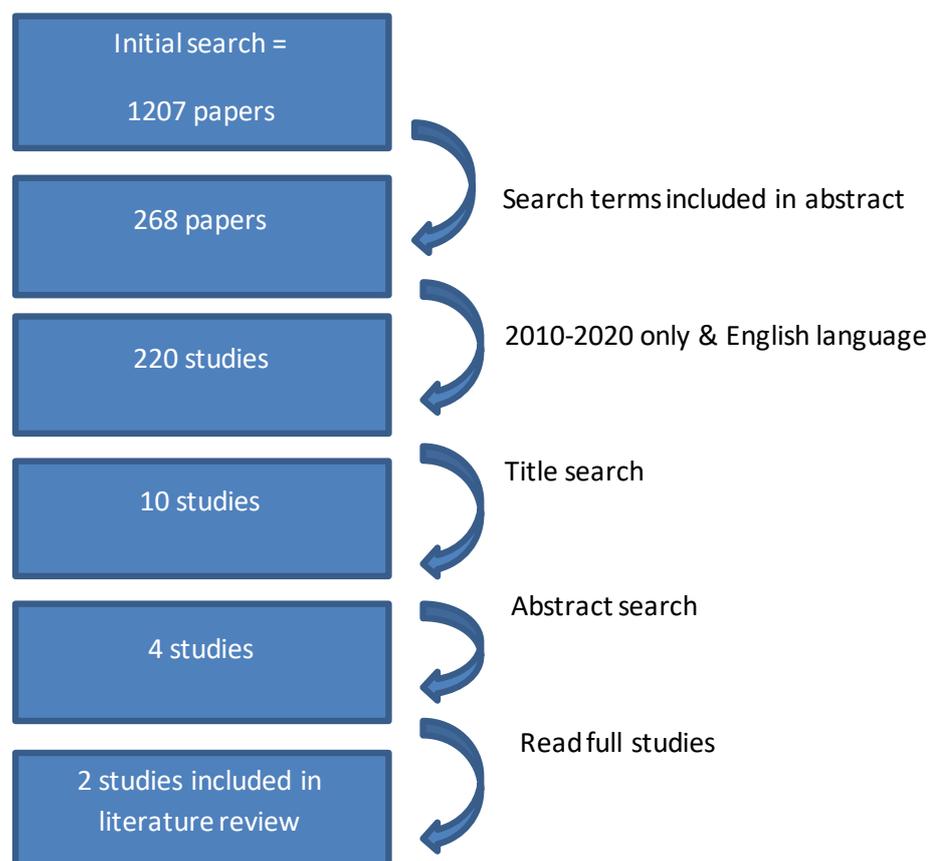
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Ebsco – Host:

Initial search: ( social media or social networking sites or facebook or twitter or instagram or snapchat ) AND ( parents or caregivers or mother or father or parent ) AND ( infant or baby or toddler or child or newborn )



Google scholar/ Citation search

3 papers identified and  
included

### Appendix 2: Summary of the included studies

Title, researcher & location	Aim(s)/ Research Questions	Methodology	Participants	Main Findings	Limitations
<p>Mother's perceptions of the internet and social media as sources of parenting and health information: Qualitative study Moon et al (2019) USA</p>	<p>To explore parents perceptions of the advantages and disadvantages of using the internet and social media for parenting and health information</p>	<p><u>Data Collection</u> Eight focus groups and two individual interviews were used.  <u>Data Analysis</u> Transcriptions were analysed using a grounded theory design.</p>	<p>28 mothers with a mean age of 30.4 years participated.</p>	<p>Three themes emerged: 1. Reasons that mothers turned to the internet for advice 2. The mother's caution about the internet 3. Reasons that the mothers turned to social media for advice.  The mothers identified positives such as anonymity and accessing unlimited information with ease.</p>	<p>Limited geographic region  Limited to mothers  Only included mothers identified as Caucasian or African-American</p>
<p>New parent's Facebook use at the transition to parenthood Bartholomew et al (2012) USA</p>	<p>To explore how parents use Facebook, whether they use it differently as they transition to parenthood and whether mothers and</p>	<p><u>Data Collection</u> Surveys were completed as part of a larger study. Measures explored Facebook use and adjustment to parenthood.</p>	<p>154 mothers and 150 fathers were included. They were questioned 9 months post-partum as part of a larger study.</p>	<p>Mothers used Facebook more than fathers. Furthermore, the mother's use of Facebook changed more greatly after having their baby, compared to beforehand. The</p>	<p>Facebook use was not measured before parenthood so the measures relied on the parent's perception of change.</p>

