

Online Boundary Work in Stigmatized Groups: The Case of Support Groups for Israeli Childless Women

DAPHNA YESHUA-KATZ
Ben-Gurion University of the Negev, Israel

Drawing from stigma, boundary work, and computer-mediated communication theories, this study examines online boundary work in stigmatized communities. It considers the efforts of group members to distinguish their group from people who are not considered group members. This study compared two online support groups—one for Israeli women who are voluntarily childless and another for Israeli women with fertility issues. In-depth interviews with group members were used to examine the ways members of the two groups maintained group boundaries when interacting with out-group members. Results indicate that the type of stigma, the media infrastructure, and the social context played an important role in online boundary work of each online group. The findings suggest that, unlike in face-to-face support groups with defined physical boundaries, online communication among stigmatized people creates challenges to group identity and stigma management.

Keywords: childlessness, group identity, infertility, media affordances, online boundary work, online communities, stigma

The anonymity of communication in online support forums affords safety for stigmatized individuals. Prior studies of stigmatized groups or individuals in online forums treat these forums as a place where marginalized people can escape offline stigma, mostly ignoring the ways in which group members maintain group boundaries in these online public spaces. This study focuses on online boundary work in stigmatized online communities, investigating how members of online groups erect boundaries while interacting with out-group members and maintaining forum etiquette with group members.

Drawing from literature on stigma (Goffman, 1963), computer-mediated communication (CMC) (Baym, 1995; Baym & boyd, 2012; Rubenstein, 2015a, 2015b; Walther & Boyd, 2002; Walther, Pingree, Hawkins, & Buller, 2005), and boundary work (Gieryn, 1983, 1999; Honeycutt, 2005), this study examines how childless Israeli women maintain group boundaries in online communities. Israeli culture is distinctly pronatalist (the practice of encouraging the bearing of children), with a strong family orientation in which motherhood is socially mandated and a married childless woman is regarded as unlucky, or even deviant (Berkovitch, 1997; Birenbaum-Carmeli, 2004; Donat, 2011; Remennick, 2006; Teman, 2003). Childbearing is highly valued in Israeli society, while childlessness is exceptionally stigmatized and carries negative social consequences. To examine how stigmatized groups maintain boundaries in online

Daphna Yeshua-Katz: yeshuad@bgu.ac.il

Date submitted: 2016-02-28

Copyright © 2016 (Daphna Yeshua-Katz). Licensed under the Creative Commons Attribution Non-commercial No Derivatives (by-nc-nd). Available at <http://ijoc.org>.

communities, this study compared two online groups—one for Israeli women who were voluntarily childless and another for Israeli women with fertility issues.

Boundaries, though often not clearly defined, are nonetheless important to groups, as they aid group members in defining and defending their group's existence. Often, groups are unaware of what beliefs or values construct their boundaries; the boundaries remain implicit, and it is not until they are trespassed that in-group members actively articulate and defend them (Honeycutt, 2005). Inquiry into online boundary work informs us about the ways in which media infrastructures (open access and anonymity in support forums) and external contexts (deviation from local pronatalist norms) shape stigmatized online communities' identities, norms, and communication.

Online Communities and Stigma

Goffman (1963) identified stigma as the situation of the individual who is disqualified from full social acceptance. Stigma is a mark separating individuals from one another, based on a socially conferred judgment that some persons or groups are tainted or "less than fully human" (Pescosolido, 2013, p. 4). Stigmatized individuals seek to be perceived as normal, but they are instead perceived as weak and inferior. Stigma spoils their social identity, and they become discredited persons facing an unaccepting world. Those who are perceived as "the normals," Goffman contended, view stigmatized persons as not quite human (1963, p. 5). Working from this assumption, "the normals" exercise a variety of discriminatory behaviors that may indirectly cause problems in the lives of stigmatized individuals.

To reduce stigma and avoid discriminatory behavior, a stigmatized person is therefore likely to devise a number of coping methods. One such method is to seek sympathetic others or those who share the stigma (Goffman, 1963). Those who share a particular stigma and who know from personal experiences what it is like to have it can provide each other with tools relevant to their shared condition in the form of "tricks of the trade" and provide a "circle of lament to which they can withdraw for moral support and acceptance" (Goffman, 1963, p. 20). These social networks can be formed or facilitated through online communities that provide a sense of space, shared practice, shared resources and support, shared identities, and interpersonal relationships (Baym, 2015). Members invite fellow sufferers to escape their isolation in the physical world and offer them support from similar others. For individuals with stigmatized conditions, online communities have become, not only a resource for health information, but also a source of emotional support and community building (Chung, 2014; Rubenstein, 2015a, 2015b; Yeshua-Katz & Martins, 2012).

Online communities not only provide support but also reconfigure the nature of interaction among stigmatized individuals. Baym (1995) suggested that online communities should be understood as emergent, taking shape as people unpredictably appropriate elements of different influences. These influences are preexisting structures, including external contexts, temporal structure, system (media) infrastructure, group purposes, and participants' characteristics (Baym, 1995).

In the case of online communities for stigmatized individuals, two of the influences Baym (1995) highlighted, media infrastructures and external contexts, are essential for understanding boundary work in

stigmatized online communities. The visibility of stigmatized groups both encourages people who share the same stigma to join the group and allows social change by exposing the wider audience to alternative values and norms. This openness allows for potentially unwelcome participants to enter the forum. To understand how people manage stigma by forming a collective identity in online communities, it is important to examine their responses to users and content who do not fit the group's identity.

Online Boundary Work

Online communities sustain themselves and grow by adding new members with regularity. Outsiders can dismantle a community by failing to adhere to established norms or by challenging community's existence (Boero & Pascoe, 2012; Honeycutt, 2005; Yeshua-Katz, 2015). As online communities rely on self-regulation for survival (Honeycutt, 2005), members must collectively agree to preserve cooperation and association by monitoring their own behavior and punishing those who deviate from the established norms. Boundaries that define a group are formed to maintain group norms.

Online boundary work is defined as the discursive efforts group members generate to distinguish their group from people who are not considered group members (Gieryn, 1983, 1999). The specific purpose is to draw a rhetorical boundary between "authentic" group members and those who do not belong. Online boundary work has been identified in online news groups (Tepper, 1997), virtual coffeehouses (Connery, 1997), and television series fan sites (Honeycutt, 2005). Online boundary work has been also identified in pro-ana communities, online communities that disseminate information about eating disorders, primarily anorexia nervosa, and provide girls and women with a forum to discuss and share information about eating disorders (Dias, 2003). In pro-ana communities, boundary work takes place through the struggle with authenticity. The terms *wannabes* and *wannarexics* are used to refer to people who are just searching for diet tips or otherwise perceived as not fulfilling the attributions of an adequate pro-ana membership (Boero & Pascoe, 2012; Yeshua-Katz, 2015). For the pro-ana community, the wannabes are a problem because they blur the distinction between anorexia as a state of purity and anorexia as a medical condition (Giles, 2006). Thus, the pro-ana erect boundaries and distinguish themselves from the perceived out-group of wannarexics in order to defend their in-group community and to resist false stigmatization (Boero & Pascoe, 2012; Yeshua-Katz, 2015).

In the case of online communities of stigmatized individuals, the open access to the community and the public nature of interaction make it impossible to monopolize a forum or block users from entering it (Weber, 2011). Therefore, in the case of stigmatized online communities, the free access to these groups, the members' anonymity, and their stigma influence the nature of boundary work exercised by group members.

The Stigma of Childlessness

Women without children are cast as the "other" in societies that prioritize children and privilege motherhood (Letherby, 2002). Dominant cultural ideologies affect the experiences of women who do or do not have children and the perceptions of those who remain childless, whether by choice or not. Although some strands of feminism have provided space to consider the complexity of, and ambivalence toward,

the institution and experience of motherhood, in certain cultures or contexts traditional stereotypes around childless women endure. Thus, individuals who are involuntarily or voluntarily childless continue to suffer stigmatization (Letherby, 2002). To be childless in a pronatalist society is a deviation from the norm, with concomitant sanctions.

The intensity of stigma associated with being childless may vary when the childlessness is due to infertility as opposed to one's own volition. In turn, the different levels of stigma may lead to different needs and uses of online forums. In broad terms that are not tied to any specific culture, the "infertile" and "involuntarily" childless are viewed as desperate and unfulfilled (Letherby, 2002). The anguish associated with infertility appears to lie in a perceived inability to proceed according to norms that are both reinforced by others and internalized as valid by those who find themselves unable to procreate (Greil, 1991). In contrast, voluntarily childless women are perceived as deviant, not only in the fact that they do not have children but also because they do not want children (Veevers, 1980). The voluntarily childless are viewed as selfish and are treated as aberrant, immature, and unfeminine (Donat, 2011; Gillespie, 2000; Letherby, 2002). Still, there is evidence that the experiences of both voluntarily and involuntarily childless women are complex. Childlessness is, for some, a key component of self-identity and yet for others it is a fluid and variable condition integrated with other aspects of identity (Letherby, 2002).

The Israeli Case

Israel is a family-oriented and strongly pronatalist society to the extent that motherhood is practically mandatory and a childless married woman is regarded as unlucky and deviant (Portugese, 1998). While in most Western countries motherhood may be a fundamental part of feminine identity (Abbey, 2000; Becker, 1997), in Israel, motherhood is considered essential, not only to feminine identity, but also to a woman's civic function (Berkovitch, 1997). The Israeli social impulse toward reproduction is rooted in a variety of factors, including the biblical directive of Jewish tradition "to be fruitful and multiply" and the needs of a people in a permanent state of war (Yuval-Davis, Anthias, & Campling, 1989). The religious emphasis on procreation, accompanied by the fear of being outnumbered by non-Jews on contested Israeli soil, has served to promote one of the most aggressive and proactive regimes of assisted reproductive technology in the world.

Reproduction is celebrated as the Jewish-Israeli woman's national mission, a notion that has been explored both as a product of social pressure and of explicit encouragement by the Israeli government (Teman, 2003). The state's encouragement is symbolically embodied in laws and regulations relating both to abortion and new reproductive technologies. The cultural reproductive imperative is so strong that Israeli legislation actively encourages Israeli women to pursue technologically assisted reproduction. In contrast to the United States, for example, where IVF is privatized and comes at an extremely high expense for those pursuing it, in Israel such procedures are funded by the state (Teman, 2003). Israel's subsidized medical services include HMO-funded fertility treatments for women up to age 45 until they have two children. Egg donation treatments are funded until the age of 54. One consequence of this policy is women's ability to undergo a large number of IVF cycles, sometimes 20 or more (Birenbaum-Carmeli, 2004).

The strong cultural reproductive imperative in Israel has also led to greater access to reproductive medicine. Local public and health care policy are financially supportive of infertile people. The National Insurance Law ensures full funding of artificial insemination for both married and unmarried Israeli women for up to two live births (Teman, 2003). Israel has more fertility clinics per capita than any other country in the world (Remennick, 2006; Teman, 2003) and the number of fertility treatment cycles administered in Israel is the highest in the world, at 1,657 IVF cycles per 1 million people per year, compared to 829 in the Netherlands, 639 in Norway, and 126 in the United States (Collins, 2002).

From a macro-level perspective of the Israeli case, three establishments—the government, the medical profession, and religious authorities—have worked together throughout the history of the modern state of Israel to promote reproductive technologies. As a result of the strong pronatalist culture fused with proactive government policy controlling reproduction, Israeli women who do not become mothers—whether by choice or not—end up widely and deeply stigmatized.

Fearing devaluation and rejection, childless Israeli women may try to find a circle of similarly situated people to which to belong (Goffman, 1963) and use online support forums to communicate about their experiences. It was reasonable to expect that the presence of the online forum for voluntarily childless in particular would be perceived as controversial in the Israeli pronatalist society. As a result, people who are not voluntarily childless may challenge the forum boundaries. To sustain the group, members must define group boundaries and remove outsiders who threaten the authority of the group members. This study, therefore, focused on online boundary work by asking about the ways in which members of stigmatized online groups maintained group boundaries when interacting with out-group members.

Method

To investigate how childless Israeli women maintained group boundaries in online communities, this study used data from in-depth interviews with members of two online groups active on Tapuz, an Israeli Web portal known for its online forums. The two online forums were the only accessible and active online communities for childless women during the start of the data collection period. The first is the Israeli fertility support forum, Fertility Forum, which was established in 2001 and is managed by administrators who themselves have undergone fertility treatment.¹ Fertility Forum was voted “the most supportive forum” on the Tapuz platform in 2012. This forum represents an online Israeli community of members who are actively coping with frustrations in their efforts to reproduce. The second forum, Choosing Childfree Life, was originally established in 2004 by two women who identified a void in Israeli society for conversations among women who were not interested in becoming mothers (Donat, 2011).² This forum represents an online Israeli community of members who are actively coping with the social ramifications of their choices not to reproduce. Throughout the article, the first group will be referred to as

¹ <http://www.tapuz.co.il/forums2008/forumpage.aspx?forumid=180>

² <http://www.tapuz.co.il/forums2008/forumpage.aspx?forumid=1105>

the *fertility forum* and the latter as *voluntarily childless*. Comparing these two groups helps capture the stigma of childlessness as experienced by users from two distinct vantage points, namely, those of the involuntarily childless and the voluntarily childless.

The researcher told the participants of each group that she was comparing the two groups. It was interesting that the voluntarily childless group members knew about the existence of the fertility support forum and were supportive of their struggle with infertility. Most of members of the fertility group, on the other hand, were not aware of the existence of the childfree group and expressed surprise that such a group existed.

After receiving institutional review board approval to conduct the study, the researcher recruited interviewees in two stages. First, the researcher contacted the forum administrators (hereafter called *admins*, which is the term used in online forums) through the direct messaging function in the forums and inviting them to participate in an interview. After completing the interviews with the forum admins, the researcher requested their permission to post invitations for the study in the forum. The invitation disclosed the goal of studying childlessness and invited participants to volunteer for offline participation. The admins also assisted in the recruitment process by recommending participation in the study to the forum members.

Data Collection

Interviews with members of both online forums were conducted in Israel between June and August 2014 in three ways: face-to-face, phone, and Skype. All face-to-face interviews took place at a location of the participants' choice, which ended up being in their homes or in cafes. Interviews were conducted in Hebrew and lasted between 40 minutes and two hours. Interview questions explored online boundary work. To ensure confidentiality, the researcher assigned participants pseudonyms. See Table 1 for information about the participants. Audio recordings of the interviews were destroyed after they were transcribed. The in-depth interviews were informed by existing research. Each semi-structured interview schedule included four sections of questions, one of which addressed online boundary work. Online boundary work was examined by asking participants about their experiences in the online forums.

Results

Fertility group members did not experience as many disruptions by outsiders and commercial entities as did members of the voluntarily childless group. The online admins of the two groups took different approaches to maintain group boundaries. There were two ways to deal with disruptions in the online forums: do nothing about them or respond to them. Fertility forum admins chose a protective approach and filtered messages before they were published. Admins of the voluntarily childless group, in contrast, decided to leave the group boundaries technically open to outsiders.

Table 1. Participant Information.

Name	Age	Status	Occupation	Years in Treatment	Membership in Forum
<i>Fertility forum</i>					
Adina	32	Married +1	PhD student	4	3 years
Ahuva	37	Married	Education programs coordinator	9	9 years
Aliza	39	Single	Environmental consultant	1	1 year
Anat	35	Married +2	High-tech	3	9 years
Ariella	48	Cohabiting	Editor	1	6 years
Atara	43	Married +2	Manager in local municipality	12	12 years
Avigail	31	Married	Marketing	3	3 years
Avital	35	Married +1	Academia	3	3 years
Aviva	39	Married +1	Road engineer	2	2 years
Ayala	33	Married	NGO project manager	1	1 years
Ayelt	30	Married	High-tech	2	2 years
Avishag	30	Married	NGO fundraiser	1	9 months
<i>Voluntarily childless forum</i>					
Bat-Sheva	39	Cohabiting	Electronic engineer		10 years
Batya	31	Married	High-tech		10 years
Bella	31	Married	MA student		3 years
Bina	29	Married	Artist		3 years
Bracha	32	Married	Social worker		5 years
Chana	32	Cohabiting	MA student		5 years
Chava	32	Single	MA student		4 years
Carmel	36	Married	Marketing		8 years
Chagit	42	Single	High-tech		10 years
Chaviva	42	Cohabiting	Environmental consultant		9 years
Chaya	34	Married	Computer programmer		10 years
Devorah	38	Single	Tourism-client service		8 years

Note. Italics are used to note forum administrators. Pseudonyms are used to provide confidentiality; NGO = nongovernmental organization.

Forum Management

Fertility forum admins served as the group gatekeepers and filtered the messages posted in the forum. The two admins described their role in maintaining the group boundaries: "Unlike any other forum, our forum has manual filtering. The first message sent by a user or a message sent by a user that has not been active for a month requires our manual approval" (Adina). Technical features of the forum also provided the admins with control of the forum content:

We have a function called "publish post," "publish post and approve user," or "reject message." If we are sure it's okay and it sounds like a real story, we approve the user. So when we approve a user, the member is free to post anything. But sometimes people trick us. They make up a story, and then we have to block them. If problems occur, we first send a warning and then start deleting messages. But deleting messages is something we are trying to avoid because we believe that if someone wrote something, she is responsible for it. (Ahuva)

The admins reported that they chose to filter messages manually "because there are interesting cases of people who are not supposed to be in the forum" (Adina). Or, as Ahuva explained:

We filter messages from new users because people often enter the forum to market a product. Or if, for example, someone has a question about pregnancy and she didn't check that this is not a pregnancy forum, we contact her personally through direct messaging [and let her know] that this is not the forum to ask questions about pregnancies, and we do not approve her post.

As this perspective illustrates, fertility forum admins filtered users by the questions users asked in the forums. Fertility forum admins not only approved users' activity in the forum but also removed posts after they were published. Ahuva explained, "In the case of curse words, rude messages, or in the case of an advertisement or medicines; if someone writes that she is donating fertility drugs, we delete it." Their reasons for taking this approach lay in the fragile emotional states of its members: "There are very sensitive things we're dealing with. It [conflict] can easily kill the forum. Fertility is a sensitive topic, the women are already sensitive enough, and they don't need troublemakers upsetting them" (Avigail). Hence, the admins' accounts reveal that they actively maintained the forum boundaries.

In addition to filtering messages from newcomers, fertility forum administrators are also active and disciplined forum members. If new online activities were putting forum communication and organization at risk, they also enforced online group norms. The first example for norms development was their rule regarding a member's pregnancy announcement:

Successes are celebrated, but there is a fine line defining how late into the pregnancy a user can still continue to participate. Asking a question about beta [a pregnancy hormone] multiplication is legitimate. Questions about heartbeat tests are okay, too.

Right now, our limit is the heartbeat test. Technical questions are welcome until that stage. After that, they must ask the pregnancy forum. (Adina)

Thus, members who asked questions during a pregnancy after the stage of heartbeat test (usually in the 10th week of the pregnancy) were asked to stop asking pregnancy questions and move these questions to a different group. Feeling they had to protect the group members from the reproductive pressures of the offline world, forum admins had to develop new norms for online behaviors. Another example of the development of norms was the admins' response to the Fetal Development/Pregnancy Calculator app. This app can calculate the size and weight of a fetus and helps women keep track of their fetus's growth in the womb. Some of the forum members used this app and placed it in their posts' signatures. Some group members had difficulties with the visual presence of the pregnancy development:

It says the fetus is now so many days old and its size: it's in the size of that fruit, or it can do that and cannot do that. Visually, it bothered other women because it grew all the time like a pregnant belly. There was a battle going on about it in the forum. Some women were upset about it, and some said, "We had our children through IVF, why can't we mention their existence?" So we developed a forum code and decided that our target audience is women who are trying to get pregnant with their first child. They are our major audience, and we need to consider their needs first, and the rest [of the members will] have to adjust. (Adina)

Consideration of the emotional state of other forum members led to the ban of the pregnancy calculator app. Another online activity that was banned concerned photographs of children:

There are clear rules about mentioning kids and about [posting] babies and kids' photos. You can't post photos of babies. If you just had a baby, you can post the labor story, but you can't add a picture. It's because we are trying to protect the members from the world outside that is full of babies. Sometimes we ask members to remove some details, but mostly not. We only strictly ask members to remove images of all children because it is written in the forum code. The rest is debatable. (Adina)

As these accounts illustrate, the fertility forum admins adopted a protective approach toward other forum members. Users were filtered before they were able to post in the forum; some users received direct notifications to avoid certain activities, and content was deleted if it was likely to upset other members. This boundary work strategy helped the forum admins maintain a safe space for women coping with infertility and avoid the same types of discussions about children that they already dealt with in their offline world.

Members of the fertility and voluntarily childless groups used the same platform of online forums, and since the fertility forum admins indicated that they filtered messages before they were even published, it was important to ask whether the voluntarily childless admins also considered using the same boundary work strategy. Bat Sheva replied, "I protect the members, but feel that most of them are

already big kids. I feel that if a troll comes in and says horrible things, they will all laugh, and it won't bring them down or be a trigger for them." While fertility forum admins used a strict managing approach of the forum's boundaries, the admins of the voluntarily childless forum preferred a more hands-off approach. They did not filter messages before they were published, although they intervened when they felt it was necessary. The forum admins said they seldom intervened when outsiders harassed the forum members but often stepped in when conflicts among members threatened the forum's coordination: "Most of the stuff I deleted was not posted by trolls or guests but by the regular users. Like in any other forum, there are fights and arguments, and people start to attack each other. This was the majority of stuff deleted" (Bat Sheva). Or, as Bracha explained, "Two forum members can start a stupid fight and I'll delete it because it's unnecessary. If someone is upset, and I find that what was written about the members is inappropriate, I will not leave it there, because you can't just muddy someone's name on the forum."

Thus, the admins of both groups adopted two different ways of managing the online groups. Fertility forum admins regarded themselves as forum gatekeepers and invested effort in filtering the users and messages posted in the forum. Voluntarily childless forum admins, on the other hand, felt that the members did not need their protection and preferred to work together with the other forum members in responding to outsiders.

Interactions with Outsiders

When they did interact with outsiders, members of both forums responded to interruptions that can be classified into three different categories: information requests by curious outsiders, insults and harassments, and commercial content. The two groups also varied in their responses to each type of disruption.

Information requests. Participants in both groups reported individual visits from outsiders who posted questions about the group itself or about a topic related to it. Fertility forum members used conversations with curious outsiders as an opportunity to educate but also to learn more themselves:

There are always outsiders and guests, and you welcome them. They search for an answer and you provide it for them. It's okay. The forum is open for everyone. It's the place for everyone. That's the beauty of anonymity. You can log in with a different name and ask a question discreetly. After that, you wear your other hat again, the nickname you are known for, and everything is okay. No one will identify you, and no one will hate you. (Ayala)

Outsiders also entered the voluntarily childless group. The choice to stay voluntarily childless is rarely discussed in Israeli public discourse. As a result, it was not surprising that this forum attracted many curious people. Outsiders approached the online group with a variety of questions, and group members responded:

Two days ago a father of three children entered the forum and wrote: "I'm a father of three and I don't really get your choice, but I am interested to know about your family

background. Did you have a loving and good family or not?" And he got very matter-of-fact responses because you could see that he was not there to intimidate but seriously wanted to understand. So we answered him in a respectful way. (Bracha)

Some outsiders who found out about the forum initially posted hostile messages but interactions with the forum members changed their view, as one of the forum members explained:

We had a few cases of people who entered the forum and declared that we were nutcases. They hung around for a discussion and left saying, "Well, you've taught me something new and cool." Then you tell yourself, wow, I didn't expect that to happen with someone who came in with such strong convictions. (Chaya)

As these personal accounts reveal, curious outsiders traversed the forums' boundaries and used the anonymous nature of the interactions to post questions and get responses from the group. Members of both groups used questions from outsiders as an opportunity to educate others about the experience of childlessness. Unlike these curious others, however, some people entered the forum hoping to harass the group members or even dismantle the forum.

Insults and harassments. Members of both groups said they dealt with two types of negative messages in their forums: trolls that lured others into pointless and time-consuming discussions and flammers who posted messages that insulted, provoked, or criticized the forums (Herring, Job-Sluder, Scheckler & Barab, 2002). As part of their gatekeeping role, fertility forum admins did not approve offensive messages. Adina, one of the forum admins, provided an example of one such message: "I have special sperm. Come over at night, and don't tell your husband. Why go through the treatments when I can save you the pain?" Due to the active role of the admins, fertility forum members were often not aware of the insulting messages:

Trolls are rare [in the forum]. The administrators might delete them. It's hard to identify a troll. Lots of people have a troll personality, and they are not aware of it, and everything they write is troll style. I don't see them often. It's deleted in the managing process or it's uncommon. (Ariella)

Fertility forum admins were able to filter most of the offensive messages, and members felt the forum was harmonious and well coordinated. Occasionally, though, the forum's harmony was interrupted. One of the previous forum admins continued to manage the forum after she had a baby and became a reflexologist who specialized in supporting fertility treatments. Three fertility forum members described how one member harassed the admin: "That troll kept blaming her [the admin] for promoting her business through the forum and claimed that she was being paid to run the forum. Of course, none of this was true. Eventually that troll was blocked and removed from the forum" (Anat). Adina added: "She stalked the admin and wrote she was standing outside her office and waiting for her." Even though forum admins did not disclose any identifiable details in the forum, this specific member ended up harassing the admin in her offline environment as well. The attacks were visible to other members and disturbed the

forum's communication: "I defended the admin and that troll attacked me. She was someone crazy from the internet—nothing you can do about it—but it upset me" (Anat).

This isolated case of troll behavior in the online fertility forum illuminates how anonymous users can fracture communication and coordination in an online support group. Group members saw this troll's behavior as an intrusion into the safe and protected space that they had built together. In general, though, fertility forum members were mostly spared from insults and harassment from outsiders. The protection of the forum admins helped the group members feel that the forum was relatively "clean" from trolls and offensive behaviors.

Unlike the fertility forum, the controversial theme of the voluntarily childless forum and the open access to the group led people who were opposed to or threatened by the forum to challenge its existence: "The choice not to have children can elicit tough emotions in people. And now [they must be thinking] these people have their own group and they talk to each other" (Alex). Here, the general stance of the admins was to let these people in.

One type of stigmatizing response against the group members was patronizing them. This meant outsiders made efforts to convince the members they were making the wrong lifestyle choice, a response the group members already encountered in their offline environments:

The arguments are mainly social or national. I never encountered religious arguments. Not at all. It's mainly people that come to convince us, same as in my offline environment, "You don't know what a wonderful experience you are missing and how great it is to be a parent." (Bella)

Outsiders not only tried to convince the group members that their choices were wrong but also used offensive language against the group members. Bracha provided some examples:

"I can't believe there are people like you in the world." "We're lucky that you don't reproduce." "You are bitter, frustrated, frigid, and selfish women." "You'll die with your cats, and no one in the world will know about it." "Who will take care of you as you get old?" And my favorite: "How can you not hold a baby? How can you not let your uterus live? What is the meaning of your life?"

The messages against the group were aggressive, and the members chose different ways to respond to them. Some members were able to ignore them and found it important to maintain the open access to the forum: "Lately, we tend to ignore them. We do what is called 'don't feed the troll.' The trolls are the only drawback of the forum, but it's a public sphere, and you can't announce it as a half-closed forum or filter people to prevent trolls. It wouldn't be right" (Chagit). One member, though, saw them as intruders in their only safe space:

There were some obnoxious trolls, and the fact that they read the stuff I wrote upsets me. I wanted them to be blocked so I wouldn't have to see them. I contacted the

admins and asked them to remove these trolls. Unfortunately, they disagreed with me and left them in the forum and did not block them. (Chaviva)

Besides ignoring the insults, some members approached the interactions with trolls as therapeutic. They even described it as an activity that bonded the members together. In fact, the forum admins found that responding to the stigmatizing arguments created an opportunity for catharsis:

We can delete and block users, but at some point I developed an approach of "one message per troll": Whoever enters and says "I can't believe there are women like you, what is wrong with you?" creates an open thread, and you are welcome to beat him up and take out your aggression. One single post, and I'll delete his next post. (Bat Sheva)

Some members felt that responding to the insults was an empowering experience for them as a group of stigmatized individuals:

I find it a pleasant situation because things are turned around. A person who has children enters the forum of people who don't want children and like 100 women attack him. There is something very nice about being in the majority and the stronger group, because I always feel I'm in the minority that is being attacked. (Bella)

Group members described how they were ready to respond and challenge stigma arguments in the forum:

One of the arguments is, "Why not use your uterus if you have one?" So we already developed responses to that. Like, "If you have legs why aren't you climbing Everest?" [The response] to: "You won't know until you have your own children" is "you won't know about climbing Everest until you try." (Bat Sheva)

As these personal accounts illustrate, voluntarily childless forum members felt that responding to stigma arguments against the group was a cathartic and bonding experience. Fertility forum members, in contrast, were spared of these interactions because their forum admins filtered them.

Commercial content. The two groups also varied in responding to commercial activities in the online platform. Both groups operated on a for-profit online platform. Promotion of products and service appeared in the online platform in two ways: in a separate column next to the forum feed, and as messages inside the forum. It was apparent that most of the ads in the voluntarily childless forum feed were targeted towards families, with ads for baby and kid products. Members of the voluntarily childless forum reported that they responded to these ads with sarcasm. No ads appeared in the fertility forum feed, however, because the fertility forum admins asked the platform management to provide the forum with a unique status. Unlike any other forum located on the commercially driven online platform, the platform management did not place any ads in the fertility forum content. Commercial content was located only in a separate part of the forum page. Fertility forum administrators negotiated this status with the platform management:

We use a commercial platform, and Tapuz tries to make money. None of us, the administrators, have a commercial incentive, and it helps us stand against the platform management. . . . We don't have ads in the forum, and it's because of Ahuva. We had lots of Materna [baby formula] ads with baby images. Tapuz told us they can't filter ads because they go automatically to the forum. So we asked them to stop posting all the ads and they agreed. (Adina)

Or, as Avishag said, "There was one message from Tapuz with a banner ad for diapers. One of the women wrote to the admins and asked if it could be removed. The admin contacted the management, and they removed it. That was very nice of them, really thoughtful."

The unique status the platform management provided the fertility forum left two other options for promoting commercial interests. The unique assembly of fertility patients formed an attractive target for fertility specialists and therapists who offered private services. The platform management was aware of the commercial potential of the group and searched for ways to market the forum to health professionals. Commercial content therefore appeared in two ways: services were offered to fertility patients in a separate section designated for commercial activities, and the portal management offered health professionals "guest appearances" in the forum feed. Here again, the forum members invested effort in protecting the group from profit seekers:

We have guest doctors in the forum. Some of this we initiate, and some of it Tapuz makes us do. Fertility specialists want exposure in the forum, so sometimes we stand our ground and refuse. Our last guest doctor came through a request by Tapuz. We agreed to let them do it, and it ended up being a successful event. (Adina)

In addition to guest appearances, some health professionals have tried to participate in the forum incognito and insert commercial content. The members and admins responded to them, too:

There was a case of a doctor who promoted himself by writing a nice cover story: he had a patient who wrote what a wonderful doctor he was. I became suspicious and asked her, if he was such a good doctor, could you write how and why? She attacked me, and then the admin stopped her because she was being inappropriate. There was a doctor who used a pseudonym, as if he was the patient. He made a cover up story, and I think I posted a message asking him to stop. He complained about me to the admins and said I threatened him. The admin supported me, and that patient's pseudonym disappeared. (Anat)

Some health professionals promoted themselves by posting comments to members' information and emotional support requests. In Ariella's words: "Everything that sounds commercial is off-limits. There was a personal coach who wrote in the forum, and two users recommended her, so people speculated they were her marketing people." When commercial entities were posting messages in the forum, the admins policed them in different ways: "We are very strict with them. We first send them a direct

message with a warning that if they write again, we will delete their message and tell them to post it in the commercial section" (Ahuva).

Even though commercial pressure was restricted, a few health professionals did have access to the forum. While others professionals paid for their appearance to the platform management or entered it incognito, one fertility specialist is free to post in the forum:

Everything [is off-limits] except for Doctor Bar-Hava. He is considered the forum's favorite, and I'm not sure it's for the best. He has an infinite number of patients in the forum, so writing a recommendation about him is allowed. He passed some kind of approval, and it's kosher. (Ariella)

The fertility forum admins and members were thus actively restricting commercial content in the forum as much as they could. Commercial content did appear in the voluntarily childless forum feed. Forum members often responded to them with humor. Unlike the fertility forum admins, admins of this group embraced the commercial content for one particular reason:

We are located in the family branch of Tapuz that includes the fertility forum. So we get all the ads directed at 90% of the other family forums, such as forums about parenting, children, toddlers, twins, and parents of this, this, and this. Every time someone asks me why we need that, I say that the fact that the childfree forum is defined as part of the family branch forums is a victory. It identifies our group as a legitimate way of building a family. This small political achievement is worth all those funny ads, and it's entertaining to respond to them and is part of catharsis to make fun of it. (Bat Sheva)

The admins of the voluntarily childless forum felt that being part of the family branch of the online platform legitimized their stigmatized choice of living childless in the Israeli pronatalist society and therefore the group did not object the ads. In addition to ads in the forum feed, the forum admins experienced another type of commercial pressure. The platform management approached the forum admins with requests:

If the forum statistics go down, we get an email: "What's going on? How can you help?" but I don't really care about it. For me, it's important to sustain this forum so people will have a place to go to. I don't care about the financial success of Tapuz. (Bat Sheva)

The personal accounts of the forum members indicate that the public nature of the two online forums attracts different types of outsiders who challenge group boundaries. Although both groups operate on the same online platform, these two groups maintain their boundaries in different ways. Members of the fertility forum, in particular the forum admins, approach the group as a space that requires protection from harassment and talk about children. This protective stance led them to enforce strict behavior norms, and they actively filter and remove users who do not belong to the forum. Voluntarily childless forum admins are less concerned about the influence of commercial content. Group admins find the exposure to the commercial content in the family branch to be relatively benign and

therefore approach it as a small price to pay for being part of the Israeli family structure in online support groups. When they do feel group boundaries must be maintained because of trolls and flammers, they invite forum members to contribute to these practices and approach it as a cathartic activity.

Discussion

This study examines the boundary work practices of two online groups of Israeli childless women. Qualitative in-depth interview data reveal relatively different monitoring and disciplinary practices between the groups and the extent to which forum admins and group members took part in it. Results elucidate how media infrastructure and social context affect online boundary work. This study found that the *type* of stigma—rather than simply being stigmatized—plays an important role for each online group. Fertility group members joined to deal with the medical diagnosis of infertility, while the voluntarily childless group joined the online forum because their offline networks contain few voluntarily childless people and a lack of role models. These two paths triggered different online boundary work. Members of the fertility forum, in particular the forum admins, approached the group as a space that requires protection. Voluntarily childless forum admins and members were less concerned about the influence of outsiders and sometimes even felt provocations strengthened the group.

The specific affordances of Tapuz, the online platform on which the two forums exist, also strongly shape the boundary work. The admin functions require the appointment of group leaders who both moderate the groups and also mediate between group members and commercial platform management. The admins choose either passive or active roles in boundary work that then shape the entire communication of the group. Another affordance is in relation to the commercial nature of the platform. The management promotes commercial content that is welcomed by the voluntarily childless group admins. That same content caused concern in the fertility group and eventually was blocked by the management of Tapuz as a courtesy to the fertility forum. The third affordance that plays a role in shaping the boundary work is the open access to the two groups. The open access enables more people to join the group and find support and understanding. At the same time, what serves as an affordance for those who seek support also constrains the current group members. Out-group members harass the group, and the forum management posts irrelevant commercial content. These interruptions influence the ways admins and group members determine the group boundaries.

The rise of social networking sites and the resulting decreased popularity of online forums has consequences for these stigmatized groups. During the interview data collection in 2014, former members of the voluntarily childless forum established a public Facebook group that flourished, composed of Tapuz forum members who felt strong enough to openly cope with their childless stigma. The fertility group had an equivalent public group on Facebook but with little activity, mainly initiated by commercial entities such as fertility therapists and coaches. Another option is that one can join a “secret” or “closed” Facebook group, but one must use one’s own identity and profile picture to do so. Thus, while some stigmatized individuals felt ready to expose their identities on Facebook, whether in a public or closed groups, other stigmatized individuals may not be ready to give up their anonymity.

These findings suggest that online groups face various challenges of organization and cooperation in computer-mediated communication (CMC). Results highlight the influence of media affordance—that is, anonymity in online forums versus publicness in a social networking service (SNS) (Marwick & Ellison, 2012), social context (type of stigma), and online boundary work—on the scope of, and access to, stigmatized online communities. This shift from CMC to SNS may have consequences for online support opportunities for stigmatized individuals. For some stigmatized individuals, the public nature of the SNS allows them to challenge their own stigma openly. Nevertheless, such publicness may be disadvantageous for those who are not ready yet to contest stigma openly. As a result, online support groups on social media may be composed of people who are ready to expose their identity or out of people who are invited to secret SNS groups. The unique and advantageous media affordance of public yet anonymous CMC in online forums may become less available with the rise of SNS. SNS online community members will be those with advanced strategies for coping with stigma or those who already know people who are also part of the group.

This research studied the stigma of childlessness in two Israeli forums. The Israeli case is unique in the ways political, medical, and religious establishments work together to promote a dominant and proactive reproductive discourse. Nevertheless, this case offers insight into the ways reproductive norms are reinforced, or, in contrast, resisted in unique cultural environment. Studying the infertility stigma in different cultural and political contexts can reveal whether the findings of this study hold up in different contexts. Studying the stigma of childlessness in societies that place less value on reproduction or in countries in which access to reproductive medicine is limited and expensive can affect the experience of stigma for those who are childless.

