

**WHAT IS SOCIAL SUPPORT?
A GROUNDED THEORY OF SOCIAL INTERACTION IN
THE CONTEXT OF THE NEW FAMILY**

Philippa Williams

**Department of Public Health
University of Adelaide**

August 2005

For my children

Aidan Seamus & Riley Jem

And their grandmothers

Peggy (Na) & Mim (Nanna)

PUBLICATION ARISING OUT OF THIS THESIS

Williams P, Barclay L, Schmied V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research*, 14, 942-960.

TABLE OF CONTENTS

List of tables	v
List of figures	vi
Abstract	vii
Declaration	ix
Acknowledgements	x
Part One	
Chapter 1: Introduction	1
Chapter 2: Perspectives underpinning this thesis	9
Part Two	
Chapter 3: Defining the problem: defining social support	25
Chapter 4: Exploring the meaning of social support in research conducted in the context of the new family	41
Part Three	
Chapter 5: Study methodology and methods: a journey	63
Chapter 6: 'Being there': developing meaning through social interaction	103
Chapter 7: Adding perspective: the meaning of social support to grandmothers	149
Chapter 8: A grounded theory of social interaction in the context of the new family	195
Part Four	
Chapter 9: Conclusion	205
Appendices	221
References	253

LIST OF TABLES

Table 4.1:	Measurement and operationalisation of social support in the context of the new family	47
Table 7.1:	Experiential influences on grandmothers' meanings of 'being there'	177
Appendix 3a:	Existing definitions of social support	220
Appendix 3b:	Number of times definition is cited in the general, reproductive and postnatal literature	235

LIST OF FIGURES

Figure 2.1:	Perspectives, methodologies and methods that comprise this research	11
Figure 3.1:	Analysing definitions of social support	32
Figure 5.1:	Components of analysis	86
Figure 5.2:	Development of a category	93
Figure 5.3:	Analysis through questions and diagramming	96
Figure 6.1:	Five meanings of ‘being there’ from the perspective of new mothers	130
Figure 6.2:	Outcomes of ‘being there for me’	131
Figure 6.3:	Outcomes of ‘being there for us’	132
Figure 6.4:	Outcomes of ‘being there for themselves’	134
Figure 6.5:	Outcomes of ‘being there but not there’	135
Figure 6.6:	Outcomes of ‘not being there’	136
Figure 6.7:	Stages in the process of ‘meaning-making’	140
Figure 6.8:	Developing identity as a mother through social interaction	142
Figure 6.9:	‘Meaning-making’ processes in the postnatal period – the centrality of ‘being there’	145
Figure 7.1:	Eight meanings of ‘being there’ from grandmothers’ perspective	162
Figure 7.2:	Being there for me/ Being there for her	163
Figure 7.3:	Being there for us/ Being there for us	164
Figure 7.4:	Being there but not there/ Being there but not wanted	165
Figure 7.5:	‘Meaning-making’ in the grandmother-new mother relationship	185
Figure 7.6:	Developing identity through interaction	189
Figure 7.7:	‘Meaning-making’ processes in the context of the new family – the centrality of ‘being there’	191
Figure 8.1:	Model of context: defining the new family in terms of members and relationships	196
Figure 8.2:	Model of interaction: making meaning of practice and relationships in the context of the new family	198
Figure 8.3:	Model of process: developing identity in relation to the baby through a process of interaction	199
Appendix 7A:	The practices of being there from the perspective of grandmothers	247
Appendix 7B:	The practices of being there from the perspective of new mothers	248

ABSTRACT

Social support has received considerable research attention. With respect to the new family this attention has focused on the nuclear family and, in particular, on the health and well being of mothers and babies. While some studies have shown that support during pregnancy and postpartum is associated with better physical and psychosocial outcomes for women and babies, other studies have shown little association. One possible explanation for these inconsistent findings is the lack of clarity that exists about the meaning of social support. This lack of clarity is evident in the general social support literature and in empirical studies of social support in the specific context of the new family.

This thesis, by focusing on the meaning of social support, does three things. First, it analyses the concept of social support as it is defined in the academic literature. I argue that a contextualised and qualitative approach to the meaning of social support is necessary to improve research in specific contexts and to extend the general discussion of social support.