	fathers use Facebook differently.	<u>Data Analysis</u> A social capital perspective was taken to data analysis.	The majority of participants were of white ethnic background, were married and had a high level of education.	participant's adjustment to parenthood was associated with the types of Facebook connections they had and the frequency of Facebook use.	There is no evidence of whether changes were due to parenthood or other factors. The data may lack specificity as it was part of a larger study.
Maternal knowing and social networks: Understanding first-time mothers search for information and support through online and offline social networks  Price et al (2018)  Canada	To explore how first time mothers access support (both online and offline) in the 6 months post-partum.	<u>Data collection</u> Three focus groups in rural communities and two in urban communities. E-interviews were conducted, using a similar semi-structured interview format.  <u>Data analysis</u> Transcriptions were analysed using a discourse analysis. A feminist poststructuralist approach was taken to data	19 mothers, with an average age of 28 years, participated across 5 focus groups. 18 mothers, with an average age of 31 years, participated in e-interviews. They were all first time mothers in their first year post-partum. Participants needed to be able to read and write in English.	Two themes were discussed in the paper: 1. Maternal Knowing: Normalisation and Intuition 2. The Emergence of Personal Knowing and Social Networks.  Mothers valued the social support offered by social media and used it to make social connections.	Lack of diversity within the sample in regard to the inclusion of fathers, LGBTQ participants and diversity of race.

		analysis.			
<p>Mother, baby and Facebook makes three: Does social media provide social support for new mothers?</p> <p>Archer &amp; Kao (2018)</p> <p>Australia</p>	<p>To investigate the role of social media as a method of social support for mothers of young children, ages 0-4years.</p>	<p><u>Data Collection</u></p> <p>10 focus groups organised through playgroups. Two were in rural locations and eight were in metropolitan settings.</p> <p><u>Data Analysis</u></p> <p>The transcriptions were analysed using a thematic analysis.</p>	<p>Mothers who attend a local playgroup were invited to participate. They had a child aged between 0-4years.</p>	<p>Both positives and negatives of social media use were identified. Positives included escaping boredom, keeping in contact, following information and seeking support. Negatives included, fear of missing out, links of depression, privacy concerns and the superficial nature of posts.</p>	<p>Data collection was in one geographical area</p> <p>Participants were predominantly in a higher socio-economic group</p>
<p>Mummy blogs and representations of motherhood: 'Bad mummies' and their readers</p> <p>Orton-Johnson (2017)</p> <p>UK/USA/Australia</p>	<p>To explore how blogs are used by society and individual mothers to construct the roles and identities of mothers.</p>	<p><u>Data collection</u></p> <p>Interviews conducted either face-to-face or via Skype. Each lasted 45 min.</p> <p><u>Data Analysis</u></p> <p>The interviews were transcribed and coded using a grounded theory methodology.</p>	<p>32 mothers who regularly read 'mummy blogs'. The mothers were all aged between 28 and 45 years old, White and based in the UK, USA or Australia.</p>	<p>The importance of humour in blogs was highlighted as valuable for readers. The mothers described blogs being both a place to share frustrations and seek solidarity, whilst also being full of judgement and condemnation.</p>	<p>Focus was placed on two blogs and discussions centred on the conflict between them. Therefore findings may not be generalizable to wider internet use. Limited diversity within the</p>

					population.
Social media as a social support in pregnancy and the postpartum.  Baker & Yang (2018)  USA and Puerto Rico	To explore new mothers social media use and their perceived levels of social support.	<u>Data Collection</u> An online survey was given to individuals via QR code. This could be downloaded via their smartphone. It included 13 items and 3 demographic questions. <u>Data analysis</u> Statistical analysis was conducted within SPSS to analyse the data	117 mothers were included with an average age of 30.6 years. They were invited to participate 4 weeks postpartum. The mothers lived across 64 zip codes in the USA and Puerto Rico.	The new mothers identified social media as a means of social support and a source of advice.	There is no exploration of the interpersonal relationships associated with social support.  A convenience sampling methodology was used along with self-report measures only.
Exploring the relationship between mobile Facebook and social capital: What is the 'mobile difference' for parents of young children?  Schrock (2016)  USA	To explore how mobile media has altered social capital outcomes in parents of young children.	<u>Data Collection</u> An online survey which took 15 min was conducted through Qualtrics online surveys. <u>Data Analysis</u> Statistical analysis was used to analysis the quantitative data.	262 participants were invited through an online parents' panel.  103 fathers and 157 mothers were included.	Within the parents, social capital was correlated with Facebook use and in turn, wellbeing. This suggests a positive relationship between social media use and perceived social support.	The results may not be representative of a more diverse population.  Self-report measures used.
Doing gender	To investigate	<u>Data Collection</u>	127 mothers	Mothers who	Participants

