

“It’s Like Pulling Teeth”: Mothers’ Perception of Supportive Communication Postpartum

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This present study centers on the reception of supportive communication by new mothers during the postpartum period. Specifically, this study is grounded in the Theory of Incongruent Verbal and Nonverbal Communication and examines how supportive communication is received. Semi-structured interviews revealed new mothers find discrepancies in supportive verbal and nonverbal messages. These mixed messages result in new mothers questioning their worth and family relationships.

Keywords: postpartum, motherhood, supportive communication

Introduction

This study aims to understand how new mothers perceive incongruencies in postpartum supportive communication messages within interpersonal relationships. In the United States, approximately 80% of new mothers experience “baby blues” and 11% of new mothers, in the United States, are diagnosed with postpartum depression (Centers for Disease Control (CDC), 2019). Despite the research on social support postpartum (Arnold & Kalibatseva, 2021; Charvet et al., 2021), one area of concern that needs exploration is how new mothers perceive postpartum support messages.

Any biological mother, including the researchers of this study, will tell you that the postpartum period provides a multitude of challenges (American College of Obstetricians and Gynecologists (ACOG), 2018). New mothers must adapt to a variety of challenges experienced during the postpartum stage (ACOG, 2018). Some new mothers fear stigmatization, judgment, and even barriers to receiving support (Miller et al., 2019). In experiencing these multiple challenges, new mothers know they need help, but they often struggle to ask for it (Cronin-Fisher & Parcell, 2019).

Postpartum mothers may not seek out help because of society’s lack of understanding of PPD symptoms and miscommunication among medical professionals (Thomas et al., 2014). Yet, these findings do not consider what role family plays in support and how postpartum mothers perceive family members’ communication. In some cultures, the maternal grandmother moves into the family home to assist with the baby during the first six months of the child’s life (Machette, 2018); however, how the new mother perceives messages from her mother or other family members is not understood. We want to know how new mothers perceive familial support messages based on the message and the accompanying nonverbal behavior of the sender.

The use of verbal and nonverbal communication can be considered “misleading and obsolete” (Jones & LeBaron, 2002; Streeck & Knapp, 1992). Jones and LeBaron (2002) suggest an integrated approach by examining communication’s verbal and nonverbal components. What is being said verbally may differ from what is communicated nonverbally. To understand how the verbal and nonverbal components may impact the perception of supportive communication, we turn to the Theory of Incongruent Verbal and Nonverbal Communication (Grebelsky-Lichtman, 2021) to serve as an analytical tool. We chose this theory because of its heuristic value as well as how the theory requires researchers to examine both the verbal and nonverbal components of messages. To set the foundation for this study, we

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provide explanations of supportive communication research and the discrepant verbal-nonverbal profile theory (DVNP).

Literature Review

Supportive Communication

Often, individuals seek support when they are in a distressed state (Burlleson, 2008a, 2008b); yet seeking support does not necessarily mean receiving support. The need for support is often a result of stress and emotional hurt stemming from negative self-talk or negative messages from others (Burlleson, 2003). When we seek support from others, we need others to assist us in coping with our perceived distress. Social support from family improves the psychological and physical health of individual family members (Miller-Day, 2011).

The conceptualization of supportive communication is important to this study. Supportive communication centers on comforting behaviors (Burlleson, 1994) or messages to alleviate or lessen the emotional distress of others (Burlleson & Samter, 1985). The research looks at emotional support for “specific lines of communication behavior enacted by one party with the intent of helping another cope effectively with emotional distress” (Burlleson, 2003, p. 552). It is an intentional effort to assist a new mother in coping with the upheaval a new baby brings to her life (Burlleson, 2003). But the perception of supportive communication lacks in the target’s reception of this message. For example, a grandmother may say to the new mom “All my children were potty trained at 12 months” but the new mom may perceive the message as communicating “you’re not potty training your child correctly” (LeBlanc & Butcher, 2022).

Support research underscores how researchers look at the goal-directed behavior of the helper but not how the target perceives the “support” message (Burlleson, 1994, 2003). New mothers are the target and whom they seek support from is the helper. The reciprocal nature of support and communication is not addressed because research only looks at the originator of the support and not the recipient (Burlleson, 2009). Johnson et al. (2020) first attempted to address this gap by examining how emojis were used as supportive communication within an IVF online community, but it was not determined how the recipient of the emoji message defined it as support. Charvet et al. (2021) tried to address the gap by examining the types of social support mothers-to-be received but not how they perceived the specific message itself nor how the support impacted a new mother.