Second, I provide an example of this contextualised approach by exploring the meaning of social support in the context of the new family. In so doing I demonstrate that social support is not a set of supportive behaviours and cannot be discretely defined. As a current research concept, the primacy of social support is undermined in the empirical chapters of this thesis. The substantive theory that develops is one of social interaction in the context of the new family. The meaning of social interaction in this context is shaped by perspective, the situational context and the relationship within which it occurs. While social interaction is inclusive of notions of social support it is not restricted to them. Understanding social support within the broader experience of social interaction renders a holistic picture of what is going on in the context of the new family.

Finally, I demonstrate that using a qualitative research methodology to explore the meaning of social support in a specific context improves our understanding of social support in a number of ways. It reveals varied and detailed meanings that can be used to improve research within a particular social context; it highlights processes that can inform research in other social contexts, and, it raises questions that are important for the general discussion of social support.

DECLARATION

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being available for loan and photocopying.

Philippa Williams

August 2005

ACKNOWLEDGEMENTS

Whenever I travel to unfamiliar places I have an uncanny ability to lose my way. Verbal directions and maps lose all value in a mind muddled by foreign words, smells, sights and sounds, and I inevitably find myself sitting by the road side hoping a taxi (or rickshaw) will come by and transport me to more familiar surrounds. Occasionally, nothing comes and I must find my way by what ever means possible. Though burdened with trepidation, it is a journey of true discovery; it is one I would hesitate in choosing, but never regret having taken.

Getting lost is easy; I manage to do it with very little help. Finding ones way, however, is far more challenging and without the company, help and good counsel of others, it is near impossible. The journey I have taken toward my goal of a doctorate has been long and arduous. It has been punctuated by periods of intense excitement and others of protracted anxiety. Most significantly though, it has been a journey enriched by getting lost. Finding my way would not have been possible without the company, help and good counsel of so many people.

I began my doctoral journey in the Faculty of Nursing at the University of Technology, Sydney (UTS), and continued my journey at the University of Adelaide. Many people have contributed in many ways to this thesis and I would like to thank and acknowledge them here. In particular, I would like to thank my principal supervisor at Adelaide University, Dr Annette Braunack-Mayer for taking me on at a crucial time in my doctoral journey and guiding me skillfully and respectfully all the way to the end. Her pragmatism, humour and friendship have been greatly appreciated. Equally, I would like to thank my principal supervisor at UTS, Prof. Lesley Barclay, for making it possible to get lost and, especially, for her wise counsel and encouragement which made the unknowable road a safe one to travel. Gratitude and thanks also to my co-supervisor at UTS, Assoc. Prof Virginia Schmied, for her insight and enthusiasm for my work; and thanks to both these women for their continued friendship and supervision when I made my move to Adelaide.

Being no less influential during the time they were involved with my study, I would like to thank Dr Megan Warin for her co-supervision at Adelaide University, and Dr Marg Cooke for her co-supervision at UTS.

Many thanks go to all the doctoral and masters' students who have commented on my work during student meetings at both Universities. In particular I would like to thank Athena Sheehan and Dr Suzanne Brownhill for allowing me to vent my frustrations with grounded theory and

helping me work through my analysis. I would also like to thank Kim McEvoy at the Center for Family Health and Midwifery for help with some of my transcribing, and Paul Carter for his patience and generosity of spirit when helping me with my numerous computing woes.

Of course, I am indebted to the women and men who agreed to participate in this study. Their generosity is greatly appreciated.

Finally, I would like to thank my friends and family for their love and encouragement over the past five years. I would especially like to thank my parents, Peggy and Islwyn for the opportunities they have given me and their unwavering confidence in my ability to complete this thesis; my sister Nicola for her companionship along the way, and my partner's parents, Mim and Van for their friendship and encouragement. Enormous gratitude also goes to Mim for her comments on the final draft of the thesis.

Throughout this journey my children have inspired and grounded me. Thank you Aidan and Riley for being the beautiful boys that you are.

To my partner Shannon McCune, I give my final thank you. I would never have been able to begin or complete this thesis without him. In every way, Shannon has been there for me. When I felt I was sinking, he buoyed me up; when I was sure I could not do it, he maintained confidence in my ability and when I got stuck, his sage words reached out and pulled me from my mire. Shannon has cared for our children and for me without complaint or impatience and to him I am the most grateful of all.