<p>online: New mothers' psychological characteristics, Facebook use, and depressive symptoms</p> <p>Schoppe-Sullivan et al (2018)</p> <p>USA</p>	<p>whether there are individual differences in new mother's psychological experiences associated with their Facebook use.</p>	<p>A survey which explored identity, perfectionism, Facebook use and symptoms of Depressive disorders.</p> <p>Participants were recruited through parenting classes, newspapers, doctors surgeries &amp; health clinics</p> <p><u>Data Analysis</u></p> <p>A regression analysis and a mediation analysis.</p>	<p>with a 9 month old baby. They had a Facebook account and lived in Midwest, USA.</p> <p>They were contacted as part of a longitudinal study. At recruitment (to wider study) they were:</p> <ul style="list-style-type: none"> <li>-expecting first child</li> <li>-married or cohabiting</li> <li>-dual income household</li> <li>-18 years old plus</li> <li>-English speaking</li> </ul>	<p>were more seeking of validation of their identities as mothers and who believed society holds them to high standards are more likely to use Facebook and have stronger emotional reactions to content. Also, mothers who were more prone to seeking external validation and who hold perfectionist qualities were more likely to experience depressive symptoms.</p>	<p>were part of a wider study. The sample is not representative of the general population. Self-report measures were used. Fathers were not included in the study.</p>
<p>'Easier to isolate yourself...there's no need to leave the house'—A qualitative study of the paradox's of online communication for parents with young children.</p>	<p>To explore whether online communication helps to support families with young children.</p>	<p><u>Data collection</u></p> <p>A mixed method design was used.</p> <p>Participants were asked a closed question regarding online support and asked to</p>	<p>487 parents (465 mothers and 22 fathers) of a child aged 0-5 years answered the initial question and 337 provided</p>	<p>302 parents stated that online communication was supportive, 12 parents stated that it wasn't and 173 stated both yes and no. Three positive themes were</p>	<p>The population is not as diverse as general population. The proportion of fathers was very small so may not be</p>

<p>Strange et al (2018)</p> <p>Australia</p>		<p>provide a qualitative supporting statement.</p> <p><u>Data analysis</u></p> <p>Descriptive analysis and Chi-squared. Content analysis of the qualitative data.</p>	<p>a supporting statement. They were living in newer residential areas in Australia.</p>	<p>identified: the ease of information and advice, reductions in isolation and the benefits of 'staying in touch' with others. Three cautionary themes were: conflicting and judgemental information, the potential for isolation and negative social comparisons.</p>	<p>generalizable to other fathers.</p>
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**Appendix 3: Systematic literature review – Table of quality criteria**

		Studies				
		Moon et al (2019)	Price et al (2018)	Archer & Kao (2018)	Orton- Johnson (2017)	Strange et al (2018)
C R I T E R I A	Worthy topic	YY	YY	YY	YY	YY
	Rich rigour	Y	YY	Y	Y	Y
	Sincerity	N	YY	YY	N	N
	Credibility	Y	Y	Y	Y	Y
	Resonance	YY	YY	YY	YY	YY
	Significant contribution	YY	YY	YY	YY	YY
	Ethical	Y	YY	Y	Y	Y
	Meaningful coherence	YY	YY	YY	YY	YY

Quality of the qualitative studies evaluated using Tracy's (2010) 'Big Tent criteria'

		Studies			
		Baker & Yang (2018)	Schrock (2016)	Bartholomew et al (2012)	Schoppe- Sullivan et al (2018)
C R I T E R I A	Was a clear objective posed?	YY	YY	YY	YY
	Defined target population? Representative sample?	Y	Y	Y	Y
	Systematic approach to questionnaire development?	?	?	YY	YY
	Was the questionnaire tested?	?	?	?	?
	Did administration limit bias?	Y	Y	Y	Y
	Was response rate recorded and strategies put in place?	Y	?	YY	YY
	Were results reported clearly and transparently?	Y	YY	YY	YY
	How precise was the estimate of treatment effect?	?	YY	YY	YY
	Can the results be applied to the local population?	Y	Y	Y	Y
	Were all clinically important outcomes considered?	YY	YY	YY	YY
Do the benefits outweigh the harms and costs?	YY	YY	YY	YY	