Support varies widely among individuals and cultures (Burlleson, 2003). For example, new mothers of Asian descent reported lower postpartum depression (PPD) scores during the postpartum period (Machette et al., 2020) supporting the claim that families influence other family members’ health (Miller-Day, 2011). This is because much of the Asian culture practices the new mother’s mother moving in for a minimum of the first six months of the baby’s life to help the new mom and the family. When helpers are successful with their comforting interaction, this should result in two effects for the targets: the messages should help one to feel better right then and the messages should have a long-term impact (Burlleson, 2003). These moments of comfort and emotional support should enhance the relationship between the helper and the target. Therefore, a new mom’s good physical and psychological health will impact the rest of the family (Miller-Day, 2011). Not adequately addressed in the research, though, is how family members’ messages of support are perceived and whether that perception impacts a new mother’s health. Sufredinin et al. (2022) determined that insufficient support is associated with a greater risk of PPD or anxiety. Anderson Dearman (2011) attempted to address this gap by using autoethnography to explore how PPD impacts families but also how the critical role of social support from family impacts a new mother’s postpartum health.

Discrepant Verbal-Nonverbal Profile (DVNP) Theory

Jones and LeBaron (2002) advocate for the merging of verbal and nonverbal components but make note of how research focuses either on verbal or nonverbal behaviors. While the data for this piece is from interviews, the analysis made note of how participants' stories mentioned both verbal and nonverbal communication from the helpers. These memories “co-construct and negotiate meanings” in the interaction between the new mother and the family member (Jones & LeBaron, 2002, p. 504). Grebelsky-Lichtman's (2021) DVNP theory asserts that discrepancies between the verbal and nonverbal components of a message impact the receivers' perceptions, feelings, and behaviors. The discrepancy is classified as an inconsistency or a contradiction between verbal and nonverbal communication (Grebelsky-Lichtman, 2014a, 2014b, 2021) and can be found in about every interpersonal conversation (Grebelsky-Lichtman, 2017). The message may be found to be inconsistent or contradictory because the communication performed differs from the communication said. For example, a child may say “I'm not tired”, but their yawning, stretching of arms, and cuddling communicate that they are tired. The verbal message contradicts the nonverbal actions of the child. This discrepancy impacts the perception of not only the message but also the speaker (Grebelsky-Lichtman, 2021). In studies examining parent-child communication, speakers were found to be less knowledgeable, prepared, or competent when discrepancies between the verbal and nonverbal components were at odds (Grebelsky-Lichtman, 2014a, 2014b).

DNVP research focuses on how female politicians communicate, journalists' responses to discrepant communication, and parent-child communication. Given the heuristic nature of DVNP, we introduce the theory to the new mother–family member/friend dyad. We seek to understand how new mothers perceive their family members' supportive communication based on the members' verbal and nonverbal communication. Additionally, we wonder how these perceptions influence a new mother's sense of self, given that DVNP impacts the receiver. We introduce the following research questions:

RQ1: What discrepancy(ies) do new mothers observe between the sender's verbal and nonverbal supportive communication?

RQ2: How do these discrepancies impact how the new mothers see themselves?

Method

After receiving IRB approval, we recruited new mothers through our personal and social networks. We sought recommendations from our participants on other new mothers who might be willing to participate. To be eligible, participants had to fulfill our definition of a new mother; we defined new mothers as having an infant between the age of 6 weeks to 1 year. It did not matter how many children our participants had before the interview but rather it was more important that they had given birth within 1 year of the interview date. We choose this time frame for two reasons: 1) Six weeks postpartum is the discharge date from the labor and delivery medical provider, and 2) the first birthday is the cut-off for an infant being part of the infant mortality rate.

We interviewed 22 self-defined new mothers. Eighty percent of the participants reported being first-time mothers and ranged in age from 21 to 40 ($M = 32.3$, $SD = 5.47$). Education included degrees such as an associate's ($n = 4$), a bachelor's ($n = 11$), a master's ($n = 6$), and Ph.D. ($n = 1$). While we hoped for a diverse population, 90 percent of participants were white, and all participants were married at the time of their interview. Participants came from a variety of states including Missouri, Arizona, Indiana, Illinois, and North Carolina.

Data Collection

We employed a semi-structured interview to capture how new mothers perceived and received support. While our data collection began in late 2019 with phone and face-to-face interviews, COVID-19 precautions resulted in all interviews being moved to an online environment, such as through video software or by phone.