References

- Abbey, A. (2000). Adjusting to infertility. In J. H. Harvey & E. D. Miller (Eds.), *Loss and trauma: General and close relationship perspectives* (pp. 331–341). Philadelphia, PA: Brunner-Routledge.
- Baym, N. K. (1995). The emergence of community in computer-mediated communication. In S. G. Jones (Ed.), *Cybersociety: Computer-mediated communication and community* (pp. 138–163). Newbury Park, CA: SAGE Publications.
- Baym, N. K., & boyd, d. (2012). Socially mediated publicness: An introduction. *Journal of Broadcasting & Electronic Media*, 56(3), 320–329.
- Becker, G. (1997). *Healing the infertile family: Strengthening your relationship in the search for parenthood*. Berkeley and Los Angeles, CA: University of California Press.
- Berkovitch, N. (1997). Motherhood as a national mission: The construction of womanhood in the legal discourse in Israel. *Women's Studies International Forum*, 20, 605–619. doi:10.1016/S0277-5395(97)00055-1

- Birenbaum-Carmeli, D. (2004). "Cheaper than a newcomer": On the social production of IVF policy in Israel. *Sociology of Health & Illness*, 26, 897–924. doi:10.1111/j.0141-9889.2004.00422.x
- Boero, N., & Pascoe, C. J. (2012). Pro-anorexia communities and online interaction: Bringing the Pro-ana body online. *Body & Society*, 18, 27–57. doi:10.1177/1357034x12440827
- Chung, J. E. (2014). Social networking in online support groups for health: How online social networking benefits patients. *Journal of Health Communication*, 19, 639–659. doi:10.1080/10810730.2012.757396
- Collins, J. A. (2002). An international survey of the health economics of IVF and ICSI. *Human Reproduction Update*, 8(3), 265–277. doi:10.1093/humupd/8.3.265
- Connery, B. A. (1997). IMHO: Authority and egalitarian rhetoric in the virtual coffeehouse. In D. Porter (Ed.), *Internet culture* (pp. 161–180). New York, NY: Routledge.
- Dias, K. (2003). The ana sanctuary: Women's pro-anorexia narratives in cyberspace. *Journal of International Women's Studies*, 4(2), 31–45.
- Donat, O. (2011). *Making a choice: Being childfree in Israel*. Tel-Aviv, Israel: Miskal.
- Gieryn, T. F. (1983). Boundary-work and the demarcation of science from non-science: Strains and interests in professional ideologies of scientists. *American Sociological Review*, 48, 781–795. doi:10.2307/2095325
- Gieryn, T. F. (1999). *Cultural boundaries of science: Credibility on the line*. Chicago, IL: University of Chicago Press.
- Gillespie, R. (2000). When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness. *Women's Studies International Forum*, 23, 223–234. doi:10.1016/S0277-5395(00)00076-5
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Simon & Schuster.
- Greil, A. L. (1991). *Not yet pregnant: Infertile couples in contemporary America*. Piscataway, NJ: Rutgers University Press.
- Herring, S., Job-Sluder, K., Scheckler, R., & Barab, S. (2002). Searching for safety online: Managing "trolling" in a feminist forum. *The Information Society*, 18(5), 371–384. doi:10.1080/01972240290108186
- Honeycutt, C. (2005). Hazing as a process of boundary maintenance in an online community. *Journal of*

- Computer-Mediated Communication*, 10. doi:10.1111/j.1083-6101.2005.tb00240.x
- Letherby, G. (2002). Childless and bereft? Stereotypes and realities in relation to "voluntary" and "involuntary" childlessness and womanhood. *Sociological Inquiry*, 72, 7–20. doi:10.1111/1475-682X.00003
- Marwick, A., & Ellison, N. B. (2012). "There isn't Wifi in heaven!" Negotiating visibility on Facebook memorial pages. *Journal of Broadcasting & Electronic Media*, 56(3), 378-400. doi:10.1080/08838151.2012.705197
- Pescosolido, B. A. (2013). The public stigma of mental illness: What do we think; what do we know; what can we prove? *Journal of Health and Social Behavior*, 54, 1–21. doi:10.1177/0022146512471197
- Portugese, J. (1998). *Fertility policy in Israel: The politics of religion, gender, and nation*. Westport, CT: Praeger.
- Remennick, L. (2006). The quest for the perfect baby: Why do Israeli women seek prenatal genetic testing? *Sociology of Health & Illness*, 28, 21–53. doi:10.1111/j.1467-9566.2006.00481.x
- Rubenstein, E. L. (2015a). Rituals of introduction and revolving roles: Socialization in an online breast cancer community. *Library & Information Science Research*, 37(4), 353–362. doi:10.1016/j.lisr.2015.11.005
- Rubenstein, E. L. (2015b). "They are always there for me": The convergence of social support and information in an online breast cancer community. *Journal of the Association for Information Science and Technology*, 66, 1418–1430.
- Teman, E. (2003). The medicalization of "Nature" in the "artificial body": Surrogate motherhood in Israel. *Medical Anthropology Quarterly*, 17, 78–98 doi:10.1525/maq.2003.17.1.78
- Tepper, M. (1997). Usenet communities and the cultural politics of information. In D. Porter (Ed.), *Internet culture* (pp. 39–54). New York, NY: Routledge.
- Veevers, J. E. (1980). *Childless by choice*. Toronto, Canada: Butterworths.
- Walther, J. B., & Boyd, S. (2002). Attraction to computer-mediated social support. In C. A. Lin & D. Atkin (Eds.), *Communication technology and society: Audience adoption and uses* (pp. 153–188). Cresskill, NJ: Hampton Press.
- Walther, J. B., Pingree, S., Hawkins, R. P., & Buller, D. B. (2005). Attributes of interactive online health information systems. *Journal of Medical Internet Research*, 7(3), e33. doi:10.2196/jmir.7.3.e33
- Weber, H. L. (2011). Missed cues: How disputes can socialize virtual newcomers. *Language@Internet*, 8,

article 5.

Yuval-Davis, N., Anthias, & Campling, J. (1989). *Woman, nation, state*. New York, NY: Macmillan.

Yeshua-Katz, D., & Martins, N. (2012). Communicating stigma: The pro-ana paradox. *Health Communication, 28*(5), 499–508. doi:10.1080/10410236.2012.699889

Yeshua-Katz, D. (2015). Online stigma resistance in the pro-ana community. *Qualitative Health Research, 25*, 1347–1358. doi:10.1177/1049732315570123