Quality of the quantitative studies evaluated using Burns & Kho (2015) criteria

**Appendix 4: Recruitment contacts made**

Name of Group	Number of Members	Advert shared?
Mumma Milk Breast feeding support	1129	Yes x1
DaddyTime	155366	Yes x2
Mini Athletics	1284	Yes x1
Hartbeeps baby groups	2090	Yes x1
Dad Matters UK	5046	Yes x1
Locality parenting groups	4800	Yes x2
	5500	Yes x2
Somali girls can		No (contacted twice)
Single parents support and advice		No (contacted once)
New dad		No (contacted once)
Gingerbread		No (contacted twice)
Proud to be parents		No (contacted twice)
Single mums UK		No (contacted twice)
Nurture Barn		No (contacted once)

Plus snowball sampling through acquaintances of the researcher and the online groups that they are in

**Appendix 5: Ethical Approval**

**HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA**

**ETHICS APPROVAL NOTIFICATION**

**TO** Emily Hudson

**CC** Dr Helen Ellis-Caird

**FROM** Dr Rosemary Godbold, Health, Science, Engineering & Technology ECDA Vice Chair

**DATE** 20/05/2020

Protocol number: **LMS/PGT/UH/04148**

Title of study: What experiences of using social media do primary caregivers of infants describe in relation to their identity, wellbeing and relationships?

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

**no additional workers named**

**General conditions of approval:**

Ethics approval has been granted subject to the standard conditions below:

**Permissions:** Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

**External communications:** Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

**Invasive procedures:** If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

**Submission:** Students must include this Approval Notification with their submission.

**Validity:**

This approval is valid:

From: 20/05/2020

To: 30/01/2021

**Appendix 6: Ethical approval – amendment**

**HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA**

**ETHICS APPROVAL NOTIFICATION**

**TO** Emily Hudson

**CC** Dr Helen Ellis-Caird

**FROM** DR Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.

**DATE** 28/09/2020

Protocol number: **aLMS/PGT/UH/04148(1)**

Title of study: What experiences of using social media do primary caregivers of infants describe in relation to their identity, wellbeing and relationships?

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

**no additional workers named**

**Modification:** Detailed in EC2.

**General conditions of approval:**

Ethics approval has been granted subject to the standard conditions below:

**Original protocol:** Any conditions relating to the original protocol approval remain and must be complied with.

**Permissions:** Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

**External communications:** Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

**Invasive procedures:** If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

**Submission:** Students must include this Approval Notification with their submission.

**Validity:**

This approval is valid:

From: 28/09/2020

To: 30/01/2021

## Appendix 7: Information sheet

University of Hertfordshire, Ethics Committee for studies involving the use of human participants



### Participant Information Sheet

## **What impacts does social media use have on the identity, wellbeing and relationships within the primary caregivers of infants?**

### **Introduction**

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulation, UPR RE01, 'Studies Involving the Use of Human Participants' can be accessed via this link:

<https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs>

(after accessing this website, scroll down to Letter S where you will find the regulation)

Thank you for reading this.

### **What is the purpose of this study?**

The aim of this study is to listen to the stories of parents and caregivers of children under 2 years of age and learn about how social media has impacted on their experiences. We will be particularly interested in hearing about how social media has impacted on their identity as a new parent/caregiver and how it has impacted on their wellbeing, both positively and negatively. We will also be interested in understanding how social media impacts on the relationships that new parent/caregivers has with others, including their partners, friends and families, and their babies.

Previous research has highlighted both positive and negative factors associated with the use of parenting-related internet sites. However, there isn't much research focused on modern ways of using social media, such as via smartphones or viewing vloggers 'stories'. It is thought that people use social media for an average of 2.5 hours each day and therefore it is important for us to understand how different individuals find this experience. This

understanding may help professionals to explore these factors with clients that they work with in the future.

Therefore this study will aim to explore the experiences of parents/caregivers in relation to using social media site. It will particularly focus on their experiences of identity, wellbeing and relationships with others and how they feel that social media has impacted on them.