Participants were recruited through posts on the researchers' respective personal social media accounts, with Facebook being the primary outlet. Snowball sampling allowed additional qualified participants to be made aware of the opportunity to be part of the research. Eligible participants could share the post with others they deemed suitable for the study and those who were not eligible could still share the post with those whom they thought could be interested or fit the criteria.

A copy of the IRB-approved consent form was provided when each participant was initially contacted. The participant would then sign the form and return it to one of the researchers where they would then work together to schedule a time to conduct the interview. All new mothers participated in a semi-structured interview with one of the researchers, during which an interview guide was used. Interviews lasted anywhere between 45 and 90 minutes, with the average time being 65 minutes. Each interview was transcribed by an outside third party, which produced 299 pages of single-space data. Each participant was assigned a pseudonym to protect their identity.

Data Analysis

The data analysis was an iterative process using the steps outlined by Braun and Clark (2006). As researchers, our interest resides in the participants' experiences. We found that we agreed with Braun and Clark (2006) when they wrote "thematic analysis can be a method which works both to reflect reality and to unpick or unravel the surface of reality" (p. 86).

Sarah LeBlanc addressed steps 1 and 2 of Braun and Clark's 6-step process. First, a thorough reading of 299 pages of the transcript was accomplished to become familiar with the data (Step 1). After reading through the transcripts, she went back and highlighted or cut and pasted the data that referred to supportive communication either directly or indirectly. By doing this task, the data became more manageable.

Before coding began, all of us sat down and discussed what was meant by supportive communication. Not only were we looking at "specific lines of communication behavior enacted by one party with the intent of helping another" (Burlison, 2003, p. 552), but we also made a list of "support" verbs or phrases, such as the words help, assist, or comfort. We decided not to focus on whether support was provided, but rather on the offers of support through either verbal or nonverbal means.

Lindsay and Rachel then coded (Step 2) the data, noting *in vivo* codes, the repetition of codes, and memoing, where they wrote words, questions, or phrases that represented what was happening in the data as well as their individual reactions to the data. Lindsay and Rachel met via virtual means to discuss the codes and discuss any inconsistencies. After completing and sharing their codes, they met to sort the codes and considered how the codes worked together to develop themes (step 3). They used the codes and examples from the data to map out the themes using MS Word and derive a table. At the end of their code analysis, they presented their initial themes and subthemes. We met virtually to review and refine the themes (step 4) as well as to name and define the decided-upon themes (step 5). Dr. LeBlanc drafted the results and shared them (step 6). What follows is the result of the analysis collaboration.

Findings

When it comes to communicating support to new mothers postpartum, it may not be what is said but rather how it is said, the paralinguage surrounding the message (RQ1). We also sought to understand how these messages impact how a new mother sees herself (RQ2). To address this, we examined 22

interviews and noted perceived discrepancies between the receiver, the new mother, and the sender, a family member, regarding verbal and nonverbal supportive communication.

Are You Here to Support Me or Just Pretend?

Our first theme centers on the verbal communication of family members indicating that they will be there to help but are never available to assist when help is requested. While family members' verbal signs symbolize wanting to help, their lack of action in working to decrease the stress of the new mother communicated a contradicting message. Jolene told us that "The memorable ones (messages) are, 'We're always here for you and call if you ever need anything.' And I feel like those failed." Both families indicated that they would support the new parents, but Jolene and her husband found that was not the case during the postpartum period. "Neither of our parents came to help," Jolene related, which left Jolene feeling alone and isolated. She stressed that as the child approached their first birthday, it was still like "pulling teeth" to get the grandparents to visit.

Other participants noted that family members would visit but do the bare minimum in supporting the new mother. Nellie explained, "they [our families] don't necessarily swoop in and offer help without us asking." Other respondents would ask for help but the assistance would not last very long. Mary Sue related the story of returning home with her mom and her baby after a check-up at the pediatrician to make dinner:

I was preparing dinner for everybody, and I said to her (grandmother) and my dad, "Will you watch her while I cook dinner?" And they were happily playing in the living room and then just all of a sudden, "Hey, let's go into the kitchen with Mom." Well, the minute my daughter saw me, of course, she wants to be on me, that I need to hold her or entertain her or whatever... And my thought was, "I asked you to watch her. I asked for help and you didn't help me." Those kinds of things happen more often than not with my parents and I do wish they would help out a little bit more just to ease some burden or to allow me to get some cleaning or shopping, cooking, and just daily chores done.

New mothers wish grandparents, or other postpartum visitors, would just help more without being asked or giving the mom a moment by herself, or as Mary Sue said: "give me a breather". Mary Sue's remark demonstrates an incompatibility of the word "help." For the mother, help meant keeping the child in the other room and not in the kitchen where mom was. For the grandparents, help meant just a few minutes of bonding time and then giving the child back to mom and dad. These incompatible definitions were communicated through the grandparents' actions, leaving Mary Sue feeling as if her parents did not support easing Mary Sue's burden.

The feelings of being overwhelmed and being a failure seem to associate with the help being there and then just disappearing. Julia said her mother stayed the first postpartum week and the mother-in-law stayed the second postpartum week. "Both of them were very helpful, they helped cook. They helped clean." But Julia noted that after they left, they would not help unless they were specifically asked and, just like Jolene, it was like "pulling teeth" to get the maternal grandparents to help. These contradicting messages leave the new mother feeling confused for two reasons. First, new mothers can't comprehend why certain grandparents, or other family members, don't help, even though they offered. And second, new mothers could not understand why the definition of help changed between being present within the new mother's home and not being present.

This theme, *Are you here to support me or just pretend?* highlights the contradiction between verbal and nonverbal supportive communication of supportive communication from family members. When individuals volunteer to help a mother so she can make dinner, take a nap, or even catch up on laundry, the mother desires their actions to match this sentiment. When incongruence occurs, it can be detrimental to the support new mothers seek.

You Say You Are Here to Support Me But Your Actions Speak Differently.

The second theme centers on discrepancies between coming over to support the new mother by being present and visitors coming over just to see the baby. Playing with the new baby assists new mothers in some ways, but also leaves the new mother questioning her worth and her relationship with her family. First, many participants felt unsupported when visitors arrived and just wanted to see the baby. Beatrice explained that after her son was born people would ask, “Does he sleep a lot? Is he a good baby? That was nice. People were concerned about him.” Beatrice’s words capture how others’ verbal communication asked about the well-being of the baby, which is a good thing. Winifred’s experience captures how the focus of the visitor changes once they arrive at the new mother’s home. Visitors come to see the baby under the guise of offering support or “being there for the new mother.” Our participants described being a conduit, feeling that they were treated as if they didn’t matter or that visitors wanted to help the baby but not the mom. While not a family member, this dichotomy was captured in a story shared by Francis. She asked her OB/GYN doctor about the swelling in her feet, but the doctor responded, “That’s not my problem. I deal with your baby, not your feet.” As the new baby becomes the epicenter of concern, the focus shifts to the baby’s physical needs instead of the physical needs and health of the new mother.

Second, participants described how the metamessages behind questions, comments, or advice sounded more critical than supportive. Peggy remembered her mother asking her, “How are you doing?” The question was glossed over as the grandmother continued talking. When the grandmother asked the question, she didn’t want Peggy to respond. Meg felt like she had been “blown off. Just a little bit” when talking with family. Their comments and questions dealt more with the baby’s welfare and less with the new mother’s. These comments and actions could be perceived as no one caring about the new mother.

Next, there are those comments that are perceived as new mothers being incompetent. For example, Millie said,

And she was ten weeks old and I knew something was wrong, and she ended up being very severely allergic to dairy and eggs. And I did not listen to anybody, and I was very insistent like, “I’m going to cut dairy out, that is the number one allergy for babies right now,” and I did, and I was right. And my mother-in-law did not believe me, and she kind of scolded me “You’re making something out of nothing”. Then I turned around and got her allergy tested and lo and behold she did have allergies. And my mother-in-law kind of didn’t like that, she really kind of went on her merry way.

Millie’s narrative highlights how new mothers are questioned about their decisions regarding their new child. This form of questioning often causes the new mom to question her competence. Betty explained how her friend only comes around once a month, but each time she does she communicates as if she doesn’t like how Betty is parenting.

If I say a cuss word and she doesn’t think that’s okay because I shouldn’t be raising my daughter with cusswords around. I would reply that she’s in the other room playing on the floor and not listening to what I’m saying or in the aspect of she’s six months old. I can’t seem to get it in her head that it’s not her daughter to raise.

Finally, Mary Jane explained how questioning what family and friends mean behind their messages often turns negative rather than becoming a learning moment for both the new mother and the family member:

Supportive communication, I still think I struggle with that. My grandmother doesn’t have a good way of telling me nicely. We get into arguments all the time about that. We can’t seem to get along but she’ll say it one way and then I don’t understand it. So then I ask her about it and she

turns around to look like I don't know what I mean and I'm like that doesn't help me.' I don't know how to explain it.

While family, friends, and other visitors may seem like they are communicating support when visiting the new mother and baby, new mothers are perceiving their messages differently, often questioning their competence and self-worth.

Discussion

This study aimed to uncover how new mothers perceive the supportive messages they receive from family, friends, and visitors postpartum. Our two research questions guided our analysis: 1) what discrepancy(ies) do new mothers observe between the sender's verbal and nonverbal supportive communication? and 2) How do these discrepancies impact how the new mothers see themselves? In analyzing the data, two themes emerged: *Are you here to support me or just pretend? And, you say you are here to support me but your actions speak differently.*

Interpretation

Our first theme centered on the contradiction between what was being said versus the actions being taken. This contradiction supports Grebelsky-Lichtman's (2014a, 2014b, 2021) claim that verbal and nonverbal communication contradicts each other in every form of conversation. The same can be said for family members communicating support during the postpartum period for new mothers. These contradictions not only impacted the receiver of the message but also how the new mother perceived the sender(s) of the message (Grebelsky-Lichtman, 2021).

Our participants' experiences were similar to each other in that they perceived the verbal and nonverbal intentions behind the support messages as not being in sync. These findings support Grebelsky-Lichtman's (2021) claim that incongruencies between verbal and nonverbal led receivers of the message to perceive the message differently but also impacted how they perceived the sender of the messages. More importantly, these inconsistencies between verbal and nonverbal meanings within the message impact how the receiver perceives themselves. Tannen (2006) reminds us that every message has a metamessage, a message within the message. "It's only when the metamessage the speaker intends – or acknowledges – doesn't match the one the hearer perceives that we notice and pay attention to them" (p. 13-14). Our participants described feeling overwhelmed, isolated, and alone when they paid attention and noticed the difference in what was being said and how it was being communicated nonverbally. Given that new mothers often do not seek support because of fear of judgment and stigma (Thomas et al., 2014), family and friends need to keep in mind what they are saying and how their behaviors at that moment are impacting their message.

The second theme highlighted how messages of support often leave new mothers feeling unsupported. These findings highlight how the receiver of the support message interprets the response instead of the directed behavior of the helper (Burleson, 1994, 2003). Our participants perceived the support as being directed more toward the baby and not the mother, often leaving the mother feeling like a conduit or just the carrier of the baby. Therefore, instead of using specific lines of communication intended to help the mother, these messages family and friends communicated leave the mother in despair resulting in the mother dealing with more emotional distress (Burleson, 2003).

Implications

This study contributes to the existing literature by exploring women's solicited responses about support during the postpartum period. These solicited responses not only confirm what we know about new mothers and the postpartum period, but also demonstrate the heuristic value of supportive communication and DVNP. First, this study focuses on the receiver of the supportive communication

instead of the sender. The perception of supportive communication from the receiver of the message expands the heuristic nature of supportive nonverbal and verbal communication by interpreting how the receiver of the support perceived the message. This finding not only demonstrates the heuristic value of supportive communication but also opens the door for more supportive communication studies using DVNP. We saw that the senders' nonverbal messages contradict the verbal communication actions. Grebelsky-Lichtman (2014a/2014b) argued that speakers were deemed less credible when their nonverbals contradicted their verbal messages. Contradicting nonverbal and verbal behaviors impacts the receivers' perceptions, feelings, and behaviors (Grebelsky-Lichtman, 2021). Hence, family and friends may be seen as less supportive by having their nonverbal messages contradict their verbal messages.

Limitations and Future Directions

Our study was limited in several ways. First, our participant pool lacked a representative sampling of new mothers in the United States, limiting our findings' generalizability, particularly across non-Caucasian mothers or mothers without interpersonal support. Future research should strive to recruit more diverse participant sets so that adequate representations of mothers from all backgrounds can be explored and shared.

Second, our study focused on the receiver of the support communication and not the dyad. Afifi et al. (2021) suggest bi-directional interviews. Therefore, future research should try to collect data from new mothers and their main source of support (i.e., their mother, mother-in-law, friend, or spouse). Examining the bi-directional nature of supportive communication would allow researchers to capture the intent behind the message and how the receiver interprets the message, allowing for discrepancies to be addressed.

Conclusion

The purpose of this study is not to discourage friends and families to reach out to the new mother or even drool over the new baby. But rather, this study demonstrates that what is being said by friends and families is different than what the new mother is hearing. Adjusting to life with a newborn is not easy and we should work to make sure our actions complement our words when entering the newborn's and new mother's world.

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