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‘One of the Most Vulnerable Times in Your Life’: Expectations and Emotional Experiences of Support in the Early Postnatal Period

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> And after having the baby, yeah, we got a good support from [my wife’s] mum, so even after [we] came back to the home, she helped both of us – how to manage the baby, how to feed the baby, how to bath the baby. … [A]nd I get a good support from my family back in India. They’re calling me regularly and asking, “How’s the baby? How are you going?” …They all want to see the baby in the Skype and they want to get the photos.
>
> Nadir

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> [I]t was just this fog of not sleeping, arguing, crying, you know, like wondering what had happened to my life, wondering why I'd ever had a baby in the first place and wanting my life back. … It was pretty much me 24/7. … I'm not great at asking for support. But I was just so determined that I was going to do it all on my own and I somehow managed to believe that I was all that my baby needed.
>
> Leah

It is widely recognised that the transition to parenthood is a time of vulnerability and need for new parents, particularly new mothers. Cultural practices marking this life-cycle event are found transhistorically and transculturally. Though they take different forms, rituals mark the period from late pregnancy through four to six weeks after birth (Eberhard-Gran et al. 2010). Postpartum customs are still widely practised in many countries, but lying-in customs once common in Europe are no longer widely observed; this transformation is equally true for Britain's former dominions in North America and Oceania: the USA, Canada, Australia, and New Zealand. In fact, for a range of reasons elaborated below, new parents in Australia today cannot necessarily expect to receive practical or emotional support at home in the early postnatal period. Consequently, many find themselves isolated and unsupported at a time of considerable physical and emotional vulnerability.

How do new parents in contemporary Australia think about support in early parenthood? What kind of support do they expect or seek, and what shapes their expectations? What support do they receive, and to what emotions do their experiences of support give rise? This chapter explores these questions through an analysis of how a diverse group of parents accounted for their expectations about social support in early parenthood and their feelings about their actual experiences. First, we outline how we understand social support and discuss its importance in the early postnatal period, defined as the first three to six months postpartum. We then contextualise the accounts presented in the

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analysis with an overview of postpartum practices in other social and historical settings and the structural and discursive factors that have contributed to the isolation of new parents in Australia.

The concept of social support has been subject to considerable theorising and empirical research within the social sciences, including in terms of its relationship with and effects on health and illness in general (Heaney and Israel 2008) and in relation to specific health conditions (Eastwood et al. 2012). Social support is an important contributor to psychological and emotional well-being in challenging and stressful times, such as the early postnatal period; its absence can have the opposite effect (Emmanuel et al. 2012). Following Barkin et al. (2014), we understand social support in the early postnatal period as including instrumental assistance (e.g., help with housework), emotional support (e.g., empathic listening), informational support (e.g., providing information about infant care skills), and companionship. Our chapter focuses on social support provided by intimates (e.g., partners, family members) and social network members (e.g., friends, work colleagues).

Much empirical research investigating social support in early parenthood focuses on its impact on perinatal depression (PND) and on mothers. Two salient findings are that lack of social support is considered a risk factor for PND and that experiencing PND can lead to social withdrawal (Beck 2002). The literature on social support in the perinatal period more broadly in culturally and demographically similar contexts to Australia reveals that support needs and beliefs about who should provide that support vary according to social location. In a study of women from diverse ethno-cultural backgrounds in the USA, Negron et al. (2013) found that the mothers and partners of new mothers were important sources of support for all women interviewed, but that women's beliefs about asking for support and strategies for mobilising support seemed to vary by ethnicity. New African-American mothers, for example, have been found to rely on a wider range of kin members than European-American women, who tend to look more to their partners (Logsdon et al. 2000). Social support needs of new mothers from migrant backgrounds vary according to the number of years since their arrival, the number of relatives and friends in their new country, their ability to access local services, and their capacity and desire to practise postpartum customs from their country of origin (Shafiei et al. 2015; Niner et al. 2013). Similarly, adolescent

or low-income parents have particular support needs, as do same-sex attracted parents, single parents, and so on.

A range of barriers inhibit access to social support in the postnatal period. They include: negative feelings about seeking help (Negron et al. 2013; Kurth et al. 2016); unavailability of trustworthy and affordable childcare; limited availability of family; migration and mobility; and the effects of the 'individualization and institutionalization of maternity,' which leads to trust in expert systems trumping experiential knowledge and discouraging women from seeking knowledge from other women (Ketler 2000). Lack of time to nurture relationships that might provide social support can reinforce new parents' sense of isolation (Barkin et al. 2014).

From the literature on how social support benefits mental and emotional well-being, we know that the quality of the relationship between those providing and receiving support is critical (Lakey and Orehek 2011; Abiodun 2006) and that support should ideally avoid undermining recipients' sense of mastery (Logsdon et al. 2000). Research specifically investigating expectations of social support in the perinatal period is limited and is dominated by work on PND or social psychological approaches. Fragments of information on expectations can be discerned across the literature on social support in the perinatal period, but to our knowledge no studies have explicitly examined this.

Postpartum Practices in Cross-Cultural, Historical, and Contemporary Perspective

Scholars have examined postpartum practices in many parts of the world (Eberhard-Gran et al. 2010; Dennis et al. 2007), as well as among migrants living in countries such as Australia (Matthey et al. 2002; Niner et al. 2013). Postpartum practices typically comprise organised support, a designated rest period of 30–40 days, a special diet, ritual hygiene practices, infant care, and breastfeeding support (Dennis et al. 2007). Some practices are based on the belief that birthing women are 'unclean' or that babies are not yet full persons and must be sequestered for a defined period to protect the wider community (Lancy 2017). These customs are linked to fears about mothers or babies dying in childbirth, or babies not surviving infancy. Other practices are based

on the belief that becoming a mother marks a change in a woman's social status. Common to all is recognition of the physical risks and duress that women undergo in pregnancy, labour, and birth, and their need for recuperation and time to master infant care skills. Women's own perspectives on postpartum practices depend on their material and social circumstances and their views about the utility or meaning of such practices (e.g., Morton 2002).

In Australia, Great Britain, New Zealand, the USA, Canada, and many European countries, women historically observed a lying-in or confinement period beginning in late pregnancy and ending approximately one month after birth with the ritual of 'churching,' when the new mother attended a church service to symbolise her re-entry into society (Wilson 2013; Eberhard-Gran et al. 2010). Historian Adrian Wilson (2013) details this phenomenon as it occurred in early modern England. During confinement, women stayed home in a room set up as a lying-in chamber to rest in preparation for and to recover from childbirth. They received practical and social support from a midwife, 'gossips' (relatives and friends), and sometimes a hired nurse. English society observed various ritual practices during the lying-in period, which Wilson underscores was a time of physical enclosure in the home and social enclosure among fellow women. This period was known as a husband's 'gander-month,' when he had to take on his wife's work responsibilities and to endure physical separation from her (Wilson 2013, p. 194).

Today, lying-in has all but disappeared as a cultural practice in Europe, North America, and the Antipodes. Unfolding across the 1800s and into the 1900s, the dominance of biomedicine over childbirth drove this transformation. Birth and postpartum recovery moved out of the domestic realm, first into midwife-operated lying-in homes, then to lying-in hospitals (Martell 2000). From the late 1800s, lying-in hospitals evolved into women's hospitals, with a remit beyond maternity care, though until the mid-twentieth century middle-class, white women commonly stayed in hospital for 10–14 days after giving birth. Reflecting both women's preferences and cost-saving measures (James et al. 2017; Martell 2000), this practice has declined significantly; the median postnatal stay in Australia in 2015 was three days (AIHW 2017).

Along with the disappearance of lying-in practices and of the concomitant formal social structuring of the postpartum period as rite of passage or time of need for mothers and babies (Stern and Kruckman 1983), the availability of social support in the early postnatal period more broadly has also declined. Fewer relatives, friends, or older children are available to provide companionship or instrumental support to new mothers due to urbanisation and migration, which leads to the dissipation of geographically close social networks (Short et al. 2006; Brown et al. 1997). Additional factors include declining fertility and increasing age at first-time parenthood, both of which are often tied to women's uptake of paid employment outside the home (Barkin et al. 2014). Smaller family sizes have also meant the loss of opportunity to experience infant caregiving, contributing to many new parents in the Global North reporting that they feel unprepared for early parenthood (Kushner et al. 2014; Deave and Johnson 2008). Finally, there has been a gradual erosion of the idea of birth and the postpartum period as the exclusive domain of women. Following advocacy in the late 1960s and 1970s for fathers to attend births (Reiger 2001; Leavitt 2008), and the introduction of paid paternity leave, the arrival of a baby is increasingly perceived as an intimate experience for the couple.

In contemporary Australia, many women and their babies go home from hospital to comparatively limited support (Coffey and Fitzpatrick 2011). Reflecting the predominance of the nuclear family structure and the so-called 'maternal bias,' a preference for support in early parenthood from the mother's mother over the father's mother that characterises intergenerational relationships in Australia and similar societies (Marx et al. 2011), support most often comes from the woman's partner and/or mother. For women from cultural backgrounds in which family support is more common, access to such support depends on relatives either living nearby or able to travel to Australia (Rice et al. 1999). The role of government in supporting new parents in the early postnatal period includes the provision of paid parental leave (18 weeks for primary carers and 2 weeks for partners), free community-based child health and development services for a child's first four years, subsidised new parents' social groups to help participants forge local networks, and partially subsidised early childhood care and education services (Biro et al. 2012; Brinkman et al. 2012).

Romanticised images of early parenthood portrayed in popular and social media can also contribute to emotional distress in new parents in Australia. The depiction of a dyadic parental idyll works in tandem with influential parenting ideologies, such as intensive or attachment parenting, that encourage parents, particularly mothers, to prioritise their baby's needs above their own (Harries and Brown 2017; Rizzo et al. 2013). For new parents inexperienced in infant care and who believe the nuclear family ideally to be self-sufficient, the dissonance between expectations and reality can be jarring. Lacking experiential knowledge, prospective parents are more likely to base their ideas about early parenthood on unrealistic media images or expert advice. Concurrently, there has been a broader shift under neoliberalism to privatise child-rearing and, at least discursively, to cast parenthood as a private choice rather than one that merits state support. Paid parental leave and childcare subsidies aside, in Australia and comparable countries, raising preschool-aged children tends to be more a private responsibility than is raising school-aged children, where responsibility is shared with the state (Fox 2009).

Orientations Towards Social Support in Early Parenthood: Expectations and Emotions

Based on in-depth engagement with the 38 out of 48 narratives that addressed social support, we present two main 'orientations' that interviewees displayed towards social support in the early postnatal period: (1) a network, interdependent orientation, and (2) a couple, independent orientation. Our analysis indicates that expectations about social support condition the emotional experiences of this aspect of early parenthood; thus, each orientation encompasses people's attitudes and expectations towards support in this period and their emotional responses to their experiences of support.

Our chapter expands sociological understandings of a topic that has received little scholarly attention until now: the interrelationship between expectations and emotional experiences of social support in the perinatal period in societies, such as Australia, where postpartum

ritual support practices are no longer widespread. We illuminate the role of social and material circumstances, as well as cultural narratives and frameworks in shaping expectations and emotional experiences in relation to social support in early parenthood. Implications for further research and for health and social care are outlined at the end of the chapter.

We identified two major orientations towards support in the early postnatal period. Network- or interdependence-oriented parents expected early parenthood would involve and indeed require support beyond the couple, while couple- or independence-oriented parents considered the couple relationship the primary site for support. In relation to actual experience, irrespective of expectations, some participants described relying on their partner only, while others leaned on a wider network. Not all participants who hoped for wider support received it, and not all participants who wanted greater independence from family networks were able to negotiate this. Although our exploration of how people accounted for their emotional experiences in relation to the support they expected and received suggested two distinct and internally coherent orientations towards social support, forming a simple typology (Kluge 2000), the complex interplay between expectations and experiences found within each orientation highlights the multifaceted web of considerations that shape feelings about support in early parenthood.

Influences on Expectations: Network-/Interdependence-Oriented Parents

We categorised about two-thirds of the narratives we analysed as network-/interdependence-oriented. These parents seemed to have come to early parenthood with a pre-existing assumption that the experience would be challenging and therefore support beyond the couple relationship would be helpful. They described looking to other family members, friends, and even work acquaintances as well as their partners. Three major factors influenced these parents' views about support in early parenthood: coming from or being exposed to a more familialist cultural background in which family support in early parenthood is common

(Mendez-Luck et al. 2016, p. 813); perceiving that their particular circumstances might make becoming a parent additionally challenging; and experiential knowledge of early parenthood. The boundaries between these are not fixed, with some narratives including references to more than one factor.

Parents who had migrated from countries in which family life tends to be more familialist (e.g., India, Sri Lanka, Nigeria, Afghanistan, Ireland, South Sudan), as well as two Anglo-Australian mothers whose partners were from such countries, expressed the view that family support in early parenthood was to be expected. Delia, for example, describes social attitudes towards and practices associated with childbearing in South Sudan, her country of origin:

> In my country having babies is so good, like it's a blessing. … Everyone is happy when I have a baby or my sister or anyone because it's like having something new in the house and even the neighbours and all the family members, wherever they are, they all come to visit when we have a baby. And it's really very good and they share, they share, in taking care of the baby and they share in helping the mum. [I]n my country, I would want to have a baby every year … [Y]ou feel the pain for two or three hours but after that you forget when having the baby, forget everything.

Delia paints a picture of a supportive social network and a celebratory attitude towards childbearing, which she claims encourages women to have more children. In South Sudan, one of the world's least economically developed countries, with a strongly pro-natalist culture, children are considered an economic asset and enhance social status; women are valued primarily as bearers of children, particularly in the light of the demographic impact of a decades-long war with Sudan (Palmer and Storeng 2016). The majority of the population lives in villages characterised by dense kin networks, in which new mothers are supported and domestic work and childcare are shared.

While these conditions are very different from that of contemporary Australia, similar themes are found in other migrant parents' narratives, including Nadir, whose words open this chapter. He and his wife are professionals who migrated from India to Australia for employment and could afford to sponsor their parents to come for extended visits to

support them in early parenthood. Nadir's interview makes clear that he and his wife considered a high level of involvement from the new grandparents as the norm, rather than the exception.

An expectation that family support was beneficial was also evident in the narratives of Eleanor and Daphne whose partners were from Sāmoan and Filipino backgrounds respectively. Eleanor reflects on her and her partner's experience of moving in with her parents for the first six weeks of their baby's life:

> [M]y parents were amazing, you know? Basically, being there after the birth, my mum - it just meant we didn't have to do any housework. All we had to do was look after the baby, because my mum was semi-retired by that point so she was around quite a lot. … And [for] my partner it sort of fitted because, you know—if things had been different within his family, like if my mother-in-law hadn't needed to go back to Sāmoa to look after her other daughter's kids, she probably would've stayed and done the same for us.

Many women of Anglo-Australian background described receiving assistance from their own mothers in early parenthood, in keeping with the maternal bias noted earlier and documented in other studies (Marx et al. 2011). However, Eleanor was the only partnered Australian woman who temporarily moved into her parents' home with her partner and new baby, an unusual practice in Australia compared with other settings (e.g., Japan, South Korea, Malaysia).

For some interviewees, becoming a parent under circumstances that they considered challenging combined with their expectation that early parenthood would involve interdependence with others led them to desire and cultivate a wide base of support. Some of these circumstances, elaborated below, included single parenthood; giving birth to twins; physical distance from family support due to migration; family members withholding support; knowledge during pregnancy of a baby's health or developmental problems; becoming a parent at a young age and in the context of social disadvantage; or some combination of these concerns. In contrast to some couple-/independence-oriented parents who faced similar circumstances but did not solicit extra support, these

parents anticipated especially challenging early parenting experiences and sought out support accordingly.

Single parents and parents of 'multiples' (e.g., twins) often have a greater need for support in early parenthood relative to partnered parents and parents of 'singletons' (Harvey et al. 2014). The accounts of single parents Robert and Caitlyn indicated that they, too, saw themselves as needing additional support, as did most parents of twins. In Caitlyn's words, without the support of her mother, with whom she lived, she would have been 'in the foetal position.' Marie, a partnered mother of twins, described being contacted by a multiple births support group while pregnant and being strongly encouraged to accept all help offered in early parenthood. Although Marie's 'natural inclination' was to be self-sufficient, she describes overcoming when support was offered this by telling herself, 'this isn't for you, this is for other little people who really need you to be functioning and coping.'

Narratives from Helen and Robert reveal how the withholding of family support can push new parents to identify alternative sources of assistance. Both interviewees' parents, respectively, refused to provide them with any support in early parenthood because of objections to their sexuality. This was difficult for Helen and Robert to accept, both emotionally and practically. As explored in Chapter 5, Helen and her same-sex partner experienced rejection from three of their four parents. In Helen's words, the couple therefore went into parenthood 'without really any extended family having any involvement in the sense of actually providing any help.'

One couple, Rory and Sharon, became parents for the first time at age 17 and 18, respectively. In Rory's words, the pregnancy 'changed everything' for them, both partners having grown up in socially disadvantaged environments. Although they describe viewing Sharon's pregnancy as an opportunity for a new start, their narratives indicate that neither of them could rely on their parents for support. While Rory had some help from his siblings, evident in both his and Sharon's accounts was a strong orientation towards and appreciation of formal support services.

A few network-/interdependence-oriented parents indicated they had a pre-existing awareness of the challenges of caring for a baby without

wider social supports, some through direct experiential knowledge and others through exposure to realistic accounts from others. Nina's views and expectations of early parenthood were informed by personal experience of supporting several friends through this period, while Sylvia, a migrant from Europe, had been told by friends that early parenthood was 'challenging' even with family support, so described having expected it to be additionally difficult given her lack of family in Australia.

Parents who were network-/interdependence-oriented anticipated the need for extended social support for a variety of cultural, circumstantial, and experiential reasons. Regardless of their expectations, their experiences of that support varied just as greatly, as did their emotional responses.

Emotional Experiences: Network-/Interdependence-Oriented Parents

Receiving desired support in the early postnatal period mostly led to positive emotional experiences, interviewees narrating such support as 'wonderful' or 'a blessing.' For both Delia and Mary (who was from Nigeria), feeling well-supported during the perinatal period for their older children born overseas had seemed even to ameliorate labour pain. Mary recounts having her first child while away from home, but with her mother, mother-in-law, and husband present, and says, 'I felt supported so it was a good experience and throughout the pregnancy as well I didn't have any issues so I enjoyed that [laughs] and loved it even though I had a 24-hour labour [laughs] but it was–yeah, it was good.'

For some new parents, support came from outside of the family. Though her husband reportedly questioned how much time she spent helping other new mothers, Lucy defends her actions, saying, 'it fills my cup.' As an interstate migrant and having experienced antenatal depression herself, she describes helping build a mutually supportive local community as rewarding. For Mary, Lucy, Delia, and others, social support did not necessarily reduce the challenges of early parenthood, but

strengthened their ability to surmount those challenges, underpinning emotional and mental well-being.

By contrast, intermittent experiences of desired support seemed to exacerbate negative emotional experiences. According to several interviewees, having previously encountered good support, later experiences of unmet needs as a result of changed circumstances were a disappointment. The experience of Eithne, an Australian woman who married a Swedish man and gave birth to their first two children in Sweden, well illustrates this phenomenon.

> I … didn't have any other family overseas with me, other than my husband and his family. But it's not the same. You … don't have that connection. … I was really lucky because one of my girlfriends over there, she'd fallen pregnant roughly a month after I did. So, we were both on maternity leave together and it was just so much fun. We lived in the same town, so we hung out every day. … And then we found out again that both of us were pregnant within a month of each other, so with our second child, and that was also really exciting.

However, Eithne's expectations for mutual support with her friend following the births of their second children were unfulfilled. She comments that the postnatal depression she experienced following the birth of her second child was exacerbated when her friend moved away. '[T]hat was my support network and I just felt like I was flailing, because I had no-one. I couldn't talk to my husband's parents. Even though they lived close by, … it's not the same as being able to talk to a friend.' The distinction Eithne draws between her husband's family and her own friends in relation to their capacity to provide emotional support is in line with theories of social support noted earlier that emphasise the importance of the relational component (Lakey and Orehek 2011). Social support is most effective when provided in the context of close, positive relationships. Eithne's experience also highlights the fragility of social networks established in new locations and later in life (see Barkin et al. 2014).

Many network-/interdependence-oriented parents were unable to access wider support reliably or continuously, despite their desire to

do so. Their emotional responses to the divergence of their experiences from their expectations of and hopes for social support varied. Most anticipated that, for various reasons, they would lack support from their families and social networks, and this expectation seemed to temper the negative emotional impacts of the experience of limited support. After moving interstate with her husband for his job, Vivienne gave birth to premature twins. Although she had no social network locally, she reflects that knowing in advance that their babies would be born prematurely—due to developmental problems diagnosed *in utero* with one twin—meant that they could put some 'survival mechanisms' in place. Her experience was very difficult nonetheless, but had it been unexpected, it would have been a 'much bigger shock.'

When wider support networks were lacking in early parenthood, partners' capacity to support one another assumed greater importance. Implementing a shared approach can be challenging, as is widely documented in the literature (Fox 2009; Sévon 2012). Dominant cultural norms drive the assignment to mothers of primary responsibility for child-rearing and are reinforced by structural factors, such as significantly longer parental leave for primary carers, and variable access to childcare according to socio-economic status, occupation, and location. However, some couples made significant efforts to support one another. Nadir, for example, taught himself to cook, taking this task over from his wife when she began suffering from Nausea and Vomiting in Pregnancy (NVP). After the early postnatal period passed, he also negotiated part-time work to enable his wife to work full-time and build her career, and to allow him to take a greater role in caring for their child. By Nadir's own admission, these initiatives represented a significant departure from gender norms in their home country, India. His account contrasts with that of Priya, a recent migrant from Sri Lanka. Priya portrayed her postgraduate student husband as under significant pressure from his supervisor and, thus, unable to provide either instrumental or emotional support to her or their baby. As her husband was her 'only friend' and early parenthood proved challenging, his unavailability was distressing. Both examples underline the advantageousness for new parents lacking wider networks of the secondary carer being able to take flexible leave to actively participate in domestic life during the early postnatal period.

Finally, as Marie experienced, circumstances compelled some new parents to accept help, but only reluctantly. They comment that, had their situations been different, they would have preferred greater independence from family members or other supports. Rosemary's relationship with her partner broke down suddenly and unexpectedly soon after their baby's birth. She explains that, coming from an Italian background, there was no question her parents would not welcome her and her baby back into the family home. Their support was invaluable, but Rosemary narrates a protracted struggle to make sense of what had happened to her relationship and to see herself and her baby as 'a family.' As discussed in Chapter 7, Esther, who had her first baby in her home country of Iran, found her family's attention and involvement in the early postnatal period oppressive (see Chapter 7).

Influences on Expectations: Couple-/Independence-Oriented Parents

While some new parents came to rely heavily on the couple relationship for support in the early postnatal months despite a desire to lean on a wider social circle, others entered into parenthood believing that their partners or even just they themselves would be support enough. Upon finding early parenthood difficult, couple-/independence-oriented parents—approximately one-third of the narratives we analysed—struggled to recognise their need for help, or were reluctant to ask for assistance. Experiences of emotional distress were more common among these interviewees, with the majority, including one father, disclosing experiences of PND. We do not suggest that a couple-/independence orientation causes PND or emotional distress; as elaborated in Chapter 8, many mothers who experienced PND narrate it as a complex relational experience, with actual or perceived lack of social support constituting only one of its many dimensions. However, given the consistent research finding that lack of social support can contribute to PND and social withdrawal can be a consequence (Beck 2002), it is unsurprising that our analysis identified an association between the expectation that wider

support would not be needed in early parenthood on the one hand and emotional distress and difficulty asking for help on the other.

Several factors seem to influence couple-/independence-oriented parents' apparent expectation that they would not require support beyond the couple relationship during the early postnatal period. These factors, elaborated below, include: lack of pre-existing knowledge about parenthood; coming from a middle-class, 'Anglo,' or European background; and influential parenting philosophies and popular cultural notions of parenthood. These categories are not mutually exclusive, but overlap and intersect for many parents.

Many couple-/independence-oriented parents recount entering parenthood with 'no idea' of what it was 'really like.' In the absence of experience of or exposure to babies, some interviewees obtained information about early parenthood from the media, formal education programmes, or from other parents. Other interviewees recalled having assumed early parenting would come 'naturally' to them Kathleen, for example, felt that she and her partner had 'no preparation' for caring for their baby. She describes feeling 'angry' about her hospital antenatal classes reportedly having focused on labour and birth rather than early parenting. On the other hand, as discussed in Chapter 6, information about early parenthood, especially concerning experiential knowledge, does not circulate easily among or between expecting and new parents, whether because of a desire not to hear or know, or a reluctance to disclose. The 'brick wall' theory (Wiener 2002 cited in Spiteri et al. 2014) holds that pregnant women are preoccupied with childbirth and unreceptive to information about the early postnatal period. Although this explanation has been discredited in subsequent research in relation to antenatal education, it resonates with some mothers' narratives, including Leah's: 'I think because I believed that if you get [the birth] right then the rest of it sort of flows.' Isobelle offers a different perspective on expectant parents' disinterest in information about early parenthood: 'When you're pregnant you only hear the fantasy side, the good side. You don't want to hear about the reality of it, or if you do hear it you think, "That won't happen to me…"' This view speaks to both the romanticisation of parenthood and to the tendency to discredit

the relevance of personal experience to other people that Ketler (2000) argues is part of the medicalisation and individualisation of maternity.

Other couple-/independence-oriented parents observed that acquiring accurate information about early parenthood was complicated by the reported tendency of those who already have children not to share their experiences openly, something they noticed in themselves also once they became parents. Speculating on this reticence, interviewees offer several explanations. Some suggest the belief that pregnancy should be a joyous event can make parents reluctant to share challenging early parenting experiences for fear of disrupting expectant parents' happiness. Others attribute the withholding of information to the inclination of parents with older children to 'forget,' whether intentionally or unconsciously, the detail or difficulty of their own early parenthood experiences. Both these hypotheses align with the idea that romanticised images of parenting influence parents' perceptions of what can and cannot be articulated about becoming a parent. Other parents point to the fear that one is alone in finding early parenthood difficult, leading to feelings of shame at not 'coping,' as a reason for withholding honest accounts. This view aligns with Maushart's concept of the 'mask of motherhood' (2000), according to which women's failure to share openly about their experiences of early motherhood contributes to a self-perpetuating cycle of shock and disappointment, feelings of failure, fear of disclosing difficulties, and further unrealistic expectations. Still, others advance the view, again echoing Ketler (2000), that everyone's experience is unique as a reason for hesitating to disclose more challenging experiences.

Our analysis suggests that these silences and evidence of a desire to 'not know' are compounded by cultural norms prevalent among Australians of particular ethno-cultural and socio-economic backgrounds. Couple-/independence-oriented parents were demographically more homogenous than network-/interdependence-oriented parents. All were partnered, of Anglo- or European-Australian origin, and held or were partnered with those in professional occupations; all but one identified as heterosexual. These demographic markers have independent, as well as interlocking significance. As noted earlier, in Australia and societies with similar demographic, economic, and cultural features,

such as the UK or USA, couple relationships and nuclear families are seen as the main site for emotional support for partners, parents, and children (McPherson et al. 2006), particularly among middle-class families (Hansen 2005). While some support may be sought in the early postnatal period from extended family members, particularly mothers and mothers-in-law, this is not culturally elaborated to the extent it is in other cultural contexts (Stern and Kruckman 1983).

Higher education and professional work experience also seemed to contribute to these parents' expectation that they could be self-sufficient. As Leah comments: 'I think my generation have been raised to be independent and, it's reinforced in the workforce because those masculine qualities, like not saying they are exclusive to men, but those sort of qualities that further your career in the corporate world, in my experience don't work in parenthood. And they're the qualities that are most reinforced by our society.' The reality of new parenthood challenged these white, middle-class parents' assumptions that they alone or together with their partner could comfortably accommodate the responsibility of caring for a baby. Georgina, for example, 'underestimated the importance of a support network when you have a child. … [M]y husband and I both underestimated how much sort of help and support that we would need, like physically and emotionally.'

Further evidence of the influence of these norms of self-sufficiency on couple-/independence-oriented interviewees is found in the tendency of some to downplay challenging circumstances experienced on the journey to parenthood. A few interviewees and their partners lived far from their families or in isolated locations, Alexander and his wife were expecting twins following pregnancy via *in vitro* fertilisation (IVF), and Adrian and his partner had significant difficulties becoming pregnant, undergoing several miscarriages. As noted, parents of twins confront additional challenges in early parenthood. Difficulties conceiving, IVF, and miscarriage are all recognised as potentially having an adverse impact on emotional and physical well-being. Yet, unlike those among the network-/interdependence-oriented parents who faced similar challenges, none of these participants seemed to have considered that these life circumstances might necessitate support from extended social networks in early parenthood.

Finally, our analysis suggests that intensive or attachment parenting philosophies and beliefs in parenting as a private responsibility influence

couple-/independence-oriented parents' thoughts and actions in relation to the need for support beyond the nuclear family. For some interviewees, so-called good mothering meant being child-centred. This, in turn, led to mothers' priorities shifting from themselves and relationships outside the immediate family to their children. Influenced by her own mother's parenting, Sophie said she had expected that once she had a child, 'my whole focus was going to be this person, and I'd largely forget about my own personal needs.' Not until she had an unexpected premature birth with her third child and struggled to cope with the associated distress she experienced did Sophie reflect on the disadvantages of her approach. When asked about support from friends while her son was in intensive care, Sophie explains that, 'I think that I've made the mistake with my girlfriends, once I've had children, [to] just completely focus on my children and I've let a lot of my friendships just go.'

An ideal of parenting as a private responsibility informed some couple-/independence-oriented parents' expectations about social support, as illustrated by Hannah's recollection of a conversation with her mother about why she did not tell her about her (self-identified) PND. As she explains: 'it wasn't [mum's] choice for me to have children, it was my choice to have children and as an older mother, 'cause … I think I was 33 when I had him. I haven't made that decision lightly, you know. I had 10 months of trying for a child, it wasn't just an accident that happened. So, I didn't expect them to come to my aid for everything.' Hannah had a difficult birth, a baby with silent reflux who was very unsettled, and little support from her husband or parents. Nonetheless, she did not ask for much help, in part because she thought having 'chosen' to become a mother, the associated responsibilities were primarily hers to bear.

Emotional Experiences: Couple-/Independence-Oriented Parents

Most couple-/independence-oriented parents found the early postnatal period more challenging than anticipated. Not having expected to need wider support, many recounted feeling either that their partner was not sufficiently available, that they had not adequately supported their

partner (as in Alexander's case), or that early parenthood had been difficult for them as a couple. However, these parents either thought that what they were experiencing was typical and that they had been unprepared, or that their difficulties 'coping' reflected their own inadequacies. Consequently, many were reluctant to ask for support, though in time most learned to do this, often also relaxing their parenting standards and ideals. They described experiencing a range of emotions, discussed below, in response to finding they needed more social support than they had expected.

Some couple-/independence-oriented parents recounted feeling confusion, uncertainty, and frustration when new parenthood proved more challenging than anticipated. Looking back, they identified their lack of a realistic understanding of the likely demands of a new baby and one's own possible emotional fluctuations as contributing to this confusion. Hannah's experience is again illustrative. In addition to seeing parenthood as her responsibility, Hannah's lack of knowledge about early parenthood and inexperience with babies meant she had no way of gauging the relative challenges of her situation. She describes frustration at how difficult it was to coax their baby to sleep and getting 'angrier and angrier' over the loss of control over her time since her baby's birth. No longer able to cope, Hannah contacted her mother for assistance when her son was six weeks old. When asked why she had not sought help sooner, Hannah told her mother that she had thought what she was experiencing was 'normal.'

Other couple-/independence-oriented mothers blame themselves for 'not coping' and feel shame at their seeming inability to perform a role that they thought should 'come naturally.' Most were accustomed to feeling capable in the workplace, and the struggle to adapt to motherhood threatened their sense of self as a competent person. Isobelle, who experienced PND, describes the resultant emotions: 'I wasn't very happy for someone to say, "You have postnatal depression," because it felt like a personal failing, and coming from a high-achieving background, doing well at school, doing well at uni, getting a good job and then all of a sudden you fall in a heap and you have to say, "Actually, I'm not coping".' Isobelle was inclined to blame herself despite the fact that she, like Hannah, experienced significant medical and personal challenges

during pregnancy and early parenthood. Both accounts illuminate how a lack of understanding or experience of early parenthood led to an inability to contextualise experiences, self-blame, shame, and reluctance to disclose difficulties.

For other couple-/independence-oriented parents, ambivalence about seeking help, irrespective of their need for it or its ready availability, reflected different concerns. Amelia explains:

> I had all the help I could ask for around me, my mum was here every day, I had my parents-in-law staying with me asking me all the time, 'What can we do?', and I would just reject any offers of help. I would say, 'No, no, I can do this myself' …. And what it came down to, is to me my loss of my identity as a working woman, someone who even though is in a relationship is also quite independent, both from a financial point of view and also from decision-making and so on, because everything was kind of imploding on me.

So profound was her rejection of an interdependent model of early parenting that, rather than asking for or even accept help freely offered, Amelia became acutely unwell with PND. Only after her hospitalisation for PND did she yield to the need for support.

Conclusion

The postpartum practices that supported new mothers in the first weeks of parenthood that were observed in Australian, European, and North American societies until the early 1900s have gradually broken down over the last century, following a constellation of social and cultural changes that have also transformed family life. Migrants from countries where postpartum support is still provided have brought new practices to Australia, but new parents of Anglo-European heritage or migrant parents from other backgrounds who lack family networks are unlikely to experience significant family support in early parenthood. Accompanying the disappearance of lying-in and confinement practices has been a waning of the belief that new parents need support in

the early postnatal period, in spite of a large body of literature on the importance of social support for prevention of postnatal depression (Beck 2002). In this chapter, we explored how a diverse group of new parents living in Australia thought and felt about postnatal social support given this larger context. We investigated their expectations, the source of their expectations, and the emotional experiences in response to the support they did or did not receive.

Our analysis suggests that parents' emotional experiences in relation to social support in the early postnatal period are inextricably linked to their expectations. For network-/interdependence-oriented parents, an alignment between expectations of and received support appears to lead to positive emotional experiences and improve new parents' ability to pass through this challenging life stage. Those who received family or social network support unsurprisingly reported the most positive emotional responses. Even those who desired support and believed it to be important, but were prepared not to receive it given their circumstances, seemed to cope better than parents who had received good social support for prior babies, but not for subsequent children. Actual experiences of support mattered as well, of course. Sharing responsibility for one's baby with one's partner or another person was beneficial for parents who desired, but lacked wider support. In the absence of a supportive partner, relative, or friend, they struggled.

This latter finding underlines the deep challenge of sole parenting in the early postnatal period and finds resonance in couple-/independence-oriented parents' experiences. Simply holding the expectation that one could effectively do it alone, even within a couple relationship, or believing that the couple relationship would provide sufficient support seemed to predispose parents to distress upon finding early parenting more challenging than expected. The emotional effects of not anticipating the need for help included feelings of being overwhelmed, unsupported, angry, frustrated, anxious, and hopeless. Interviewees felt self-doubt, shame, and a sense of failure at not being able to fulfil the parent role.

These findings both echo and extend the limited literature in this area (Negron et al. 2013; Miller et al. 2012). They broaden the focus of earlier work to look at the significance of expectations of social support

and emotional responses to experiences of support to new parents in general, beyond focusing on those at risk of or experiencing PND. They also alert us to the myriad influences on expectations of postnatal social support in so-called super-diverse societies such as Australia, including cultural background, migrant status, socio-economic background, age, and family arrangements. Importantly, these aspects of social location also seemed to shape how parents thought about and responded to child-centric, intensive parenting approaches or idealised images of motherhood. Our analysis suggests that middle-class, couple-/independence-oriented parents whose families resemble the supposed Anglo-Australian nuclear family ideal may be vulnerable to experiencing emotional distress if they embrace unrealistic expectations of early parenthood. Not only may these parents not expect to need wider support, but also they may have no framework to contextualise their experiences if they find early parenthood challenging, be more influenced by intensive parenting discourses, and feel uncomfortable asking for help. We do not suggest that family involvement in the lives of new parents is always positive and unproblematic, but from our interviews it appears that most found such support beneficial at this critical life-cycle moment.

Second, our findings indicate that in the absence of wider support networks in the early postnatal period, the role of a partner or another trusted individual was particularly crucial for parents who were struggling. Couples' willingness to take a joint approach to caring for their baby can make a significant positive difference. However, mechanisms have to be in place to make this possible, such as paternity leave and employer flexibility or the ability of other family members to provide help in the case of single parents. Also important was the primary parent's willingness to seek or accept support, whether from their partner or another person.

Another conclusion to be drawn from our analysis is that women's role in caring for babies and young children remains foundational. Although fathers in heterosexual relationships have in recent decades become more involved with their partners and babies in the perinatal period, in most families female relatives and friends are the primary source of any additional care and support available. In this sense,

current postpartum social support demonstrates continuity with practices of earlier times. As is evident from our findings, the postpartum period remains primarily the domain of women.

Our findings suggest a need for change in some aspects of perinatal health care, including for health professionals to consider providing more tailored individual care, support, and education to expectant parents that includes questions about expectations of social support in early parenthood. We concur with Miller et al. (2012), who suggest that the Postpartum Social Support Questionnaire to be adapted for use in pregnancy to discern expectations of postnatal social support for women thought to be at risk for PND. This would be an important first step; however, as our findings demonstrate, there is a clear need for maternal health care providers to engage in discussions with all pregnant women and their partners about their expectations of social support, not just those deemed to be at risk of postnatal distress. We further suggest this be done not simply via a questionnaire, but through conversations that encourage expectant parents to reflect on this critical issue and enable health care providers to link them to appropriate sources of support.

Finally, the qualitative literature on expectations of postnatal social support is scant, reflective perhaps of the loss of the cultural concept of the early postnatal period as a time of transition and vulnerability for new parents, new mothers in particular. However, the research on the importance of social support to emotional well-being at this time is unambiguous. This finding calls for more attention to and understanding of subjective experiences of and reflections about social support, to build sociological knowledge of this phenomenon, and to facilitate health and social care providers to better understand and respond to expectant and new parents' social support desires and needs. Our work contributes to this need, tracing a series of links back from emotional responses to and experiences of postnatal social support, to expectations of support, to the array of factors influencing those expectations. A promising avenue for future research would be the exploration of this topic in the light of larger debates about the role of social networks and informal care in rapidly evolving, super-diverse societies such as our own.

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