### **Do I have to take part?**

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part then you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. If you take part in the study and then change your mind please contact us within one week of the interview/group and let us know. You do not need to provide a reason for this. Due to the conversational nature of the data collection we may not be able to remove all of your input, as it is likely to have influenced the subsequent conversation. However we would make every effort to remove your input from the data analysis and write up.

### **Are there any restrictions that may prevent me from participating?**

You can participate in the study if you are the parent/caregiver to an infant who is 24 months old or younger (0-2 years). You would also need to use social media sites 'most days', which would identify you as using the sites average amounts. If you are interested in taking part then the researcher will call you to discuss the project. During this conversation they will ask you about your social media usage and discuss what would be involved in the study, should you participate. Together you will discuss any potential difficult aspects of taking part and can decide together whether this is something that you could be involved in.

### **How long will my part in the study take?**

If you decide to take part in this study, you will be involved in one telephone conversation with the researcher to discuss the project and then one interview/focus group which will last no longer than 1.5 hours.

### **What will happen to me if I take part?**

If you decide to take part then you will be asked to download the app 'zoom' and this will be used to participate in the interview. We will arrange a time that suits you to conduct the interview, which will last no longer than 1.5 hours. During the interview we will take breaks and you can stop any time that you need to attend to your baby. During the interview we will discuss topics such as your social media use and how you feel that the sites have impacted on your identity as a parent/caregiver, your wellbeing and your relationships. There are no right or wrong answers, we are interested in hearing your personal experiences. At the end of the interview we will email you a debrief form.

### **What are the possible disadvantages, risks or side effects of taking part?**

There are no immediate risks to yourself in regard to taking part, however we identify that it may be difficult to discuss your own experiences of parenting especially so soon after becoming a parent. We will discuss this in our telephone conversation, prior to participation,

to highlight if this may be particularly distressing for you. [The researcher may decide to stop certain conversations, during the focus group, if people are becoming distressed and will be available to discuss this following the session.] You will also be provided with information about local support groups should you want to discuss any issues raised for you further.

### **What are the possible benefits of taking part?**

There are no immediate benefits to you in regard to taking part, however by participating in research you will be contributing to the understanding of health professionals which, in turn, may impact the future care of other people in a similar situation to yourself. You may also find the experience positive as you will be able to reflect on your own experiences of being a parent/caregiver.

### **How will my taking part in this study be kept confidential?**

The interviews will be recorded on the app Zoom (both audio and video) and this will be downloaded and stored in a password protected document. Following this the interviews will then be transcribed by the researcher and the script will not have any identifying information on it. The information that you give will be kept confidential and anonymous when we are analysing the data and writing the report. The only time that we would break confidentiality would be if we had concerns about the safety of a child, due to our duty to safeguard children, however we would always discuss this with you first.

The data collected will be stored electronically, in a password-protected environment, for 2 years, after which time it will be destroyed. It will be stored under secure conditions and will be anonymised prior to storage. The data will be written in a report and will be published in a journal. However, this will be anonymous.

### **Will the data be required for use in further studies?**

There are no plans to use your data in any further studies. However, if this should change your data may be anonymously used. In this case every effort would be made to contact you to discuss this prior to use.

### **Who has reviewed this study?**

This study has been reviewed by:

The University of Hertfordshire Health, Science, Engineering & Technology Ethics Committee with Delegated Authority

The UH protocol number is LMS/PGT/UH/04148

### **Factors that might put others at risk**

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

### **Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing or by email:

**Emily Hudson**

**Health Research Building, University of Hertfordshire Doctoral College, College Lane  
Campus, University of Hertfordshire, Hatfield, AL10 9AB**

**Email: [e.carroll3@herts.ac.uk](mailto:e.carroll3@herts.ac.uk)**

**Supervised by: Dr Helen Ellis-Caird,**

**Health Research Building, University of Hertfordshire Doctoral College, College Lane  
Campus, University of Hertfordshire, Hatfield, AL10 9AB**

**Email: [h.ellis-caird@herts.ac.uk](mailto:h.ellis-caird@herts.ac.uk)**

**Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:**

Secretary and Registrar

University of Hertfordshire

College Lane

Hatfield

Herts

AL10 9AB

**Thank you very much for reading this information and giving consideration to taking part in this study.**

**Appendix 8: Excerpt from reflective diary**

"I have just finished my second interview. I really enjoyed speaking to both of these mums and I was struck by the similarities that were described across the two interviews. One thing that interested me was the way in which both of the participants started the interview by describing social media as a positive aspect of their life and then spoke about how they have noticed aspects that may be hard for some people but that they see it as a positive influence. However, when asked if they have experienced any negative impacts both of the participants reflected and spoke about multiple negative impacts on their mood. I wonder if these conversations are being had and if people have the opportunity to consider different parts of their experience. I was also struck by how both of the participants spoke about the negative impacts with a sense of inevitability. A couple of questions spring to mind...Is it necessary to use social media in modern society? Is the sense of connection worth the distress? How would I describe social media? This last question is something that I have been considering for a couple of weeks. Perhaps in light of asking others to do this. I have started to consider what bits I do find helpful and few things spring to mind. This is very interesting for me as I use the sites daily. I wonder why...Do I feel it is inevitable? Do the benefits outweigh the negatives? I think I need to give this some further thought but it has certainly been interesting to explore, something that I have never done before."

### Appendix 9: Consent Form



UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS

(‘ETHICS COMMITTEE’)

FORM EC3

CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

I, the undersigned [*please give your name here, in BLOCK CAPITALS*]

.....

of [*please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address*]

.....

hereby freely agree to take part in the study entitled:

**What impact does social media use have on the identity, wellbeing and relationships in the primary caregivers of infants?**

(UH Protocol number LMS/PGT/UH/04148)

**1** I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent to participate in it.

**2** I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

**3** In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

**4** I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used, including the possibility of anonymised data being deposited in a repository with open access (freely available).

**5** I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

**6** I have been told that I may at some time in the future be contacted again in connection with this or another study.

Signature of participant.....Date.....

Signature of (principal) investigator.....Date.....

Name of (principal) investigator [*in BLOCK CAPITALS please*]

.....

**Appendix 10: Debrief Form****Debrief Sheet****What impact does social media use have on the identity, wellbeing and relationships in the primary caregivers of infants?**

Thank you for taking part in this study!

The aim of this study was to listen to the stories of parents and caregivers to children under 2 years of age and learn about how they feel that social media has impacted on their experiences. We have been particularly interested in hearing about their experiences of identity, wellbeing and relationships within their experiences of using social media.

In order to do this we didn't use a formal interview plan, as we wanted to be guided by your story. However, it is likely that that we covered topics such as your experiences of using social media, the positive and negative experiences that you have had in relation to following social media sites and thinking about how social media posts affect your subsequent mood, relationships and parenting.

Your input into this study is extremely valuable, however if you do not want your answers to be included in the study, please inform us within one week of participating. If this is the case then you do not have to provide a reason for wanting your data removed.

We hope that the interview has not been distressing for you in any way. However if, following our discussions, you feel that you would benefit from further support then please contact your GP in the first instance, who will be able to make appropriate referrals on your behalf. You can also contact the Samaritans for free at any time using the number 116 123.

If you have any further questions or you wish to be informed of the outcome of the study please contact the principal researcher – Emily Hudson on [e.carroll3@herts.ac.uk](mailto:e.carroll3@herts.ac.uk)

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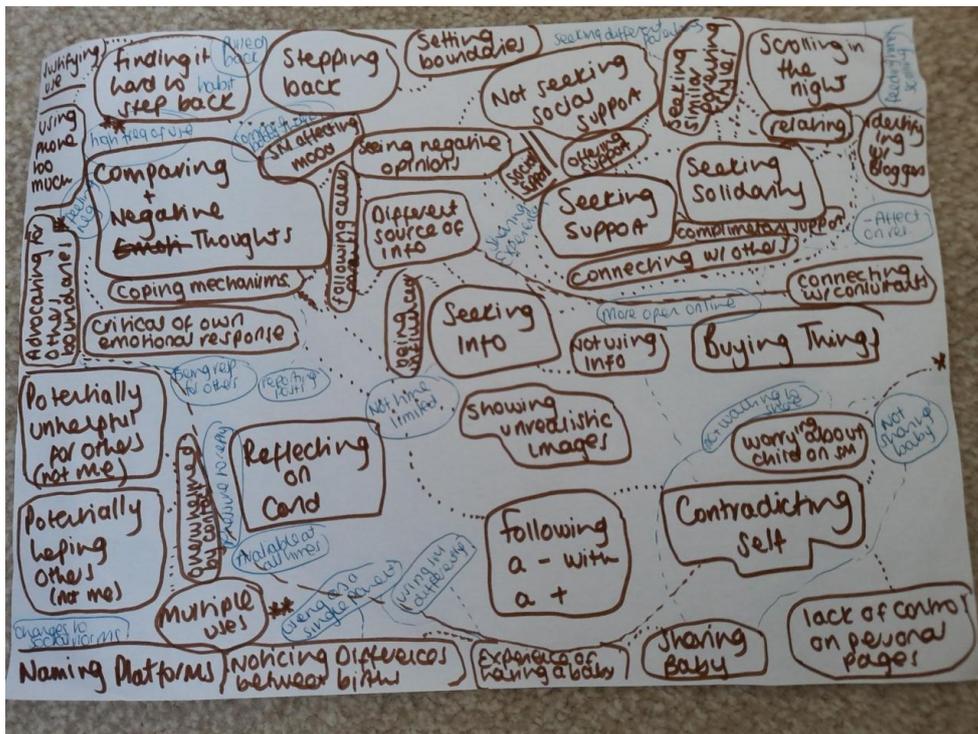
Thank you again for taking time to participate in this study.

### Appendix 11: Data Analysis – A visual process

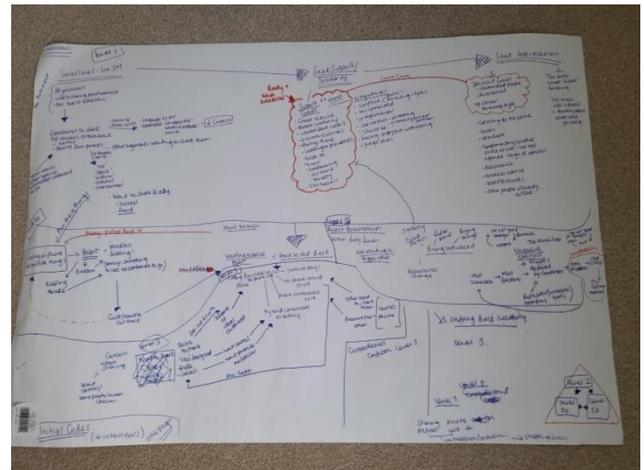
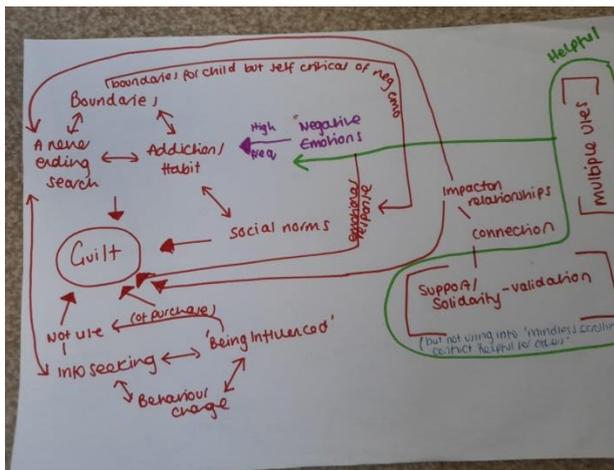
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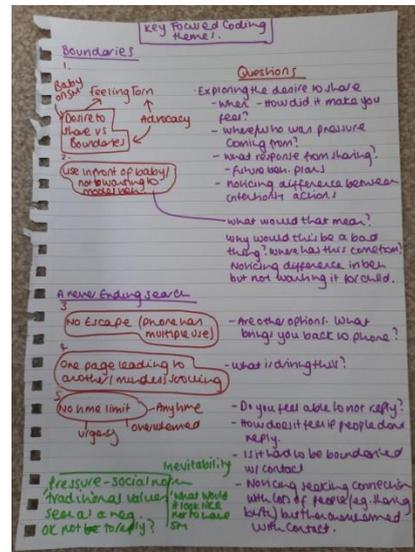
Pulling together similar ideas:



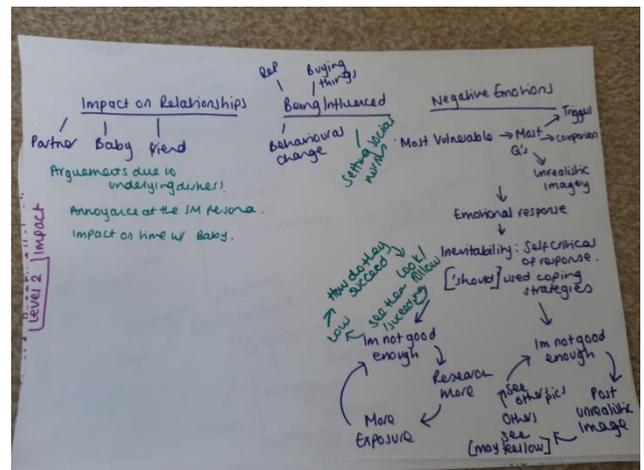
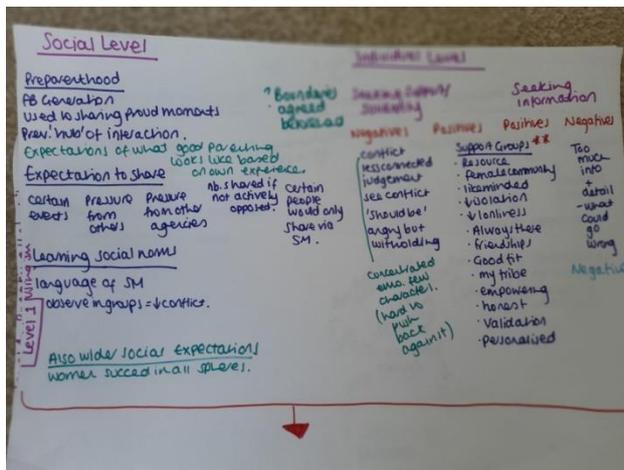
Initial thoughts:

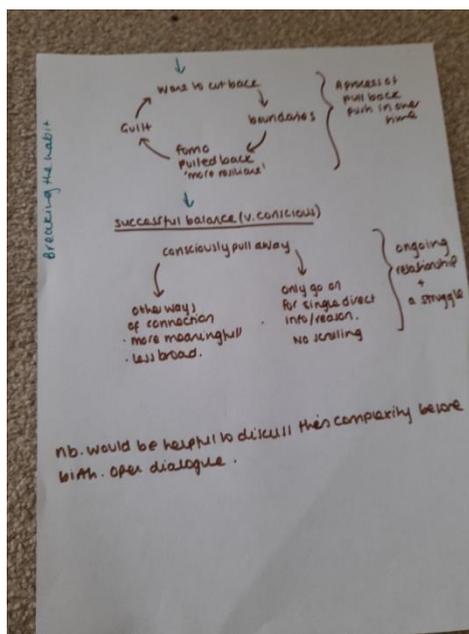
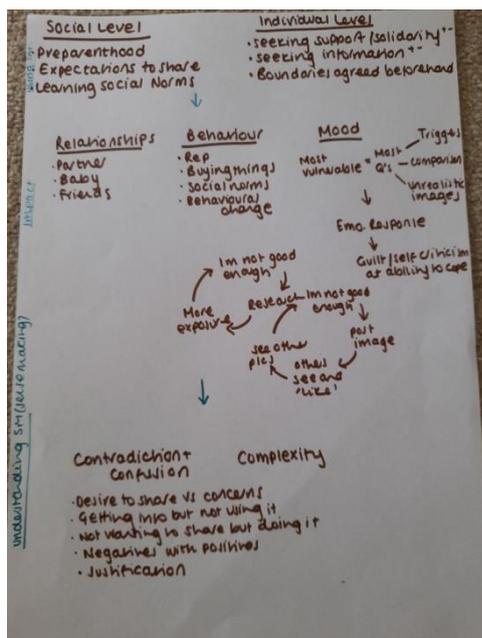
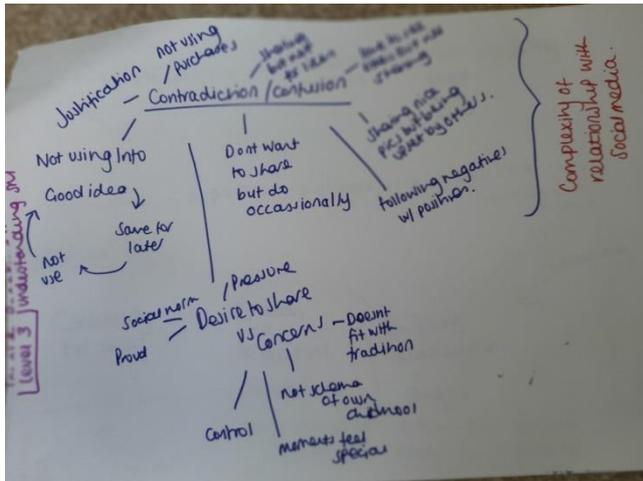


This lead to exploration of each topic (an example of one) and then identification of curiosities still unanswered:



Initial Model Ideas:





Model development:

