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Postpartum Working Mothers: The Maternal Employee-Employer Relationship and U.S. Leave Policy

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in conjunction with the
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Postpartum Working Mothers: The Maternal Employee-Employer
Relationship and U.S. Leave Policy

by

Veronica E. Hay

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A Dissertation submitted in partial satisfaction of
the requirements for the degree
Doctor of Philosophy in Social Policy and Social Research

_____

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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Colwick M. Wilson, Professor of Social Work and Social Ecology

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Beverly J. Buckles, Professor of Social Work and Social Ecology

DEDICATION

This dissertation is dedicated to my mumsy, Crissie Hay, who lent me her hope and gave me her spirit. To my son Thaddeus who continues to teach me how to be a better mother and person; I hope to one day live up to his expectations. To my brother Kevin who reminds me about the importance of living life one day at a time; and to my brother Kent who studied hard to defy the statistics, and more recently was granted God's grace of being. To the memory of my father Samuel Hay, an immigrant. To the memory of my grandparents Ella Alford, Clarence Alford Sr., and Annie R. Adams; I am because they were. Lastly, this dissertation, in its entirety, is dedicated to Colwick Wilson who orchestrated while I created our melody.

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"Out of every one hundred men, ten shouldn't even be there, eighty are just targets, nine are the real fighters, and we are lucky to have them, for they make the battle. Ah, but the one. One is a warrior, and he will bring the others back." – Heraclitus

The possibility and completion of this dissertation was made possible because of the warriors who fought for me to have rights and equity. Many of my enslaved African ancestors, and our "free" friends, paid the ultimate price for me to capitalize on this academic undertaking. Without their contributions I would not be here today. Therefore, it is with humility that I submit this work as part of their legacy.

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> *We all- every last one of us- got where we are largely because of the prayers, hopes, support, and encouragement of others. CW*

Thaddeus, your birth necessitated an emergency response and the nurse's firm assertion for me to "get over my pains" because it was "not about me;" you were in distress. The above mentioned people, like the nurse who ultimately saved your life, were constant pillars offering us their "prayers, hope, support, and encouragement" throughout this entire process because they too knew that it was never really about me. It was *always* about you.

CONTENTS

ABSTRACT OF THE DISSERTATION

Postpartum Working Mothers: The Maternal Employee-Employer
Relationship and U.S. Leave Policy

by

Veronica E. Hay

Doctor of Philosophy, Graduate Program in Social Policy and Social Research
Loma Linda University, June 2014
Dr. Colwick M. Wilson, Chairperson

PURPOSE: Few studies have examined the relationship between working

mothers and employers and the contributions of this relationship on mothers. Therefore,

this dissertation explored postpartum mother's relationship with their employers.

METHODOLOGY: To gain an understanding of the experiences of working

mothers, a grounded theory analysis was utilized. In-depth interviews with 31 working

mothers and a transformational leadership framework assisted in understanding social

change in the workplace.

FINDINGS: Positive supervisor support and a focus on motherhood facilitated

return to work in contrast with lack of control over work schedule. While supportive

supervisors were crucial elements for working mothers as they returned to work, the

results netted an awesome unexpected finding. As women moved from being working

women into the role of being working mothers the way in which they defined and

experienced their identity as an employee shifted. Whereas work was once the major

construct in which many of these women located their identity, the birth of their child

created a different lens and produced a reconstructed identity that pushed motherhood to

the top of their identity list. Consequently, work became a part of their identity within the

context of motherhood, as opposed to them locating motherhood within the context of work. Hence they did not classify themselves as working mothers. Rather they conceived of themselves as mothers who worked.

CONCLUSION: Supervisors can be instrumental in transforming the culture of the workplace through their leadership. Hence, supervisors are in a position to be an additive support for working mothers by creating supportive work environments through their leadership.

CHLAPTER ONE

INTRODUCTION

Overview of the Study

Maternity leave oftentimes obscures the employee-employer relationship creating angst (Buzzanell & Liu 2007; Gueutal & Taylor 1991; Martin 1990, 1992). Generally, businesses operate from an agenda that seeks to increase capital gain. When a woman becomes pregnant, restrictions are placed on this agenda that are often driven by economic interests rather than the needs of individuals or even groups of workers. These limitations often come from both the physical and physiological confines of women (Striegel-Moore, Goldman, Garvin & Rodin, 1996), as well as being influenced partly by policies of the US government (Albiston, 2010; Solinger, 2007). Whereas the government once allowed gender based discrimination because of pregnancy (Solinger, 2007), employers are currently informed that they cannot impose restrictions on pregnant women unless substantial evidence shows that their employment is hazardous (Albiston, 2010). Additionally, the government tells employers they will "accommodate" these employees or face severe sanctions and penalties (see American with Disabilities Act 1990; Bartlett, 2009; Equal Employment Opportunity Commission 1965; Equal Pay Act 1970; Family Medical Leave Act 1993; Pregnancy Discrimination Act, 1978; Kelly & Dobbin, 1999).

When a constraint is imposed on an employer by an employee, the employee is no longer viewed as an asset and inadvertently becomes a liability for the corporation. For example, corporate America valued and respected women until they asserted their desire to become a liability through motherhood, at which point they were forced out of the

labor force (Kistler & McDonough, 1975). Although current American law makes pregnancy discrimination in the workforce impermissible by attempting to provide legal protection, there have been times, when the courts have allowed employers to dismiss pregnant women because they were not meeting job requirements; hence the condition of women's firing was not because of pregnancy, rather it was performance based (Albiston, 2010; Finley, 1986). Nevertheless, the legal protection of employed women who are pregnant flips the power structure to the employee hence dissolving the original employer-employee contract (Miller, Jablin, Casey, Lamphear, & Ethington, 1996). This implicit exchange of power between the genders allows her to be the decision maker with ultimate control and authority. This is largely descriptive of the challenges working mothers experience in America's labor force.

Documented cases of mothers experiencing perinatal mental health conditions can be traced farther back than Hippocrates 4th century BC acknowledgement of postpartum delirium. Prior to his recognition of postpartum delirium, postpartum psychosis was the psychiatric focus of maternal mental health conditions (Brockington, 2005). Today, one of the most widely recognized and talked about perinatal mental health condition is postpartum depression. Postpartum depression (PPD) is a condition that has been experienced by mothers for decades (Held & Rutherford, 2011), however it did not receive national acknowledgement until the late 1990s and early 2000s with the rise of high profile cases of mothers who killed their children (Manchester, 2003) and stories from mainstream actresses such as Brook Shields (2005) and Marie Osmond (2002). After the birth of her first child, actress Shields shared with the public that she experienced postpartum depression and utilized an anti-depressant as part of her

treatment. She was subsequently criticized by actor Tom Cruise who denounced her use of psychiatric medication as an intervention. Singer/actress Marie Osmond gave birth to six children before she experienced postpartum depression with the delivery of her seventh child. Arguably, the media was not supportive in addressing the seriousness of postpartum depression, leaving a negative impression on a serious condition that postpartum women may experience. This lack of popular societal support may have in part, created an environment in which women were not encouraged to seek help to cope with their emotions surrounding the birth of a child.

Likewise, research regarding maternity leave has been conducted for decades with little to no fanfare until the early 1990s. It was at this time that the US government affirmed a formal policy to negate discrimination experienced by maternal women in America's labor force with the creation of a leave act. In 1993, the US government solidified America's Family Medical Leave Act (FMLA) which provides eligible women employment protection by offering them legal safeguards from being reprimanded, fired, or retaliated against because of their pregnant status. Though FMLA allows for 12 weeks of leave to eligible employees, the absence is unpaid, lacks other alternatives for financial support, and does not offer an avenue for extended protected leave if warranted (US Department of Labor, 2006b).

FMLA forces employers to offer eligible workers time specific protected leave from employment to care for family members (Kelly & Dobbin, 1999). Although employers were not obligated to offer maternity leave to women prior to the enactment of FMLA, some did. Maternity leave policy can be traced back to the 1950s when approximately 5 percent of businesses offered this caveat (Kelly & Dobbin, 1999). Paid

maternity leave was an even rarer stipulation (Marlow, 1991). Either way, employers were under no formal obligation to maintain a pregnant woman's employed status. Until the government stepped in with various departments such as the Equal Employment Opportunity Commission (EEOC) and policies against sex discrimination, employers could fire or require a pregnant woman to resign (Frank & Lipner, 1988; Guthrie & Ross, 1999; Silverman, 1943). Nonetheless, however well-intentioned the government was in attempting to protect the rights of working mothers through its policies (Pregnancy Discrimination Act, 1978; FMLA, 1993), it still remains derisory for most working mothers.

US Department of Labor (2004, 2006a) data reported a marked decrease of new mothers participation in the workforce from 59 percent in 1998 to 49.5 percent in 2005, while the EEOC received increased pregnancy based complaints (Shellenbarger, 1998). The participation rate of working mothers with children under the age of 18 in America's workforce steadied at 71 percent in 1998 (US Department of Labor 2009), and research projects indicate that anywhere from 80-85 percent of working women will become pregnant during their tenure in the labor force (Lyness et al., 1999; Schwartz, 1992). Additionally, roughly 85 percent of mothers will experience some form of a mood disorder on an annual bases (Kendell, Chalmers, & Platz, 1987; O'Hara, Neunaber, & Zekoski, 1984; USPSTF, 2009). Approximately 10-22 percent of mothers experience postpartum depression, although fewer than half of the cases are recognized (Mayo Clinic, 2010). Even though the adverse effects of postpartum depression and other perinatal mental health conditions has been widely documented in the literature (Cattan, 1991; Crittenden, 2001; Guillaume & Pochic, 2007; Hochschild, 1997; Mavin, 2001;

Suk, 2010; The Institute of Women's Policy Research, 2008; Williams, 2003), the federal government has yet to implement mass reform to address the needs of working mothers.

Recognition of perinatal mental health concerns, more specifically postpartum depression, have inspired considerable intellectual investigation about pre and post stressors such as familial support, socioeconomic status, age, and educational level which have led to the examination of numerous variations of variables (Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Seward, 1972; Straus, 1956). The inspection of numerous determinants has allowed researchers to illuminate society's need to better screen women and to educate them on these conditions (e.g., American College of Obstetricians and Gynecologists, Committee on Obstetric Practice, 2010). However greater investigation is still needed to explore the accuracy of diagnosing and treating of all women, especially working mothers of color and women of lower socio-economic classes. Nonetheless, as a result of years of inquiries aimed at finding resources to support and treat mothers who experience a perinatal mental health condition, concrete data offering potential solutions have been provided (Baker & Oswalt, 2008; Brown University Psychopharmacology Update, 2004; Hendrick, 2003; Leis, Mendelson, Tandon, & Perry, 2009; Seward, 1972).

While there is not a universal screening or diagnosing process (American College of Obstetricians and Gynecologists, Committee on Obstetric Practice, 2010), mental health providers and physicians have attempted to adapt to the needs of this population by trying to implement screenings (Crockett, Zlotnick, Davis, Payne, & Washington, 2008), initiating conversations about PPD, and educating people on potential signs and symptoms (American College of Obstetricians and Gynecologists, Committee on

Obstetric Practice, 2010). However, engaging employers in responding to the needs of this population has not been as successful. Although research (Hyde, Klein, Essex, & Clark, 1995, 1998) have produced data reflecting a need to increase the amount of time postpartum mothers receive off from work and a need to financially subsidize this leave, no legislative policies have been created to mandate employers to offer longer paid leaves. Numerous studies have shown that mothers who extended their leave from work to care for their newborn were less likely to succumb to postpartum depression or other health issues (Clark et al., 1997; Hyde et al., 1995; McGovern et al., 1997; Shellenbarger, 2004).

Recognizing the validity of these data, and unsure about the legal interpretation of discrimination liability policy (Edelman, 1992; Dobbin, Sutton, Myer, & Scott, 1993; Thompson & Fox, 2010), some employers developed workplace environments aimed at helping families gain balance between work and their life by implementing flexible work schedules and telecommuting options. However, flexible work schedules and telecommuting policies are at the discretion and interpretation of individual supervisors (Glass, 1995; Goodstein, 1994). Although research has examined numerous factors that assist in the creation of PPD, little exploration has been conducted on the relationship that working mothers who experienced postpartum mental health conditions had with their employers, how this relationship may have contributed to their decision to re-enter or exit the labor force (Mäkelä, 2008), and how employers could better support postpartum mothers to decrease their stressors. Given these limitations in the literature, an exploration of the relationship between postpartum mothers and their employers as a determinant may be useful; hence the focus of this dissertation.

Caretaking in America has traditionally been defined as a gendered task assigned to women (Coltrane, 1997, 2007; Cowdery & Knudson-Martin, 2005; Kimmel, 2000; Finley, 1986; Matta & Knudson-Martin, 2006), and until recently, child rearing was construed as an unpaid feminine task. From this framework FMLAs construction reinforces legalized gendered domination. The development of FMLA innately operates from a dichotomous position of power, pitting "us" (the "US", or those who cannot reproduce) against them (women who can reproduce) (McDonald et al., 2008). It tells a woman that the government recognizes and values her talents as an employee, and supports her right to procreate by legally protecting her job for 12 weeks, if she is eligible, yet tells her that her recovery from childbirth and caring for a newborn child is not worth financial subsidy. This policy's power leads people to believe that the needs of women and mothers are being respected while implicitly derailing their involvement in the US workforce through continued gender stratification and inequity by diminishing their ability to secure financial and mental homeostasis.

Research (Clark et al., 1997; Hyde et al., 1995; Joesch, 1997; McGovern et al., 1997; Shellenbarger, 2004) reflects the need for current US leave policies to be extended beyond the current 12 weeks, in addition to providing fiscal support (Joesch, 1997). While 12 weeks of leave may be sufficient in some situations, Joesch (1997), warned employers that there was a critical need to give mothers longer leaves of paid absences from work after having a baby. Decoded in Joesch's research (1997) were results that "found 29 percent of pregnant women exited the labor force, 26 percent took unpaid leave before giving birth, while 42 percent took a partially paid leave" (p. 1018). While there are various reasons mothers abscond America's labor force, the lack of a solid

interpersonal relationship between the employee-employer (Harris & Giuffre, 2010) help

women justify their exit offering that the attitude and atmospheres of some employers

create a work climate of discomfort for pregnant women and mothers (Schwartz, 1989).

The issue of maternity leave creates an unbalanced work environment (Mäkelä,

2008). Pregnancy draws attention to a woman's body and initiates the release of

suppressed work place issues such as sex and sexuality (Buzzanell & Liu, 2007). The

mothers ensuing leave negates potential productivity increases and revenue while

increasing workloads of others (Gueutal & Taylor, 1991; Martin, 1990, 1992).

Consequently, requesting and negotiating leave or extended leave becomes a source of

contention for many women. The concept of maternity leave in and of itself is not

pragmatic because it does not mirror the concept of business. Again, maternity leave

disturbs the work environment because it creates "gendered conflict" and does not offer

any direct benefit to the organization (Buzzanell & Liu 2007).

Although current US policy protects some mothers from being discriminated

against when they seek maternity leave, this policy does not address the stressors

postpartum mothers experience because they choose to have a family and work. Theories

of postpartum depression locate the condition in biological and environmental conditions.

As a result of these theories, prescribed treatment options have been developed and

offered as cures for conditions such as PPD. Yet these treatment options have given little

attention to the utilization of supervisors as a source of interventions and treatment in the

workplace for postpartum mothers. Although employers are bound by various legal

mandates, supervisors, through their leadership, have the ability to transform the culture

of the workplace and offer mothers support, hence the importance of supervisors as a source of positive intervention and support for postpartum working mothers.

In sum, American women have experienced remarkable civil rights gains and inclusion into a once highly saturated patriarchal employment environment with the help of various US policies. Unfortunately, little consideration has been given to enacting effective policy aimed at supporting employed women who pursue motherhood. Consequently, this dissertation sought to explore the ways in which the relationship between working mothers and employers contributes to perinatal mental health conditions such as postpartum depression and how employers could better support postpartum mothers as they return to the workplace.

CHAPTER TWO

REVIEW OF THE LITERATURE

Overview of the Literature

This review will provide a summary of the empirical literature with regards to the policies of American workplaces as they relate to the following categories: women, working women, women who transition into motherhood, working women and mental health, and working women postpartum. The first section will present a general overview of American working women starting in the 1970s when increasing numbers of women entered the workforce. Next, women with families in the workplace will be discussed. A review of the literature regarding pregnant women in the workplace follows. Lastly, attention will be given to the impact FMLA has on women in the workplace who were pregnant and experienced mental health issues. In Chapter 4, there will be a discussion regarding the medical model and stress theory as a discourse for social change through transformational leadership. Theories on postpartum depression will be examined and will include reviews of both the medical model and stress theory as they relate to postpartum depression to explain how women throughout history have been impacted by multiple stressors. This review of the literature will serve as the foundation for a dissertation that examines how American workforce policies, such as FMLA, affect the postpartum mother's employee-employer relationship and her mental health. That is, how do mothers navigate and negotiate employers' interpretation of policies such as the FMLA while responding to the challenging conditions that arise because of motherhood? How does the relationship between postpartum mothers and employers affect the mental

health of working mothers? Furthermore, how could supervisors better support mothers in America's workplaces given policies such as FMLA?

Research provides that the relationship between pregnant or postpartum mothers and their employers is important for postpartum women and could make or break the relationship by causing employees to either return to the work place, or resign (Adams et al., 2005; Buzzanell & Liu, 2007; Chester & Kleiner, 2001; Davis et al., 2005; Houston & Gillian, 2003; Lyness et al., 1999). Furthermore, there is empirical evidence to support the view that negative employer attitude and organizational climate create unnecessary stress for postpartum mothers (Mäkelä, 2008). Understanding how mothers navigate the employee-employer relationship, as well as the gendered sphere of the workplace, and the role these elements may play in postpartum mental health conditions is of particular interest in this dissertation.

Women

American women have always worked (Rhode, 1988). Some labored inside of the home, others worked outside of the home, and some, primarily women of color, worked both inside and outside of the home (Anthony, 1912; Davies, 1915, 1978; hooks, 1981; Truth, 1851). Subsequently, throughout American history the role of women in the public and private spheres has constantly changed (Matta & Knudson-Martin, 2006). Consequently, what it means to be a working mother (Acker, 1990; Bennetts, 2007; Donovan, 2003) has varied across time, space, and context (Wilson, 2004), as women have moved into all arenas of America's labor force. Women in America are securing advanced academic degrees, heading organizations, increasing revenues and they have

moved beyond the "barefoot pregnant" image due in part to the feminist movement, which can be traced back to Mary Wollstonecraft's 1792 publication entitled *Vindication of the Rights of Women*.

Wollstonecraft's (1792) work was instrumental in bringing issues of women to the forefront of American society. She maintained that the patriarchal society in which women lived condemned and conditioned them to a system of inadequacy. If given the opportunity to be equally educated theorized Wollstonecraft (1792), females would be just as proficient and capable as males. The idea of women being as competent as men is what gave rise to feminism. Feminism is a liberal democratic principal based on equality; it aims to provide society with a framework that operates on everyone's behalf (Donovan, 2003). As a result of the feminist movement, all facets of American institutions such as marriage, work, ethics, and laws have been impacted (Kimmel, 2000; Wolff, 1996). With regards to America's labor force, the momentum of the feminist movement has considerably increased women's participation in the paid labor market and brought about significant gains. Unfortunately, the work that women of the 18th and19th century did was not valued or recognized. When women did work outside of the home, the compensation was menial and the occupations were low status or non-managerial positions (Wilson &Wilson, 2000, 2001). Moreover, work outside of the home was a choice for some women while it was a necessity for others if they wanted their family to survive.

Previous to the recognition of this 20th-century movement, women such as Sojourner Truth (1851) spoke out about the complicated lives of women who were viewed as capable of enduring strenuous physical labor, yet unworthy of

acknowledgement (hooks, 1981; Scarborough, 1989). While the women's rights movement was instrumental in heightening the inequities American women experienced, it must be noted that the women's rights movement of the late 20th century was discriminatory in that it only focused on the rights of white women (Crenshaw, 1989). The feminist movement did not capture or incorporate multidimensional issues such as race and class. Had it done so, the movement would have lived up to the true democratic principal of equality (Hill-Collins, 1990).

Whereas Wollstonecraft is credited with the earliest work of feminist theory, the year 1848 brought about the first known recorded women's rights movement in Seneca Falls, New York, which was organized by Elizabeth Cady and Lucretia Mott (Seneca Falls Declaration of Sentiments: Adoption of the First Women's Rights Convention, Seneca Falls, New York, July 19, 1848, reprinted in The Sesquicentennial of the 1848 Seneca Falls Women's Rights). In 1920, the woman's suffrage movement brought about the voting rights of white American women (Donovan, 2003), voting rights that women of color were not privileged to experience until much later. More recently, with the help of the legal system, women have been able to gain access to institutions that have traditionally denied them entrance (Crenshaw, 1989). For example, in *Reed v. Reed* (1971), the court held that women could also be "administrators of descendants' estates," thus giving women the same rights as men. In *Frontiero v. Richardson* (1973), the court also upheld the rights of married women in the military giving them the same benefits as men. In 1993, Shannon Faulkner, an American woman, applied and was accepted to the Citadel, a military college in Charleston, South Carolina, that traditionally accepted only

males. Upon recognition of their mistake, the institution tried to revoke her admittance, but was unsuccessful.

Increased education has also provided women with once unfathomable opportunities to participate in America's workforce (Goldin, 2006). In general, college became more accessible for the vast majority of Americans in the 1970s because of the passage of various laws, policies, and bills. For example, race and gender-based affirmative action, the G.I. Bill, Pell Grants, low-interest student loans, and other government subsidies have all helped to make higher education more inclusive for women and minorities (Loeb, Ferber, & Lowry, 1978; Rai & Critzer, 2000). Specifically for women, the most significant educational achievement was the Title IX Educational Amendment of 1972, which helped to eradicate gender-based discrimination for programs that received federal funds (Davies & Bohon, 2007). Recognizing that education increased economic success and ultimately freedom, women flocked to colleges and universities in search of obtaining advanced degrees.

According to data from the U.S. Department of Education National Center for Education Statistics (2008), 46 percent of college degrees were conferred to women and 54 percent of college degrees were granted to men in 1977. Ten years later, 51 percent of college degrees were awarded to women and men lagged behind by 2 percent. Prior to the 1980s men out earned women in receiving Bachelor's degrees, but by 2007 women earned 57 percent of Bachelor's degrees and have led researchers (Gerald & Hussar, 2003) to speculate that women will continue to earn Bachelor's degrees in greater numbers than men. Although women earn Bachelor's degrees at a greater rate than men,

they are still inadequately compensated in the workplace (Friedan, 2001; Hochschild, 1990, 2003; Kaufman, 2010; U.S. Bureau of Labor Statistics, 2008).

In comparison to America's yesteryears, women have been able to successfully gain access to America's academic systems and job markets, however inequities still remain. For example, women earn less than men by approximately 25 percent (Chao & Utgoff, 2005) and are more likely to live in poverty than men (US Census Bureau, 2010). Speculation that a lack of education and training or "productiveness," which would help women acquire necessary skills to compete in the workforce, contribute to the earning gap between women and men (Klasen & Lamanna, 2009). Others argue that the wage disparity between the two sexes is due to the chosen status and prestige of the chosen occupation; men are more likely to go into the physical sciences and medicine while women pursue professions that are lower-earning professions (Walters & McNeely, 2010). Hence, gender discrimination in the workforce has been viewed as an additional explanation of the wage inequities of women in the US job market.

Women, Work, and Motherhood

As a result of economic inequity, women are more likely than men to live in poverty, and have less flexibility in their work schedules than men (Women in the Labor Force: A Databook, 2009). The lack of flexibility (Ginn & Sell 1997; Slan-Jerusalim & Chen 2009) women face in their work schedule may account for the decreased labor participation of mothers with children under the age of 6 in comparison to women who have children between the ages of 6-17. A study conducted in the UK found that 45 percent of mothers with children 11 years old and younger were less likely to be

employed than men. Furthermore, this report established that a survey of "122 recruitment agencies found that more than 70 percent of them had been asked by clients to avoid hiring pregnant women or those of childbearing age" (Recruitment Employment Confederation, 2005, p. 25). Despite these data, the overwhelming trend over the past four decades indicates that more and more women are becoming part of America's workforce. An important research report (Women in the Labor Force: A Databook, 2009), found that 73 percent of women with children were in the labor force in 2000 compared to 47 percent in 1975.

Additionally, the mindset and belief systems of employers regarding the issue of women leaving the workplace to pursue motherhood continue to limit the role of women in this setting (Bennetts, 2007; Families Work Institute, 2002). While the legal system has been instrumental in allowing American women access to various venues, Bennetts (2007) contends that employers believe that mothers who do not immediately return to the workforce are not as serious about their careers as their male counterparts. However the statistics paint a different picture. According to these data, while 74 percent of stay-at-home mothers were able to find employment, only 40 percent were able to find full-time, professional employment. Furthermore, researchers (Acker, 1990; McDonald, Dear, & Backstrom, 2008; Moyle, 2002) have concluded that there is considerable proof that women continue to be discriminated against and are not uniformly incorporated into America's workplaces largely because of their distinctive ability to reproduce and birth children.

The modernization of society through technology has helped increase women's participation in the workplace (Bellah, Madsen, Tipton, Sullivan, & Swidler, 1992;

Costa, 2000; Female power: Women in the workforce, 2010). Technological

advancements, such as the vacuum cleaner, microwave, washing and drying machines,

and maybe the most important creation for women, the birth control pill, gave women

options and helped accelerate their migration into America's workforce (Bellah et al.,

1992). It allowed women options that they previously did not have, a level of control that

allowed them to be as competitive, as skilled, and as individual based as their male

counterparts. The creation of the birth control pill afforded women increased autonomy

that threatened male identity. Hence, the birth control pill along with the invention of hi-

tech gadgets meant that women had more time to dedicate to gaining various skills and

obtaining their education.

　　　While technology provided women with a greater sense of options, a bigger

dilemma faced the nation as they entered the job force. This dilemma extended beyond

the wage gap, educational obtainments, or skill levels. It has been argued that there is a

direct correlation between the breakdown of the American family and women's entry into

the paid labor force (Bellah et al., 1992). Thus goes the argument, women were

responsible for the decline of America's family and morals, as a result of their selfish

desire to infiltrate the public sphere. As Edwards (2001) noted, the 1960s and 1970s

produced years of social scientist hypothesizing and investigating reasons why a woman

would choose to soil her hands instead of being kept by her husband. During this same

time, economists and demographers investigated what was pushing mothers into the

employment sector, and the 1980s brought a paradigm shift investigating challenges of

working mothers and the family (Edwards, 2001). Although the investigations were not

able to affirm concrete reasons, they did come to the conclusion that the movement of

working women ended the rise of the man as the "breadwinner" (Bernard, 1981; Gelernter, 1996) which birthed a different discussion about working women. It must also be noted that the migration of White women into the paid labor force paralleled the exodus of women of color out of the homes of white Americans as nannies and caretakers of their children. No matter what perspective was offered, the perceived disruption that was caused by mothers working outside of the home has become a highly discussed concern of American society and spurned a significant body of research about why mothers should not work outside of the home (Belsky, 1986; Belsky & Steinberg, 1978; Fox-Genevese, 1996).

As previously stated, the women's rights movement called attention to the struggles of women in American. The movement along with technology and increased educational opportunities helped propel women into the paid workforce. Women account for approximately 46.8 percent of America's workforce (US Department of Labor, 2010). Of that population, practically 71 percent of are working women with children under the age of 18 (US Department of Labor, 2010). With almost 50 percent of the population being working women and 70 percent of that population being mothers, it would appear that the debate about whether or not women should work would be mute. Nonetheless, this has not been the case.

The sentiment that marriage and work should not intersect can arguably be traced to writings dating back to the 1860s and 1870s writings of Elizabeth Stuart Phelps. Phelps, in her writings, reflects the tension that was brought about when married women sought work outside of the home. While Phelps does not take issue with women working, she does argue that women, if they want to marry, should be completely focused on

meeting the needs of their children and their husbands. So then, it was postulated that it was the man's responsibility to take care of his woman. The empirical literature is replete with examples that demonstrate the primacy of the role of men in the economy of the family (Degler, 1984; Hatter, Vinter, & Williams, 2002; Latshaw, 2011; Shreffler, Meadows, & Davis, 2011; Winslow, 2005). This was appropriately popularized in the wider culture as illustrated by James Brown (1966) when he sang about it in his song "It's a Man's World." The United States of America continuously reinforces these sentiments through inadequate policies (Gambril, 2011), and social institutions, such as in the family, workplace, and schools. In spite of the challenges that women experience in the workplace, the progress made as a result of the women's rights movement, technology, and increased education has allowed them to report increased self-regulation and economic freedom through paid employment.

Current US laws allows eligible women and men to take 12 weeks of job-protected unpaid leave under the Family Medical Leave Act (FMLA). While FMLA provides job protection, the lack of economic resources during the 12 weeks often creates a mental and physical hardship for postpartum mothers (Chester & Kleiner, 2001). Moreover, very few companies like IBM, or states such as California (through the use of sick and vacation times), actually offer paid leave in an effort to compensate for the loss of wages during this time off (Hyde, Essex, & Horton, 1993; Pleck, 1993). Customarily, when leave is taken following the birth of a child, employees reach into their vacation and sick leave accounts to sustain them during their absence. In the past, women were more likely to take advantage of leave policies, and men did not because the notion of paternity leave was taboo.

Conversely, modern research (Brandth, & Kvande, 2009; Coltrane, 2000; Crompton, Lyonette, & Kaufman, 2010; Dex & Ward, 2007) on fathering proposed that child rearing, which was traditionally deemed a female task, is now open to the prospect of men as primary caregivers, and has concluded that paternal participation in childcare responsibilities is equally important and healthy for all parties. Although there has been a shift towards men's participation in baby bonding/caretaking (Deutsch, 2001), men are still less likely to utilize leave policies largely because of societal condemnations and negative employer attitudes (Armenia & Gerstel, 2006; Hyde et al., 1993; Pleck, 1993). Moreover US workforce leave policies lag in balancing the rights of fathers who wish to be more active and engaged in the development of their families by reinforcing society's lukewarm attitude through gendered pay inequity. Since men are generally paid more than women, it makes more sense that the man would continue to work and provide while the woman takes leave and cares for the child (Almqvist, 2008; Coltrane, 2000). After all, caring for children has never been deemed "work" in Western culture. Work is defined as employment or a job for which an income or salary is paid. Mothering is a duty that is primarily a female-dominated task (Manchester, 2003), which until recently, was highly unrecognized and not paid, or underpaid (Chodorow, 1999; Hart, 2002; Hochschild, 2003).

Work, like gender, is a social construction, and the value attached to what one considers work is also socially constructed (Brennan, 2005). From birth to adulthood, people are taught what they, as males and females, should and should not do. The socialization of gender stratification begins at a young age and continues throughout the lifespan (Emmett, 2001). While social constructions may genderize and polarize the

sexes, they cannot account for who is obligated to rear the children and perform other household duties on any given night (Gergen, 2010).

Working Women and Mental Health

Bianchi, Milkie, Sayer, and Robinson (2000), found that the amount of time married women spent on household tasks was twice that of married men; Hochschild (1990) termed this the "second shift." The "second shift" is what Hochschild deemed the plight of mothers as a result of working a full-time job outside of the home, and then having to work another "shift" once she gets home. Additionally, women who worked outside of the home spent less time on household tasks than women who were not outside laborers (Shelton, 1991; Shelton & John, 1996). Highlighted in the research was the realization that married women who worked outside of the home reported higher levels of marital dissatisfaction (Cowdery & Knudson-Martin, 2005; Knudson-Martin & Mahoney, 2009; Shelton, 1991). One hypothesis for these outcomes is that the extension of women's network beyond the home deconstructs social constructions of gender-based roles and levels the playing field with regards to the division of household responsibilities (Cunningham, 2007; Fan & Marini, 2000). So then, paid employment gives women a sense of empowerment and balances their notion of household responsibilities. This begs the question, if women experience paid labor as a self-esteem booster, then how do they view unpaid household duties?

Throughout the centuries some have believed that domestic work was inherent to the biological nature of women as historian Carl Degler (1984) noted, "[s]ome historians have called the ideology of the woman's sphere the 'Cult of True Womanhood'" (p. 61).

Household duties and child rearing duties were previously viewed as separate from the public sphere, and as a result such duties were assigned to women (Finley, 1986; Law, 1983). Because these duties were part of the private sphere, society was allowed to demoralize them and reason them unworthy of equalization. However, others have argued the opposite perspective in an effort to place the contributions of women in a broader framework. For example, Mainardi (1969) asserted that there is nothing inherent or innate about women tending to the home front. The participation of women in these tasks was not due to a biological stewardship towards all things classified domestic; rather, it is mostly a function of the patriarchal system (Acker, 1990; Sadie, 2005; Nzomo, 1997) to which they were relegated that imposed these divisions upon them. It was within this context that Mainardi (1969) asserted that "the personal is political." Thus more and more women have moved into the public or political sphere while men have become more active in the distribution of household duties and child rearing (Coltrane, 1997).

Traditional perspectives (Aneshensel & Pearlin, 1987; Barnett & Baruch, 1985; Barnett, Marshal & Singer, 1992; Limpus, 1970; Menaghan & Parcel, 1990; Millet, 1969) argued that a woman's sense of importance identity was tethered to her family, and sealed in "the cult of true womanhood" or "domesticity," (MacHaffie, 2006) while man's sense of importance was strapped to his work (Law, 1983) and being the breadwinner (Acker, 1990). Furthermore, when women did seek work, the reasoning, satisfaction achieved, and stresses attained were different than those of men (Hanson & Sloane, 1992). According to researchers (Carlson et al., 2011; Scarr, Phillips, & McCartney, 1989) the sexes experienced varying stressors because the responsibilities of mothers to

household obligations and child rearing duties exceeded that of fathers. As researchers continued to study the stressors women experienced due to entering the workplace, they began to realize that the combined pressures of work and the physical and mental arduousness of caring for children could potentially have a damaging effect on the mental well-being of mothers (Blair-Loy, 2003; Goodman & Crouter, 2009; Grey & Cropanzano, 1999). Some researchers however (Gluzman, Gordon, Usdansky & Wang, 2011), are careful to confirm previous contentions that working outside of the home adversely affects a mother's mental health. Instead Gluzman et al. (2011) found that unfavorable mental health arose when the employment options of mothers were limited and the job quality was lacking. This brings into consideration the work context in which women function and the relative impact of those conditions on her mental health.

Biernat and Wortman (1991), established that professional married women who had high-yielding careers equal to those of their husbands were also faced with the same unequal distribution of child care responsibilities and home duties as disadvantaged women experienced. Going further, Biernat and Wortman's (1991) research found this particular group of women more likely to be self-critical of their familial role versus that of their husbands. Numerous studies (Barling & MacEwen, 1992; Berardo, Shehan, & Leslie, 1987; Frone, Russell, & Cooper, 1992; Matthews & Rodin, 1989; Wortman, Biertnam, & Lang, 1991) have explored and found a direct correlation between the amount of stress a woman experienced on the job, and in the home, and on her mental health and well-being.

According to statistics from the US Bureau of the Census (2010) over 8.4 million, or 57 percent, of American households with biological children under 18 years of age are

headed by single mothers. Studies examining the mental status of married mothers versus single mothers (Barling & Macewen, 1992; Berardo, Shehan, & Leslie, 1987; Frone, Russell, & Cooper, 1992; Matthews & Rodin, 1989; Wortman, Biertnam, & Lang, 1991), found that married women were less likely to suffer from mental illness than single mothers. Research findings (Ali, Avison, & Walters, 2007; Cairney et al., 1999; Cairney et al., 2003; Lipman et al., 2001; McLanahan, 1985; Pearlin & Johnson, 1977) are consistent with the view that single working mothers are exposed to more stressors and are found to have significantly higher levels of psychological distress, social isolation, increased financial difficulties, and greater child care responsibilities than married mothers. Furthermore, Ali et al. (2007) asserted that the distress single mothers experience comes from being the "primary caregiver and primary wage earner" (p. 312).

Based on the previously mentioned research it would seem that married mothers fared better since they have partners to help share care giving and financial responsibilities, but that has not been the case. According to Parry (1986), working mothers with dependent children are also greatly at risk for mental health challenges based on epidemiological findings. Parry (1986) cites research from Brown and Harris (1978), and Warren and McEachren (1983) concluding, "working women with young children are more vulnerable to mental health problems than (1) their husbands, (2) working-class women without children, or (3) their middle-class counterparts" (p. 193). Parry (1986), however, does not negate the research that mothers with more than one dependant and single mothers with younger children are most at risk for depression due to deficiencies in social support and economic strains. Nonetheless, Parry's work, which is built on previous research, found that paid employment appeared to have a positive

impact on the mental health of mothers. That is, mothers who had paying employment experienced better mental health.

Research on the effects of paid employment on the mental status of working mothers suggests improved mental health because the security provided through paid employment potentially cushions the effects of stressful life events by proffering resources that would otherwise not be available (Chester & Kleiner, 2001; Parry, 1986). Whereas married mothers may have the luxury of taking a longer leave from work because of the support they receive from their spouses, single mothers may be more restricted in their employment choices. Some researchers (Baum, 2003a, 2003b; Blau & Grossberg, 1992; Brooks-Gunn, Han, & Waldfogel, 2002) suggest that longer maternity leaves are beneficial to both mother and child. In 1993, the US formalized the Family Medical Leave Act (FMLA), making it legitimate for eligible mothers to take a leave of absence from work without losing their job. However this leave is unpaid. The policy is as follows:

> Twelve workweeks of leave in a 12-month period for; the birth of a child to care for the newborn child within one year of birth; the placement with the employee of a child for adoption or foster care to care for the newly placed child within one year of placement; to care for the employee's spouse, child, or parent who has a serious health condition; a serious health condition that makes the employee unable to perform the essential functions of his or her job; any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or** Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness who is the spouse, son, daughter, parent, or next of kin to the employee (military caregiver leave) (US Department of Labor, n.d.).

Though the law recognizes pregnant women as a protected class, and discourages discrimination, minor action has been taken to address the attitudes of employers who posture negatively when women seek maternity leave. While the direction of this paper is

an attempt to better understand how workplace policies and relationships affect the

mental health of postpartum working women, the discrimination experienced by working

mothers postpartum mothers on leave must be highlighted. A 2004 United Kingdom

investigation by the Equal Opportunities Commission found that in addition to pregnant

working women feeling discriminated against, women who were on maternity leave also

declared discrimination. The Equal Opportunities Commission's investigation into

pregnancy discrimination, which found that 30,000 women lost their jobs each year

because of pregnancy, 60,000 suffered financially, and overall 200,000 a year suffered

unfair treatment. The impact of losing working mothers is costly for employers due to the

potential for lawsuits, and the loss of talent which means having to hire and train new

employees (Woolnough, 2004).

Postpartum Working Women

In general, women are more likely to experience depression at greater rates than

men (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993). With regards to working

mothers, a direct association has been found between the amount of time a postpartum

woman takes off of work and her physical and mental health (Schritzinger, Lutz, & Hock,

1993). Research from 436 Minnesota postpartum women who were married, employed,

and first-time mothers conducted by Gjerdingen et al. (1994), established that postpartum

working women had higher rates of respiratory infections, breast symptoms, and

gynecological problems compared to non-working postpartum women; similar findings

were found in pregnant working women. Moreover, this study found that these women

were more likely to suffer from poorer mental health. This finding is consistent with

other research findings which indicates that the sooner women return to work postpartum, the greater their risk of suffering from depression or decreased mental health (Gjerdingen et al., 1994). Additionally, postpartum women who worked longer hours were noted to experience decreased mental health and increased fatigue (McGovern et al., 2007). Therefore, according to the data, longer leaves are beneficial for mothers as well as children (McGovern et al., 2000; Virtanen et al., 2011).

Numerous researchers (e.g., Baum, 2003; Blau & Grossberg, 1992; Brooks-Gunn et al., 2002; Chatterji & Markowitz, 2005) assert that the impact on the child is also constructive. The World Health Organization advises for a minimum of "16 weeks of leave after childbirth to ensure optimal growth of the infant, proper bonding between mother and child, and the health of both mother and infant" (Vahratian & Johnson, 2009, p. 177). Likewise a large body of research (Hock, 1976; Hoffman & Youngblade, 1999; Kamerman & Hayes, 1982; Schubert, Bradley-Johnson, & Nuttal, 1980) offers similar results and finds that children fare better cognitively as well as behaviorally, hence disputing claims that maternal employment has a negative impact on the mental and behavioral functioning of children.

Researchers Lovejoy et al. (2000) found that the association between maternal depression and positive parenting behaviors was moderated by socioeconomic status; that is, mothers who had greater financial resources participated in positive parenting behaviors versus mothers who lacked monetary resources, support, and lived in pressured environments. Furthermore, research has provided that infants and children of depressed parents are more likely to have maladaptive behaviors, internalizing behaviors, and challenges regulating their emotions (Alpern & Lyons- Ruth, 1993; Carro, Grant, Gotlib,

& Compas, 1993; Cicchetti, Rogosch, & Toth, 1998; Downey & Coyne, 1990; Field et al., 1996; Ghodsian, Zajicek, & Wolkind, 1984), amplified internalizing and externalizing issues (Alpern & Lyons-Ruth, 1993; Gross, Conrad, Fogg, Willis, & Garvey, 1995; Zahn, Waxler, Iannotti, Cummings, & Denham, 1990), fewer positive emotions (Dawson et al., 1999; Field, 1995), and atypical brain functioning (Dawson, Frey, Panagiotides, Osterling, & Hessl, 1997; Dawson, et al., 1992; Jones et al., 1998). Nonetheless, statistics (Bureau of Labor Statistics, 2010) report the return rate of married postpartum women with a child under the age of 1 year old at 56.1 percent. With the gradual increase of women's participation in the labor market, work places are being forced to adopt to the needs of mothers (Rojjanasrirat, 2004).

While policies such as FMLA allow some pregnant and postpartum women a sense of protection from being discriminated against because of their ability to procreate, they have underperformed because of the lack of an important component—money or financing of the leave. Concerns such as educational level, self-esteem/self-concept, interests, skill level, abilities, mentoring, and societal and cultural expectations were some of the barriers that arose as women entered the labor market (Green, Moore, Easton, & Heggie, 2004). Eradicating the gender wage gap continues to be one of the many challenges facing working mothers as well as the cost of childcare, which presents mothers with added stress. When mothers seek to return to America's paid labor force childcare becomes a new hurdle costing between $4,620-$18,773 per year (NACCRRA, & California, 2011).

The state of California has recognized the need to financially accommodate employees during leave times. In 2002 the state of California began offering employees

six weeks of paid time off to care for ill family members or newborns. Since the inception of California's policy, other states have followed suit recognizing the societal benefits. Chatterji et al. (2005) declare that a mere week of increased time off for postpartum mothers netted a 6%-7% drop of depressive symptoms. If, as many believe, the children are our future and the raising of a child takes a village, it would be beneficial for the leaders of these villages (employers) to consider revamping policies regarding the amount of paid time off pregnant and postpartum women are permitted.

Maternal Employee-Employer Relationship

The Perinatal Working Mother

Physique changes of women during pregnancy are evident to the human eye as the fetus develops in her womb. Hormonal and emotional modifications also occur, and women are at increased risk for physical and mental health complications although these changes may not be as evident as the physical changes (Striegel-Moore, Goldman, Garvin, & Rodin, 1996). Nevertheless, as these changes occur, employers and coworkers secretly formulate, reconstruct, and redefine the role of the pregnant woman in the workplace (Thompson & Francesco, 1996) as not to openly violate anti-discriminatory work place mandates. These individual and collective constructs join together to create a discriminatory work environment that causes perinatal and postpartum mothers added stress and potentially creates talent loss in America's labor force.

With time, the growth of the fetus, leads to physically noticeable changes of a pregnant woman's body as well as physiological changes (Draper, 2006). Some of these physical manifestations may include nausea, heartburn, constipation, exhaustion, fatigue,

weight fluctuations, sleep problems, vague and chronic pain, and hyperventilation or heart palpitations (Beeber, 2002; Bennett & Indman, 2003; Chan & Levy, 2004; National Mental Health Association, 2003; Striegel-Moore et al., 1996; Troy, 2003). Back pain, an inability to carry or move items, stand or walk for long periods of time, swollen feet, and morning sickness transpire. Energy levels shift, moods change, and women are at unusually higher risk for a multitude of health issues such as high blood pressure, cardiovascular changes resulting in an increased need for oxygen, and gastrointestinal and genitourinary systems transformations (Draper, 2006; Striegel-Moore et al., 1996). To complicate these changes pregnancy brings about the potential for psychological and emotional ramifications in women.

Fluctuating hormones, sleep deprivation, and psychosocial elements contribute to the mood changes of perinatal mothers. Researchers (Swanson, Pickett, Flynn, & Armitage, 2011) from outpatient psychiatric centers at the Department of Psychiatry, University of Michigan, Ann Arbor, Michigan, and the Department of Psychology, Oakland University, Rochester, Michigan found that pre-postpartum depression is the most common and incapacitating hurdle of the birthing process. Other researchers (Palladino et al., 2011) agree with this contention, and found that perinatal depression resulted in longer hospital stays for mothers after delivering the baby. Approximately 1 in 5 women will experience depression during her pregnancy (Gavin et al., 2005; Swanson, Pickett, Flynn, & Armitage, 2011; Vesga-Lopez et al., 2008), and approximately 16 percent of pregnant women experience an anxiety disorder (Matthey, Barnett, Howie, & Kavanagh, 2003; Wenzel, Haugen, Jackson, & Brendle, 2005). These fundamental

changes experienced by women during pregnancy generate unease and uncertainty in the work environment creating tensions and sexual discrimination.

Little research has been conducted on the physical and physiological effects of pregnancy on women (Dipietro, Costigan, & Sipsma, 2008; Striegel-Moore et al., 1996). Furthermore, research that has been conducted is unilateral in focus and diverging in results. There is a need to adequately study the physiological and physical changes women experience throughout pregnancy because, as Striegel-Moore et al. (1996) noted, this information may be helpful for policymakers when as they develop work place regulations for women. This information is also needed to educate the labor force and dispel myths about pregnancy and pregnant women. Current labor force research is doused with reports of sexual discrimination towards pregnant women, unsupportive and negative work environments, unkind employers, angry spiteful co-workers who do not think that pregnant women should not be accommodated, and pregnant women who feel guilty and victimized because they want to have a child (Bobbitt-Zeher, 2011; Buzzanell & Lui, 2004; Byron, 2010; Chester et al., 2001; Finley, 1986; Cowan & Bochantin, 2009; Greenberg, Ladge & Clair, 2009; Güngör & Biernat, 2009; Issacharoff & Rosenblum, 1994; Schultz, 1990; Siegel, 1985; Tinkler & Mollborn, 2007).

While research from the pregnant employees perspective about her relationship with her employer is scarce (Mäkelä, 2008), empirical evidence reflects the inhibitions pregnant working women experience as a result of their pregnancy and impending maternity leave (Chester et al., 2001; Buzzanell & Lui, 2007; Thompson & Francesco, 1996). Cognizant of once legalized bigotry and hovering age old stereotypes towards pregnant women about their lack of ambition, capabilities, and commitment to their job

during pregnancy has caused women internal and external conflict (Greenberg et al.,
2009), and complicated ways to discuss and negotiate potential accommodations such as
maternity leave (Miller, Jablin, Casey, Lamphear-Van Horn, & Ethington, 1996).

Working women have reported other career related fears as a result of their
pregnancy. The societal perception that women who choose to have children instead of
progressing their career are not worthy of advancing is still prevalent among America's
employers, even with the creation of legal policies aimed at eradicating sex based
discrimination. Ridgeway and Correll (2004) call such perceptions towards mother the
"motherhood penalty hypothesis" based in status characteristics theory which is an
element of expectation states theory (Berger, Fisek, Norman, & Zelditch, 1977). Status
characteristics theory argues that there is a hierarchical structure based on elements such
as age, race, and gender which creates perception about aptitude. Ones' status in the
structure determines ascribed perceptions and ultimately determines whether or not
advancement is attainable. Because the law cannot change or keep impending mothers
safe from the ascribed negative perceptions or acts of others (Bartlett, 2009) and their
status characteristic (Biernat, Crosby, & Williams, 2004), women still feel unprotected
and vulnerable. Competing research however argues that policies can and do negate
stereotypes and beliefs citing racial integration and affirmative action (Tinkler, Li &
Mollborn, 2007). Either way, societal perceptions find their way into the belief system of
pregnant mothers causing them to internalize such beliefs (Greenberg et al., 2009). As
mothers internalize such beliefs they find themselves in a conundrum while they question
their capabilities, worthiness, and their decision to have a child instead of holding fast to
the unspoken rules of the workplace which requires "service above self" to employers

and co-workers, and a separation between the private and public spheres leading to increased worry and stress.

As previously stated, research regarding the effects of perinatal employee-employer relationships on postpartum mothers and their re-entry into the workplace is in the formative years (Buzzanell et al., 2004). However, the research that has been conducted on this relationship presents vital information about helping women re-enter and remain in America's labor force. The common theme throughout the literature review of postpartum working mothers found that positive supervisor support and work environments were significant for the success of working mothers (Brown, 2010; Chester & Kleiner, 2001; Hester & Middaugh, 2006; Kalish & Latif, 2005). Prevailing research reflects employer credence that the model of the "ideal worker… assumes organizational members commit the majority of their physical and psychological time to their work" (Greenberg et al., 2009, p. 42)… "pregnancy, sets mothers apart from the norms of the ideal worker as these norms are grounded in masculine assumptions about work" (Gartrell 2007 as cited by Greenberg et al. 2009, p. 43); not children and family. The worker "ideals" are in direct opposition to parenthood and if they are not changed, increases the likelihood of discrimination and talent loss. Consequently, if reintroduction of postpartum mothers back into the workplace does not provide a sense of positive association through employer and work place support of the both the private and public spheres, the potential for talent loss is significantly greater.

Summary

Social movements such as the feminist movement helped accelerate the

participation of women in America's public sphere. While American women have always worked, some worked outside of the home, while others were confined to the home; for both groups pay was minimal or non-existent. Nevertheless, as women moved into the public sphere, the government recognized the inequities they experienced because of their gender, and attempted to protect them by constructing laws and policies. These legal protections along with technological advancements allowed women freedoms that once seemed unfathomable. Unfortunately law has not been able to protect women from being discriminated against in public spheres such as the workplace. Additionally, societal attitudes and pressures continue to impede the progress of working women. A woman who chooses to have a child instead of advancing her career is less likely to be taken seriously or validated. In addition to the challenges mothers experience in the workplace, they are also likely to experience the "second shift" (Hochschild, 1990). The totality of these pressures contributes to the stresses of mothers, hence decreasing their physical and mental health. However, empirical data on maternal depression reflects that increased maternity leave times and financial support during maternity leave helped decrease maternal depression and improved the mother-child relationship. Unfortunately FMLA does not provide women with these two variables. Although FMLA provides eligible women with some degree of legal protection, it cannot change the stress, negativity, and discrimination working mothers experience in the America's labor force.

A concern for working mothers is the lack of support they receive from their employers. Supervisors are in a position to offer mothers positive support. Furthermore, supervisors as leaders of organizations have the potential to change the environmental culture. FMLA provides for time specified leave. However, the extant research evidence

strongly suggests that this leave time is inadequate. Often time women return to work physically and mentally drained from the stress of motherhood. The relationship supervisors develop with postpartum mothers can stimulate increased health in mothers, or contribute to a mothers wavering health.

CHAPATER THREE

CONCEPTIONAL FRAMEWORK

Theories of Postpartum Depression: Medical Model and Stress

Theory

Scientific scrutiny of postpartum depression has led to two major theoretical schools of thought when attempting to explain the causes of this disorder: the medical model and stress theory. From the perspective of the medical model, a diagnosis of postpartum depression insinuates that it is biological in nature. Hence it is pathological and treatable if a prescribed treatment is properly followed. The fluctuation of hormonal levels and other biological factors, such as a previous history of depression or whether the mother breastfeeds are significant factors in the medical model (Baker, Mancuso, Montenegro, & Lyons, 2002). During pregnancy, estrogen and progesterone hormonal levels of women gradually increase. After delivery, there is a significant decrease in these hormones as they attempt to return to pre-pregnancy levels. It is surmised that this immediate drop in hormonal levels causes women to experience postpartum depression because of the effect the hormonal drop has on the activity of the neurotransmitter system (Breese, McCoy, Martin, Beal, & Watson, 2003; Bloch, Daly, & Rubinow, 2003). As a result of biological symptoms PPD presents itself through behavioral and well as physical manifestations. Some of these physical manifestations of PPD may include constipation, exhaustion, fatigue, weight fluctuations, sleep problems, vague and chronic pain, and hyperventilation or heart palpitations (Beeber, 2002; Bennett & Indman, 2003; Chan & Levy, 2004; National Mental Health Association, 2003; Troy, 2003).

A challenge of the medical model is that it pathologizes women who experience PPD (Mauthner, 1999). The medical model attempts treatment of these women by "fixing" individual illnesses and deficiencies through medication. Studies (Cox, 1989; Cox & Holden, 1994) of PPD that are constructed from a medical model locate PPD within the individual mother and applies a step by step mathematical cure to this condition by attempting to describe it, predict it, prevent it, and treat it (Mauthner, 1999). This model neglects the different realities of mothers and discounts environmental factors that impact mothers as they enter a new life phase. The pathologizing of women who experience PPD reinforces society's perspective of them as inferior and perpetuates the creation of insufficient ineffective leave policies. It allows Western society to reinforce the perspective that women "cannot have it all" and if women do want to have the best of both worlds, the cure to this condition is following prescribed mandates. The implication of the medical model's perspective is that the "path" of the "illness" which creates PPD rests within the control of individual women, therefore men and women really are equal. It implies that there is a solution for curing PPD which rests solely on women, not communities. The solution is that women should not mix motherhood and work; women who choose motherhood and work should find a way to experience motherhood without discussing the challenges, and without burdening the capital gains of employers with longer or paid leave periods. While the medical model offers insight about biological factors that may contribute to PPD in mothers, it also sterilizes their lived experiences and further pathologizes them.

Parcells (2010) found that women who were depressed perceived their life was more stressful and had elevated levels of resting cortisone when compared to women who

were not depressed. Other research rebukes the contention that there is a connection

between cortisone and pregnancy related depression (Figueiredo & Costa, 2009; King et

al., 2010; Pluess, Bolten, Pirke, & Hellhammer, 2010); however the women who

participated in that research did not meet criteria for a clinical diagnosis of depression.

From the viewpoint of stress theory, the human body reacts to tense situations by

activating the sympathetic nervous system. As a result, a physiological response is

ignited, and this causes the fight or flight reaction (Cannon, 1929). Selye (1956) built on

Cannon's "stress" theory by proposing that stress causes disease and long-term chemical

changes in the body. In a stressful situation, the body reacts by releasing various stress

hormones such as cortisone and adrenaline to produce a high level of energy (Selye,

1956). Selye (1956) also described three stages of this process. The first stage is the

alarm reaction stage which is activated during a tense situation. PPD mothers during this

stage are keenly aware and worry about every sound or move their baby makes; they are

hyper alert and expend tremendous amounts of energy to ensure baby's needs are being

met while neglecting their own. The second stage is resistance. In this stage the body

attempts to return to homeostasis after the situation is over. However, because the

stressor continues to exist in the body, homeostasis becomes difficult. An example of this

is a mother who attempts to sleep, but wakes every time she hears a noise because she

thinks her baby needs something and does not want to neglect her child's need. At this

point the body moves into the final stage, which is exhaustion. During the stage of

exhaustion mothers suffer from fatigue, irritability, and lack the ability to operate at their

pre-postpartum level of functioning. PPD mothers want to care for their child but find it

physically and mentally challenging. The recognition of this limitation by many mothers

leads to feelings of guilt and shame pushing them farther into depression. The stage of exhaustion may be met with long-term damage and in cases possibly death. Social and environmental stressors have been linked to postpartum depression. Inflexible work schedules, lack of finances, lack of supervisor and co-worker support, fatigue, and resources are some variables that contribute to stresses of postpartum mothers. It is continued exposure to various stressors such as the elements discussed above that wear on the psyche of postpartum mothers decreasing their mental and physical health.

Also in support of the stress theory perspective, are Hendrick, Altshuler and Suri's (1998) who contend that there is not any singular biological factor that contributes to postpartum depression. After examining research on the biological etiology of postpartum depression, Hendrick et al. (1998) found methodological problems with medical model studies. Variables such as whether or not mothers were breastfeeding, sleep levels, potential effects of medication, and seasonal variations in hormonal levels were rarely controlled for in the studies. According to Hendrick et al. (1998), instead of assessing free, biological active hormone levels, many of the studies evaluated total hormone concentration. Research on the biochemical or etiological role of hormonal factors when seeking causes of postpartum depression was lacking, consequently Hendrick et al. (1998), argued that there may be hormonal axes that contributed to depression in postpartum mothers. Therefore, reasoned researchers (Hendrick et al., 1998), the inclusion of psychological controls such as employment status, support systems, age, marital status, marital conflict, unplanned pregnancy, and infant factors such as infant developmental challenges, high irritability, or poor motor behaviors were

imperative factors to explore in future research investigations of postpartum depression along with biological and physiological controls.

Thus far, two primary models, the medical model and stress theory, have been discussed. Taken in context, each theory offers invaluable frameworks to gain a foundation for understanding PPD and producing treatment options. The medical model approaches PPD from a biological perspective and stress theory approaches postpartum depression from a physiological construct that reacts to external forces. Treatment options vacillate from medication management to talk therapy, to case management and resourcing. Although Hendrick et al. (1998) found the medical model to be lacking, the contributions of this model cannot be denied, and instead of "throwing the baby out with the bathwater" perhaps it may be helpful to use a multidimensional approach to comprehend the constructs of PPD.

Transformational Leadership as an Organizational Theory for

Workplace Change

The available data on the relationship between maternal mothers and employers around the issue of maternity leave reflects discontent on the part of women (Brown, 2009; Buzzanell & Liu, 2007; Human Rights Watch, 2011) and employers (Kalish & Latif, 2005; Kidwell, 2001). According to the data, postpartum mothers report a lack of support, negative attitudes, and inflexible work schedules as contributors to their depression (Chester & Kleiner, 2001; Thompson & Francesco, 1996). Karasek's (1979) work stress model is widely used in occupational health psychology and is the demand-control model. According to this model, the combination of heavy psychological job

demands and limited job control or decision-making authority results in high job stress which leads to decreased mental and physical health. The demands and limited control over work conditions coupled with caring for a child weighs heavily on mothers consequently increasing their stressors.

Karasek's (1979) demand-control model would later be extended to include support from co-workers and supervisors, making it the demand-control-support model (Karasek & Theorell, 1990). The addition of the component of support to Karasek's model, offered that when employees experienced high demands and lack of control in the workplace, the support they received from supervisors and co-workers acted as a buffer and mediated the effects on mental and physical health. This supports Pearlin's (1999) position that specific resources such as social supports are beneficial to mental and physical health because the impact of the stressor is reduced. Given the reports of strained relationships between maternal women and employers, this dissertation seeks to investigate the effects of the maternal employee-employer relationship on working mothers and offers the framework of transformational leadership as a process of recovery for employed postpartum women. Consequently, this section will discuss transformational leadership theory, and examine how it may be beneficial in creating change in the maternal employee-employer relationship. A discussion of the process of recovery will preempt the discussion of transformational leadership with the intention of offering a foundation for why and how the framework of transformational leadership could be helpful for supervisors.

FMLA was developed to provide eligible workers with legal protection in order to balance work and family obligations (Employment Law, 2009; Roog, Knight, Koob, &

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Kraus, 2004). The discrimination experienced by the influx of pregnant working women into America's workforce was one impetus for the creation of this policy. However research has found that FMLA is biased and discriminates against low income women who are the heads of households (Roog et al., 2004). Additionally, FMLA does not benefit postpartum working mothers who may need extended leave time to deal with postpartum related issues. As a result of FMLA's shortcomings, mothers return to the workplace facing potential obstacles, and per the data, some of these obstacles can be mediated through positive supervisor support. Research has continuously shown that supervisors who build strong relationships with supervisees are more likely to have supervisees who feel supported, are more committed, satisfied, and invested in work.

Work can be stressful. The addition of a newborn child into the equation of working women's lives adds additional stress. As women recover from childbirth and return to the world of work, incorporating the rudiments of both, work and motherhood, are oftentimes reminders of challenges many working women experience. Research however has presented findings that relationships are a source of social and mental health (Abbott & Ryan, 2001), and can be the impetus for increased happiness or sadness while acting as a safeguard against stress or increasing stress (Argyle, 1999; Dowson & Martin, 2009; McCarthy, Pretty, & Catano, 1990). Information conveyed through previous research on working mothers found that mothers did not always feel supported upon their postpartum re-entry into the workplace deducing the importance of the mother and supervisor relationship. Therefore, as leaders of the workplace, supervisors are in a unique position to alleviate or augment stressors of postpartum mothers based on the type of relationship they create with their employees.

The research literature on optimal human functioning (Bronfenbrenner, 1986; Moos, 2002; Sarason, 1993; Weisenfeld, 1996) is proliferated with the importance of positive interpersonal relationships. Interpersonal relationships create the foundation for how people feel, act, and think (Kelly & Hansen, 1987); development theory about childhood and adolescences growth emphasizes this construct (Hartup, 1982). Interpersonal relationships give people a sense of connectedness and belonging (Dowson & Martin, 2009); they provide a context and understanding from which expectations are developed.

The Process of Recovery

During the 1980s a paradigm shift occurred and service providers began to view recovery as a process. The process of recovery constructs a medium for postpartum mothers to interact with a multitude of systems around them, not just one system or framework. Hence recovery is a multidimensional process that cannot be molded into a model (Buckles, Brewer, Kerecman, Mildred, Ellis & Ryan, 2008). This system includes the supervisor as a means of intervention and treatment. The process of recovery moves away from the medical model and offers a paradigm shift through innovation and a non-traditional Western approach. Whereas the medical model dictates treatment to clients, the process of recovery locates the person being treated at the core of the treatment and allows her to dictate treatment with the guidance of health professionals. As Osher and Osher (2001) assert, treatment is deficient and ineffective if service providers do not respect the "background and culture of a family" (pg. 50), because the use of a single cultural perspective is oppressive. With the use of the patient's voice as the motivation

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for treatment, this paradigm seeks to integrate patients back into the community with the use of natural supports (Buckles, et al., 2008; Burns & Goldman, 1999). Oftentimes, individuals and families are knowledgeable and adept at navigating services within their communities, yet this skill goes unnoticed because professions view themselves as the expert. Therefore, collaboration through partnership between the individual being treated, the community, and healthcare professions is a key component of this process (Osher & Osher, 2001). The compromises made during the adoption of FMLA as policy created a system of inefficiency because it does not alleviate stressors for mothers. Although no research has been able to provide a conclusive etiology of PPD, the extant literature offers that a history of family or personal depression and depression during pregnancy could be a source of PPD (O'Hara & Swain, 1996; Workman, Barha, & Galea, 2012), hence the importance of the medical model when seeking to use mediation as a treatment option. Likewise, other research has also found environmental factors and non-biological stressors compromise the lives of postpartum mothers and could cause PPD. Evidence based research confirms early prevention is more cost effective than post illness care, and decreases and potentially diminishes the long term effects illness (Hardcastle, Record, Jacobson & Gostin, 2011). Ultimately, a mother's recovery process does not have to be limited or based in one theoretical underpinning.

Evidence based research additionally shows that women can benefit from interventions as long as an evidence based system has been constructed (Hardcastle et al., 2011). Moreover, evidence based research verifies that there is a direct connection between social behavioral change and social environmental attitude; it is the social culture of the environment that creates behavioral change (O'Neill, Horner, Albin,

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Sprague, Storey, & Newton, 1997) not the development and implementation of law (Tinkler, Li, & Mollborn, 2007). Change does not occur because someone says change needs to happen. The culture of an organization becomes imbedded in an organization through practice, consistency, and history (Scott, 1987). The lack of system scrutiny reinforces the pervasiveness of the culture and complicates change (Zucker, 1987). Consequently, changing social attitudes and belief systems can be challenging although not impossible.

In order for there to be sustained changes in attitudes and belief systems, changes with individuals as well as changes with the social culture of an organization and environment must occur and must evolve as society changes (Greenfield 2009; Osher & Osher, 2001). Models of social change have been used in various organizational settings to endorse new cultures and deconstruct destructive perspectives. Astin (1996) constructed a leadership model of social change to be used in the college setting. Astin's model viewed social change as a process encompassing three overarching groupings that hold seven core themes "personal or individual values (consciousness of self, congruence, commitment), group values (collaboration, common purpose, controversy with civility), and a societal and community value (citizenship)" (pp. 5-6). The US Department of Education, Office of Special Education developed Positive Behavioral Interventions and Supports (PBIS), which is a social change model established to reconstruct and connect two separate systems as a means of promoting the success of all students. In the PBIS model, social change is comprised of membership, a common language, common vision/values, and a common experience. Although models of social change may vary, they all agree that behaviors are driven by vision and values

(Shteynberg, 2010). The leaders who implement various strategies into their systems use differing tools, but the message is concrete, clear, and universal. They inherently believe that the implementation of all components of social change needs to be pervasive in the system for successful environmental change to occur (PBIS, 1993, 2012). Likewise some of America's work places recognize that the need for organizational shifts to keep up with the modernization of society, however the implementation of policies aimed at paralleling societal shifts do not address the attitudes of its members because members do not share a common experience with perinatal and postpartum mothers who work outside of the home.

Leadership

The work domain is a construction derived from masculinity. Although perspectives about gender and leadership traits are evolving, traditional beliefs about men posited them as power seeking, cold, non-relational, assertive, confident, and selfish whereas women were just the opposite (Riger, 2000; Wisecup, 2006). Traditional societal conceptions posited men as leaders and women as followers (Hojgaard, 2002). Because of the nuances of leaderships, there is no one definition that can clearly capture or define the complexity of leadership (Bolden, 2004; Doyle & Smith, 2006; Jones & Rudd, 2007; Mello, 1999). There is however a plethora of definitions, perceptions and skills for what constitutes true and effective leadership (Bolden, 2004; Doyle & Smith, 2006).

Various researchers (Doyle and Smith, 2006; Maccoby, 2000; Murphy, 2000) contend that there is a difference between leadership and management noting that one does not make the other. Maccoby (2000) defines management as "a *function* that must

be exercised in any business (p. 57)." Murphy (2000) states "managers gain their power from the organization through a contractual arrangement, that is, a contractual arrangement between the organization and its workers." While the distinction, or perceived distinction, between "leadership" and "management," is an important discussion, it is not the purpose or focus of this paper. Rather, this paper posits that management serves as a guide, hence a position of leadership. The above being said, the use of the words employer, manager, and supervisor will be used interchangeably, and within this context should be understood as meaning someone who is in charge of the workload and direction of others.

American society has been plagued with the politics of institutional discrimination (hooks, 1981, 2000; West, 2001). The politics of discrimination coupled with ineffective leadership has created disparities and inequities in various institutions (Cooper, 2005; Friere, 1998; hooks, 2000; Oakes, 2003; West, 2001). Researchers (Cooper, 2005; Doyle & Smith, 2006; Fine, 1991; Friere, 1970, 1998; Jones & Rudd, 2007; Mello, 1999; Moore, 2003; Oakes, 2000; Tinto, 1993; Tinto & Goodsell, 1995; Tracey & Sedlacek, 1984; Wolff, 1996) have found that leadership affects the culture of an organization. Data from the research has shown a direct correlation between the created social culture of the environment and the culture of the organization. Therefore, the workplace climate can be changed without the need for government to implement policy. The social culture of the environment creates a host for the climate of the organization, and the culture is driven by the leader.

A review of the leadership literature (Bass, 1999; Bolden, 2004; Bryman, 1992; Clark, 1999; Deal & Peterson, 1994, 2004; Miller, 1995) reflects many similarities and

differences between leadership traits and styles. As a result, numerous leadership models have been constructed, revamped and all together deemed void. Leadership research shows mixed results when studying gender. A number of studies have described men as having a tendency to use transactional leadership, while women lean towards using transformational leadership (Bass, 1998; Bass, Avolio, & Atwater, 1996; Druskat, 1994; Giovanonni, 2001; Maher, 1997). However, because the aim of this dissertation is to examine the relationship between maternal employees and employers, and current research situates women's perception of support from supervisors as deficient, special attention will be given to transformational leadership as a theory of intervention.

Transformational Leadership

Transformational leadership explains that leaders lead through passion and inspiration (Avolio, 1999; Burns, 1978; Bryman, 1992). They care about their followers and want them to succeed. Transformational leaders are visionaries; they believe that their vision will create excitement and convert potential followers. In order for this to be done, leaders must sell their vision to their followers. This is done by creating trust, their personal integrity and remaining visible as opposed to behind the scenes. Transformational leaders not only seek to transform the organization, they seek to also transform the individual (Avolio, 1999; Burns, 1978; Bryman, 1992).

In the context of work, which is a socially constructed gendered domain, supervisors who lead from a transformational position can enact and change inappropriate attitudes. The foundation of the working environment was developed from a patriarchal structure imbedded in hierarchies of power and control (Sadie, 2005;

Nzomo, 1997). Women entered a domain that was already created and had to adopt. So then, developing a collective identity and mission, a solid moral compass of ethics, integrity, and commitment to help labor forces move the socially constructed gendered domain to a culture of equity and shared governance is needed. It is this interconnectedness, this collaboration of having a shared vision and set of values that will induce attitudinal and environmental change in America's workplace.

Transformational leaders builds the character of the organization and workers leading them to be more compassionate to the needs of pregnant/postpartum women hence supporting a woman's decision to become a mother. Furthermore, supervisors as transformational leaders in the workplace support efforts to promote a higher level of functioning. Although there is a community of shared governance, supervisors are aware of the individual needs of employees, and likewise, co-workers are sensitive to individual needs. The nature of an employee-employer relationship is power. How a supervisor exerts her/his power can be disconcerting. Repeated throughout the literature are stories of mothers who have been discriminated against because they are mothers. Data about hostile work environments that are created because supervisors or co-workers think mothers lack dedication to their work or employer, or that mothers just are not serious about advancing their career because they chose to have a child, changes to work their schedule, inflexibility, and intentional and overt acts of unfairness aimed at making mothers feels uncomfortable has inundated research and is disseminated annually by the EEOC. Transformational leadership offers supervisors an avenue to intervene in unfavorable environments. This leadership model also offers a supervisor the ability to be

the intervention of change through her/his leadership. As the agent of change, supervisors are not held to interpretation of ambiguous law.

Psychological well-being (Arnold, Turner, Barling, Kelloway, & McKee, 2007) and higher levels of follower self-efficacy (Kart, Shamir, & Chen, 2003) have been associated with transformational leadership. Transformational leaders do not operate from a position of control, they empower employees (Shamir, House, & Arthur, 1993), they create environments of learning, encourage analysis, self-consciousness, and self-control (Avolio, 2003); they positively influence others' subjective well-being (Arnold et al., 2007; van Dierendonck, Haynes, Borrill, & Stride, 2004). The use of transformational leadership by supervisors in the workplace has the potential to lead to healthier environments defunct of discrimination towards mothers. Research has provided that healthy work environments lead to healthy workers. Healthy mothers are less burdened and less likely to suffer from illnesses. Healthy mothers are more productive, and look forward to coming to work. They have an improved sense of self and a sense of belonging. Healthy mothers are more likely to be emotionally available when interacting with co-workers, consumers and most importantly, when interacting with their child. American workplaces are pervasive with attitudes that harm mothers. In sum, supervisors are in a unique position to transform workplaces through their actions. They are in positions that allow them to change the climate of organizations and reshape cultures so that marginalized groups such as mothers are engaged and included.

Summary

Thus far, most of the research on postpartum depression has focused on finding

causes, symptoms, preventative measures, interventions, and arguing for improved awareness (Abrams & Curran, 2011; Abrams, Dornig, & Curran, 2009; Glavin, Smith, Sorum, & Ellefsen, 2010; Roseth, Binder, & Malt, 2011). Although the causes of PPD have not been fully discovered, researchers have connected biological and physiological connections. Researchers have also been able to link various socio-environmental stressors to PPD. Amongst the stressors that has been identified by mothers is work. Hence the important of the medical and stress models when conceptualizing PPD. Yet few studies have investigated the relationship between work related stress and postpartum depression (Dagher, McGovern, Alexander, Dowd, Ukestad, & McCaffrey, 2009). The research that has been conducted on work as a determent of maternal postpartum depression uses a gendered, organizational, or sex based discrimination framework, and rarely offers a concrete holistic approach to treatment. One potential treatment solution to buffer the negative stress postpartum mothers experience in the workplace is the supervisor.

CHAPTER FOUR

RESEARCH METHODOLOGY

Qualitative Research

The epistemology that a researcher uses influences the goal or purpose of a study. Because my goal was to bring to light the difficulties postpartum mothers experience as a result of the insufficient leave policies in America, a qualitative approach was appropriate for this research. The three basic assumptions of this qualitative research project were: (1) researchers are never truly absent from their text (Fine, Weis, Weseen, & Wong, 2000), (2) a good researcher refuses to be limited to one procedure or method (Janesick, 2000), and (3) qualitative research is holistic. In other words, it looks at the larger picture, or the whole picture, and begins with a search for understanding of the whole. Therefore, qualitative research is not constructed to prove something or to control people (Janesick, 2000).

Denzin and Lincoln (2000) believe that qualitative researchers are likely to encounter the constraints of the day-to-day social world, are concerned with capturing the individual's point of view, and are interested in securing rich descriptions of the realities. Consequently, research goals shift and evolve throughout these processes. Because I examined leave policies, the perceived attitudes of employers, and the experiences of working women postpartum, a qualitative methodology was appropriate for this study to capture and analyze the necessary data. This dissertation attempted to fill a gap in the literature by focusing on how employer attitudes and leave policies were experienced by postpartum mothers and how these attitudes affect the mental health of postpartum mothers. Given that central constructs by definition pertain to participants' perspectives,

direct quotations were used as a basic data source to highlight the experiences of working women who become mothers.

Qualitative research as defined by Creswell (1994), is "an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted on a natural settings" (pp. 1-2). Qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific settings. The fundamental belief of qualitative research according to Gay and Airasian (2003) is rooted in the perspective that meaning is derived from varying and differing viewpoints; thus, how people understand situations is contextual. Going further, because meaning is located on a continuum of time and space, the interpretation and/or experiences of people will ultimately change. Nonetheless, Gay and Airasian (2003) argue that no one perspective or contextual understanding of an experience is more factual. Hence, this substantiates the appropriateness of using a qualitative research method for this investigation. One might think that PPD is a condition that only single mothers or poor women experience, yet this is not the case. Seemingly PPD has managed to afflict women from all walks of life. Numerous researchers have continuously argued that the twelve weeks of maternity leave granted to eligible mothers under FMLA is not enough leave sufficient although some employers or policy developers may have a different perspective.

While a healthy body of research has been conducted on the issue of postpartum depression, the research on the effects of short-term versus long-term maternity leaves on postpartum mothers is in its infancy. The effect of employer attitudes on postpartum mothers is also an understudied subject. It was imperative that a qualitative research

study, which sought to gain knowledge from the participants about their experiences, was conducted so that systems, resources, and necessary policies can be implemented to remove barriers and improve the mental health of postpartum working mothers.

Using a Grounded Theory Approach

In addition to conforming or refuting existing theory and gaining "insight" about the experiences of working women postpartum, it was my belief that the use of grounded theory in qualitative research would be significant because it would empower women to speak for themselves and participate in their own theory construction (Hill-Collins, 1990). Additionally, lending their voice to this research might help move employee leave policy into a direction that is friendlier to mothers who seek both motherhood and a career; it also offered the participants an avenue to create systems of change, which would be based in the reality of their stories as represented in the data collected for this project.

Glaser and Strauss are credited with the creation of grounded theory in the 1960s. Grounded theory is the development of inductive, "bottom-up," theory that is "grounded" directly in the empirical data (Babbie, 2004; Glaser & Strauss, 1967; Patton, 1990). Grounded theory comes from the lived experiences of those being interviewed. It is a complex multilayered process that begins with the asking of questions aimed at focusing interviewees on the issue at hand, yet the questions are constructed in a manner that is not limiting or confining for the respondents. The procedure for collecting data is systemic in nature and begins with open coding, moves into axial coding, and concludes with

selective coding. It must be noted however, that the process of analysis is a continuous and cyclical process (Janesick, 2000).

Using a grounded theory approach, I followed the basic format of conducting interviews and then transcribed, analyzed, and modified the interview guide in an attempt to gather more data in subsequent interviews (Hill & Thomas, 2000; Janesick, 2000). Interviews were conducted and data was used to gather themes and categories and thick description of the experiences of postpartum mothers. According to Patton (1990), thick description provides rich contextual detail that makes interpretation possible and allows for multiple interpretations.

The Role of the Researcher

Fine (1994) notes that the traditional relationship between the researcher and the subject was "problematic…obscured…protecting privilege, securing distance, and laminating the contradictions" (p. 72). Thus, Fine makes the argument that it is imperative for researchers to come clean of objectivity and become part of the group, share their identities, political agendas, and other areas of interest. According to Fine, Weis, Weseen and Wong (2000), "Researchers have an [ethical] responsibility to talk about our identities, why we interrogate what we do, what we chose not to report, how we frame our data, on whom we shed scholarly gaze and who is protected and not protected as we do our work" (p. 123). Without the disclosure of the aspects presented above, the researcher commits an act of injustice and subjects the participants to unethical degradation of their stories and experiences.

Charmaz (2003, 2006) argues that, although the qualitative researcher is separate from the data and does not intentionally set out to sway research, having the position as researcher along with societal influences inevitably impacts on the research. For example, my gender, age, race, education, socio-economic status, and life experiences may have potentially influenced and impacted this study. I am a Black American female doctoral student in my 30s who is a single mother. I am a mental health clinician who has worked in the non-profit, social/human, and public sectors for 10+ years; 5 of these years have been in middle management/supervisory positions. As a single mother I have experienced the stresses that accompany motherhood and pursuing a career. My initial understanding of how complicated motherhood and working might be occurred when I was approximately four months pregnant and was slated to teach in a university summer program for youth. Due to pregnancy-related health concerns, I was not able to perform the duties of my job. Without income or a potential source of income I moved in with my mother who provided various supports. Coincidentally since the age of 12, I, along with my older siblings, aged 13 and 17 at the time, was raised by a single mother after my father's untimely death. In sum, my experience with being a single mother and being raised by a single mother has been fret with challenges. With this research it was my intention to shed light on the dilemmas and challenges working mothers experience. Furthermore, it is my hope that this research offers employers and America's government insight into these challenges and formulate policies that encourage the promotion of our greatest resource—children.

Sampling

This study captured the stories of 31 individual key informant participants who were mothers. In addition to the 31 individual key informant interviews, 1 focus group was conducted. An invitation was extended to 6 mothers based on their geographical location. All 6 women accepted the invitation although only 3 showed up for the interview. Hence, the focus group was comprised of 3 mothers who were also individual key informants in the individual interviews. Referrals were obtained from personal contacts, and word of mouth; based on those initial referrals, more referrals were gathered. Participation in this project was completely voluntary. Women who participated in this research were postpartum working mothers of various races and ethnicity. Many had multiple children; however, for the purpose of this study, they had at least one offspring aged two years or younger. The criterion for participation in this work included postpartum women over the age of 20 with at least one child under the age of two; mothers had to have taken maternity leave and returned to work. Mothers were screened for PPD and other perinatal mental health conditions through self-report. Attention was given to variations such as socio-economic status, marital status, educational level, type of employment, and race/ethnicity. The age limit of two years old was chosen because current federal law allows 12 weeks of leave. A few states offer additional protected leave from work, but currently no American leave policies span over a one-year timeframe. The first year after delivery can be turbulent for mothers as they search for balance hormonally, physically, emotionally, and financially. They also face other potential family obligations as well as making decisions about their employment. By the second year postpartum some mothers have moved beyond the decision to return to work,

and have sometimes learned how to negotiate work and motherhood. This is also a time when women reevaluate their role as mothers and employees. Furthermore, symptoms of mood disorders such as PPD could emerge up to one year postpartum meaning that a mother who initially appeared to positively recover after the birthing process may not experience PPD until after she returns to work. Theories of PPD locate the condition in biological and/or external factors. A mother who does not appear to experience the condition of PPD until after she returns to work could locate her condition with external factors further justifying the need to explore workplace supports.

Interviews

All interviews were recorded on audiotape. Open-ended questions were utilized to interview participants; on average interviews lasted approximately 1.5 hours. Confidentiality of participants was maintained by removing any identifiable information from the data. A research database was used to store the interviews and assign participants a number. From there, pseudonyms were used to detail the analysis of participants' interviews.

Using a grounded theory approach, I followed the basic format of conducting interviews, transcribing, and then analyzing the data. Since the process of analysis is a continuous process (Janesick, 2000), I modified the interview guide in an attempt to gather more data in subsequent interviews as necessary (Hill & Thomas, 2000).

Interview Questions

According to Janesick (2000), a researcher must be skilled enough to ask a

question that is focused yet relaxed enough so that it allows for exploration. The ability to be relaxed or flexible is a positive attribute that allows, and is necessary, for the formation of the primary research question. Strauss and Corbin (1998) also argue that the researchers must be sensitive to the words and actions of "co-researchers," as they may direct researchers into a different area of affairs. It then stands that while the researcher may have a vested interest in posing a question, it is the participant/co-researcher who is the true director of the choir. When we limit methods or procedures, not only are we disserving ourselves, we do a disservice to "co-researchers." Because qualitative methods seek to be make the unfamiliar familiar, no one approach can be fitting of something that is unfamiliar. As Janesick (2000) articulates, "chance subverts habits and allows for new combinations and interpretations" (p. 395). When we do not allow for new methods or "chance" we are in essence controlling the outcome of our research and participating in the maintenance of the power structure which seeks to keep the hidden concealed. The following list of questions served as the basic structure of the interview. To view a full listing of the questions please refer to the appendix G on pages 224.

1. How did you know that you were pregnant?

2. Was it planned?

3. Were you excited about this pregnancy?

4. Did you have any celebrations?

5. Tell me a little more about what that was like?

6. How did your employer find out about your pregnancy?

7. How did you feel about telling your employer?

8. What was the response of your employer when you told them you were pregnant?

9. What was the nature of their response?

10. How did you deal with your employer's response?

11. What were challenges?

12. What areas did you feel supported?

13. What areas were lacking support?

Coding

Initial or open coding, focused coding, and analytic coding are the analytical tools I used to code data (Charmaz, 2006; Corbin & Strauss, 2008; Denzin & Lincoln, 2003). Initial coding allowed for the creation of codes based on information gathered from the data through questions. My initial phase of analysis, open coding, involved the discrimination of data by scrutinizing each sentence, line by line, to identify emerging themes and/or categories to create codes that are grounded in the data; hence data driven constructs. Line by line analysis of the data during the open phase of coding allowed participant data to be broken down, examined, labeled, compared, and then conceptualized to construct categories. For example, one of the mothers, Hazel, shared the following:

> It was like one of those 50s pictures where your mom is at home with the baby, and your dad is out working hard, and she's got dinner prepared when he gets home, and changing diapers, and all that stuff… it was very flowery. I mean in other words it was just picture-perfect.

The focused coding of individual perceptions would be contained within the broadly coded category of motherhood; and the axial code of "personal constructions and perceptions of motherhood" formulated theory about the manner in which social constructions impact and shape personal experiences.

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After the creation of meaning from the data (Corbin & Strauss, 2008), I then made comparisons and looked for similarities and variances between participants' experiences. An example of this was when I compared the information gathered from Hazel, to that of another mother as I looked for nuances. In the passage below this mother shared a similar experience with Hazel; hence, this mother's experience was coded within the same categories:

> I thought maybe in the back of my mind that it was easy. I looked at my mom and it just looked easy. I thought that's what you were supposed to do get married. You were supposed to get married, stay-at-home, watch the kids, and cook and clean, and I thought "hey, that's a breeze! Anybody can do that!" and that's supposed to make you happy and that's supposed to be perfection.

Once this process was completed I moved to, focused coding, the second phase of analysis. During the phase of focused coding, codes allowed for the elimination of non-useful information and the combining or diving of smaller or larger categories (Charmaz, 2006). It was during this phase that repetition of the data was experienced. This repetition allowed for the compilation and connection of codes into themes. Reflecting upon and interpreting the data allowed for the creation of categories, which led to theoretical explanations. This then led to the final stage of analysis which is known as the analytical phase of coding (Charmaz, 2006).

Saturation and Credibility

Achieving saturation and credibility is a process which provides "trustworthiness" and "reliability" (Charmaz, 2006). The exploration of multiple realities is important when seeking credibility and reliability, hence the need to ask extensively germane and challenging questions. It is through asking the tough questions that meaningful data emerges to create credibility and lends itself to trustworthiness (Charma, 2006). In

addition to asking in-depth questions and challenging the data by modifying questions to make them more germane, triangulating the perspectives of colleagues and committee members from my dissertation team lessened the chance for error in interpretation of the data and increased saturation. Saturation, according to Charmaz (2006), is a process that occurs when the data continuously produces the same categories and themes. Therefore, the data is saturated and the emergence of new themes and categories is diminished.

Presentation of Results

According to Fine, Weis, Weseen and Wong (2000), the presentation of the results is one of most important facets of the research process. As researchers, we may participate in the act of speaking for marginalized groups who are discounted, and this ultimately becomes a political action. Thus, incorrect and unconscious dissemination of findings can do damage. It can also result in re-victimizing research subjects, which is inexcusable. Fine et al. (2000) make the compelling argument that in order for researchers to present results, they must ask themselves a series of questions to accomplish the following:

> … to expand our work by helping us to recognize the potential influences of our writings: the pulls, fantasies, projections, and likely responses of very different kinds of audiences and the responsibilities we have, therefore, to anticipate the relation between the texts we produce and the 'common sense' that awaits/confronts them. By asking ourselves these questions, we push the issues, forcing ourselves to deal with what are serious dilemmas in our research. We repeat: not all of us will answer in the same ways. But we will clarify why we answer in the ways we do (p. 127).

In doing so, the act of questioning then becomes a political act, thus allowing us to fulfill our responsibility to present the results as accurately as possible for all to consume.

Discussion

Data analytic tools include axial coding, and selective coding (Corbin & Strauss, 2008; Denzin & Lincoln, 2003). The axial coding process looked for categories that had relationships and linked them to each other through inductive and deductive thinking. With selective coding, one core theme is formed and all of the themes are fit into a single over-arching theme (Denzin & Lincoln, 2003). The belief with selective coding is that everything is derived from the core theme like one's family tree; there is one set of parents who produce offspring, and from there more offspring are produced.

Coding was based in the following stages: initial coding, focused coding, and analytic coding (Charmaz, 2006). The initial stage of coding started with line-by-line analysis, which helped to develop simplistic concepts. Moving from the initial stage of coding to more a focused coding, I sensitized concepts and identified categories and codes. From there I utilized the process of analytic coding to produce theories and justifications. Because I assumed that many categories would overlap, I discriminated against categories to seek clarity. Given that central constructs, by definition, pertain to participants' perspectives (Hill & Thomas, 2000), direct quotations were used as a basic data source to best illustrate whether or not personal accounts were helpful for understanding the effects of leave terms from work on postpartum mothers' mental health, as well as the climate and attitudes of workplace settings on postpartum mothers.

CHAPTER FIVE

RESULTS

Introduction

The purpose of this research was to gather data about the ways that working women experienced their work in their new role as mothers as they re-entered the workplace after taking maternity leave given legal mandates. Hence, this study explored, from the perspective of working mothers, ways in which supervisors supported them as they returned back to the work place given legal mandates, as well as their day to day struggles as working mothers. Therefore, questions aimed at understanding social perceptions of motherhood, workplace climate towards working mothers, supervisor attitude, the efficacy of legal mandates such as FMLA, and maternal perceptions were utilized to capture data.

What emerged from the data were copious themes that were teased out through line by line analysis and coding. A multitude of motifs about the ways in which mothers experienced motherhood appeared, and offered the context for how these mothers explained and located their identities as working mothers. Themes related to motherhood, expectations, perceptions and realities appeared throughout the interviews. The impact of language used by those in the workplace had the potential to impact working mothers. Workplace needs, pressure from co-workers and employers, and self-imposed perceptions were themes that arose in these findings that ultimately aided mothers in defining what it meant for them to be working mothers. Other themes that emerged to offer insight included supervisor responses to hearing the news of employee pregnancy, supervisor participation in fostering a receptive workplace culture with their language,

and the manner in which supervisors triangulated mothers into the work environment postpartum. Hence, the conversation about working mothers and supervisor supports created a vast dialogue about motherhood that exposed elements outside and beyond the theme of supervisor supports that working mothers needed and used to elicit success. Consequently, 3 in-depth interviews were conducted with husbands from the pool of the 31 working mothers who were interviewed for this study. The voices from these three husbands were incorporated into this discussion in an attempt to better understand the manner in which they attempted to support their wives as they transition back to work.

Although discussions from husbands of working mothers were included in this dissertation, it must be noted that the fathers were not the focus of this project. It must also be noted that scrutiny of issues relating to fatherhood during the perinatal period is needed to move the discussion about maternal mental health issues in the direction of transparency. Lastly, it is important to remember that the inclusion of voices from fathers into this project was as an addition to assist in conceptualizing and honoring the stories of the working mothers who participated in this dissertation; not to authenticate their stories. Therefore, this conversation about working mothers and supervisor supports began with the overall theme of motherhood, a place where many participants located their identity, and then moved into supervisor supports followed by additionally themed categories that emerged from the data.

Creating Motherhood

Language/Discourse that Socially Constructs Motherhood

Language has the power to define; it forms the discourse that measures validity

and the lens from which it will be constructed. More times than not, it commands our experiences and creates, reinforces, or influences our perceptions. Equally significant is the ability of language to deconstruct socially constructed perceptions. Hence, it is pervasive in identity development. With regards to motherhood, when the greater society uses language to evoke images of mothers, words such as "caring," "selfless," "teacher" "protector," "devoted," "strong," 'innate' and "committed" are traditionally used and associated with mothers; likewise, these same words were used by the mothers who were interviewed for this research as they reached to explain motherhood.

Imagery through Language.

As the aforementioned words, and other similar words, are attached to motherhood visual portrayals of mothers are concocted and depicted through media outlets. Nowadays the word mother oftentimes conjures a woman who is a strong impeccably dressed multi-tasker able to successfully conquer all undertakings, a stark contrast of how she was viewed during the post-industrial age. As an innate nurturer, she radiates the image of mothering as "a really easy job" according to 28 year old Elise, who was the mother of two step children and one biological child. Hence such languaged images become commonplace expectations of "good" mothers. These socially languaged constructs of motherhood subversively sets the stage for mothers, who are also language consumers, to fall into the trappings of language where words become the context for their experience and oftentimes reinforces unmerited prevailing perspectives.

Consequently, discourses are inadvertently embraced and it is through language that oppression occurs (Friere1970, 1998). Lizzi articulated this when she shared how her

female co-workers viewed her during her pregnancy:

> They would say things like "Oh look…you're popped more today." It was interesting though. They would talk more about my looks a lot "Ooohhhh you're getting big," or "oh, you look a little small today" or "oh, you look tired." I mean they just talked about my looks a lot. I remember thinking "when in the world is it ever acceptable to talk to someone about how they look "big" or "a little tired"? Like it's never acceptable, but now I have this baby and you can say anything you want? It's completely acceptable?... And pregnant women can look amazing. Why can't we just say those words? Why do we have to say "you look so big?" Or, "look at your ankles, OH MY GOODNESS, it's happening;" and that was part of it too. It was like stop already. It was just awful, that part of it… before they never talked about my looks, never, not even an "oh you look nice today." Not in any realm of talking about my looks or commenting on them. But then I was pregnant and it was like a free for all for them. Interestingly enough the women that I have the more positive connection with, that I still have the connections with to this day, they didn't really talk about it. They kind of approached it differently. They were like "oh, I can see that the baby has grown" or "the baby grew." It was more compassionate and less of a "look at you."

Lizzi would go on to say that "It [pregnancy] opens you to people." The emphasis on her physical look created a framework that located her professional knowledge and skills on the outside of the spectrum; and somehow her look during pregnancy became synonymous with professional competence. Therefore, the physical changes that occurred to her body as a result of pregnancy solicited unwarranted perspectives.

This excerpt also reflects the way in which women have internalized the perspective of a once patriarchal dominated atmosphere. Whereas men were once viewed as the culprits of pregnancy discrimination and the impetus for laws such as FMLA, this mother's co-workers emerged and shifted into the role of the oppressor through their languaged behavior.

Although men were once the perpetrators of pushing pregnant women out of the workplace with discriminatory practices, the women Lizzi described appeared to internalize social messages and practiced them through their words. As Lizzi stated, no

one commented about her looks when she was not pregnant. Suddenly, when she became pregnant her looks became the focal point for her female coworkers to gauge her professional competence. Subsequently, the perspective that women do not belong in the workplace was, perhaps unintentionally, reinforced by the words used by her female co-workers as they commented on her physical appearance and growth during pregnancy. Somehow, Lizzi's physique meant that she was somehow less "amazing" and not the "ideal" worker.

The Language of "Just"

The use of the word "just" was used by many participants as they defined motherhood. When used as an adverb, the word "just" means "barely" "only," or "merely." As it relates to this topic, it undermines the complexity of motherhood and diminishes its credibility as something that may be "difficult." For example, Merissa detailed her perception of motherhood as positive; however she downplayed the complexity of motherhood with the word "just":

> I guess my general perception of motherhood is just someone who is there to love and support their kids. That's the perception I grew up with someone who puts their kids above their own needs.

The implication of using the word "just" renders the task of a mother as something that anyone can do at any time. It minimalizes the mental and psychological restructuring that occurs for mothers as they reshape their identity, and gives the impression that there is nothing challenging about a mother sacrificing or shifting her own hopes and dreams.

Talise expressed a compatible view of mothers stating, "they would be at home with the kids, like my mom was, just devoted and caring, and kids come first." Scarlett grew up surrounded by stay-at-home moms until her junior high years and until then was not exposed to the concept of a working mother. As a result of her experience, Scarlett perceived a "good" mother to be "Somebody that was involved, kept good house, just, you know, ran- ran a house and was available to her children."

Thalia, a 36 year old married mother of one who worked from home, described her initial perception of motherhood as "just women working and caring for children" however she immediately countered her statement when she acknowledged motherhood as "something that was very time-consuming, difficult." Similarly, 36 year old Thelma, a working mother of 3, learned that there was more to being a mother after she had her first child:

> I don't think I thought it was as hard as it actually is. I mean, I just thought you had kids and you took care of them, and, you know, I think I didn't entertain all the things that come with that, you know. You know, instilling values, raising them to be good people, all the outside things that can affect them, protecting them, the financial part of it. Certainly I didn't think about the impacts of work and childcare and oddly enough, I didn't even think about that with my first pregnancy either. Like not until he was here did we start saying, "OK, uh- what are we going to do?" So yeah, I didn't think of all those things at all.

Until recently, the viewpoint of motherhood as something that could be experienced as "difficult" was not an acknowledged part of the motherhood landscape. Rather, previous discourses discredited women who experienced motherhood as a struggle and blamed her for any less than enjoyable experiences.

As described above, the languaged construction of motherhood desensitized some to the challenges working women experienced as they transformed into working mothers. Subsequently, limits were placed on a working woman's ability to create a divergent

discourse through the use of words. As Lizzi grew tired of her co-workers making their experience of her pregnancy more about the hardship they would incur once she left on maternity leave, she decided to pretend that she was no longer pregnant. Consequently, language, albeit perhaps unintentional, was the port of her disenfranchisement as it has been for other mothers.

Motherhood

Personal Constructions and Perceptions of Motherhood

I always knew I wanted to have children… I knew that I was going to have a career… That's what I knew. -Thalia

For many women motherhood is a societal expectation that becomes intertwined within the fabric that defines womanhood: "As a woman it's just something that's a part of your life. Something that you would do as you become an adult ideally and you would naturally figure it out" shared Vera who was raised by a single mother and her two sisters. Similarly, being a mother has been sculpted into the memory of some women like the scene out of an old black and white film as Hazel shared with a smile:

> It was like one of those 50s pictures where your mom is at home with the baby, and your dad is out working hard, and she's got dinner prepared when he gets home, and changing diapers, and all that stuff… it was very flowery. I mean in other words it was just picture-perfect.

Another mother, Haley, went a step farther and shares how she came to the conclusion that motherhood was an "easy" experience:

> I thought maybe in the back of my mind that it was easy. I looked at my mom and it just looked easy. I thought that's what you were supposed to do get married. You were supposed to get married, stay-at-home, watch the kids, and cook and clean, and I thought "hey, that's a breeze! Anybody can do that!" and that's supposed to make you happy and that's supposed to be perfection.

Perceptions about how and what it means to be a woman led some women into a career of motherhood. The notion that a woman's life trajectory is to be a mother is based in Western society's need to define womanhood. The languaged defining of womanhood produced socially constructed images and perceptions that were, and continue to be, the foundation for many people as women move into motherhood. Some of these perceptions and memories come from television, watching other women who were mothers, and from personal memories of how mothers experienced their mothers when they were younger. As shared by Lizzi:

> My images of it were more romantic in nature. Like I thought I would have this child and that I would immediately bond with him, and that I would be a great force of security and be the person that was developing their path. Even as a young kid that's how I had saw myself because that's how my mother is. So it was very romantic. I was going to shape and mold this kid to be something fantastic and it was going to be a very idealistic romantic situation…. I use the term romantic kind of frivolously. I thought it was going to be really emotional, and happy, and positive, and this great experience…. I never saw how hard it was for my mom…. I only remember the fun and the images on television and the media at least when I was growing up…. I don't know it just seemed like it was more innate and women knew how to do it very gracefully.

Although not all mothers articulate a romanticized picture of motherhood in the same manner as Lizzi, another mother, Maye, used her relationship with her mother when she was younger as the litany test for how she wanted to construct motherhood:

> I primarily thought about it as being an opportunity to have someone that you could actually develop and mentor and bond with. Though it wasn't quite like my moms and myselfs, I thought of it as something that was really strong and that I could be there for my kid all the time…. I think it was that I wanted to do motherhood different than what my mother did. My mother was the primary financial provider. She worked full-time while my dad stayed at home and worked part-time. So for me I think I felt like I wanted something that was missing which was a mom that was always there attending my functions and being there at night time…. So that's what I saw and that's what I wanted in terms of motherhood when I got older and started having kids.

Although Maye wanted to do motherhood "different than her mother," she subsequently followed in her mother's footsteps and became the primary financial provider, the "breadwinner," for her family. Once she started her family Maye realized that "life happens and you get a little more realistic so that it's what works best for the family. So in my situation I've ended up being the primary financial person in the household as well." Maye's husband, like her own father, was the primary caretaker for their children.

Though Maye's arrangement goes against the traditional way that society has viewed gendered role responsibilities of husbands and wives, the reconfiguration of roles has been commonplace practice for women who come from non-Eurocentric communities. So for example, since slavery, conversations about African and Blackamerican women as mothers, women, or human beings were reasoned insignificant. Thus, Black women in America have always worked outside of the home. Their desire to stay at home and raise the children was not deemed worthy of scrutiny. Rather, they were expected to balance the dual roles of worker and nurturer. With shifts in cultural perspectives, however, the birth of the 21st century opened a levee geared toward the inclusion of diversity. Consequently there have been more conversations about Black women as women, mothers, and human beings. Yet these conversations rarely afford them the same latitude and empathy that European women are given. The adverse experiences with motherhood by women of color are oftentimes downplayed and trivialized, and instead the image of Black mothers as being "strong" women who can "do it all" or mothers who are incapable of providing for their children and thus rely on government assistance gets inserted into their narrative. Nevertheless, the construction of

a mother as someone who stayed at home to raise the children has been ironed into the dialects of women of color as shared by Maye; the mastering of this discourse, however, still remains elusive for many.

Conversely, not all women embraced the social expectation that women were destined to be mothers. Joleen, a Caucasian mother, spoke fondly of her childless aunt who empowered her to define womanhood on her own terms:

> I had an aunt who never got married. She has been with the same person for 30 years, but they never wanted kids. She was kind of my role model; we had a lot of the same interests. I saw that she didn't have kids and I was like "look at all of the things that she can do." So that seemed like an appealing lifestyle then.

Motherhood as a "great experience" is not a perception held by all women. Interviewees who witnessed or had adverse experiences that were related to motherhood during their childhood were less likely to have the desire to become a mother. Others women did not want to partake in the phenomenon because it was seen as "too much responsibility." For example, Zora was raised by her grandmother after her mother abandoned her. She reported that she did not have a close relationship with her mother who suffered from substance addictions, diabetes, and a mental health condition termed bipolar. People who are diagnosed with a bipolar condition experience mood swings that are cyclical; their mood can be elevated then cycle to depressed, or their mood can be mixed with both elevated and depressed states. Additionally, this condition has been known to create unstable environments. Zora's mother's mental and physical health conditions created an environment of "chaos" when she was around Zora, and would create a decadent perspective of motherhood for Zora:

> I didn't want to be a mother at all…. I had no interest in being a mother…. because I had such a horrible relationship with my mother. I just thought "oh my God, I would never want anyone to go through what I went through." I grew up

with my mother who abandoned me. I lived with my grandmother off and on, and my uncle was the only family member in my life who would visit me, but it was a very unstable home. I think I counted, up until the age of 12, I probably moved 14 times and I moved to seven or eight different schools up until I got to high school, which was the only stable three years of my schooling, because in this city high school was three years at that time. So, I grew up in a very unstable situation. I never had the opportunity to sit down and see what a normal, well whatever you consider normal, family was like. It was constantly, constantly changing for me. I never really got to identify what a family was. All I knew was that my grandma loved me, and she cared for me, and fed me. I never really knew where my mother was. When she was around she was doing drugs or drinking and not taking care of herself because she was a diabetic; I never knew when she was going to die or anything like that.

Similarly, Joleen's experience during childhood once led her to believe that motherhood was not an experience she wanted to explore:

I really didn't want to be one. I saw it as a lot of work and I really wanted to travel, maybe marriage, but I didn't see myself with kids…. I had a difficult childhood because of things with my parents, so I just, I was concerned that my childhood would have a big influence on me as a mother too. I just saw what my mother went through and I said that looks really hard…. I saw the struggle between trying to get things done at home for your kids and trying to make a living, so that might have come into play to some extent."

Age is a factor for some women. Zena, a 38 year old mother, never wanted to have children, so when she found out that she was pregnant she was "shocked." Although being financially stable was not a concern for Zena, she highlighted a concern with her age:

I think I was also in shock because I was also older and I felt like I'm already too old to have kids. I kind of felt like if you have children should have them a lot younger so you have a little bit more energy and flexibility and more patients. I have lots of friends who have kids so I've seen them all go through different levels of anxiety, stress, and everything you go through when you have a child... That's probably why I never actually planned on having any children.

In addition to mothers who based their perception of motherhood on social constructions, or their own personal experiences, there were women who perceived motherhood as an event that occurred within the context of marriage. Haruko reflected

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this sentiment stating, "When I was a little girl my perception about motherhood was that

I would stay home, have a husband who worked really hard, and I would raise the

children." Other mothers who were interviewed for this study upheld the below ideology:

> Well I guess I assumed what everybody thinks. They work and have a family. That I would be married and have a house and finish school already and have a job already. That everything would be fine and dandy (Haley).

> Scarlett, another working mother, articulated the same perspective:

> Uh, well my mom was a stay-at-home mom for the first part of my life, so I guess I kind of saw that as the duty that a wife would have, you know, that the mom would stay home and the dad would work, I don't think that I ever- I mean, I had a great mom, so I saw it as a job that was- I mean, a good job, she did a really good job at it.

> Sometimes perceptions set the foundation for how people behaved. They became

the standard for how people thought they should approach a situation. Lizzi based her

approach to motherhood on a myriad of elements which included books and other

mothers that she encountered:

> All of the literature that I have read and other moms that I have seen who said they did certain things and were very successful and the judgment from other mothers who had kind of the "how could you not do it this way" personally…. I was thinking while this is how you're supposed to do it because I had never done it and I wasn't really around a lot of babies growing up and I never babysat so I'm relying on my books and the other moms that I know…. Embedded in all the books that I had read there were aspects that I had read, you know, if it doesn't happen give it a little bit of time, but keep trying, keep trying. You know "don't give up" was the underlying message, "don't give up" and if you give up all of these horrible things are going to happen… and I kept trying, I kept trying, I kept trying which is where all of these failed moments came from…. So embedded in all the literature was "it may not happen this way BUT keep trying." The message to me was "don't give up," so I wasn't giving up…I did read one book that my friend had given me…. there was an entire chapter that said your child is not everybody else's child. Your child is your child and whether that was explicitly said that was my take away from that chapter…. be loose, be flexible with your child… I was very much like "no, the book says…"

> While the social construction of womanhood thrust some of these women into

motherhood, others moved against the grain and took more time to meet the idea of

motherhood from their own disposition. At some point however, all of the women who

participated in this research made the decision that motherhood would become part of

their discourse. As they dove into the idea of motherhood they entered into a planning

process. And as these women created their maps into mother, connections emerged,

communities forged, and celebrations transpired to honor life.

Personal Realities

It was becoming something that I was stuck with and if I could've ran, if I had it in me to run but, and not take her, God I would have, but I didn't. I just didn't have it in me. -Lizzi

The experience of motherhood is not quantifiable or qualifiable as a singular

story. Yet there is a need to present the experience of motherhood as "enjoyable" and

"happy" while remaining silent about those moments that are not "enjoyable" or "happy":

> **Scarlett:** You know, I would think that everybody enjoyed it, and, you know, I would see my sister, and I would say, "Oh, she loves finger-painting with my nephew!" because every time I- she seems so happy! After a certain time- she's like, "If I have to finger-paint one more time…" then all of a sudden it was OK for her to be like, "This is ridiculous! Like who could do this? Like, why? Like this is not exciting! Like playing the same game for an hour over and over again is not exciting, so-" But I think the perception was that everybody's so happy! And you know, and you can cook dinner, and you know how to houseclean, and all those things, and then when that didn't happen for me, then I felt like, "Oh my ghee! Well, like what's everybody else doing that I'm not doing?" And they're-they're not cleaning their houses either, or making big fabulous meals for their husbands either, like-" but nobody says anything.

Motherhood has been experienced by millions of women for millions of years.

The "glow" that accompanies pregnant women is often highlighted and signifies how

people assume women experience motherhood. Consequently, images of altruist "happy"

women saturate American maternal culture. Unfortunately the image that has been

perpetuated leaves little space for mothers who have not experienced motherhood from a

"glowing" perspective to articulate their experience. As Scarlett shared, "nobody says anything," so mothers, children, fathers, and families continue to pretend everything about motherhood is exciting. Hence, the image of motherhood from the single lens of "happy" continually reinstitutes the perception of motherhood as enjoyable. Consequently, well-intentioned business owners, co-workers, policy-creators, and politicians develop regulations that do not adequately address issue pertaining to working mothers. And ultimately the mythical ideals of motherhood are preserved and donned legitimate.

While the mythical image of the wonder woman mother is a real experience for some women, it is not the case for all. Willow, a 30 year old licensed mental health clinician, provided the following:

> …the first, literally, the first few days I had looked at my husband and said, "What the hell did we do?" Like, "We shouldn't have done this. What did we do?"…"I don't want her anymore, give her back, I don't know where she came from." You know?

Other women described motherhood as a hybrid of an experience articulated as rewarding, yet challenging. Through tears and hesitation Zora, a 36 year old working mother of one, offered insight about the struggles many of the other mothers who were interviewed for this research also expressed:

> I don't know. Sometimes I sit at home and I look at her and I think to myself how I used to have all of this time to myself and everything was about my career and whatever I was going to do, and now all of that has changed… if I did it again though, I would just lay out plans a little differently. But would I do it? I have her and she's so great. It's hard for me to say "no." I think truly I want to say "no, I don't think I would do it. There was too much at risk," but I can't say that because I have done it and she's here. She's so great… but sometimes I wish "man I should have just stuck to my plans and done what I wanted to do," but it seems cruel to say that.

Motherhood can be a hefty expense for some women. Zora discussed a significant complication of motherhood as she shared what she wanted for herself versus the path that she was going down since shouldering the title of mother- "do I do for myself so that I can possible do for others, or do I give up myself for others?" In this passage, she shared some of her dreams before she became a mother, and how the act of becoming a mother allowed her to conceive of her life from an angle that had not previously been sculpted; a seemingly positive outgrowth of motherhood which makes it difficult to comprehend how anyone could not see motherhood as anything other than "glowing." Yet the conflict that accompanies motherhood is not new for women, or men, for that matter. What is new for mothers, however, is finding a way to offer America an arena to engage in such a discourse without having a mother being written off as "a bad person."

Hard Moments

Women experience motherhood in varying and evolutionary ways. For some women, motherhood matches the blissful images portrayed by the media while others experience the opposite of bliss. Some women experience motherhood as a "second shift" or "job." Teri however enjoyed this second job stating "Now I'm a mom. I love being a mom. I love my second job. I love my second job-- 2 o'clock in the morning feedings that's okay for me because I love being a mom" although she would go on to say "It can be hard sometimes but you know those moments aren't going to last too longer."

For other mothers, even those who enjoyed motherhood, words such as "exhausting," "hard," "rough," "difficult," and "challenging" were used as they described their real life experience with motherhood as Mabel expressed:

There was supposed to be music in the background and rainbows and puppy dogs and "I'm a mother, yeah!" There is this abundance of milk that you're supposed to be producing and you sleep for hours on end because you have my milk and everything's "great," and it's not like that. Motherhood is hard. People don't say, people don't like to tell you that you love your kids to death but sometimes you want to strangle them and nobody tells you that. So people just think you know "my kid's crazy right now."… I mean I come home from work and I'm exhausted and he still wants to go…. I love him to death the dang sometimes it's like dude. Nobody tells you this is job #2.

Without a doubt the concrete experiences of motherhood brought about challenges for mothers. The extent to which these challenges impacted mothers varied.

During the focus group interview two mothers bonded as one mother gave an example of a situation with her baby daughter that led to frustration:

Zora: Dealing with like going to the store for instance. I never thought that it would be that hard; you go to the store you take your baby, but that was a lot harder than I had expected. Like going to the store to just pick up some stuff. You have to take the baby to the car, you have to the take the baby out, you have to grab some stuff, the babies having a tantrum or whatever and you have to handle that. I experienced that today when I was at the mall and so you're holding a baby, trying to get money out time that grab your bags. You want to cuss at your kid and you feel like people are waiting on you…

Interruption by Elise: and you feel like you're under a microscope, everybody sees you and they're looking at you….you can't do that…

Interruption by Maye: Right! Stuff like that has been kind of difficult because I never thought it was that hard, I mean it didn't look that hard, it's just a little person, but that little person comes with a lot of things.

Elise: That little person takes over your life.

Zora: Yeah. So I think that has been really difficult. When I came home today I was like I'm going to shoot myself. When I came home from the mall, I was like, okay my baby needs to go to her dad now.

Elise: Break time.

Zora: Yeah. Totally.

Inevitable, as shared Lizzi, motherhood is an experience that accentuates a mother's areas that are in need of development:

I was just crying all of the time because she was crying all the time and it was a very emotional time. I was anxious it was feeding it to all of my insecurities. I felt like I was failing, and as the woman I was running the show. My husband was as supportive as he could be, but I had read the books… I was the master of the circus, and I wasn't finding any answers, and so I felt like I was failing at the job which is very hard for me.

And at the same time, Thalia expressed the way in which motherhood is steeped

with tender moments that make moments of perceived failure endurable:

I mean, I think there are some really beautiful moments and some great times. There's also some hard times too, that nobody really tells you about, like functioning on lack of sleep; it's really rough, it's really rough. So, and, just breastfeeding, and bottles, and this, and that, and I mean, it's just tough.

Darla expressed sentiments similar to Thalia stating "…it's a challenge, but I

always thought it was a rewarding experience."

Likewise, Thelma experienced motherhood positively, even with the challenges:

It's interesting, like I never- for me it wasn't crazy, like you hear a lot of people like, "Oh my gosh, you never sleep" you never. It was- it was nice, I liked it, you know…it was fun…they're so cute and little and you see them change so much, and it was nice.

Although Thelma articulated a "nice" experience of motherhood, she would later

acknowledge the complexity of motherhood when she went from part-time employment

to full-time employment:

Thelma: When I initially had all three of them, I only worked part time… but now, working full-time and trying to manage all this is very overwhelming. I'm more overwhelmed now than I was when they were first born.

Interviewer: What's changed?

Thelma: The work. The working five days a week is just- it's crazy.

Interviewer: Uh-huh. Could you talk about what that craziness looks like?

Thelma: I don't- I'm gone every day, so everything that still needs to be done is still there- laundry, cleaning, all of their activities, so there's no time- I feel like oftentimes I don't just get to enjoy them…it's just, there's no time- you only have a few hours in the evening to really be with them…it's exhausting.

The warm moments along with the challenging moments of motherhood gave these mothers the energy to move through their experience as it became more profound that their purpose, as mothers, was greater than any of the challenges working presented.

Haley based her initial perception of motherhood in what she witnessed and experienced when she was growing up. It was not until she was older and herself a mother that she was able to reflect upon her childhood experience and recognize the nuances of motherhood:

> **Haley:** When I was younger I didn't see all of the sacrifices and everything that she did because obviously she didn't go out of her way to pinpoint everything that she had to go through. The waking up early, the leaving me here and there with babysitters, I didn't see any of that. Why? Because I was younger and a lot more naïve and I didn't know anything. Obviously as I grew up I started to see everything and especially now that I'm a mom and I see everything that she actually did.

> **Interviewer:** What do you mean "especially now that you're a mom you see everything that she did?"

> **Haley:** …. Now that I'm older I see that she would wait two hours to get on that bus or sometimes she would be stuck on the bus waiting for the train to pass. I have a lot of memories of when it was pouring down rain and I would see her holding her little umbrella waiting on the street for the bus because she could not miss it. She would be sick…it would be thunder storming outside but she would be waiting for the bus to go to work. None of my brothers or my dad would go out of their way to take her to work. So my concept of motherhood changed drastically as I got older and I saw everything that she went through.

Highlighted in Haley's story is the desire of her mother to work, even at the cost of risking her own health. As Haley shared, work was important enough for her mother who "is very naïve and depends 100% on other people. She has 20 years in this country as she speaks very little English as she's had lots of obstacles," yet she would attend work even when she was sick. What was also underscored in Haley's narrative was the attitude of her father and brothers who would allow her to stand in the rain waiting for the bus instead of driving her to work. Although silent with their words, their inaction of

transporting her to and from work signified their beliefs about women working outside of the home.

Without a doubt motherhood allowed these women to recognize their strengths. It also allowed them to define their own experience. Ultimately, it gave mothers like Scarlett the power to "talk back":

> When I had my second daughter, I was like, "Screw this!" Like it was a 180° different experience with my second daughter because my expectation was very low. I went in to have her, and I thought, "If I leave and she has to stay here, that'll be OK too. That's the- that's our plan, that's what's set out for us, and that'll be OK. And if my house is dirty, then my house is dirty. And everything's going to be OK."

Personal Security amidst Shifting Priorities

As with their experience of motherhood, the priorities of women changed, shifted, and developed in immeasurable ways once they became a mother. Personal goals were sometimes placed on hold, careers stood still, and sacrifice became a way of life for some mothers as a means of giving their child the best possible outcome for their life. During the focus group mothers converged and discussed how the birth of their child caused them to redefine personal needs and security as their priorities burgeoned due to motherhood:

> **Zora:** For me personally I personally say my career…before I didn't really have to commit to get a better job or making a better wage… I started thinking about after she graduates high school- I don't want her to be that kid like me that didn't have a car, and as a teenager in high school I wanted to have the things that she deserves.

> **Maye:** I think mine has been different than yours where I think I have pulled back at work... And so it is sort of trying to figure out how much time do I spend with them to be able to create the right kinds of bonds and things like that, but also balance too, I have to be financially responsible too.

Zora: In planning to get pregnant that's all I thought about was the bonding and my relationship with my child, but I don't know why it's changed recently… I've never really been one to worry about defining who I am by what I've accomplished…before it was all intrinsically motivated. I did things because I wanted to; not because I had to.

Elise: I feel like I'm kind of where you're [referring to Zora] at where there are certain things that I got as a kid that I want to be able to provide for my own. I want to be able to give her those types of things, so I've been looking for part-time work along with my current job but that won't take away from too much time with her. I noticed that at work that instead of staying late I was leaving when I'm supposed to whereas in the past I would stay late… but I've also learned in recent months that I also need time for myself.

The birth of a child shifted the priorities of these mothers which inevitable adjusted their position of personal security. As Zora shared, before her daughter she didn't worry as much; a job was a job, not a necessity. Elise shared how her personal security was relocated with the birth of her daughter. She went from working late so that she could meet the demands of her job to leaving work on time, hence shifting her priorities and causing her to reset her personal security.

Whereas the personal security of mothers was once focused on meeting their own needs they gained an alternative framework that located their personal security through meeting the needs of their children. As Zora later shared "I think I define motherhood as it's all about the baby and I don't think of myself and that's something I have to adjust to. I think motherhood is just you do everything you need to do daily for the child." As these women moved from being a "woman" to being a "mother," defining oneself as a sole entity was modified. The personal became political in the sense that personal security was gained through the security of another, or as stated in an African adage "I am because we are." And for these mothers, the evolution of security beyond oneself ultimately gave them a greater sense of personal security that could not be captured without the other.

However, it must be noted that the emergence of an unconventional self during the creation of untapped personal security brought about inner tussles as women attempted to redefine the personal.

Defining Motherhood

Based on the stories shared by the mothers who participated in this research, motherhood is multi-faceted experience that cannot be bottled into a singular experience. As with the individual narratives of motherhood, mothers who participated in the focus group shared varying perspectives about how they came to define motherhood and/or their experience of motherhood. For one of the mothers who participated in the focus group, she shared that defining motherhood was elusive and challenging for her because she did not have a good relationship with her mother:

> **Zora:** … I still have trouble defining or understanding what motherhood means. And that may come from the fact that I didn't have a good relationship with my mother, so I don't know how to define motherhood.

Another focus group mother's perception of motherhood shifter from "rosy" to something that entails significant "responsibility":

> **Elise:** I think motherhood, I guess I had an ideal version of motherhood, sort of a rosy picture of motherhood. It's just something that you do, you just have babies, and not ever considering what the responsibilities actually are that are going to be part of or entail being a mom. And so I think my perspective has changed in terms of what motherhood is to me now and it's definitely still a loving relationship, it's definitely a bond, it's definitely an opportunity to impact and develop and to change someone's life and really be a key figure, modeling figure, but it's a lot of responsibility.

And yet another member of the focus group found motherhood to be "easier and harder" than expected:

Zora: for me it's been easier and harder than I expected. I think because I had to step kids before I had my baby… But like you [referring to Elise] said, the whole rosy picture, you have babies and it's just fabulous, it's not great in fabulous all of the time. But for the most part it's kind of what I expected, but there are some parts that are easier than I thought and some parts that are more difficult.

Ultimately, the reality of motherhood looked and felt different from the conjured images and tales these mothers once believed was motherhood. And that was "OK too."

Motherhood and Work

Planning

Having a child requires resources and is driven by various factors. Of the 31 mothers interviewed for this research, 26 formulated a pre-pregnancy plan to conceive. Some of their pre-pregnancy plans entailed loose conversations with their husbands, while others explored their personal identity, work situation, and/or level of commitment to growing their family. However there are times when pregnancies are not planned or occur within the "ideal" context of marriage and adulthood. Haley, a full-time college student who recently quit her job because her son began acting out behavioral, was a teenager in high school when she "disappointed" her mother by getting pregnant at a young age and outside of marriage:

> You could just tell on my mom's face, maybe it was disappointment too... me having my son under the circumstances, not being married, not having a formal relationship with his dad, obviously I was still in high school.

Vera embarked upon motherhood with the belief that it was important to accomplish various goals before she entered motherhood; in her case, her decision to have a child was "strategic":

> I knew and valued education… I knew that once we did have children we would have to settle down…So we made it a point to get our education, get jobs, and be somewhat settled before we decided to have children. So it was planned...

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Merissa echoed a dogma similar to Vera. The importance of pre-planning provided her with the opportunity to make more informed decisions and weigh her options. It gave her a sense of control over a situation in which she had limited control. This sense of control that arose with planning provided her, and many of the other mothers, with the ability to emotionally regulate as they initiated their journey into motherhood. Without the element of pre-planning, "it would've been more difficult for me emotionally," shared Merissa, "not that you can plan for everything, but if I have enough information it helps me go with the flow a lot better because I know what my options are."

In contrast, Lila whose two pregnancies were not planned "freaked out" when she learned that she was pregnant with her first child. Consequently, the mental anguish that she experienced paved the way for a topsy turvy pre and post pregnancy experience. Although she had a Master's degree, the shame that her situation brought to her family when she became pregnant out of wedlock weighed heavily on her and created tremendous guilt:

> **Lila:** I come from a traditional family, very Catholic, and even though I had a Master's degree, and I was 32, I still felt like a teenager. I was like 'what am I going to do?' I freaked… sometimes I feel guilty…I had my Master's, but my parents freaked out, and it was a really difficult pregnancy because of that.

> **Interviewer:** You talked about this being a difficult pregnancy, what does that mean?

> **Lila:** My health, I was fine. I had a difficult time with the guilt. I felt like I was being judged like I had a Scarlet Letter… I was pregnant without a ring on my finger and I was concerned about what people were thinking about me.

For the participants in this study, whether or not their pregnancy was planned, birthing a child caused women to refocus their priorities. Although Haley's pregnancy

was not planned, she was not married, and she was still a teenager, the birth of her son

elicited her desire to return to school to pursue her postsecondary degree:

> College was always in my mind before I got pregnant but it was "later I'll go, later I'll go. I have my whole life ahead of me." After I had my son everything just completely focused on school, and school, and school… finishing my BA is my short-term goal… I need to finish my BA now because… I feel like if tomorrow his dad decides not to help me or he's out of work or whatever I won't have anything to fall back on, so there is pressure for me to finish because if something was to happen I'd be completely deserted. I have nothing to fall back on.

The birth of her son caused Haley to reevaluate her need for financial security and

stability. Whereas she once thought she had "her whole life ahead of her" to attend

college, having a child caused her to plan for life in a more focused way. The pressure to

complete college intensified once she had a child because it meant that she would have

more options and opportunities to provide for her son.

Employment Types and Factors

You ask a lawyer whether they like being a lawyer; I would say 9 out of 10 times people will say no…. Luckily, I do enjoy my field, but if I had an opportunity to start over education from college years, I might choose something else. -Cary

Another factor that arose for some of the mothers interviewed for this document

was their type of employment. At the time of this interview Teri worked for a private

university in student affairs. Previous to working in student affairs she worked in

corporate America and discussed how the two fields differed and might have impacted

her as a mother:

> **Teri:** I think it would've been different because education is more slow-paced than working in corporate. So coming from corporate everything is quick and fast. There are a lot of timelines and deadlines that you have to turn in projects, a lot of sensitive time frames. I think that would've been stressful.

Lydia, a medical assistant, believed that she had chosen the wrong field:

Working in a doctor's office is harder to leave because they're doctors and they can prescribe something for you, or you can get something out of the medicine cabinet… They'll say okay you can do desk work, you can stay on your computer and we'll have someone else grab your patients…I'd be a teacher. I'm not even joking I seriously thought about it. I would be a teacher so that I could have the same holidays and summers off as my kids. I honestly wish I would have went that route into education, it probably would've been the way to go.

From an outsider perspective, employment as a teacher may look like an optimal choice for working mothers, however Haruko offered a perspective against this career choice:

Haruko: There are aspects of my job that I still enjoy. I like the children… but every hour where I volunteer makes me resentful. Every hour that's not in my contract that I'm expected to do, or my job doesn't get done because it's an impossible job to do within what I paid for, makes me resentful… You know, recently I've been thinking about other things. I was thinking about being in endodontist. I was recently watching one and I thought, "I could do this and get paid twice, three times what I make.

Workplace Climate

The climate of a particular work environment and co-workers are sometimes considerations for women when deciding whether or not to have a child as Collie articulated:

There was definitely resentment, even from other working moms and that was shocking. That's when I knew that I probably couldn't be a working mother in that environment because if I needed to stay home with my baby it felt to me like other people resented it so I knew that probably wasn't going to be a good place for me. In fact that really was in the private sector and their expectation was that you would go back and probably not work from home and that you'd have to figure things out. You weren't given any leeway, you had to achieve at the same level that everyone else did and there was much less flexibility.

Colette shared a story about a workplace filled stress and acts that were unprofessional yet acceptable within the culture of that particular organization:

It was already so stressful in that other environment, I don't know if it would stop me, but knowing what I know now just about being a mother I probably just would've quit because I just couldn't handle the drama that was there and being a mom with no sleep. It just wasn't worth it to me…. I think it's just the people that I worked with… they were all very petty over little things and it came to the point that they were calling me names. At that point I told my boss I'm looking for another job and I did shortly after and I came here. It wasn't a very professional environment… I just felt like I was dealing with a whole bunch of high school girls or something, but here everyone does her job and they're all polite to each other. We had people over there who were yelling at each other in front of patients, telling them to "shut up," I was like "I can't deal with this you guys. You guys are all adults you should know not to yell at each other 1) at the workplace, and 2) in front of patients," so I was glad to get out of there.

Joleen also left a "gossipy" work environment and transferred to a friendlier work place. Although her co-workers were no longer a concern once she became pregnant, she understood that her career would be placed on hold as a result of having a child:

I was worried about what decisions were going to be made while I was going to be gone, but as far as my overall career no because I wasn't quitting… I knew that once I had a baby I wasn't going to be able to go to trainings for a long time, or classes, so I knew that was going to stunt my career a little bit.

Unlike Joleen, Janet, a school teacher believed she made a sound career decision when she chose her profession:

Me personally, I needed a bathroom break more frequently than other people. I was lucky enough to be able to get it when I needed it. I was also able to sit down whenever I needed to, and things like that. I have a friend who is actually going to have a C-section on Friday and she is a bank teller and they frown upon her sitting down. I think that's hard…. Her boss asked her when she was coming back in the month of May and she had to tell her boss that she gets eight weeks because she's having major surgery, a C-section which is major surgery, and her boss doesn't agree with it.

Interestingly enough, Janet who enjoyed being a teacher, found herself "lucky" to be able to take bathroom breaks or sit down when she needed to sit. While it would appear that pregnant women would be granted such accommodations, the law reminds us that pregnant women cannot be treated differently unless written notification is received

from a legitimate source specifying the need for an accommodation; otherwise employers risk being charged with discrimination.

The majority of the mothers interviewed for this research enjoyed and had desires to continue working outside of the home. Being able to work outside of the home brought them a sense of purpose, direction, fulfillment, and intellectual development and stimulation that they might not otherwise experience.

Workplace Culture

Supervisor Response

Various factors are taken into account when women decide to become mothers. To some extent, they have control over when they conceive. What they do not have control over is how their supervisor will respond. Many of the mothers who participated in this research found that their supervisors were enthused about their news:

> **Zena:** they were really great, they were really excited, and they were super happy for me... they were like "oh my God, what's in the water? Everybody's getting pregnant!" They were fine, they were excited for us, they gave us a baby shower…They were just like let us know if you need anything, they were very accommodating even when I would get sick and I couldn't come into work, I would be able to work from home. So as long as I needed anything as long as I let them know, so I think that my place of employment was actually pretty good with regards to how they responded to my pregnancy.

Similarly, Darla, who describes herself as "a clinician, a therapist, a case manager, I'm sort of a supervisor as well, on top of that a mom… who works with high risk populations detailed an anxiety-free exchange with her supervisor:

> She was so happy and bubbly and couldn't believe it. It wasn't a really formal conversation like "I need to discuss this with you" type of conversation. It was just like a, you know, open out there conversation… my supervisor and other coworker were there and I just closed the door and said "I'm having a baby, we're pregnant," and she just or her hands up so that's how it happened. After that everybody knew that I was expecting.

When Talise, shared the news with her "supportive" boss he "said 'congratulations' and I think he gave my two thumbs up" did not create any angst for her either.

Lila was in the probationary period of her employment which caused a little anxiety for her as she shared the news of her pregnancy with her supervisor. However calmness adorned her when she learned that legally she was protected from being discriminated against because she was pregnant:

> My coworker friend that was pregnant had already told our supervisor that she was pregnant, and we were a month apart in our pregnancies. So I was like our supervisor is going to find out, but my coworker friend told me that I wasn't going to get fired because I was protected by law. I didn't know that because I had never had to deal with pregnancy in the workplace, so once I found out about that I felt okay telling my supervisor. I had a really good relationship with my supervisor, so it was easy to tell her once I found out that information.

While planning and preparing can be helpful when women seek to become pregnant, they cannot control for everything. The nuts and bolts that accompany a pregnancy, such as the amount of information an individual holds, employment types, workplace culture, and supervisor attitude cannot be captured when women share the news of their pregnancy. It is at this intersection that human resource departments arise to assist employees with their rights and benefits.

Resources

> I think that my place of employment probably would not have told me that I have a few weeks before I gave birth, because they are not always readily sharing information, but if you ask them then of course they give you the information. So it's like if you don't ask, then you won't know... you have to find out and usually that's by talking to your coworkers. So if you don't ask them they're not going to divulge the information. They are a little bit selfish, they are for-profit after all. -Zena

Human Resources

Human resource (HR) departments are tasked with various responsibilities as they relate to the employees. One of their main functions is to offer employees with information about benefits. With regards to Family Medical Leave Act (FMLA), human resource departments provide pregnant women with information about their options and right to take maternity leave. The way in which HR departments disseminated the information varied for the mothers interviewed for this study. Some mothers experienced HR departments that provided them with information in a comprehensive manner, yet other HR departments were not always forthcoming with sharing information and other mothers found that they had to contact HR numerous times to gain clarification.

Joleen, a mother who worked for the state of California, explained a complicated situation due to unions and bargaining units:

> In my office we are not all in the same union so for our HR person for the state, you have to be able to understand all of these different unions. Then within the union there are different bargaining unit, so it would be nice if they could say, here is where you find information for your union, go to your union look at this section, etc., if they had a general step by step process for each union like a flow chart. It was really hard when I was trying to fumble around finding websites on my own, so it would be nice if every union had a nice simple right up in a very simple way to find it, and that human resources would know that, so that they could say this is the page that you want to read, this is how it works. It would be nice if they had something that was written, because everything was on the phone with this woman and she would not write a single thing down. The only emails that I got from her were things like "I'm here today call me call me" or "I'm out tomorrow." It was never information and so I always had to go back to my notes, and read them to her, and ask her if they were right whereas it would've been really nice if she would have been able to say "here's your situation, here are your options, this means this, if you do family medical leave, then this is what this means." That would make a huge difference.

Vera worked for a large public university system in California where "they tell you if you're planning on getting pregnant or if you're pregnant you need to attend these information sessions." Her institution had one designated person who dealt with

maternity leave. The designated person "tells you how much time you have when you should start your leave and then she tells you when you would turn based on your vacation or however you wanted to work it out." Although Vera found the designated person from HR was helpful and gave her the information she requested about her maternity leave options, she also thought it was too big of a job for one person to be assigned:

> The one person in HR who does handle all of the maternity leave issues had to do it all alone and that's a huge job…. She had a lot of responsibility. If you had questions you were able to get in contact with her, but she didn't answer her phone, she was always busy because she would do these one-on-one appointments with anybody who was going out on maternity leave because it was mandatory that you meet with her before you go on leave. So you would have to leave her a message and she would get back with you when she had the opportunity… I kind of wish more people were trained in her position; that way she wasn't the only resource because we're a huge university.

Mabel also worked at a large public institution of higher learning found herself overwhelmed with all of the information she received about maternity leave and described her experience with HR as "really crappy." She felt that "they need to calm the process down just a little" because her thinking was already a little "fuzzy" from being pregnant and having someone talk about her "a mile a minute because someone else was coming into the designated person's office" did not give her the opportunity to get all of her questions resolved. Mabel recognized this was "no-fault of the person who was there she's just overworked and we are a humongous university with a lot of people who need assistance with this paperwork." For Hazel, the language used by her HR department also left her feeling confused and "stupid":

> It just seemed like lingo, what they would say, I didn't get it. I'd just want to say "I don't understand what you guys are talking about; I'm a social worker here." So breaking it down into layman's terms and not making me feel stupid for having to call twice to get the same answer…So not just being paper pushers, but actually breaking it down for me, I don't know.

Likewise, Shelia found herself having to connect with her HR department numerous times "because what would happen is… I went and I got an explanation, nothing in writing… it wasn't just like 'Here's all this information. These are all your rights.' It wasn't like that, but as I kept coming back and asking them questions and I got more out of what the process is." Even though HR departments provided mothers with information about their leave benefit, mothers oftentimes left meetings confused and unclear. Consequently, there were times when these mothers sought other avenues that provided them with information about their available leave options.

Empowerment through Information

> I learned about it from my hairdresser who had gone to a group like that. The facilitator of that group created a Facebook page for the women of that group and new moms who needed support and so I contacted her through Facebook and she gave me the information… And she was like "what's so wonderful about the group is you can take your baby" and I was like "thank God" because who was I going to leave my baby with" The group was in the middle of the day... I didn't really want the group as much as I wanted that Facebook page because I could go on there; all of us who were in that group we would go in there all hours of the night. You could ask the question at three in the morning and get six responses within an hour because we were all up. -Lizzi

Some of these mothers chose, or considered, having another child knowing about the day-to-day struggles of being a working mother. Others walked into motherhood with abstract ideas about what to expect. Whether or not these women chose to have more offsprings knowing what to expect, they found ways to navigate so that they could get their needs met. As illustrated by the mother above, women used a variety of resources to gain information related to motherhood. These mothers created communities with co-workers and others to gain knowledge while others found empowerment by researching their legal rights and their own medical conditions as shared by Mabel:

> After that experience [previously having a miscarriage] I started doing a lot of my own research on my own body and my fertility and how cycles work and all of that stuff… I wanted to not be so lost… so I decided that I didn't want to feel so helpless anymore... And I just felt really empowered but I found that when I would approach doctors with that information they were very hesitant to take it at face value…

Mabel began her journey of educating herself during before she became pregnant and continued after she became impregnated. In her case, she found that the only way for her to be empowered and define her experience was to educate herself; it was through educating herself that she found her way and was able to obtain a sense of control.

Lizzi, like Mabel, attempted to find a solution for her daughters' condition and continued to speak with her doctor for months. It took Lizzi's doctor 6 months before he relented and addressed her concern:

> So I was going in telling him that she wasn't sleeping and he was like "well, sometimes they don't sleep and they'll find their rhythm." And I was just trying to be very holistic and I was like "she'll find her rhythm, and I just need to be there for her" because the Doctor and all of the books kept saying that she would find her rhythm unless she has colic or reflux.

Without her perseverance and continued searching for information via technology, Lizzi's story could have turned out differently:

> Thank God for smartphones. I don't know how women survived without them. I was up at all hours of the night researching her symptoms, all hours of the night researching and researching and researching and finally I just went in and said "it is reflux, if it is not reflux I don't know what it is,"… I was losing control, I was losing control of myself… I didn't know what I was doing and he [the doctor] was like "let's just try the medicine and if it works we'll know that that's it" and that night she slept for four hours… the entire night. It was so immediate and dramatic and I was like "my first successful moment as a mom… thank God it worked."

Researching via the internet and reading books were also ways mothers connected with other mothers to gain information about their or their children's condition. Another way mothers advanced their knowledge was to seek out co-workers as Shelia did:

I talked to a couple of them who had already gone through it. I talked to them about- primarily what I was talking to them about was how I sh- could- or how to go about extending my leave as much as possible, or what are my rights, or things like that, like I knew one of them who had stayed home with her son for a year from the time he was born, so I talked to her, and the other one, same thing, she had stayed for a little bit more than a year with her son, so I talked to both of them about kind of what they went through and their process.

Janet also utilized her co-worker to gather information about her leave rights. The information from her co-worker proved to be beneficial and allowed her to understand and maximize her benefits in a way that her human resources department was not able to do:

She [co-worker] gave me the same information, but I was able to understand it a little bit better because she had been through it…she had already dealt with them and knew what was going on.. . HR never spoke with me about ways to maximize my leave, but in speaking with another teacher that is an older teacher and had taken off for two of her kids, she told me that I can take 12 weeks, you can do this. She had given me that information which HR had never given me, but that was the second time around.

Darla found herself in the same situation of struggling to comprehend her leave options. Fortunately, she was able to connect with a co-worker who assisted her with understanding her leave options:

It was kind of all new for me so I wanted to get more information and even the more they explained it the more I didn't understand it. Fortunately I had a coworker who went through that…

Likewise, Willow did not have to do intensive research about her leave rights because of the connection she had with co-workers:

I had two friends at work, the ones who just had the babies the previous year, who gave me the lowdown and said, "OK, you get this amount of weeks, and it's 45% state, 55% you," you know, the breakdown, this and that and bla bla bla, and I wrote it all down, and… "These are the numbers to call, and this is your contact in HR and all this." I'm like, "Wow, this is very nice because I didn't have to do any homework."

Another mother, Colissa, who worked for a small family run medical practice found that her HR department neglected to supply her with adequate information about her benefits. It was not until her co-worker shared information with her that she became enlightened about her leave options:

> ….a coworker told me as I was going to a Doctor appointment "hey you know you don't have to be working?" And I asked her what she meant and she said "at 36 weeks you can stop working." So I talked to the Doctor I asked her and she told me that was correct…. So then from talking with the doctors they set me up with disability and when I was on disability. I got a letter from the family leave place asking if I wanted to continue staying off for six more weeks and that's how I found out that I had that time available. I didn't know that before.

> Lizzi also benefitted from the information she gained from her co-workers.

Without the sharing of information via her co-workers, she could have lost out on supplemental pay:

> **Interviewer:** How did you know to go to AFLAC?

> **Lizzi:** Coworkers. I had talked with them about the different types of disability, because as school employees we don't get disability, so my coworkers told me about it. So coworkers told me that and they also told me that going through the one that the school district recommends would not be as beneficial to me, so I went with AFLAC.

There were times, however, when building community with co-workers was a challenge for mothers. The position that a person holds plays a role in whether or not they can participate in community building with colleagues. For Thalia, a mother who held a managerial position and worked from home, the ability to build a community through co-workers was elusive. Her physical distance from co-workers made it hard to establish and develop relationships in addition to her belief that she should have all of the answers since she was part of management:

> **Thalia:** Well, I never did because since I'm corporate, I'm the one that should have the answers, so it's kind of like- not embarrassing, but just like not

appropriate to ask the field when I'm- they come to me for questions and answers, I shouldn't go to them type thing.

Interviewer: So then how would you- if somebody came to you now, how would you-

Thalia: I would direct them to HR- HR consultant.

Interviewer: Did you ever think of contacting the HR consultant?

Thalia: No, I just talked to my boss.

Nonetheless, in spite of the lack of connection she had with coworkers, she was able to build a relationship with her supervisor.

Most organizations have a human resources department whose aim is to assist and provide employees with information and an understanding about their employment benefits. Unfortunately there were times when this education through the human resources department did not occur, and it was during such times, that the women interviewed for this research constructed their own path and formed community.

Maternity Leave

There are various dynamics that occur during interactions. Interactions foster relationships which are built on connections. Connections are developed through communication, and contained within communication are dimensions of power. Hence, relationships are speckled with power. In the case of working pregnant women, American law recognized this power differential and subsequently classified them a protected class who cannot be discriminated against. Nevertheless, some pregnant women who are pregnant still fear being castigated or discriminated against by their employer, even with knowledge about their legal rights. Merissa, an attorney, was aware of her legal rights

around maternity leave, yet she still experienced apprehension about talking with her supervisor about her maternity leave:

> …I knew that I had a legal right to a certain amount of time, but I knew that it would be hard, it would be hard on my office because we were small and they would basically absorb my workload…so I wasn't looking forward to telling my boss that I wanted the time off. He was very supportive, he understood. I actually went out about a month early because I was so uncomfortable. He was happy with that, he understood it, he was fine with that. I think he was not as happy with the amount of time I took off post pregnancy.

Merissa's sharing of this experience unfolds the complex feelings of supervisors when working women become pregnant. Her supervisor was "fine" with her going on maternity leave early. "He understood" that the physical difficulty of carrying a child could be daunting. Yet, from her, perspective his "unhappiness" resulted in the amount of post pregnancy time she wanted to utilize, the time when she would no longer be physically challenged with pregnancy. It is this period, the post pregnancy period, others oftentimes struggle with comprehending. It is as if the lack of a physical reminder that women's lives drastically change when a child is born erases the conversions that accompany motherhood, and allows a person to say "take time off, but don't take too much because now you and your needs as a mother are infringing upon my rights as an employer."

The conversation about when to take maternity leave and how much time to take can be tough. Expunging messages that have dominated American culture continue to permeate in the minds of working mothers. After Lila learned that she was protected legally and she "didn't think I ever thought I would lose my job" taking time off worried her and she "never wanted to take advantage of taking any time off because I didn't want them to see it as me not caring." The creation of laws cannot obliterate such worries and fears on either person's part because the reality is that sometimes women do extend their

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leave time. And sometimes, women do not return to the workplace after giving birth

which creates a hardship for employers.

FMLA

> So, FMLA gives you 3 months which I think is not sufficient for any parents
> because now that I know that- now that I have a baby, first 3 months the baby I
> think is still kind of a fetus living outside. Really, they call it "bonding time," but
> it's really a survival time, I think. It's after 3 months that you start to really bond
> with your baby. Because the baby really starts to- well, first it stops crying, and
> stops eating all- you know, around the clock, and starts smiling and responding
> and being more interactive. So the baby is much more enjoyable after the 3 month
> mark, at least my baby was. So it's just when the baby's starting to be fun, and
> responsive that you are having to leave the baby which is very unfair. -Cary

> Whether or not the women interviewed for this research were happy to return to

work, they experienced a range of emotions such as sadness, excitement, or anxiety.

Many of the mothers articulated a position similar to Cary's; the amount of time

designated under FMLA for them to take care of their child postnatal was not enough

from Mable's perspective:

> Is it Canada that lets mother's stay home for a year? I think I would at least want
> to do eight months… if I was given a year I would take a year but if I'm asking
> for a year I feel like I'm asking for too much, but if I could have a year I would
> take a year and a heartbeat. I guess that's my way of negotiating time…

Mabel's statement that she would take eight months as a way of "negotiating time" offers

a preview about attitudes towards working mothers from a legal and social perspective.

Pregnancy spans over a nine month period. Yet, mothers are given 3 months to recuperate

and adjust to a major life transformation, and for many this leave is with little or no pay.

> Twilla found herself utilizing her maternity leave time making trips back and

forth to the Neonatal Intensive Care Unit (NICU) due to the premature birth of her son.

By the time her son was scheduled to depart the hospital she had limited time to bond and

connect with him because her 12 weeks of leave would end. After contacting HR and learning that she could extend her leave for an additional 3 months, she also learned that the extra time would be unpaid time off:

> He was actually in the NICU for about 8 and a half weeks. I was a little bit scared, because I knew, you know how we have like the 6 weeks plus the 6 weeks, and then I thought, by the time he comes home, I won't have any time with him, so at that time I did contact HR, to see what my options were. When I contacted HR they let me know how much time I had, and how much additional time I could take, and I think there was a- there's actually like an emergency something, an additional three week- three months, I was able to take, but those three months I wouldn't get paid...

The lack of financial stability propels mothers back to work when they may not be physically or emotionally stabilize. Lila took 8 weeks of maternity leave and "would have taken off longer" but "had no choice" because of "financial" reasons. Zora was "worried all of the time because she was worried about the babysitting" until her husband's FML started and he was able to babysit their daughter. However this only created more "stress" for her because her husband continuously called her seeking information about how to care for their daughter.

The involvement and expectation of fathers in the caretaking process of children has been an ongoing conversation for decades and is not the responsibility of FMLA to address. Until more recent years, the conversation about men participating in the caregiving of children grew and the expectation of men turned into a conversation about their role as fathers. As this conversation expanded, so did the needs of fathers. Consequently policymakers opened the language of this Act so that it could be inclusive of men. Naturally, women and men experience the creation and development of a family in different ways, and men are not subjected to the medical scrutiny that women

experience pre or post childbirth; consequently they have different pre and post natal needs.

The reality of pregnancy, maternity leave, working mothers, and employers is that the decision of an employee to create, or add to, their family means that resources have to be realigned and/or reallocated. Some hold the perspective that an employee's decision to have a child burdens employers and employers should not be penalized because of their employee's decision. Others argue that halting pregnancies would deplete our greatest resource; therefore, society has a responsibility to ensure women and human rights even if it there is a disruption. And even more argue that everyone should have a right to access:

> **Marley:** There is a cost for organizations and business to replace people… It's like, you know, the organization's needs are that you're working as much as possible… so I don't think organ- on organizational levels it's seen as an acceptable amount of cost to take on to allow more than 3 months leave, or 4 months leave, or- I've seen up to like 6 I think at a nonprofit for family leave offered…

The Workplace: Schedules, Needs, and Culture

Maximizing and Managing

With time, more and more organizations have come to recognize the importance of women in the workplace and understand the potential impact of lost talent and revenue due to the demands of work and family. Consequently, some have found creative ways to uphold governmental laws and policies while meeting the needs of their employees. Marley shared how her organization, a policy firm, developed a task force to examine their leave policies. What resulted was a major overhaul:

> We- so they took what had been a maternity leave and a medical leave, that were 2 separate things, each 3 months, and they collapsed them into 1 medical and

family leave, which is 3 months, plus an addit- or 12 weeks plus an additional 4 weeks. If the medical condition *(unintelligible)* so and previously we're not eligible for health care while on leave, and now you are. So that was the shift. Our task force got started because one of our board members asked if that was enough time for maternity leave, so that was one of the things that we talked about, and it was *really* interesting to me, because some of these conversations were happening when I knew I was pregnant, but other people did not know yet.

Other agencies have made various arrangements with employee schedules as a means of assisting women with the balancing act of motherhood and work. For Collie, a nontraditional work arrangement benefitted her:

Because I can be with him and I can spend time with him and see him, and I don't want to miss out on his milestones, and I haven't yet. I was there when he took his first steps, his first words, and I feel like that makes it worth it even if I have to get up a little earlier, or work through naps, or work a little later, but I can be there with him whether that's just me and him or me him and another family member, so that's the benefit for me. I wouldn't have it any other way, but it's not easy and ideal.

Likewise, Myeshia expressed a similar sentiment:

I have to start work at 5 because I know I'm going to get interrupted during the day, and I'm very diligent about the fact that I want to make sure that if I'm getting paid for these 8 hours, I'm working these 8 hours. And I just know on my Wednesdays and Fridays I start earlier and end later, but it's OK for me to take the 10, 15 minute breaks to feed her, or play with her, or give her the attention she needs, because that's why I'm working from home; not to ignore her, and not to have her be asleep the whole day, but to really have that time with her.

Although nontraditional work arrangements may not be "easy and ideal," being able to witness the day-to-day development of their child's life decreased the negative psychological impact and guilt some working mothers experience ultimately making their work situation worthwhile. While working from home provided some mothers with added benefits, there were also noted challenges that accompany nontraditional work arrangements and caused a different type of stress for mothers:

I think it's more challenging for me to work from home than to work out of the office. When I work from home I have somebody with me, either my husband or my mom, or somebody else to care for him but there are constant distractions so I

have to maximize my spare time. So I have to maximize his naptime, which is really when I'd like to take a nap myself (laughs). I make sure to answer my emails and my phone 9-to-5, but I don't just work 9-to-5. I work after he goes to bed at seven, I work early in the morning before he wakes up. So I have to accommodate my schedule whereas when I'm in the office I really can just work my 9-to-5 schedule without any distractions. Collie

Another mother, Zena, found similar challenges and deepened the conversation about working from home when she discussed the conflict presented as she attempted to balance the spheres of work and family life:

> …you really try to squeeze in as much you can into that one day when you're in the office. You try to catch up, get ahead, as far as you can because when you work from home you get distracted by so many things…. So learning to manage that, and working, and managing your child at the same time is tricky. Also making sure that you get your work done- that you put in all the hours that you have to. So it's either getting up early, doing a couple of hours in the early morning. I'm always going to my phone constantly, which drives my husband crazy, but I'm always glued to it making sure that if it's anything for work I get it done instantly as soon as they need it. When my husband comes home I'm like "okay, it's your turn, I have to get something done for work." So that's how we've managed it, we kind of switch off. He will watch him and then I'll get some work done even if it means that I have to stay up until 10 o'clock, I have to, it has to get it done."

Thalia, a mother who worked from home, articulated a "pitfall" of working from home because work was always "there." Consequently, for some mothers who work from home, being able to separate the public and private creates an imbalance:

> …because it's such a gray area. My office is literally in my living room, our family room, so it's very blended, it's very blended, which is another pitfall of working from home. Because you can't go leave it and come back, it's just always intertwined because it's there. Computer, you know, pings up, and it's just-… it's tough, it's really tough."

Nevertheless, nontraditional work schedules provided these mothers with work situations that they appreciated; for them being able to financially support their family, care for their child emotionally and physically, and feel accomplished through their career was worth whatever luxuries they sacrificed.

Women who had traditional in-office work schedules also experienced the blurred boundaries of work and family life. The desire to meet deadlines, respond to requests, and remain viewed as an efficient employee. Oftentimes they found themselves checking and responding to emails after the work day ended, and bringing work home so that they could stay on top of work demands. As a result of the stress created by bringing work home, Lilly, who worked an in-office 8 hour schedule, had to make a conscious decision to reprioritize:

> It was taking time away from my family and I was more stressed out at home than I was had I- than I- than I am now. And I noticed that, you know, I'd get irritated with my husband, and it was nothing he did, I was just stressed out about something with work, you know, I'd get an e-mail and I'd hurry up and take care of it, or, "Can you take care of her so I can finish this sort of thing?" And I just- I myself made the decision to just stop that.

The entry of mothers into the workplace presented dynamics that were not experienced prior to their involvement in the public sphere of work. Previous to their entrance into public sector workplaces, roles were clearer, boundaries were more solidified, and responsibilities between women and men were better understood. Men worked and women reared the children. Work-life balance was not an issue because there was a firm separation between the private and the public spheres. Given this separation, the idea of a non-traditional work schedule or environment could remain an idea. However, the influx of women into the workplace created dialogues that led to shifts in work schedules. While this conversation offered businesses an avenue to be creative and find alternative work spaces as a means of retaining the talents of women and mothers, the fears mothers experienced remained.

Mothers who worked from home did not want to be perceived as taking advantage of being a mother, so they overcompensated by working irregular and oftentimes longer

hours. They blurred the line between work and family while sacrificing their own well-being and replaced it with guilt, stress, and the notion that such sacrificing of oneself was unworthy of merit. Likewise, mothers who had traditional work schedules found themselves in similar situations. They conducted business after normal business hours so that they would continue to be perceived as valued employees. In spite of the measures mother took to present as worthy, the belief that they were burdens in the workplace was sustained and communicated to them via words, and behaviors. Talise shared a story about how and why her organization moved from a semi-flexible work arrangement to a strict office arrangement:

> **Talise:** …We were working from home. As a manager we could work one day a week from home and that got canceled because he wasn't comfortable with it. So I know that that wouldn't even be in option.
>
> **Interviewer:** Do you know why he wasn't comfortable with it?
>
> **Talise:** I think one day one of the associate managers wasn't available when somebody called her and it just kind of escalated from there. I think he already wasn't happy with it, just didn't like not having people here. He's kind of a control freak and so I think that was the straw that broke the camel's back, and it was just like "no, everybody has to be here."

Although exact details surrounding this account were not known or available, it was clear that her bosses' boss had expectations for people who work from home. What was also clear was that a situation with one employee was powerful enough to penalize an entire group of people who worked in her office. Collie shared a similar story. In an attempt to meet a 5PM deadline she attempted to contact her co-worker, who was a mother that was working from home, via phone and email. Unable to get a hold of her co-worker, Collie went to her supervisor:

> … and I said "I just really need something from *****. Is there any way that you can help me get it because I have a deadline?" And she reprimanded *****the following week after. I didn't know about this until later. The supervisor told her

that if you're going to be working from home you need to answer your phone on the first two rings, it was super strict. I felt really bad that I contributed to that, and that's when I realized that that work environment was really unsupportive. I didn't mean to take it up to her as a complaint, I just asked her if she could help me get the information that I needed…. Knowing now what I know as a working mom… I don't know that I would have approached the situation in the same way again because it's so damaging.

Perhaps these two employees who did not respond were taking a break. Maybe they were eating lunch. Or, perhaps they were on another phone line assisting others. Perhaps the extenuating circumstances would not have mattered even if they were justifiable because of the suspicion that surrounds mothers who work from home.

Employer Dissuasion and Needs

Employee attitude about pregnancy and motherhood in the workplace are oftentimes a reenactment of the culture created by management; hence the need for anti-discriminatory laws and policies such as FMLA. Questioning an expectant mother about her intention to return to work after delivering, or making a prediction about what she is or is not going to do with regards to work may seem innocent and well intentioned. However, some mothers found such statements to be impositions and reflective of hidden biases and discrimination against mothers.

For Marley, a 34 year old mother who worked in public policy, the timing of her pregnancy disadvantaged her in several ways when she sought to apply for a position within her agency. Firstly, she would soon be taking maternity leave and the organization wanted someone to start working in the position when she was going on leave. Secondly, her leave was impending so the fear of her not returning to work was a greater risk, hence making her an unlikely first pick candidate:

I was dissuaded from applying initially because they wanted someone to start right when I would have gone out on- was going out on leave, the person that they ultimately hired didn't start until about 2 weeks before I came back from leave. I, you know, talked with the director who- the executive director who was my supervisor at the time, was involved in the hiring process and said, you know, "I'd really like to apply for this position." She said, "Well, you know, I really- I know- I think we need someone to start and the timing is wrong, so, you know, I don't think that it makes sense." And I did apply anyway, and I was the second choice candidate and it really- I have heard some discussion- heard some hearsay around, people wondering, "Well, you know, is she really going to come back full time?" And, you know, I'd seen that with someone else who went on leave too, that the person's proposed like return plan is questioned…

The worry of having decisions made about an employee's job while away on maternity leave was validated as mothers who were interviewed for this research told their stories of displacement. Upon her return to work after maternity leave, Vera found that there was a new supervisor for her department who was not as flexible as her previous supervisor:

My new boss, we started off on the wrong foot anyways because before I left for maternity leave I had set hours …. While I was on maternity leave and this merger happened she met with all of the staff and there was a lot of conflict in the sense that she was not a proponent of staff making their own hours… That was challenging. That was very stressful to me…. We had to do things that we didn't have to do in the past, I was trying to get acquainted with new coworkers.. and like I said things were just being done differently and the system was changing so this merger changed everything.

Scarlett, another mother, found herself being shuffled into a different position even after she was told "don't worry" because her position would be waiting once she returned:

Something happened where my position was given to another person when I was specifically told "don't worry; we are holding it for you." The day I got back they said "you are going to go into this program full-time," and when I said what happened to the position that I was in they said "well we don't have to put you in that position. We just have to put you in a 'like' position." So then my world got kind of thrown apart all over again.

Likewise, Marley found herself in a similar situation. After not being selected for a position because she would be going out on maternity leave at the "wrong" time, she also found herself in an unpleasant predicament upon her return to work from maternity leave:

> About 2 or 3 weeks before I was going to come back, I, you know, I feel like- I don't know if it was a phone call or if I came to like an office happy hour at one point with my baby, and said hi to everybody, and there was a comment about like, "Oh, yeah, and we've got to talk about what's coming, what's happening, there's been some changes."… And so while I was on leave my position was changed from like a full-time to a half-time position. And another half-time position was created and offered to me if I wanted to have full-time work… it definitely felt like, you know, and there was a lot of discussion, like, "Well, if you *want to* work half-time, you have this great option now!" And I'm like, "I said I was coming back full-time, this is what I wanted to do, and you're telling me that I am not going to be doing a full-time job anymore? Or I have to piece together this thing that I'm totally not interested in, in order to stay full time?" And that definitely felt like if I had just been there the whole time, I don't know if that would have happened. So I stayed full-time, but it's like- my position got changed while I was gone.

Cary, an immigration attorney, pressed her luck by going on maternity leave from her corporate job:

> So I was with- I was- I stayed [on maternity leave] for 4 months, and then I was- I wanted to stay for another 2 weeks, but my work said that they actually needed me back, so I went back, and then 2 weeks later they laid me off. So I was back home with the baby for another month….I had no idea because they told me to come back early. They did not approve my extension time and they told me that I was busy, so I didn't see it coming. If I had seen it coming, I would have prepared myself, positioned myself better... Although officially, that's not the reason, and there were nine other people that got laid off, but because I was pregnant and they knew that I was going on leave, they put me on an account that was going to disappear. So they knew that this client was going to leave, and because I was going on the leave, it made sense for them to put me on that account. And then while I was on leave, that client did go away, and then that was the reason for layoff, because that client disappeared, and then the firm was not able to bring in a new client to fill that hole, so there was a business need to cut down the workforce. And because I was the attorney that worked on the account that no longer existed, it was a logical choice for termination.

Stories of displacement and loss of employment by pregnant women and postpartum mothers are commonplace when discussing the lives of working mothers, hence the need for legal mandates such as FMLA. Although the law highlights pregnant women and distinguishes them as a protected class, the law does not offer them employment security post pregnancy without medical authorization. Cary's story accentuates one weakness of the Family Medical Leave Act in its attempt to safeguard mothers post maternity leave. As Scarlett learned, her employer did not have to place her in her same job position; rather they were only obligated to put her in a "like" position. And as was experienced by Marley, mothers are oftentimes put in a position to take, or leave, what they are being offered if they are serious about continuing to work.

Joking in the Workplace

Employers are not the only ones who experience anxiety when they learn of a woman's pregnancy. After Hazel, a 36 year old social worker, shared the news of her pregnancy with her co-workers, their comments, although seemingly said in jest, struck a cord and was reflective of how people sometimes feel and think when their workload increases because of maternity leave:

> I think they probably meant it in a joking manner and that's how I took it, but that totally came out of their mouths- "Ohhhh great! Now we have to have higher caseloads." Yeah it came out of their mouths and I remember that. But then the other sentence comes out "but don't worry about it, but don't worry about it; we'll all be fine and we'll all handle it or whatever." It was kind of a mixture, but that was just them being real. That's how we would all feel whether it was maternity leave, injuries, or stress leave, I think we always felt "oh goodness how is going to impact me?"

At times, social joking creates guilt for mothers and pressures them to justify their decision to have a child and remain employed outside of the home. In the following

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situation, Colette, a mother who worked in the university setting, attempted to dissolve

her "guilt" and justify her decision to remain in the workplace as a mother based on

California law:

> You hear people joke "oh we should get single people leave for single people because they are not married and they're not having children." So you know kind of like the joking, and nothing that people said to me directly, but just the fact that I'm getting my salary when I'm at home with my family, I felt guilty about it, but it's California's rules.

Although Hazel experienced her co-workers words as "joking" she also extracted a hint

of "realism" in their words; Colette on the other hand internalized the joking and

experienced guilt.

Social Constructions and Pressures

The impact of historical events aid in sustaining perceptions. Consequently there

are times when people may not verbalize their thoughts and feelings about a particular

issue, however the stigma remains pervasive. In the cases of Vera and Colette, no one in

their workplace ever made a direct comment to them about taking time off from work to

care for their child's needs, yet they still worried about the way co-workers perceived

them:

> **Vera:** I feel like people are like "again? You're taking time off again?" I strategically try to plan it so that people don't think I am taking advantage of the situation when I shouldn't have to do that because my daughter is sick. I should be able to stay home and take care of her; but I am worried about this or that person thinking that I am taking advantage or not pulling the same weight as they are so it is something that is in the back of my mind when I have to call out sick and take my daughter to the doctor.

> Similarly to Vera, Colette shared a similar perspective:

> **Colette:** There's always those feelings just because you take so much time off. I felt like that "oh she's just trying to get out of work" or whatever. Not that anyone

ever said anything, but I feel like I'm a hard worker so obviously I don't want to be viewed as being a slacker just because I'm taking my maternity leave…. You know they'll be like "are they really sick?" or "are they taking it easy?" when they're coming in late, or taking it for an appointment and you're not working and everyone else is. So yeah I think for some people it's, not taking advantage, but thinking I have it easy because I'm a mom and I can take all of this time off.

While Colette discussed feelings they associated with perceptions, Merissa, like other mothers, was able to ground her feelings in a concrete social stigma of what mothers are supposed to do:

I have gone through the guilt-feeling of leaving him many times at daycare- of not being with him all the time… I think the guilt is because society tries to emphasize that moms should be home with their kids. I think that societal pressure- I think that comes from the way things were 20, 30 years ago, but there are a lot of times I hear "why have kids if you don't want to be with them?"

In addition to the social perceptions and historical accounts that created and perpetuated prejudices aimed at working mothers, there were and continue to be times when tangible discriminatory statements are made:

Collie: I definitely noticed it at my previous places of employment when people did work from home because they did have kids, there was a suspiciousness about are they really doing work from home. And you would overhear these comments, you know, people weren't shy about making them. They would be like "hmm, I wonder if there really working. Like how much work can they really get done with the kid around?" There was definitely resentment, even from other working moms and that was shocking.

Lizzi shared that before she became a mother she participated in fostering a workplace culture that cultivated bias and judgment toward mothers, though it was not until she experienced the situation that she was able to comprehend the impact of statements:

And there was lots of "you're not going to stay home, are you? I mean you have so many degrees and accomplishments. You've been in school so long. Why would you just stay home?" To be fair I fed into that before I got pregnant. I said things like that. I had said things like "I don't know that I could stay home. What would be the point? I've only been working for a couple of years. What would be the point of working for only a couple of years and then staying home?" and that

all shifted…a couple of months in I was like "oh, I think I can stay home, I don't want to go back." But there were lots of questions like that, "You wouldn't. You're coming back. You're not going to stay home, are you?" It wasn't like "are you coming back?" There is a difference in the way that message is delivered.

Oftentimes, other mothers perpetuate the socially constructed rhetoric attached to motherhood:

> **Lydia:** I met a lot of stay-at-home moms while I was on maternity leave… they would just give me their point of view on raising a child versus having them raised in daycare. [My mom] She doesn't like it. She thinks I should be the one raising my kids. She falls into the categories of the stay at home moms, so she thinks I should be the one staying at home, watching them, raising them…. I feel like I spend a lot of time explaining my decision to work to a lot of people. I think it's because when I'm out with my girlfriends we talk about our stresses and work is one of my top stressors. So when that comes up that's when I get the questions like "why are you still working? Why don't you quit?"

As Lydia shared, she spends a lot of time "explaining" and defending her legal right to work in spite of her gender. Lydia's desire to work placed her on the defensive. This passage implies that staying at home would be less complicated and reinforces the belief that stay-at-home moms have less stressful lives. Furthermore, the statements "why are you still working? Why don't you quit?" lend credence to stereotypical adages that women are weak and incapable of handling challenges; hence another reason they belong at home. Lastly, such statements preserve and breed socially constructed perceptions aimed at dismissing mothers from the labor force; they also victimize working mothers and blame them for less than iridescent workplace experiences.

Re-entering the Workplace

> …I would never be late, I would never really take any, you know, like any time for appointments, I would always try to do it after work hours, but in this case, I mean, I didn't really have an option… -Twilla

Colissa and Merissa exposed the bind that both mothers and employers find themselves. Being a mother has the potential to get in the way of work and revenue. Colissa's child had legitimate needs that warranted numerous doctor appointments. Likewise, her employer had needs that required her to be present. Eventually the demands of Colissa's work and life clashed when she was asked by her employer to schedule her son's appointments "a little bit ahead of time so that it doesn't affect the work schedule as much."

When Merissa was asked how it was for her when it was time for her to return to work from maternity leave she responded it was:

> …tough. I cried like a baby when I left that morning to go catch my plane." My employer knew. They knew that I had a four month old baby. I think they even kind of felt bad because they were even like "oh, I'm sorry this is kind of tough." But what are they going to say? I told them I wanted the job. I had to go to the training. I had no choice. I flew back every weekend. I would leave Sacramento Friday and fly back up to Sacramento Monday morning. It was difficult to leave. I think part of it was difficult to because I was the primary caregiver for the four months… so to just up and leave completely was tough.

The perspective that alternatives were not available forced these mothers to make decisions that placed them at risk for decreased mental and physical health which had the potential to decrease employee productive and revenue loss. Webinars, online trainings, WebEx, Google Hangouts, Youtube, Skype, and Podcasts are commonplace options employers could have utilized to train employees and may have also extinguished additional costs associated with training of all employees, not just these mothers. Furthermore, the utilization of such options could have reached beyond the benefit of this mothers' emotional conditions, and could have also benefitted the entire family unit as well as her employer. Allowing Merissa to remain at home for the training could have alleviated the disruption in caregiving and bonding with her child. Additionally, the

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responsibility of caregiving could have been spread between her husband and her consequently decreasing any stress he may have experienced. Lastly, the costs associated with flying her to another location, housing, transporting, feeding, and paying for other incidentals could have been retained by the employer.

Benefits and Challenges.

All of the mothers interviewed for this research returned to work because of the financial holding that it provided them. In addition to the financial footing that these women gained, working provided some of them with a sense of personal fulfillment. No matter what their reason was for returning to work, all mothers shared emotion laced experiences. Lila found returning to work "nice" because she was able "to have adult interaction." Additionally, she found that going back to work allowed her to socialize with colleagues without having to immediately meet the needs of her children before meeting her own needs. As she stated, "the kids needs you constantly. It's constant, and I enjoyed somebody telling me "hey, let's go get a coffee" and I can do with without having to pack everybody up, like do all of these steps just to go get a coffee." Lizzi expressed a similar perspective:

> **Lizzi:** It was nice. It was nice to see people…. it was nice to go to the bathroom when I needed to go to the bathroom, it was nice to go to lunch; I could go get a manicure if I wanted to. Oddly enough going back to work offered me some flexibility and ability to do things that I wasn't able to do when I stayed at home.

Myeshia also welcomed her return to work with open arms even though her reason was different than Lizzi's:

> **Myeshia:** I felt like- that was the first time where I felt like my old self again. Where I thought, "OK" you know, "I can be a mom and do this," and I felt OK. I, I felt more like myself, because I hadn't been feeling like myself. I felt like I had

lost all- like this whole other side of me, everything I had worked for as far as education, and here I thought that was all gone and I wasn't OK with that, so me coming back to work, I felt good about it and I felt OK, I have a sense of myself back.

Although these two mothers had different reasons for embracing their return to work, it was still a challenge for them to leave their children and return. As Elise shared, "It just stinks that we have to be away, but it's also a nice break. You know, I'm not going to lie. Work is a nice break from our kids and our husbands."

Other mothers found themselves conflicted about returning to work. For example, Teri found herself ready to return to work, yet conflicted about leaving her child:

I was ready to come back but at the same time it was hard. Physically yes I was prepared, but emotionally no, I wasn't… The night before, I cried my eyes out, the next day I went to work and cried my eyes, I came to work and I was just a mess. I kept calling my in-laws throughout the day, calling to see how he was doing, what he was doing, I'd call about every hour. Then I was trying to get adjusted to nursing without him. I was trying to get situated with having to pump because you know your body changes when you're nursing your baby.

As well, Shelia experienced heavy emotions as she geared up to return to work. Although she believed that "a good psychologist" would be lost if she left the workplace, her talents were not enough to negate the weight of having to leave her child so that she could return to work:

Oh my God, I didn't want to go back to work, I started getting really bad anxiety about having to come back to work and having to leave the baby, and having to come back to work, and it was *really* hard to come back, I didn't want to be here. I think that whole first year I- was probably the worst year of my work experience, just because I didn't want to be here so bad. And I wanted to be home and I missed my son, and I felt like I was missing so much… being back at work I was very unhappy, and just kind of really not into being back at work. I really struggled that year.

Talise, a mother of two, enjoyed working; it gave her "personal gratification." Yet she was "traumatized" as she grappled with returning to work postpartum:

Talise: I was a mess. It was so much harder with my daughter then with my son. Yeah, I was just a mess all day and then after that it got better... I don't know it was just so emotionally draining because I know she'll be well taken care of down there, it's just hard to explain (crying).

Zora was not prepared to return back to work after her allotted leave time expired. There were multiple circumstances that negated a smooth transition back to work for Zora. The first issue was that her husband was ill-equipped to care for their daughter so he continuously called her during the work day. The second issue was that when she returned to work, she returned to a new position so she had to learn new job duties. Lastly, her delivery and post-delivery processes were "the worst things I've ever gone through in my entire life" which also caused her to be on edge and left her unprepared to return to work:

Zora: No. I think at that time because I was so worried about the baby sitting my husband's FMLA kicked in, so he was able to stay home for two weeks. When I first went back to work he was there for two weeks and after two weeks is when I had to take the baby to the sitter for the first time… What was stressful was leave the baby home alone with my husband because he was calling me all the time when I was at work trying to figure out what I'm supposed to be doing… and he's calling me literally every five minutes home with a four month old and he has no clue, and no one to call but me, so that was stressful. I just kept thinking "oh my God he doesn't know what he's doing; I don't know what's going to happen."

Some women were not ready to return to work but had to because they did not have other options:

Mabel: I just didn't want to go back to work. But the day before, I remember telling my husband that "I just don't want to do this. I just want to stay home." And he just apologized and said that he was sorry but that we didn't have that as an option and I knew that, but it was so hard…..

Sustaining Perceptions

Mothers as Burdens in the Workplace

It's weird being a mom in the workforce and dealing with other coworkers. Like I was talking about the male coworker earlier who doesn't have any kids… He's

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able to work all of these hours and devote all of this time, so he looks the most efficient and reliable person in our position that we're in and that kind of makes me- it pisses me off to be honest because I give 101% to my job and I do it really well, I believe. But I'm taking care of the little person at home who I have a responsibility to, so I can't be here, or I can be on my email from 7 to 12 at night. I can work my job and then I have to let it go. It does upset me. It really does upset me that this male person does not have the responsibility that I have and so he looks more competent in his position and people have even told him that. Like they'll say "Oh, you're the best employee," or "You're the most reliable," or "Go see him because he'll be there, he'll be there to answer your questions." And it's crazy because he's able to give 1000% to work and he's able to go to conferences because he doesn't have the other commitments so he does look like he's the better employee. -Vera

Workplace ideology about what the "ideal worker" looks like is highlighted in Vera statement. Workers need to be "available," something working mother find challenging at times due to their commitment to their children. In addition to healing from the birthing process, restrengthening and recovering from the mental and emotional fatigue of restructuring their life, functioning on intermittent sleep, pumping or expressing breast milk, doctor appointments, stabilizing childcare needs, and just trying to survive amid the changes that accompanies motherhood does not always allow mothers space to be conceived as an "ideal worker."

The nuances that accompany motherhood are oftentimes not fully understood. And, if they are understood, those nuances can become nuisances for others, including employers:

> I got a call from her daycare provider that my daughter was vomiting at school and my husband was already off work and I had to be the one to go pick her up, and the doctor said to me "you know, it would probably be easier for you to find another position that is more suitable to your situation, it's just a suggestion." I mean it wasn't the first time that she's made a remark like that. It was directed towards me and she said it in front of everyone, and I took it personal. Another time, after I had come back to work, she said "is it even worth working?," because of my daughter's daycare situation.

Lydia's story sheds light on the experiences of some working mothers. Her situation of being a mother was not suitable for her employer who in turn set the foundation for the culture of their workplace. By openly sharing her thoughts about what would be "easier" for this mother, she communicated and created the expectation of workers with the entire workplace. Lydia's employer goes farther and questions her decision to remain a working mother when she asked "is it even worth it?" For some women, the answer is "yes" and for others the answer is "no." Regardless of the answer, working mothers are a mainstay in the workplace.

Comments and statements by consumers, co-workers, and employers alike sustain the notion of working mothers as burdens in the workplace. Consequently, some mothers find themselves in a tricky position and overcompensate to prove they are ideal workers:

> **Colissa:**… I'll take those comments and I'll work harder and then I'll ask my boss if she has more work for me, or do you have anything else that I can do. So I don't necessarily do it to her, but I do do it with my boss. I'm sure that my boss hears those comments from her and I don't want my boss to think that.

Myeshia found herself in a similar situation. While her supervisor did not take issue with her working from home, her co-workers did and consequently, she found herself working "harder":

> **Myeshia:** There's a few of them who I can tell- they've actually said things "Oh, must be nice to work from home," or something like that. And I've actually- the one who said that ended up apologizing, because she- I don't think they realized that I actually do work from home. I think they thought I said I was working from home, and I was just, you know, singing nursery rhymes all day. I don't know. But once they realized I was actually working from home and not just saying I was working from home, I think that the difference.

> **Interviewer:** How did they know that you were actually working from home? Or come to that realization that you- yeah, you were actually doing something?

> **Myeshia:** I think because when they- either how early I was sending some of my e-mails and responses back, or just the amount of work I was getting done while I was at home, because there're things that, you know, they'd ask me for and I'd

have to deliver on and I would get it and I think they were kind of surprised that they were getting things 1: as quickly as they were upon their request, and 2: that they were getting anything at all from me… I think I've had to work harder.

Although Lizzi did not feel that her co-workers or employer questioned her work ethic once she returned from maternity leave, they were not shy about sharing with her that they did not want to again be inconvenienced by her taking maternity leave anytime soon:

And even when I came back to work it was very matched like "don't go getting pregnant anytime soon okay?" It was said jokingly and positive, but I know what that means at least in my mind that's how I'm interpreting it.

Pumping/Expressing Breast Milk in the Workplace

It's hard. I've got an adapter. I park at the end of a drainage road, sitting in the backseat of this truck, trying to pump, hoping the farmers don't see me… -Joleen

The push for mothers to breastfeed comes from medical personnel, social perspective, and personal belief that feeding their child breast milk is what is in the best interest of babies, hence all mothers should nurse their baby. Research postulates that breastfeeding is not only healthy for the immune system of babies; it also increases the bond between child and mother. However, there are noted challenges for working mothers when faced with this task. While the majority of the mothers interviewed for this research appreciated the benefits of breastfeeding, many found it to be a challenging task once they returned to work.

According to federal law, employers with 50 or more employees are mandated to provide women with a secure location to accomplish this task. Some employers supported mothers by providing them with a secure location to pump, while other employers put the responsibility of finding a secure location on the women. Even with

the employers who accommodated the needs of mothers by providing them a lactation

room, the location of the room was not ideal. Nevertheless, some employers held true to

the mandates of the law while other jobs could not accommodate such a mandate do to

the nature of the work being conducted as was the case with Joleen, the mother who was

quoted above.

Another mother, Darla shared that the reason she stopped pumping was "because

of work":

> My coworker used to go find a room somewhere so that she could pump her milk,
> but I was not about to go all of that. As it is our environment isn't really set up for
> that because we have to work in so many different areas so I wasn't going to
> worry about it. I just couldn't, the thought of having to do all of that I just can't do
> that. I just think that was going to be too much.

Although Thelma breastfed her children she shared a situation of a co-worker who

was given the bathroom as the room to accommodate her pumping need:

> I think the biggest one is just the, you know, actually, one that I can think of-
> really, that just blew my mind was breast- coming back to work breastfeeding,
> and they told her she could pump in the bathroom. And to me, that's just like,
> "Are you kidding me? You want me to put the milk that I'm going to give my
> baby in a dirty bathroom? It's not- you want me to sit in a dirty bathroom and
> pump my milk?"

Interviewer: Uh-huh.

Thelma: A *bathroom?* That just blew my mind. Like there's somewhere,
somehow, that you can figure out to find somebody a place to pump… The
breastfeeding one just blew my mind. The bathroom, that was shocking. Because
I pumped with all three of my kids, and with my first two, I had my- well,
actually, all three of them, I had my own office, so, I mean, I just shut the door,
and that wasn't a problem, I just did it, and I could still work. I could be on my
computer at work while I was pumping, so it wasn't like there was like lost
productivity or anything like that.

Thalia found the demands of work and nursing and pumping to be challenging as well. The demands of both created too much stress for her that she decided to give up nursing to meet the demands of her job:

> Well, I had to stop nursing. I had to move to formula…I was really stressed out, my milk production was not happening. So I'm just like, I've gotten myself exhausted, pump, working, and then it just didn't work. So I had to stop and revamp everything.

Haruko, a teacher, discussed her challenges with pumping once she returned to work:

> My son is 15 months now and basically I feed him right before we split, I go to work he goes to daycare, and then I don't pump begin until about 2 when I get home. Before when I used to get home I used the pump a good seven or eight ounces, and now it's a lot less. I guess I could have kept pumping at work but there is not really a good place to pump. There's not really a comfortable place to pump there. I guess there could be. It's just that we're really impacted which means that I share my classroom with another teacher at this point, which means our closet that used to be private always have someone in it now. So I used the pump in the closet is not really free anymore and I live a block from school, so in my mind I just say "I'll go home and pump," but that just means that I don't pump until 2 because I don't want to come home and pump and then go back to work because that's stupid, so that's what I've been doing.

Maye, a mental health clinician, noted how different work environments created a different experience when she expressed her milk via the pumping method:

> With my first child it wasn't as stressful because my boss was also nursing at the same time too so we all made accommodations for that. We all had our individual offices. Now with my second daughter at the primary place that I work at I don't have my own space. So I have to ask for a room that may not necessarily have a lock and because my days are so busy, it's like I have back to back to back clients and don't have any breaks-it's not that they don't offer breaks it's more self-imposed-when I do finally get a room I have to have somebody watching the door to make sure that nobody is walking in so it's not necessarily a stress-free situation it's stressful to find a place to pump… It's not that the boss doesn't tell me that I can pump, it's just finding the time between clients to go pump. I have to make myself go into the pumping. If I was at home I'd probably nurse every hour to every two hours but when I'm at work I pump one time in an 8 to 10 hour period. So because I don't want to lose my milk supply I take supplements to help maintain my milk supply.

The lack of physical work space presented a challenge for Collie. Nevertheless, her employer did their best to accommodate her need:

> When I started working there and my son was just a few months old. The part that was challenging was, we're such a small center that's affiliated with the University, but our office is so small that there is no lactation room or pumping room, so I'm are thinking that's going to be an issue this time around again. I think that's kind of awkward because there isn't enough support for that.

> **Interviewer:** How did you deal with that with your son?

> **Collie:** I talked to the office manager and she shaded one of the private offices so that I could pump and I ended up in the supply room, so I ended up doing what I needed to do like using other people's offices. I have a cubicle so of course that wasn't an option, but using other people's private offices to pump. The walls are so thin in that office that everybody knew exactly what I was doing and they could hear it. That piece was embarrassing in the beginning, but then I got over it. I'm anticipating, there are going to be two of us on maternity leave at the same time, and were going to be coming back around the same time and we're both planning to breast-feed and pump so I think that's going to put a little bit more pressure on the office to be able to provide that for us.

As with Collie's situation, Colissa's employer did their best to accommodate her so that she could pump when needed. Also similar to Collie's description was the inability for some mothers to be discrete about pumping:

> I made myself a little sign and I would go into one of the rooms that the doctors would use. They don't have locks on them for safety reasons but they have hooks on the front of the door where you put the charts, so I would hang my sign on the hook. I told my manager first that I needed to use a room so that I could pump and that I didn't want to sit in the bathroom and pump, so she told me that I could use any room that was open; on the door to make sure that nobody comes in, and that it would be fine for me to nurse.

Janet was also provided with a room where she could express her breast milk although she had to manipulate the environment to gain a bit of privacy:

> I have a breast pump and so at a chosen time of day that I choose I go ahead and I go and pump my milk. For me with my second son I was doing it at my lunchtime, which is about halfway through my day so it was okay… I do it in my classroom. I cover up my Windows, everybody knows that I'm doing, I don't hide it from anybody, they all know.

Mothers who had their own office appeared to have an easier time with pumping:

> **Cary:** It's basically an hour and a half of the workday. Each session is about 30 minutes, but luckily again, because I have my own office, I can shut the door, pump and work at the same time. So I don't have to take time away from work, so I can still get my work done.

Talise articulated a similar ease that paralleled Cary's situation with regards to pumping:

> It's okay. I'm lucky I have an office so I have the opportunity to do that. It's good and I'm very fortunate that I can do it. My boss is really supportive and everybody understands what I'm doing with my doors closed and it's fine, so it's good.

> Although Lydia's employer accommodated her by giving her options to ensure

there was a room for her to utilize when pumping, the busyness of her job hindered her

from pumping:

> They were very accommodating. They allow me to pump at work, but I had to do it at my time so it was hard for me to get back to pump within my hour. So I didn't get time off to pump because their preference was but I do everything on my off time. If I didn't do it during my lunch break they wanted me to do it during my 15 minute break… I used one of the patient rooms. They offered my office manager's room to use if I needed to pump, or have the option of using the patient room which was a little more private because it didn't have windows so that was my preference because I could sit on one of the chairs and express my milk... I was able to do it but then it started to get harder because work was getting busier… so it got harder for me to pump and do things that I would do on a schedule, so I started losing my milk.

> Hazel found it difficult to produce enough milk to pump upon her return to work,

even with the accommodation of a secured room:

> I was still nursing at that time, and it lasted about two weeks. I pumped for about two weeks at work until I was just like this is not happening. It wasn't so much that I didn't have the opportunity because I did. They gave me a whole office that I could use, with the closed and locked door, privacy was off and kind of in the distance. So it wasn't that the opportunity wasn't there, it was that I actually was not able to produce the milk and I thought well that's interesting, that hasn't been a problem… It was hard.

> The nature of Joleen's work required that she spend time in the field where there

was not an office:

Joleen: … it would be nice if he [supervisor] understood the mechanics a little bit better, just to a point. It's hard. I've got an adapter. I park at the end of a drainage road, sitting in the backseat of this truck, trying to pump, hoping the farmers don't see me…That's probably been the biggest conflict. Then, when I was doing the surveys there were so many hours at a time when I could not pump and there was conflict there. I mean no one really saw this conflict, I had to bring it out… It would be nice if there was a room that had a lock on it, but it's hard. Every office is different. Mine is a really tiny office and it's not like can you set aside this room for pregnant mothers who pump because I'm probably going to be the only one there.

Some mothers made the decision to discontinue pumping on their own. In the case of Lizzi, she achieved her goals of pumping for one year. While she met her goal, she shared what she felt like was a positive experience was tainted with other people's beliefs about the appropriateness of breastfeeding, and the idea that her breasts were exposed as colleagues and kids walked passed her office:

I stopped at a year because I just wanted to. My goal was to pump for a year and I've been my year so I stopped. Pumping at work was a little undesirable; I just didn't want to do it even though I did it. Even though I feel like I have a healthy understanding of nursing and pumping and I don't have any negative associations with doing it I don't know how other people feel about it. When I was pumping here in my office I had to put paper all around my Windows because people could see in if I didn't have the paper up and people could hear the pump through the door and there is a certain level of dignity that is gone with that… That you know that my breasts are exposed in my office and that I'm pumping milk.

Emotionality: Guilt, Depression, and Losing "It"

In general, working mothers experience a multitude of demands. As time passes, some are able to find rhythm in their schedule and sort the demands of their daily life. The mothers interviewed for this research provided shared their stories about the way in which their life changed and was sometimes adorned with a range of intense feelings, emotions, and behaviors. "Guilt" was a common feeling experienced by mothers. In Elise's case, her work and home suffered:

I have felt guilty about being late on my work. Um, not the whole motherhood- I mean, I think in the beginning I felt guilty, just about, you know, not having a lot of time with her…I think now I feel more guilty about not having my work completely up to par. I would say that's my guilt. I don't really have guilt on the motherhood end, because I think I'm doing OK in that area…And probably the filthiness of my house. There's always guilt in that area. Could be better, but hey, that's the life of a working mom.

Likewise, Colissa commented about the guilt she experienced as a result of being a working mother:

I feel like, or I wonder, "am I preferring to make money over spending time with the kids?" but that's where it is because the workload I can make it up and get it done on another day… I just don't want them to ever feel that making money is more important than spending time with them.

Mabel and Janet both commented about the guilt they felt when they had to call out sick for themselves. However, unlike Janet, Mabel went a step farther and shared that she feels guilty when she calls out for her son as well. And as a result of the guilt she felt, she would clarify who was sick and what the sickness was as. Additionally, if her son was sick, she would still conduct work related business because she "just decided to take time off for whatever reason and that I'm lazy and not responsible."

Although Lilly did not feel guilty about calling out sick for her daughter who was her "priority," when asked if she felt guilty about calling out sick for herself she responded:

Yeah, yeah… I was dying at work, and everybody's like, "Why are you here?" I'm like, "I've got to be here at work!" You know, so I've gone into work pretty damn sick, you know, and, you know, I'd rather just sit at work as long as I'm not getting anybody else sick, you know, I just kind of sit at work and I'm sitting there anyway, what's the difference between sitting in front of my TV feeling sick, or just sitting at work getting some work done, when I come back it's worse because it's more work to catch up on.

In addition to experiencing feelings of guilt, some mothers experienced other conditions like postpartum depression. Hazel began talking with her friend about her

emotional state of being when it was suggested that she might have postpartum

depression:

> There were times when I think I was depressed because they were times when I would just cry. I felt like I wasn't doing enough even though the baby was fine and the baby was healthy. There were times when I didn't want to hold the baby, and it was like hm, "why do I feel that way?" And then I would get mad at myself like "I can't feel that way, that's my baby, give him a break." So I don't know where all of that came from but I was feeling that…. Even when I was at work I started to be a little depressed too. I started to think "why am I here?

The demands of work and home life leave some mothers feeling "resentful" and

"stuck" as Colissa shared:

> I just wasn't ready to go back to work and I felt resentful, not of her, but of the circumstances so wasn't able to enjoy the time with her because I was more stressed out. I was trying to get my son to go to school, dropping him off, it was just a lot harder. And they are so far apart in age… and he needed help with homework and things like that and she would be crying, and I would be sitting here trying to nurse her and help him with homework, and it was overwhelming… my hormones were up and down, so I was sad, I was happy, my emotions were a little bit unpredictable. I would be sad at times…

Previous to becoming pregnant, Cary took medication for a condition that

classified her as experiencing clinical depression. Upon becoming pregnant she

discontinued the medication and did not feel the need to resume after the birth of her

daughter. Although the depression she experienced after her daughter's birth was not as

intense as her pre pregnancy depression she found motherhood a "mixed" bag:

> …it was mixed in that baby came out and I was overjoyed, and I had- I was- I kept saying how I never ever imagined that I could love someone so much, but at the same time, I realized that my needs were always going to be on the back burner, so it was difficult.

Likewise when it was time for her to return to work, she was again met with a

"mixed" emotional experience.

> …It was very emotional, even though it was- I think I enjoyed- I mean, I liked the idea of going back to work, I did miss my baby a lot and I cried. The nanny

actually let me FaceTime with the baby, which was really nice, but I remember just like seeing the phone and just crying.

Prior to becoming pregnant Myeshia also took medication to regulate emotions related to anxiety. Post-delivery she struggled with regulating her emotions and it was not until she spoke with a neighborhood friend that she was able to recognize that her experience was "normal":

> There was one day I was having just a horrible night and my friend across the street- she has a three year old, and I called her and I just said, "Can I talk to you?" Because I remember when she had just had him, she was crying for weeks and weeks and the only reason I know that is because her husband told me because we didn't see her for months after that baby was born. And so she came over and I said, "Is this normal? Like I feel like I don't even want her, like is this normal?" And she said, "Yeah." And I think just by hearing someone else say, "I went through the same exact thing" made me think, "OK, this is- I'm not completely crazy, like this must be normal." You can read it as much as you want, but until you talk to someone who's been there or talked to someone you respect, you know, and they say, "No, I went through the same exact thing." I think that also gives you the courage to just say, "No, I really need- you know, to do something."

Zora, another mother was diagnosed with mild depression. After giving birth to her daughter and returning to work she attributed her weight loss to being tired, not depression:

> I don't know, I didn't even recognize it. What they [co-workers] did notice was the weight loss. They even saw that I was still losing some weight, and my excuse for everything was "oh, I'm just tired." And when you're depressed you are tired, but I didn't know it was depression at the time so I just thought I was tired and lethargic all the time and I thought that was normal, I thought I was just going to be like that, I passed that off as normal.

She would later say that her husband recognized her depression and her struggle with transitioning into motherhood, but he was in "denial" and avoided the situation by working overtime. When asked if she attended any support groups she responded:

> I was so depressed that what I needed was for somebody to come to my house, knock on my door, and drag me out of my bed. That's how depressed I was. Giving me information about a support group would have done nothing unless

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you were going to drag me out of my bed and my house. In the second week I was able to say I was depressed and I needed help.

Prior to seeking help so that she could better manage her behaviors and emotions, Haley struggled with controlling her behaviors and emotions when her son did something that upset her:

> …when I'm really stressed out or have papers… and he's playing on the floor with his toys and he's drinking out of juice box or something and help go and step on it on purpose and the juice will go everywhere and I will just lose it and get really mad and hit him, or put him in the corner. I get really really mad over something really stupid, but because I'm stressed out I take it out on him… when it's not his fault. That really makes me upset that I take it out on him because it isn't his fault.

The emotional, mental, physical, and behavioral changes shared by these mothers are common experiences of mother whether they work inside of the home or outside of the home. Their situations were improved as they received support or assistance. Some women utilized friends to carry them through their experience, while others were assisted with the support of medication. Some mothers brought in a nanny to assist as Thalia did when her husband and supervisor told her that things needed to change:

> Physically I was exhausted, psychologically I was starting to feel like, "This isn't working. No matter what I do, I just feel like I'm in a marathon, and I'm always behind. Like everyone's already started, and I still need to get going. So I just felt like it wasn't working, and I was actually very stressed out, because I'm hearing my work phone ringing, and I'm feeding the baby. Or the baby's crying, needs to get changed, and I'm trying to get to a phone call. So it was just making me really angry….

No matter what device was used to assist women regulate their condition, it must be noted that those they came in contact with were in optimal positions to provide mothers with support. Given the nature of their relationship supervisors are in a unique position to offer mothers who are transitioning back to work with support by creating an environment that allows them to feel productive, successful, valued and competent.

Supports in the Workplace

Supportive Characteristics of Supervisors

Generally, working mothers experience a range of thoughts, emotions, and feelings as they return to the workplace after taking maternity leave. Some are ready to return to work, others are not yet ready however they still return, and lastly there are a group of mothers who extend their leave or choose not to return to work at all. With regards to this study all of the mothers returned to work after taking maternity leave. For some, the transition back to work went smoothly, and for others additional supports were utilized to help them with their transition. Although these supports came from various sources, supervisors however, were in an instrumental position to enact change.

The relationship of mothers who were interviewed for this research had with their supervisor proved significant. Supervisors who mothers felt offered them support through their words or behaviors provided mothers with a sense of connection. Mabel found that her supervisor was "supportive" in various ways. Her supervisor "let me change my schedule around a little bit so that I could get in earlier leave a little earlier so it was really great having her." She, as well as other mothers, described supportive supervisors as people who were:

> …always checking in on me... Very hands on and very personable. She was just always talking to me asking me "are you okay? Do you need anything? Do you need any food? How are things with your mother-in-law?" She would actually come into my office and asked me those questions and talked to me… If I needed to leave a little early, or especially that very first week when I came back, she was very flexible with me

Elise used the following words to describe her supervisor:

> …available… flexible…willing to kind of work with me… I don't really have a problem asking questions… Because they've provided me with, you know, support and comfort where I feel like I can ask questions and request things…

versus at other places where they're like, "Oh my god, I can't ask my boss that!" I don't feel that here.

Lydia pronounced her supervisor as being "relatable… understanding… actually treats you like a friend… easy to talk to… tries her best to accommodate certain needs given the situation of course… compassionate." Merissa characterized her supervisor whom "she does not have a "huge" relationship with as being supportive by being "accommodating" and Twilla used the words "empathic to her situation" to depict how she felt her supervisor supported her.

Elise, a mother from the focus group experienced similar support as many of the other mothers:

> I have a great supervisor. I've been supported in the workplace I everybody I work with including my supervisor. I think all of us are younger parents at my job so I think people are really understanding of working, need a working mom… They're just like really understanding. If we have to take a day off for any particular reason or we have to come in late because of whatever with our kid I don't really have a problem asking and I've never had a supervisor or management tell me "no." They've all been pretty understanding that we have children and lives outside of work and that things come up and as long as they know my work ethic I don't think they have a problem saying "oh yeah take the day off or whatever," or, "if you need to come in a little late feel free." As long as I get my work done I feel like they pretty much support all of us who have had children.

Zora, another mother from the focus group discussed how she felt supported by her supervisor as well:

> Well for example going through the postpartum depression and anxiety the number one thing she did was notice how depressed I was and got me to psychiatrist. I mean that was like the most healthiest thing and everything that she could have done, and it's done wonders since then. So for someone in the workplace to approach me and care about what I looked like when I came to work, and what I felt like, and how they needed to make sure that I was okay and not care about productivity, and make sure that I didn't hurt myself or someone else in the therapeutic work that I was doing. So I could tell that she really deeply cared. So it was to make sure that I came to work every day it was, she really was sensitive to who I am as a person.

Unfortunately, Zora's work environment changed from being supportive to unsupportive as work requirements changed, hence negatively impacting the support she once felt:

> In the very beginning I felt very supported and up until just like today our agency is going through a lot of changes and I think that's part of the problem. We had a huge layoff so now other people have to pick up those roles whereas before it was like "oh wow, you're pregnant, you can bring the baby to work with you" and it was talked about but now were under so much financial pressure that it's not brought up anymore. Nobody really asks about the baby anymore. For example, I asked to go part-time and it was like "oh yeah all mothers want to go part-time, yeah, sure whatever you want to do" and I think this is like my fifth time asking to go part-time and it's like "absolutely not you are… We need that income." It was pretty straightforward like "you generate too much money" and I just want to go down one day less per week and I can't even do that and I'm like wait a minute a year ago this was common practice and this is what you allowed people to do so … I loved my supervisor with all the support, everyone was cheering for me, everything was going great and then a year later because, we are now under the standard of productivity…When I decided to get pregnant and stay here I never thought that this was how it was going to be, and so that changed and I didn't think about it until now. I just thought everything was perfect, the perfect age, perfect income, perfect job, every things great and then it kind of all blew up.

Unsupportive Characteristics of Supervisors

A supervisor, for some, is more than a person who provides feedback about work performance or structures work related tasks; they can also be mentors and they can also be leaders. Consequently, their words, actions, and behaviors have the potential to enrich the culture of a workplace or diminish it. In short, the relationship that a supervisor develops with an employee occasionally plays a role in the employee's willingness to be dedicated and loyal to an organization. When core elements such as trust, accountability, open communication, and respectable treatment are not infused into the culture of the workplace, employees are less likely to remain loyal and the turnover rate of an agency increases. In this case of Willow, she did not return to the same department post

maternity leave. Although a main benefit for accepting her new position was that it was closer to her home, she would go on to discuss what made it easier for her to leave:

> **Willow:** Yeah, there are peripheral reasons, yeah. The distance was the main thing, but the department in- well, you know, to keep it short- is falling apart…the supervisors- they're not great supervisors. They never gave me a problem for maternity leave, they never gave me a problem with appointments, but they are awful leaders, and they are awful supervisors. And the department that was *awesome* when I started three years ago or two and a half years ago has disintegrated very quickly, unfortunately. So the leadership just sucks for lack of a better word.

> **Interviewer:** How are they awful leaders?

> **Willow:** Poor communicators. They don't tell you what it is that's going on, they want you to change immediately when something comes up, which we understand that that does happen from time to time, but oftentimes the things that are- that need to happen right now were coming long- like they've known for a really long time, but they hadn't communicated it with us. They are blatantly dishonest and lie, not to me in particular, but definitely to other employees and I've witnessed it. They've never treated me poorly, but I've witnessed other employees being treated poorly. What else can I say? As I said earlier, they're never in the office and we have no idea where they are. Sometimes they're at meetings, we think, and sometimes they're not, we think. We honestly have no idea. So their leadership is just not good.

Lydia made a distinction between her indirect supervisors, one male and two female doctors who owned the business she worked for. The male doctor, unlike the female doctors, had children. From Lydia's perspective, the fact that the male doctor had children afforded him the ability to approach family matters with "compassion":

> **Lydia:** The male doctor, he is a little more compassionate than the females because he has kids. That's about it. I can't say the same for the other two because they are not compassionate, they don't understand, their characteristics are very forward and overbearing to speak. It's hard to describe. They are intimidating to say the least. It's like if I'm not there it's like what are they gonna say about me… Their demeanor changes when they're not happy with you. So for example, if I called out sick because of her, they won't ask is my baby okay… "We like, oh hope everything is okay," and leave it at that… The male doctor approaches it like "oh how is everything going? Did she see the doctor? What's going on with the situation?" So he likes to know everything which is kind of a good thing and a bad thing, but at the same time it's nice to have someone who shows they care.

Of her direct supervisor, Lydia would say:

> She's been okay with me having to leave and get my kids whenever I need to go. So she's okay with that, she's supportive of the fact that I have to do what I have to do for my family. She knows that family comes first, but at the same time she's also a workhorse. So she'll say to me "okay if you leave now are going to be here tomorrow?" I have to give her my word that I'm going to be in…So as long as I check in with her and let her know what's going on I think she's okay with me not being at work…

Although Lydia termed her direct supervisor a "workhorse" she also saw her as

"supportive" denoting that she did not want to be treated differently because she has a

family to care for. Rather, the significance of the relationship this mother and her

supervisor developed allowed the mother to feel empowered as a mother and an

employee, hence retaining workplace talent.

> Vera would have liked for her supervisor to be more active in her process as she

transitioned back to work:

> If you're transitioning back to work ideally I would have preferred supervisor who just kind of checked in with me since I just gave birth to a child and coming back, check in with me and make sure that I'm a okay, do I need any resources on campus?, do I need to connect with any resources on campus?, am I going through any emotional issues?, just a "how are you?" type deal. I never got that, so that would have been good because everybody who has a baby experiences emotional things that they go through whether it's postpartum depression or whatever it may be. If an employee is coming back to work you want to make sure that they are 100%, or close to 100% able to function in that role again, and will be able to do the tasks that they are supposed to do.

> The emotional changes mothers experience postpartum presents in various ways.

Teri called herself "OCD":

> …your body is adjusting you still adjusting to the baby's routine even after four months or at six months I'm still trying to figure out how to do everything… I look at my house and it looks like a hurricane went through it and I'm thinking to myself "when am I going to get all of this done?"… to me, it really bothers me, looking around seeing a mess, the chaos. That's when I get a little OCD… everybody warned me when I was pregnant that it's not to be the same that I should take my time and it's okay don't worry about your house being a mess.

While Teri discussed issues with OCD in her home setting, she did not express

changes with this condition in the workplace. However, she did not that she feels anxious

and guilty at times because she has duties related to mothering such as expressing her

milk and taking her child to doctor appointments:

> They [co-workers] are supportive. They never make me feel like I'm not pulling
> my weight, but still I feel like my own work ethic gets in the way sometimes and
> that's why I'm getting a little anxiety… I haven't really been able to fully figure it
> out and I'll just have to wait… I don't want to wait too long to express the milk,
> but I don't want my co-worker stressed either. I don't know how exactly I'll feel
> or how this can affect me so we'll just have to wait and see.

Lila's supervisor did not like her, and according to Lila, everyone knew that her

supervisor did not like her. She felt that her supervisor was always out to get her,

embarrass her, and point out her shortcomings. Of her supervisor, Lila said:

> She lacked empathy. Like one day she called me out in the hallway she was like
> "you were late to the meeting," and by late I was less than 10 minutes late... and
> my supervisor at that time was like "it's really disrespectful that you would be late
> to our meeting." ... I remember this one situation where we were in group
> supervision and she was trying to find a diagnosis but couldn't. She got really
> frustrated and threw the DSM-IV at us...

Lila eventually left her job and although she would say that her supervisor "was

not the reason "but she was the sprinkles on the cupcake."

Co-worker Support

Co-worker support in the workplace was equally significant for working mothers.

They supported mothers by giving them information about different processes such as

their leave rights and benefits, comforted them when they needed emotional support, and

assumed tasks until mother were able to fully resume their duties. Darla shared how her

co-workers shared in her pregnancy:

I gotta say that while I was pregnant everybody was pregnant with me. They were actually taking care of me. They would say "she can't do this because she's pregnant." Yes, they were always taking care of me and they were pregnant with me.

Upon her return to the workplace, Willow found herself reacclimating herself to a system that had changed during her maternity leave. As a means of supporting her, Willow's co-workers included her in tasks that she was familiar with as she learned the new processes:

> …my coworkers would say, "*** can't have this and she can't have that. Let's have her, you know, do this and that, this class instead of this class, because it's an easier class… she hasn't been at work, she's not going to be able to get on like our charting system right away,"… So they were looking out for me...

When Teri was asked if she felt or thought there any ways in which your supervisor or coworkers could better support her she responded:

> No. I think it's good here. I haven't had any situation that made me think or wish this was different because we're very responsible in our job and they trust us so they haven't had to micromanage us. They've done a wonderful job of accommodating us from allowing me to take time off when my son is sick to allowing me to take time off so that I could attend my son's doctor's appointments. A lot of times my coworkers say "go and take care of your son, your son comes first" that's what they tell me a lot "your son comes first." My coworkers support me with my work and I try to do the same with them. If they need to do something with their family I take care of their work. That's what's so great about this office. We all have a strong work ethic and we try to help each other out as opposed to just letting people fend for themselves.

Husbands: Extra Things

> Now he's on days shifts and he's able to come home at least for the night's and help me get baths going, or dinner, or some of that stuff that needs to get done at night, you know watering outside and things like that, that I don't get to because I'm busy with the children. I prioritize and I don't need the plants to be all pretty, I need the kids to be ready to go. So he does those extra things. It helps me to have somebody here to take care of those things. -Colissa

Working mothers draw on support from a variety of sources. They utilize friends, co-workers, supervisors, extended and nuclear family members. Of the mothers who were interviewed for this research and were married, their husbands were their primary source of nourishment. They relied on their husbands for physical, financial, and emotional sustenance. Additionally, wives counted on their husbands to embrace them as they transitioned into their new role as a mother and a working mother. As women experienced their men in the role of husband, father, and caregiver, they witnessed them in ways that were good, bad, and unfathomable.

Having fathers share in the responsibility of caregiving provided mothers with respite. Vera described her husband as being "awesome" because "if I ever fall short, he's there." Lydia's husband "supports any decision I make." Teri gave concrete examples of how her husband supports her saying:

> he wakes up at night and as all of the feeding twice actually ones that I do the other one and he'll watch the baby while I make our food and he takes into his parent's house in the morning and brings him back Sunday's- he the taxi driver back and forth and that's helpful…

The support that mothers received from their husbands helped strengthen their relationship as Cary described:

> Having a baby has strengthened our relationship and I have newfound love and respect for my husband because we've both been very good about communicating each other's needs and desires. Of course, there have been times where I would just- come down and cry and say, "I'm exhausted." And just crying, it's like, "You take the baby, I'm just going to sleep. If you don't take the baby, this baby's just going to sit on the floor, because I just can't deal with the baby." It happens.

"There are days when I called my husband and tell him that he needs to come home now because my son is driving me crazy and I don't know what to do…", said Zena. The day-to-day operations were, at times, challenging for mothers to maintain. During those times,

they sought the assistance of their husband. However, the way in which a husband

supported his wife differed from what she expected as Maye articulated:

> **Maye:** Well he's supposed to be the primary caretaker but that usually translates
> into him just making sure that the kids aren't killing themselves. So he watches
> them, he changes diapers, so at night time I rarely get up to change diapers
> because he does that. If there are times when I am physically exhausted and I
> can't get up, I make him get up so he will do it, but I have to make him. He will
> hear the baby's crying but he won't get up, he just assumes I'm going to do it…
> I'm like "help me." He is helping, so I can't say that he's not. I just need that
> distribution to be a little bit more even… my husband is a big cheerleader, he does
> that very well. But I don't want to be cheered on.

> **Interviewer:** What do you want?

> **Maye:** I want more financial support, that's what I want. So even though he
> cheers for me and tells me that I'm amazing I'm like "I may be amazing, but I
> need your help," so that's been difficult. But again I know that while I'm working
> he supportive because the girls are take care of.

Haley did not marry the father of her child when she became pregnant during her

high school years. Although they never married, the father of her child always financially

supported her and their child which was helpful, but not inclusive of everything she

needed from him:

> His dad has been 100% supportive, but financially. I think if he's changed two
> diapers with our son it's a miracle… and it really makes me mad…it's always
> been a struggle for me because I'm always the one trying to find daycare. I'm
> trying to figure out who's going to watch him when I go to school or when I go to
> work. I'm the one who's changing him and bathing him and doing absolutely
> everything…

Many of the mothers grappled with how to define their role as a worker and a

parent without the two intersecting. They sometimes compared their ideals against the

way their husband located his role as a father in his ability to financially provide for his

family and his ability to separate emotionally. Thelma expressed a desire to provide for

her children by staying at home and raising her them whereas her husband saw his role as

providing for them financially:

I think that's his role. He feels like, "I go out and work." Like he doesn't want to stay home, you know. He wants to work, he wants to be a provider, so it's not that he doesn't want to spend time with them or be with them… my husband, he just gets up, goes to work, you know, he- and I have to say, in terms of like- I- fathers, I mean, he bathes, he helps cook, he helps- you know, he helps, but when he goes to work, he's at work.

In addition to fathers maintaining the household, financially supporting their wives, and assisting with the caregiving needs of the children, there were also times when husbands assisted their wives emotionally:

> **Scarlett:** … I didn't throw the towel in until my husband finally said to me, "This is not working, and you can't do this. You have- it's OK." … He like- literally one day I was just crying, I was just so frustrated, and he was just like, "You're done! You're done with this." And he packed the pump up and took the pump back, and got rid of every like, you know, any breastfeeding- anything we had, and went to the store and got formula, and called the hospital and said, you know, "Our daughter needs to be fed by formula. Period."

After she got home from the hospital and settled into her role as mother, Scarlett found this new role to be something that she did not enjoy. As she fell into postpartum depression, it was her husband, who again noticed changes with her and helped her strategize ways to support her in her role:

> It was not something that I enjoyed, being at home. I was bored, I had a lot of postpartum [depression] with her, so my husband actually suggested that he thought that it would be beneficial if I went back to work, and I went back… He would like come home, and I would still be like in my pajamas, and then he would be like, "What did you do today?"… I think he just noticed that I was not the same as I was before. So he said, "You know, maybe you should go-" And then I talked to my sister, and she ended up confiding that she had had some postpartum… It was a friend who finally had said- I think my husband reached out to her, and she called and said, "You need to go."

The support husbands provided cannot be negated. While the support may not have been exactly what mothers wanted or expected, their husbands involvement helped to alleviate some of the stress they encountered. As Hazel shared "My husband's a huge strength, he's my ground; he grounds me if he knows that I'm getting a little too stressed

out or whatever. He will be like "hey. Come on now, relax. Let's go to the park or whatever." In spite of the support that mothers receive from fathers, resentment still surfaces because there is a difference in which women and men experience being a parent and having to work. Haruko did not mince her words as she articulated the resentment she feels towards her husband because she works a full time job, assumes the majority of the caregiving needs and tasks involving their son, and is charged with keeping house: "I resent my husband for not cleaning up after me, or not having a housekeeper, I don't know the having to work thing is rough."

Colissa's situation provided an example of the challenge that arises when mothers attempt to discuss the difficulties of working and being a mother. Colissa worked in an office and her husband worked construction. When she was asked if she thought he understand the challenges she experienced as a working mother she responded:

> Sometimes I think he doesn't. I try to explain to him how hard it is to work, I work eight hours, come home, have to make dinner by a certain time, get the kids ready, like do certain things, and he works too, but the fact that I work in an office sitting down at a computer- he doesn't see it as hard work. So trying to make him understand that it's still work, and it's still hard is difficult. It's work. It's a job, and I still have to deal with other things.

Lizzi captured the sentiments of many of the mothers, and perhaps, many of the fathers as she discussed the ways in which social gender roles created unbalanced caregiving roles in their relationship:

> We had a piece of everything back together to figure out how our family was going to continue to work, and so neither one of us wanted to do the work because we were so tired and overwhelmed and anxious. So when he didn't do enough I was very resentful and bitter. And when I wasn't appreciative of everything that he was doing, because he was basically running the house, anything that wasn't baby related that man was doing and it was not enough for me. I didn't care if the laundry didn't get done, I didn't care of the bills didn't get paid, I needed help with the kid because I felt like I was failing and I needed someone else to step in and make me successful.

As the mothers who were interviewed for this research discussed their struggles with being a working mother, they inevitably discussed the challenges that surfaced in their marriage or with their husband as he grappled in his role as a father.

> **Mabel:** I think my husband also went through a humongous transition with the birth of our son. I know that he wanted him but it was almost like he didn't know how to take on that father role or how to be involved. In the beginning he was very-- I think that was a direct result of his mom being there because he was just like "The baby's crying. I'm tired. I just got home from work…here mom, I'm going to go take a nap" and I was like "what?"… It was nice to have that help but it was not nice because I think it made my husband feel like he did not have to do it a lot… In the beginning it was very hard and I didn't feel like I had a lot of support from him, but I think he was also adjusting to his role as a father and it just took him some time to come into that too. Now he's wonderful, he's great with our son, he understands what's required of him as a dad and as a husband, but I think that in the beginning he and I struggled so much, but we're finally in a good place.

And as mothers shared the difficulties they experienced with their husband, there were some who were also able to share stories about the ways in which their husband supported them as Teri described:

> He wakes up at night and as all of the feeding twice. He actually does one then I do the other one, and he'll watch the baby while I make our food, and he takes into him to his parent's house in the morning and brings him back, so he's the taxi driver back and forth and that's helpful. Also I get up while my husband's getting ready and I get the baby ready. They leave and then I get ready for work.

Men

Being Husbands, Fathers, and Supports

Nervous, Stressed, Worried, and Terrified

As postpartum mothers attempted to reorganize their world so did postpartum fathers. They too experience a range of emotions similar to those of mothers. Bryce, a first time father of a daughter shared how he felt being alone with his daughter during her first months:

Bryce: I was nervous to be alone, you know, it was one of those things that kind of built up over time, the first time we did it, I had her kind of, you know, by myself for two or three hours, everything went fine, and then that ended up stretching out…it was something that we definitely built up to.

Interviewer: What were you nervous about when you were left alone with her?

Bryce: What if something goes wrong? So so long as everything stays on the schedule, it's like…as long as everything stays on schedule, everything's fine, but, you know, if things got out of whack, you know, it's like, what do we do now, or what's the solution, and I didn't want to be the guy who called her, and I definitely wasn't going to say, "I need you to come home, I can't do this."

Collin, a father or three, shared that the first time he learned that he was going to

be a father he too was "nervous":

Collin: Uh, I was nervous. Yeah, because- because this was going to be my first child, so-

Interviewer: So then nervous in terms of what- ner- what was your nervousness about?

Collin: Like having, you know, how do you take care of a baby, you know, what do you have to provide? I have to- I was- I was in school at the time… so it was like, "OK, then what am I going to do about school, am I going to drop out? I've got to buy a car, I've got to get a job, I've got to get health insurance, I've got to do all these things that- at the current time, I had- you know, I was just worried about myself, and the f- that experience, I had to start worrying about taking care of a baby.

For most parents their worst nightmare is the loss of a child. Collin spoke about

his need to financially support his child. As he stated "he was worried about himself" and

now he "started worrying about taking care of a baby." Bryce, however languaged his

"nervousness" and need to protect his daughter as he shared words that many parents

think, but do not speak:

Interviewer: What were some of the things you were nervous about?

Bryce: Are we going to be able to keep this baby alive? Is one of the, you know, real scary things. You turn this corner, and I'm going from carpet to tile to walk down the hall… every time I made the turn… we were terrified that we were going to drop the baby on the tile… I don't know the last time I've dropped

anything like that, but all of a sudden you have a baby and you're nervous you're going to drop her. And when she was home, especially during the first 6 weeks, you know, whenever we'd have to go to the bathroom, I'd walk by and like put my hand in front of her face and make sure she was still breathing. So, it sounds funny, but it was a huge concern, it was like, "can we keep this child alive?", because they can't do anything for themselves.

Providers of Protection

Throughout the decades, American culture has dictated how males and females functioned or operated in society. Whereas the role of a mother has been defined as the nurturer or caretaker, a father was type casted as the "provider" or the "protector." This was true for Collin, a father of three who initially did not find fatherhood as "exciting or as pleasurable as I would have hoped it would have been, because I had- I had to figure out a way to provide":

> **Interviewer:** OK, because you didn't see that as your role with your sons? To be a protector?
>
> **Collin**: Not that I- no, I didn't. I didn't, you know, no. I didn't feel like I needed to protect them.
>
> **Interviewer:** Where does that come from, though? That idea that you need to protect her and not protect your son, or yeah, where does-
>
> **Collin:** I would have to say it's from upbringing. I mean, I- it would be my only answer, I don't recall my dad teaching me that or telling me that, maybe part of it is innate, I don't know, you know, daddy's little girl, from what I hear, from what my friends tell me, there's a different connection between- for my friends that have daughters and sons, they tell me there's just always a different connection between the boys and your daughter…you're going to be her knight in shining armor."… I'm supposed to protect her and make sure she's OK, and make sure everything's all right with the world for her.

Another father, Andre, articulated a similar position with regards to his role as the provider of the family. Although Andre stated that he is more "protective over his daughter" his role is the same, to "provide" by "protecting":

I'm more protective over my daughters than my sons. Because man, to me, even though he's still a boy, there's a certain criteria as to a man, what a boy should try to become to be a man and become a man, whereas a daughter, she's more naïve and more like- not naïve, but "Ha ha!" like more- not as open to the world, you know what I mean, like- I try to protect her more, protect her more than my son.

Interviewer: OK, so being a father for a girl is more of a protector, and being-

Andre: Yes, for me it is.

Interviewer: OK, and so for a boy, what is it? More-

Andre: More of teaching them the ropes. Like teaching them from my experiences, because I've been there and done that, and he's about to go through it, he's 9, so by his age I was getting into- not mischief, but like exploring and hanging out with my friends, and you know, doing all this and that, so- but yeah, I'm more protective over my daughter than-

Bryce also experienced his father role as that of provider although he articulated his role as provider of his daughter from an indirect position:

I felt like my role was- or the role was, my wife takes care of the baby, I take care of my wife. Like I felt like that was my duty was to make sure that her needs were taken care of, because she was spending all of her energy taking care of the baby.

The idea that the constructed roles of fathers and mothers cannot be shifted is deeply implanted in America's pedagogy. While there are inherent differences in the genetic makeup of men and women, the way in which they care for children is not and does not have to remain relegated to previous ideologies. Oftentimes the ways in which fathers provided for their daughters and/or sons maintains the status quo. The maintenance of this status quo reproduces women, wives, and mothers who have felt "'protected" most of their life and now *feel* that men, husbands, and fathers are not meeting their needs during a tumultuous time in their life while the men *thought* they were doing the right thing by "providing" for their family.

Fatherly Duties

The demands of taking care of a newborn weighed heavily on Bryce. For him being the provider paled in comparison to caretaking responsibilities. However, the comorbid situation of working a full day and returning home to caretake was not only hard, it made the experience of fatherhood less than "fun." Hence, returning back to work gave him feeling of "confidence":

> **Bryce**: Well, it's good to go back…the reality kind of hits you… so going back to work, and what we've talked about is going back to doing something you're good at, you know, and that you feel confident in, we could have been great newborn parents for all we know, or we could have been terrible, we had no idea… so that was good, but the downside of that was that it was very, you know, my wife- she very much viewed it as- "that's your away from the house fun time, you go to work, talk to adults, you know, when you get back to the house, it's your time to work, so but what I was experiencing." It's like, well so I get up early, and I go work a full day, and then I get home, and it's, you know, it's "Here, you're on duty for a while by yourself," and then we'll be on duty together, and then, you know, go ahead and get up, you know. Then I'm always thinking, well, I've got to get all these other things taken care of around here too. What are we going to eat, you know? What are we- so- so I felt like I was doing all those things, it felt like, you know, especially in the beginning, I was talking about how it wasn't, you know, a whole lot of fun in those first three months. It's because it was, you know, work from, you know, sunup to sundown.

> Andre conveyed a similar sentiment:

> Sometimes my days are stressful a lot, sometimes not, depending on- because work, work is work, you know, more or less like coming home, doing- then making dinner, after a long day, "I don't want to cook." But, you know, it's like a routine, we've got to have a routine, otherwise we won't make it. I mean like, she'll come home, get the kids ready, go get them, make sure they're ready for the next day. I'll come home and start making dinner or vice versa, so that's another thing we do, alternate, one day she'll do it, one day I'll do it, so that way it won't always be the same thing, you know what I mean?

While Collin found that it was important to separate his personal and professional lives, the introduction of a child into his personal life inevitable spilled into his professional life. And, the spilling over of his personal life into his professional life

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netted him a perspective that he otherwise may not have gained as it did some of the mothers who were interviewed for this research. As they attempted to incorporate fatherhood into their peripaternal identity, these men, like mothers, found themselves experiencing a range of emotions and every day changes that they could not have foreseen. Nevertheless, they maintained as best they could and steadfastly supported their family.

Fathers Understanding Mothers

Significant changes are experienced by father and mothers when their child is born. Though, the way in which they experience these changes is different. While men may experience the emotional aspect, and physiological aspect and regulation of hormones are components that are unique to women:

> **Interviewer:** From your perspective, do you think you that were just as exhausted as your wife was?
>
> **Bryce**: No. I would say she was probably more exhausted. You know, because of the physical demands on her, plus the lack of sleep. You know, and because the baby didn't take long naps, there was never even an opportunity really to nap during the day. When people say, "Oh, you can nap when the baby naps," it's like, well, you put her down, and then if you rel, you know, and then she's still going to sleep for 45 minutes, and then you put her down and you come down and relax, and even if you fall asleep within 15 minutes of that, then 20, 30 minutes later, you're hearing a crying baby and you're right back up. And that's *if* you can fall asleep right away. So that wore on her. That definitely wore on her, the lack of sleep, but then she also had trouble even getting sleep, so if I was- if anybody was here watching the baby so that she could just go back in that room, she said she couldn't sleep. She'd go back there and just sit there, you know, because she felt like, you know, almost like she'd been put in time out. Like, "OK, I need to be away, I need to, you know, I need to rest, but I'm not really resting, I'm sitting here until I feel like I've been back here long enough, and then I can come back out and tell people I rested," so-

Likewise, after the birth of their daughter, Andre recognized a change with his wife's emotions:

> Lack of intimacy… we had the baby, and she's like more withdrawn, always with the baby, always tired, like always like upset, you know, so- What I had to do is like be able to suck it up, you know, because what I did is- I'm married, she's my wife, I'm not going to go disrespect, I- so- it was tough… I just kind of like got tired of it, and I told her, "Hey, you know, what's going on here? Do you not love me no more? Do you not want to be with me?" And she told me like, "It's not you, it's me, it's my hormones," and stuff like that.

Although Collin's wife did not initially experience shifts with moods or emotions, she experienced an unfathomable situation when their daughter stopped breathing without known cause. Subsequently, Collin noticed that she because filled with anxiety:

> …there was a lot of times where she was- she had anxiety, she was panicked, she was worried, and as a matter of fact, the first day I was supposed to go back to work, I couldn't, because ten minutes after I left the house, she called me freaking out on the phone and told me I had to come back home, like she couldn't do it by herself.

Seeking Support

While men and women experience parenthood in dichotomous ways, their ability to language the "not so fun" moments proved difficult. For women, the potential stigma and judgment attached to saying anything negative about their postpartum experience stops them from sharing their adversity. Likewise, the potential for humiliation when communicating feeling based experiences sometimes keep fathers silent. However, 2 of the 3 fathers interviewed for this research shared that they turned to their mothers, and other family members, to express and seek guidance for their wife's postpartum condition:

> **Collin:** …when it became overwhelming, I would talk to my mom about it, just to be able to vent and have a discussion with somebody, but generally the, you know, the more stress there was, the more often I would go work out.

Andre found that there were three people he could speak with about private

manners; his mother, brother, and wife. With regards to his wife's postpartum condition,

he turned to his mother and his brother:

> …my brother, talked to him a little bit about it, and my mom, and they're like, "It'll pass, it happens."…Like my mom, she'd tell me like- actually, my mom had 1, 2, 3, 6 kids, so she kind of like said when a woman is- after a baby, they're more *(unintelligible)* up and down, up and down, and she said, like "when they're good, take them when they're good, and when they're bad, then, you know, take them when they're bad." You know, "I'm like, OK, thanks." You know?

Whereas many of the mothers who were interviewed for this research did not feel

that they could speak with anyone, not even their mother, about their experience with

motherhood, these fathers found outlets in their mothers and others who assisted them as

they sought to support and better understand their wife's condition.

Support versus Needs

Like the experience of birthing a child, mothers and fathers had different ideas

about what support looked like. Andre believed that support was:

> I help her like by coming home, doing dishes or cleaning… pick up the kids, or paying for bills, or cleaning the house, like little things that she usually does, I'll pick up the slack if she's tired or something, make dinner, helping her change the diapers, washing laundry, doing laundry, stuff like that, being other- the other half of her, what she can't do, I try to help her out.

Although his wife may think different, Collin felt that he supported his wife in the

following ways:

> **Collin:**…we still disagree on this, I feel like I support her by making sure, like if I was home first, then I started laundry, I did the dishes, I started dinner, I did those things, so if- when she came home, she didn't have to worry about a couple of things, you know, if she could see the baby and play with her and do those things, and-

Interviewer: She doesn't feel that you did-

Collin: Well, she- we've had the discussion several times and I think we've almost agreed to disagree on it. She felt like I was doing that before with my kids, so it's nothing new, it's not any different…I think it should be a shared responsibility, but I feel like I'm supporting you, so you know, you can come in and take your shoes off and sit down, and not have to worry about anything for a half an hour because I've already started the laundry, or I've already done the dishes, or dinner's already done before you get home, and like I feel like that's the way I support her. I mean, and I also take the baby to her mom's house, and pick her up and bring her home…she [my wife] just gets up in the mor- I mean, we're gone before she's ready to go, so she gets up in the morning, she gets ready, she goes and drops one of the boys off at school and goes to work, so that's one less thing that she has to worry about in the morning. She doesn't get up and get her dressed and, you know, do all those things and then get herself ready to go.

Bryce, like other fathers felt that there were limitations on how they could

physically care for their child/ren:

I figured, like, I couldn't take care of the feeding with the baby, there's a certain limitation on how much you can do because of the mother-child bond, that I took on the role of doing kind of everything else around the house, so taking care of meals, cleaning the house, you know, that's basic- yard work, paying all the bills, doing all that stuff, I just took that as my, you know, I will do *all* of that so that you don't have to worry about any of those things, and then I, you know, help where possible, when possible with the baby.

Interviewer: Do you think that she saw that as being supportive?

Bryce: We talked about this about 6 months ago, and she said that at the time, she did not. She said, you know, "yes, I realized you were doing all those things, but I did not care."

Interviewer: What did she care about? Or what did she want?

Bryce: She's like, "I wanted to, you know, just take the baby and, you know, take over for a period of time, and, you know, just let me sleep." And then she also viewed- which finding out later is uncommon, that when I was going to work, that was no longer going to work; that was my free time to go talk to adults before I came back, so where she was in the house all day, you know?

Collin felt that he was being supportive, but would later learn that his idea about

support was different than his wife's:

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She was worried, worried, worried, and I feel like I was trying to be reassuring in supporting her, but sh- I wasn't supporting her maybe in the way that she expected me to … she wanted me to be empathetic and excited when she was excited and empathetic when she needed it.

In addition to providing his wife with support around the house and doing tasks such as cooking and cleaning, Andre supported his wife by "listening to her, or listening, if she has a complaint, or something on her mind, being open-minded, trying not to judge, you know, yeah." Nevertheless, sometimes his wife had to be proactive and verbalize her need for help:

She'll tell me…sometimes I wait, or sometimes she'll be like "Hey, baby, give me a hand over here. Help with this. Or, if I see something that needs to be done, I'll just go ahead and do it without her telling me sometimes.

With parenthood both mothers and fathers make adjustments. As Andre shared, adjusting to the "lack of sleep" was a low for him. All the same, some argue that splitting the duties of parenthood might minimize the impact of such adjustments, but according to Bryce:

I have a friend… he would always say that, "oh, you know, the best you can get to when you have a newborn is a 60/40 split, you know. No matter how hard you work, no matter what you think you're going to do as a husband, the best you can get to is doing 40% of the work." And my wife and I laughed at it. It's like, "NO, not 40%! I mean, come on! Like I'm going to be here with you," and she's like, "Yeah, maybe 50/50," and we talked about it afterwards and she's like, "No, I felt like you did a lot, but I think 60/40 is probably accurate!" So I tell people that. I think there's some truth to it, but I also think when you verbalize that to your wife, it also makes them feel good, saying that you realize that, "hey, you know, I can't do as much as you, and not in the- you know, so it's on you, but it's also in that we are doing this together, but you are still doing more than me," I think that makes them feel good. It makes her feel reassured that, you know, her work is being appreciated in this.

Motherhood: Finding Worth

As these mothers shared stories that provided information about adjustments they have incurred as a result of motherhood, their stories also recognized that the importance of motherhood is held within the moments of verbal and non-verbal encouragement and support that they receive from their children. And for them, it is those moments that make motherhood a worthy experience as reflected in data extracted from mothers who participated in the focus group:

> **Maye:** When I get to lay the bed and just hold my baby with her looking at me with her goofy smile and she just embraces me and sees nothing wrong with anything that I do, it's totally worth it.

> **Elise:** Right after my kid was getting on my nerves today. It's so funny that you asked that because I thought "this is why I enjoy being her mom;" because at one point I wanted to strangle her. So as we're leaving, after she was having her moment, as I'm trying to pay and get what I need or whatever, and we walked out and she said in Chinese because she speaks, I'm part Chinese so she speaks a little bit of Mandarin too, she said "love you" in Chinese. And I was like "awww" and she gave me a hug. And I was like "okay, this is why love you… That's why I don't strangle you!" So I mean stuff like that makes it worth it. You forget about those little bullets because her moment wasn't even that bad. It was just the wrong time for me because I was trying to get everything. So that makes it worth it.

> **Zora:** I, for 38 years of my life, I felt like I was the most irresponsible person especially when it came to work; I was always late. Even if it was only 10 or 15 minutes I was always late. Now every morning when I wake up and I walk out of the shower I see this goofy little messy haired little think rubbing her eyes and do you know that since I've been back to work full-time I've actually been early?! And I look at her and I'm like "man that is so worth waking up to." And maybe in some way I may resent her because she's making me be responsible. I can't really say it's my job, but it's, I haven't really put all of the pieces together, but there's something there, but it's totally worth it just to see that little face in the morning so great is so cool.

> **Maye:** Yeah, I agree.

> **Elise:** The goofy things they do.

Maye: To have them look up to you like you're "it." I mean nobody looks up to you that way.

Talking Back: Motherhood, an Intentional Act of Empowerment

Our words are not without meaning. They are an action—a resistance.

–bell hooks, 1989, p. 28

The creation of the workplace from a singularly defined construct had to be magnified as women moved into the public sphere of work. The aforementioned stories weave a quilt that reflects the lived existences of working mothers and represents the current experiences of working mothers throughout this country. Embedded in these individual stories are collective narratives of struggle, love, fear, joy, frustration, happiness, anger, laughter, and determination enhanced by countless tears which created a pathway lined with courage.

While some of these women walked away from their interview with an even clearer understanding of how their role as a mother and an employee strengthened their workplace, others did not. What was clear for all of these women, however, was that the act of becoming, *and remaining*, a working mother was an intentional act of empowerment. As Darla postulated, "I spent all this time going to school and educating myself and for me not to exercise that would be a waste of time, waste of knowledge, waste of my own development as a woman, and a professional." Consequently, the desire of mothers to be employees has transformed the workplace in countless ways.

Their refusal to remain relegated to the domain of the private sphere, assisted in the deconstruction and unbalanced patriarchal structure of historically depicted workplaces. Some of these mothers had nontraditional work arrangements which allowed

them to work and care-give from home a few days out of the week. Others remained in a structured work environment because it provided them other opportunities and personal growth. Either way, their conscious decision to show up for work on a daily basis reflected their refusal to be relegated to the domain of the private sphere. This act of "resistance" was a reminder that the trajectory of their lives was not in spite of the previous dictations that were once placed on women. Rather, it was "a strategy for resistance and transformation" (hooks, 1989, p. 32); an act of "talking back" (hooks, 1989).

By refusing to become victims of the age old societal norms of their cultures yesteryears the stories of these working mothers, and uncaptured stories of working mothers across this nation, who commit daily acts of defiance by "talking back" has assisted in propelling Western culture into a democratic society. Certainly there were challenges these stories presented that remind us of the work that has to continue if working mothers are to remain successful as employees. Dialogue around acceptable workplace culture, comments, and expectations for working women has proven to be a tough conversation, but it must continue if all parties- mothers, families, and employers- are invested in finding a malleable solution.

Table 5.1

Themes and categories of working mothers

Creating Motherhood
Language/Discourse that Socially Constructs Motherhood
Imagery through Language
The Language of "Just"
Motherhood
Personal Constructions and Perceptions of Motherhood
Personal Realities
Hard Moments
Personal Security amidst Shifting Priorities
Defining Motherhood
Motherhood and Work
Planning
Employment Types and Factors
Workplace Culture
Supervisor Response
Human Resources
Empowerment through Information
Maternity Leave
FMLA
Work Schedules
Maximizing and Managing
The Workplace: Needs and Culture
Employer Dissuasion and Needs
Joking in the Workplace
Social Constructions and Pressures
Sustaining Perceptions
Mothers as Burdens in the Workplace
Pumping Expressing Milk in the Workplace
Demanding Balance
Re-entering the Workplace
Returning to Work: Benefits and Challenges
The Life of a Working Mother
Emotionality: Guilt, Depression, and Losing "It"
Supports in the Workplace
Supportive Characteristics of Supervisor
Unsupportive Characteristics of Supervisors
Co-Worker Supports
Husbands
Supports and Needs
Extra Things

Men
Husbands, Fathers, and Supports
Nervousness, Stressed, Worried, and Terrified
Providers of Protection
Husbands Supporting Mothers
Fatherly Duties
Fathers Understanding Mothers
Maintaining Control
Support versus Needs
Motherhood: Finding Worth

The lack of modernization utilized by employers was evident as some mothers

shared information about their employers antiquated and pre-industrial age approaches to

creating family-friendly workplace policies and environments. As these women spoke

about the importance of work, the theory that motherhood facilitated their return to work,

and that work was an addendum to their identity arose from the data. Hence the

emergence of these women as mothers first, and then as women who worked outside of

the home environment, set the primary foundation that drove the creation of other

identified themes which are reflected in Table 5.1. The data showed that although

supervisors played a significant role in whether or not many of these mothers enjoyed the

work they did, the title of mother drove them to remain in the workplace and capitalize

on the benefits of working outside of the home. Although it was not always the support,

or lack of support, from supervisors that retained these working mothers, women who

experienced supervisors or workplace cultures that they did not feel were welcoming or

supporting were less likely to be committed their supervisor or organization. Those who

experienced their supervisor in a positive manner ascribed characteristics associated with

transformation leadership, therefore suggesting that transformation leadership could

successfully impact workplace climate and culture. Conversely, those mothers who positively experienced their supervisor and workplace culture were more willing to commit and make accommodations for work.

The findings also presented information about the importance of supports beyond supervisors such as co-workers and husbands. Furthermore, maternity leave times were not sufficient for working mothers as they recovered from childbirth, human resource departments, while needed, were ineffective with providing mothers with the necessary information, and co-workers were sometimes responsible for creating unpleasant experiences through their words or behaviors for women as they became mothers.

While the focus of this research was to explore the relationship between working mothers and supervisors, what emerged was a discourse that located the identities of these working mothers within the context of motherhood. Though the support of supervisors in the workplace was welcomed however it was not a precursor to them retaining their identity as a working mother. Hence there was no way to separate motherhood from work although work could be separated from motherhood. Consequently, a reshaping of their identity occurred and the data presented results that reflected theory driven data which redefined what it meant for these women to be working mothers or perhaps more appropriately mothers who worked. As these working women leaped into motherhood, being an employee was not what defined them; it supplemented their identity and allowed them to find pride and value in their contributions to society through their work. Although working gave these mothers a sense of fulfillment, it was ultimately motherhood that gave them definition and identity as they moved from being a working mother to that of a mother who worked.

CHAPTER SIX

DISCUSSION

Summary

US law allows eligible women job-protected maternity leave through a policy called Family Medical Leave Act (FMLA). However this leave time is unpaid and time specific which increases the stress of some postpartum mothers. Women across race, age, socioeconomic status, and employment status experience motherhood in various ways. Likewise, the experience of motherhood has different effects on women given their specific context. Some women move through motherhood with minimal challenges. Others experience physical challenges while others experience maternal mental health conditions such as postpartum depression. Many variables have been identified as contributors to postpartum depression and other maternal mental health conditions. However the relationship between postpartum mothers and employers is an understudied variable. Maternity leave creates hardships for employers and co-workers because it results in lost revenue and increased work. However supervisors are in a pivotal position to create uplifting work environments that promote everyone's success.

Policy Implications

The birth of an autocratic America was solidified throughout the 1700s with the signing of decrees such as the Declaration of Independence on July 4, 1776, and the (Royal) Proclamation of 1763; however America's rebuff of "colored people" and women started long before these two policies were signed. FMLA, like the Proclamation and Declaration of Independence, serves as the impetus for domination, colonization, and

oppression of working mothers. Nevertheless, in spite of the challenges women have faced, they have been able to impact all segments of society including America's labor force. The advancements women have made throughout the decades have not come easily. Many have had to choose between when, or if, to have a child and climbing the corporate ladder. Work outside of the home is a socially constructed domain that is bias towards women (Schwartz, 1989), stratified by gender (Kimmel, 2000), and indifferent to hidden or subtle acts of discrimination (Bulter, 2011; Kane, 1992; Schwartz, 1989). These multidimensional forms of domination have been rationalized by the social construction of categories (Kay, 2000; Stammers, 1999), which were developed as a means of creating an exclusionary caste system (segregation), and legalized through America's signed declarations (Ridgeway & Corell, 2004; Ridgeway & England, 2007).

While this dissertation is not about America's Declaration of Independence, or other such documents, it is about America's lengthy history of creating inadequate (Frohmann & Mertz, 1994), and vague (Anderson, 2008), policies that undermine the advancement of marginalized groups; in this case working mothers. That being said, this dissertation formed the basis of a threefold process to close a scholastic gap on postpartum working mothers by 1) examining the working mother's relationship with her employer, 2) how American policies, such as FMLA, impact this relationship, 3) with the intention of influencing social policy. That is, outcomes of this research are not only poignant for those seeking to proactively support perinatal and postpartum mothers; they are helpful for policymakers seeking to install American principles of democracy into the labor force.

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Grounded theory was used to capture the lived experiences of postpartum mother's relationships with their employers. The data provided by mothers revealed the challenges women experienced when they attempted to cross and combine the public sphere of work and the private sphere of motherhood. The creation of FMLA as a means of remedying some of the injustices working mothers experienced has proven to be insufficient. Consequently there is a need for creators of policy to utilize a different approach when creating policy. Hence, the creation of policy from theoretically driven data may alleviate the manufacturing of ineffective policy and help move policy development in a direction that upholds the tenets of a democratic society.

Policymakers

There are times when attempting to make a change or correct an injustice leads to the creation of a policy that inadvertently does more harm (Gambrill, 2011; Suk, 2010). In this case, when feminists addressed concerns of discrimination they used the language of equality; or commonality (Dougherty, 2001). Consequently, when FMLA was created it was based in a language of gender neutrality as a means of creating "equality." Although the impetus for FMLA was job protection of working women after childbirth, the completion of it turned out to be unequal (Kelly & Dobbin, 1999). Since men and women experience the birthing process is inherently different ways, the needs of postpartum women are not equal to the needs of men who take time off of work to care-take and recover from child birth (Affirmative Action Laws; California Fair Housing Employment Act, 1978; Stephen, 1891).

As future policy regarding maternity leave is created, it may be helpful for policy producers to utilize concrete research from theoretically driven data as the foundation for policy (Nevo & Slonim-Nevo, 2011; Webb, 2001). Because policy manufacturers were seeking equality versus equity when they created FMLA, an inappropriate framework was used. As a result of this misappropriation, Gerstel and McGonagle (1999) noted the inefficacy of FMLA finding that there may be sexual-social orientation and racial biases since FMLA is most utilized by married white women as opposed to all postpartum women and men. Hence, the creation of a policy doing more harm than good (Gambrill, 2011).

Furthermore, while it may be appropriate to revamp frameworks used by policymakers when developing policy, the intrapsychic examination of policymakers and employers own biases and discriminations are important for enacting and implementing positive policies. The way in which people participate in constructions through language (Buzzanell, 2003) and everyday behaviors unintentionally distorts causes. According to Hyde, Essex, Clark, Klein and Byrd (1996) "maternity leave refers to the leave a woman takes from work at the time of the birth of a child; its chief purpose is recovery from childbirth," (p. 92). Because most refer to maternity leave as time women take from work to have a child instead of "recovery from childbirth," chances of subverting patriarchal discourses about women, work, and family are significantly limited. Currently, the US does not have a policy around the creation of flexible work environments (Kelly & Kalev, 2006). Based on the aforementioned research presented throughout this discussion, employers, more specifically supervisors, may find it helpful to provide postpartum mothers with the support they feel is needed while maintaining the mandates

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of FMLA through telecommuting, flexibility, going beyond just implementing policy in the organization to changing the overall culture of the organization, and if possible job sharing (Schwarts, 1989).

Employers

The stigma attached to having a mental health diagnosis by the larger society also impedes some women from seeking help (Vogel, 2011). Going further, the myth of motherhood as a "happy" and "exciting" time guilt's some mothers into thinking that something is "wrong" with them when they are not "happy" or "excited" (Held & Rutherford, 2011). A more holistic and balanced approach during discussions about motherhood may be appropriate. The belief by some that women are "just being emotional" downplays the legitimacy of this very real mental health issue. Societal attitudes further impact a mother's experience with postpartum depression. Many work environments are microcosms of the lager society; what manifests in the larger society is likely to resurface in the work environment (Baron & Pfeffer, 1994; Ridgeway & Correll, 2004; Stainback, Ratliff, & Roscigno, 2011). Consequently, discrimination and behaviors cross boundaries and create gendered work environments (Coltrane, 1989, 1992; Kimmel, 1995, 1996, 2000) were they continue to fester.

To combat experiences of discrimination in the workplace, the federal government issued a policy mandate requiring employees be trained on topics such as sexual harassment (Nevo & Slonim-Nevo, 2011). Unfortunately asserted Bartlett (2009), the law cannot effectively eliminate behaviors that have not been defined or realigned (p. 1899), such as subtle acts of discrimination which produces strained environments that

unfavorably impacts the health of mothers (Buzzanell et al., 2007; Mäkelä, 2008). Although the federal government has created measures aimed at eliminating various forms of employment discrimination, often time, application and implementation is based on the interpretation of the employer (Nevo & Slonim-Nevo, 2011).

To strengthen work environments educating our young children, who will one day be in supervisory positions, about subtle acts of inappropriate behavior and attitudes may be practical. For example, elementary schools proactively educate children about the perils of drugs. Schools do not stop with one day of training on the perils of drugs; they plan week long events aimed at reinforcing the message that drugs are harmful. Years ago when the nation was seeking to bring awareness to society about the importance of wearing a seatbelt, videos of dummies who were not wearing seatbelts going through windshields were shown to children in elementary school. In addition to educating the children, television and radio commercials provided other avenues to spread information. On highways throughout California, digital screens display messages such as "click it or ticket," to hammer in the seriousness of this message to drivers. At a point in time during American history, drunk driving was not viewed as problematic. Today however, in California there is a "zero tolerance" policy against such behavior. While campaigns do not eliminate everyone's participation in unsavory behaviors, they have been successful in changing attitudes, behaviors, and societal cultures.

Education about mental illness will help dispel myths and potentially increase a working mother's willingness to disclose and seek treatment for PPD. Women are more likely to seek help when they feel secure and know that they will not be discriminated against. When working mothers suffer from a perinatal mental health condition such as

PPD in silence the entire community suffers. Employers lose revenue, children are more likely to experience some form of neglect or abuse, families are strained, community resources are stretched thin, and the mental and physical health of women continue to deteriorate.

Consequently, additional training, and increased psycho-education about the hormonal, psychological, and psychological changes that may occur as mothers return to work for supervisors may offer working mothers greater support. Most businesses have a duty to ensure that employees receive training about sexual harassment, discrimination, safety, professional standards, code of conduct, and other such policies. The epidemic of mothers in the workplace suggests that women believe it is a place they belong. It would seem then that educating the entire workforce about the experiences of working mothers and how to better support them may be fruitful. A byproduct to such training could be that supervisors are able to find supporting interventions that are transferable and can be generalized to the entire workplace.

Training for supervisors aimed at understanding and incorporating transformation leadership into their supervisory style could net gains in the workplace. Research on transformational leadership renders this leadership style effective when reshaping and driving the culture of organizations. And, as previously stated this leadership style improves psychological well-being (Arnold et al, 2007) and increases levels of follower self-efficacy (Kart et al, 2003). Furthermore, transformational leaders are committed to the betterment of those they supervise because they believe in them and are committed to helping them achieve success. Therefore, it may be helpful for employers to adapt and

incorporate transformational leadership into their curriculum when training supervisors and others in management.

Lastly, following the mandates of laws pertaining to mothers without putting the burden on employees to ask or seek a solution may improve the relationship between working mothers and employers. So for example, mothers who breastfed discussed the challenges they incurred when seeking a space to pump or express their breast milk. A solution would be for employers to have established designated locations for mothers before they return to work.

On March 23, 2010, Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) was amended requiring employers to grant "reasonable break time for an employee to express breast milk for her nursing child one year after the child's birth each time such employee has need to express the milk." The law goes on to say that "Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk." However the law does not require employers to pay mothers for the time she spends expressing their breast milk, nor does it mandate employers with less than 50 employees to oblige this mandate if doing so creates a hardship for business. Nonetheless, numerous mothers verbalized various challenges related to expressing their milk in the workplace. Therefore, holding themselves accountable as employers signifies to employees that the responsibility of creating a supportive environment is ultimately their responsibility as leaders. Furthermore, it defines the expectation of employees and cultivates an accepting environment for working mothers rather than increasing or reinforcing inequities and suspicions about working mothers.

Healthcare Providers

Much of the literature on PPD verbalizes a need for (early) education, early discovery and early intervention (Leis, Mendelson, Tandon, & Perry, 2009; Poobalan et al, 2007; Ritter, Hobfoll, Lavin, Cameron, & Hulsizer, 2000; Terssedre & Charbrol, 2004; Thompson & Fox, 2010). Addressing these three areas has the potential to decrease the impact of postpartum depression, halt further physical and/or mental health deterioration, and positively improve the mother-child relationship, social connectedness, and familial bonding (Leis, Mendelson, Tandon, & Perry, 2009; Poobalan et al, 2007; Ritter, Hobfoll, Lavin, Cameron, & Hulsizer, 2000; Thompson & Fox, 2010). However, attention to these three areas has thus far proven tricky (Hanna, Jarman, & Savage, 2004). This may be due to the consensus that there is no way to determine who, or what conditions or causes will lead someone to be impacted although we do know that stressors vary for women of color, poorer women, and single mothers.

Biological predispositions, stressors (environmental and/or life), and previous experiences with major depression or postpartum depression have been classified as determinants (Harvard Mental Health Letter, 2011; Yonkers, Vigod, & Ross, 2011). Given this information, it is clear that all mothers are susceptible. Consequently, a nationwide campaign, initiated by the federal government such as those of other campaigns (SIDS, sex-based campaigns e.g. abstinence for school aged children and the use of birth control, Say No to Drugs, Stop Smoking, and healthy eating), aimed at educating the public about postpartum depression may net substantial return for women, children, and the entire society. Additionally, scrutiny of interactions and information disseminated during monthly obstetrician-gynecological (OBGYN) visits may also prove

beneficial (Yonkers, Vigod, & Ross, 2011). Given their designation and specialization, OBGYNs should be utilized as change agents. OBGYNs generally have monthly contact with mothers and can provide them with information, screening, and interventions to address perinatal mental health conditions. Additionally, the language used by healthcare providers is also important to examine. For example, asking a mother who is experiences a mood condition how they are feeling at a particular moment versus asking "have you experience any moments of feeling worthless or unsuccessful as a mother since our last meeting" is a very different question and has the potential to net a more intense response from mothers.

Assessment Measures

PPD assessment measures vary. That is, there is no universal screening measure or procedure (Chadha-Hooks, Hui Park, Hilty, & Seritan, 2010). Consequently, diverging results are often time presented. The intricacy of inconsistent and varying results impacts suggested interventions. Researchers have found that the lack of a formal screening tool accounts for a 50 percent error rate. That is, when informal means of assessing women for depression was used, 50 percent were overlooked (Evins, Theofrastous, & Galvin, 2000; Matthey, Henshaw, & Elliott, 2006; Muzik & Borovska, 2010; Olson, Dietrich, & Prazar, 2005; Wisner, Chambers, & Sit, 2006). Furthermore, the development of measures inclusive of categories beyond those of the dominant culture may be of substantial consequence offers researcher Wilson (2003, 2004), and is imperative to propel PPD research and treatment. Research observing the mental health issues of Black

Americans flags continued challenges around accurately diagnosing and treating them.

Wilson (2004) contributes:

> Race and minority status are important factors in predicting exposure to stress in society since minority status is associated with higher levels of stress as compared to the majority or white population. Stressors may also be consequential to mental health…minority status may be associated with increased exposure to stressors as a consequence of the disadvantaged position of minorities in their social environment. (p. 7)

Therefore, current measures may be inappropriate when working with women of color and other marginalized communities. The use of a single PPD assessment tool may not have the dimensions needed to accurately assess and diagnose mothers of various communities who experience PPD. Without this information, knowledge about the barriers experienced by women from various communities will continue to impede treatment. People from different communities experience stressors differently, respond differently, and subsequently require differing intervention. For example, feminist theory did not include a framework encompassing of challenges experienced by women of color; hence the birth of Black feminist theory (hooks, 1981; Truth 1851). Although all women faced discrimination, the discrimination experienced by Black women was different than that of White women (Hill-Collins, 1991). With the addition of a new variable, in this case physical race, into the traditional feminist framework, a differing outcome was presented, necessitating different intervention (Black Feminist Theory). Another example is institutional racism. For example, America has a long history of attempting to control the Black population by controlling the reproductive rights of Black women. When Black women were forced to America as slaves, plantation owners encouraged them to birth children so that their wealth would increase. Once slavery ended, increasing the Black population was no longer prosperous. Consequently, during the 1950s and 1960s many

Black women were unknowingly sterilized by the US government as a means of controlling the Black population. Hence, Black women may not be trusting of healthcare providers and may not seek treatment out of fear. Although research about PPD and other maternal mental health conditions have provided insight, there is still much to learn. Until this information can be gathered, organizations may find it beneficial to implement and employ a universal process for healthcare provides as a means of increasing identification, better diagnosing, and planned intervention of PPD mothers.

Ascription of a PPD diagnosis comes from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, (DSM-5), of the American Psychiatric Association. This diagnostic manual is used by mental health providers throughout western society and offers a common language for providing a diagnosis as well as understanding diagnoses. Although the DSM-5 offers a universal diagnostic system, it does have limitations (Katerndahl, Larme, Palmer, & Amodei, 2005).

One concern with the DSM-5 is that it is not able to capture the spectrum of mental health issues for people of color hence creating speculation about "validity, discrimination in comorbid disease and clinical significance criteria" (Katerndahl, Larme, Palmer & Amodei, 2005, p. 91). Additionally, the display of emotions and behaviors vary from culture to culture, and context to context, leading to the misdiagnosing of those from marginalized groups (Wilson, 2003). Various factors such as geographic location, migration and acculturation, racism, and exposure to stress and resources also play a role in the discrepancy of health care services women of color receive although socioeconomic status remains a major determinant of racial disparities in health (Williams, 2002). Furthermore, the stigma attached to having a mental health condition

further impedes women of color from seeking services. Cultural beliefs and attitudes create a barrier for some women. For example, many beliefs and practices of Jamaicans are derived from religious teachings. They believe that physical disabilities are a result of immorality (Heinz & Payne-Jackson, 1997). However physical disabilities are more acceptable than being afflicted with a mental illness which in Jamaican society is more stigmatizing and shameful (Miller, 2002). Consequently when women from this culture experience mental health issues, they like Latino women (Kimerling & Baumrind, 2005), are less likely to seek treatment when in distress. Therefore the delay in accessing services as a result of cultural beliefs and behaviors, socioeconomic status, and other mentioned determinants result in inaccurate diagnosing.

With regards to the mental health condition termed postpartum depression, or PPD, the DSM-5 does not singly classify PPD as a diagnosis separate from Major Depression (DSM-5), even though PPD is a legitimate and worldly experience (Hanna, Jarman, & Savage, 2004; Thompson & Fox, 2010), that has intricate and unique specifiers, which further degrades the experience of postpartum mothers and reinforces the pathology of PPD. Moreover diagnostic criterion can only be selected if the first depressive episode is no more than 4 weeks postpartum, and has the presence of 5 specified symptoms (DSM-5). Yet, PPD can manifest anywhere from 1 day postpartum to 1 year postpartum (Thompson & Fox, 2010). So then, a less restrictive and more inclusive diagnostic criterion that broadens the timeframe and includes determinants such as cultural dispositions, socioeconomic status and other components that create barriers to services is needed when assessing for PPD. The current diagnostic criterion for PPD locates the illness in biological and mental symptoms, but does not include environmental

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elements. The inclusion of environmental factors captures the challenges Pearlin's stress

theory perspective of PPD. By adjusting the diagnostic criterion of PPD, a reduction in

misdiagnosing and under-diagnosing may occur.

Being able to accurately diagnose PPD will help provide greater and improved

treatment options. As previously stated, the recovery process utilizes a non linear

approach for treatment. The approach used when treating a mother who has been

diagnosed with PPD differs from the approach that would be used when treating a mother

who has not been diagnosed with PPD. Additionally, accurate diagnosing is important in

the larger social context for the availability of appropriate resources. For example, by

exploring the experiences of women from different populations may provide a greater

understanding of what factors contribute to PPD and how women from different cultures

experience PPD. Women are a marginalized group whose needs often time get

overlooked or are unmet because their issues are not considered valid. The accurate

classification of a mother with PPD means the potential for early intervention. For

mothers, early intervention means improved mental health, improved physical health, and

improved relationships with their children, communities, employers, and co-workers.

Women

As women continue to merge into a patriarchal society they have found creative

ways to ascend. Through continued education and continued strength the world could one

day be theirs without boundaries. The information provided throughout this dissertation

hopefully offered some of them an avenue of freedom to express the challenges that

accompanies motherhood rather than suffering in silence and shame. Despite the fact that

no one truly knows who will experience PPD or how to stop women from being thrown into the depths of obscurity, we do know that there is help and there are strategies to help lessen PPDs impact. Firstly being educated about pregnancy is important. Knowing about the birthing process and possibility of complications during the birthing process is of great importance. Many determents of PPD have been continuously shared in this study. This information may be utilized as a means of proactively seeking or creating interventions and treatment options to maintain improved mental health. Ultimately, women must get educated, get connected, and know their rights.

Limitations

What it means to be a working mother varies across time, space, and context. Therefore, scrutiny of this dissertation should be understood within its limited contextualism. This dissertation contributed to the literature by reinforcing current standing literature on the experiences of working mothers and provides employers and supervisors with an alternative lens to understand and experience working mothers. It also contributed to the literature by raising questions beyond the scope of this document such as leadership styles of male and female supervisors, and concerns of employers, supervisors, and co-workers when mothers take maternity leave. It provided thick rich detail about the way ineffective governmental policy impacts the relationship between postpartum working women and employers on postpartum mothers, investigation that has thus far been lacking in the research. Through the use of grounded theory a group of working mothers were able to enrich the data on challenges they experienced postpartum as well as workplace challenges by sharing their personal stories. Additionally, the use of

grounded theory contributed to the literature on leave policies by providing a theoretical foundation from which data emerged to offer solutions. Hence the contributions of this study are merited.

That being said, this research was not able to capture every gap in the literature, and proposes that research about the effects of the relationship between employers and postpartum working women on mothers continues. The sample size of this study was constricted and limited to women in Northern and Southern California inadvertently creating a limitation. Therefore, future studies that incorporate the experiences of mothers from multiple states throughout America may supplement the data by offering diverse perspectives consequently leading to increased treatment options and advanced opportunities for policy development.

Another limitation of this study was the lack of diversity with regards to educational attainment. Of the 31 mothers interviewed for this research, 2 had vocational training, 1 had an Associate Degree, 1 attained her Bachelor's Degree, 2 had their Juris Doctorate, and 25 had their Master's Degree. Generally speaking, those who complete higher levels of education are more likely to have greater earning potential, opportunities to select employment that provides better benefits such as vacation time and healthcare coverage, and the ability to be more selective when choosing employment. Additionally, those who attain higher levels of education are more likely to work jobs that are salaried rather than hourly. Salaried jobs tend to allow more flexibility than hourly jobs hence providing employees more freedom. With regards to postpartum working mothers exploring the demands of mothers who work are hourly may capture different struggles of working mothers. Studying this nuance may also provide benefits of being hourly. So

for example, a mother who is paid an hourly salary may be less likely to take work home and work outside of their standard shift, hence increasing their ability to spend uninterrupted time with their family.

Likewise, exploring the experiences of single mothers was a limitation of this research. 30 of the 31 women interviewed were married at the time of this interview although they may not have been married when they became pregnant with one or more of their children. The one single mother who was interviewed shared her struggle of having to do almost everything alone although she did have familial support as well as fiscal support from her child's father. Exploring where and how single mothers receive emotional support as well as how it is that they manage the day to day operations such as day care needs, the rub between taking time off from work to care for a sick child or take her/him to a doctor's appointment, cooking, and finding time to meet their own needs may provide rich research data that has yet to be captured. In addition to connecting with single mothers, another limitation is that this was the first marriage for those 30 mothers interviewed. Exploring stressors and the ways in which divorced or remarriage women navigate motherhood would push limits and fill another gap in the literature.

Lastly, increasing the number of working mothers by using other research methods such as quantitative research, which offers the ability to generalize, might also contribute to the knowledge base on postpartum mothers in the workforce and workplace leave policies by gathering a greater overview of the experiences of working mothers. Likewise, a mixed method research approach could be useful by offering both the ability to conduct large scale research while simultaneously gathering rich thick narratives.

Implications for Future Research

Maternal mental health conditions, such as postpartum depression, are not a new phenomenon (Held & Rutherford, 2011). Yet the available data reflect inconsistencies and a review of the literature furnishes gaps. Method used, variable explored, and time and space of context account for some of these discrepancies (Wilson, 2003, 2004). "Differences in mental health status" found Wilson (2003) "are inextricable linked to the social context in which individuals groups live and work" (p. 225), furthermore said Wilson, "There is some evidence that the distinctiveness of each measure of mental health suggests that there may be different pathways that may lead to these outcomes" (p. 233). The context women experience postpartum mental health conditions vary. Likewise, the manner in which a measure is used and who administers that measurement may produce varying outcomes. Thus, future research may seek to explore the validity of measurements and the effectiveness of interventions for women of various ethnicities, age ranges, socioeconomic status, geographical locations, and so forth.

Another opportunity for research includes the examination of the employee-employer relationship from the employer perspective. The anxiety that employers and co-workers experience when mothers assert their right to recover from childbirth is legitimate. Also recognizable are employers hostile feelings that may be attached to being forced by the federal government to follow a prescribe mandate. Outcomes of these explorations may be significant in moving employers and employees in the direction that goes beyond current speculation to create a family-friendly workplace that allows for work-life balance without force from the government. Additionally, the evaluation of organizational culture offers another research prospect. Working mothers, throughout this

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research, have identified negative employer support and attitude as stressors. Inquiry into the creation of unconstructive behaviors and how the negatives are allowed to fester may counter existing hegemony and begin the conversation about maternity leave as a means of equity, not equality.

Gaining a greater understanding about the experiences by same-sex parents is another avenue in need of exploration. In recent years, same-sex couples have experienced positive traction, hence affording them greater civil liberties under the law. Of particular interest may be learning how employers approach the issue of maternity leave for the mother who did not carry and birth the child. In the same light, the intersection of multiple discourses such as race, socioeconomic status, employment type, age, and culture are also important areas of examination. Studying the compounded effects of multiple constructs and the impact of these constructs as they become intertwined has the potential to expand the dialogue around issues related to working mothers and how they navigate the workplace.

The exploration of leadership styles within the labor force warrants further analysis. The culture of an organization is directly related to the leadership of its managerial staff. Reintroduction is about positive association. And supervisors are in a unique position to provide a positive reintroduction for mothers into the work place after maternity leave. Likewise, supervisors are in a unique position to transform the workplace and shape the experiences of all employees through their actions, their response to unacceptable behaviors and beliefs, and their commitment to developing healthy relationships with their supervisees. Therefore, gaining insight about the ways in which women and men supervisors approach, supervise, and address concerns of working

mothers could assist in pushing limits and moving workplaces to a level of creating avenues for professional development and training for supervisors that is solely focused on understanding the experiences of mothers in the workplace.

Examining cultures and societies that have developed systems of leave time that are more family friendly is an additional area of focus for future research. Nordic countries such as Denmark and Finland have adopted more family friendly driven policies. In America there is a negative stigma attached to mothers who have children out of wedlock however Iceland embraces a different perspective and embraces the idea of women having children on their own terms. The way in which this, and other, Scandinavian countries construct family ideals and norms may offer the U.S. insight and enlightenment.

Conclusion

Pregnancy and the birth of a child are viewed as happy and exciting times. However, there are times when the birth of a child is met with physical hardships, societal stressors, and mental health challenges. The intermixing of motherhood and work complicates the life of many women who consequently develop a diverging perspective of motherhood. It is estimated that every year approximately 800,000 women will be afflicted with the phenomenon of postpartum depression. Postpartum depression, unlike the baby blues, does not subside on its own within two to four weeks post delivery; it is more persistent and intense than the anxiety and irritability women experience with the baby blues. Women who have experienced postpartum depression reported symptoms such as fatigue, sleep problems, loss of interest in daily activities, crying spells, feelings

of worthlessness or guilt, depressed mood, sadness, change in appetite, difficulty

concentrating, irritability, thoughts of incompetence, and thoughts of suicide (Mayo

Clinic, 2010). These symptoms lasted anywhere from one month after delivery, to one

year postpartum, and when untreated, even longer (Mayo Clinic, 2010).

While postpartum depression is not a new occurrence for women, it was not until

the end of the 20th century when the media began highlighting stories of mothers in

America who killed their children, and in some cases subsequently took their own life.

The killing of five children by their mother, who was reportedly depressed, sparked

heated discussions, and brought more recognition to postpartum depression when she was

given forensic treatment instead of psychiatric intervention. During that same year, 2001,

the media underscored the death of four women in Illinois committed suicide as a result

of postpartum depression (Smith, 2003). One of those women was Melanie Blocker

Stokes who, one month after giving birth, stopped eating and drinking. Like many other

women who have been touched by PPD, Melanie and her family did seek treatment.

Unfortunately, the treatment was not adequate and she eventually jumped to her death

from a 12th-floor hotel room. The attention these and other cases have brought to light has

caused medical and mental health professions to give greater attention to this

phenomenon. Likewise, politicians have taken a greater interest in the treatment of

postpartum mothers. Some 8 years after Melanie Stokes died legislation was passed to

provide the following:

> Support, education and research for postpartum depression. Provides support
> and services to women suffering from postpartum depression psychosis and also
> helps educate mothers their families about these conditions. Provides support
> for research into the causes, diagnoses and treatments for postpartum depression
> psychosis (Melanie Blocker Stokes MOTHERS Act, 2010).

Although the law does not mandate screening, it is hoped that it will bring about more education and awareness to postpartum depression, and equip healthcare providers with the tools to better diagnosis PPD. Given that the number of mothers in America's labor force continues to increase, it makes sense that policymakers, employers, and society would pay attention and seek ways to support women as they experience this illness.

The findings presented in this dissertation are significant in value for the literature on postpartum depression in relation to maternity leave policies, employer development, policy creation, and the mental health of mother's as well as their children. Likewise, also significant in the findings of this artifact is the need to continue searching for answers through the combination of other variables that are complicit in causing working mothers additional stress. Taken in its totality, this paper created a forum to discuss issues that have impeded marginalized communities e.g., women, pregnant women, and working mothers, from making progress. More specifically, this document highlighted America's challenges with gender and sex discrimination in the workforce, the stress it places on the relationship between maternal employees and employers, as well as the added pressure this volatile relationship places on postpartum mothers mental health. Albeit, gender and sex discrimination are nothing new, the stories written on these pagers as told by mothers who continue to live a spirited existence *because of* their mental health disposition is something new. Research outcomes about PPD and societal constructions around women issues such as maternity leave continue to reflect society's perspective about the status of women in the labor force and reinforce James Brown's (1966) contention that "this is a man's world". However it may not be too much longer before research data begins to

reflect a juxtaposing sentiment like that of James Brown when he came to the ultimate

realization that "it wouldn't be nothing, nothing, without a woman or a girl."

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APPENDIX A

RECRUITMENT FLYER

Study Title: Postpartum Working Mothers: The Maternal Employee-Employer

Relationship and U.S. Leave Policy

Volunteers needed for a research study examining the relationship between working

mothers and their employer.

If you are an English speaking woman between 20 and 45 years of age with a child/ren

aged 2 or younger who has returned to work after taking maternity leave, you could be

eligible to participate in this study.

This doctoral dissertation project includes an individual interview, lasting approximately

1½ hour to 2 hours, and a 45 minute to 1 hour focus group process with a Loma Linda

University doctoral student candidate in Social Policy and Social Research. Your

participation will provide information that may:

> 1) To learn about the experiences of women who return to work after maternity
>
> leave.
>
> 2) To explore how supervisors could better support working women returning to
>
> the workforce after maternity leave.
>
> 3) To explore how the relationship with employers affects working mothers re-
>
> entry into the workplace after maternity leave.

4) To identify policy development issues affecting working mothers returning to the workplace after maternity leave.

To find out more information about this study, or eligibility, please call: Veronica Hay at ***-***-****.

Participation in this study is completely voluntary. Each qualified subject who initiates participation will receive a $20 gift card from a pre-designated vender e.g., Starbucks, Best Buy, Olive Garden**.**

Please note, this study is solely for research purposes and does not provide psychotherapy. This study has been approved the Loma Linda University IRB. The principal investigator is Colwick Wilson, Ph.D. He may be reached at cwilson@llu.edu with questions or comments about the study.

Good day- Veronica.

APPENDIX B

RECRUITMENT SCRIPT: DIRECT APPROACH

<u>When potential participant is personally known to you</u>

As a graduate student in The Department of Social Work and Social Ecology at Loma Linda University, I am making a collection of stories in order to study the experiences of working mothers and their experiences with their work supervisor. I am currently conducting interviews with women who are employed and have had a child within the last years. Working women face many challenges in their dual roles as a mother and a worker and I would like to learn more about what real people are experiencing.

I thought you might be interested in participating in this study. You should feel absolutely NO obligation at all to participate, but if you'd like I can tell you more about it………….

(If Yes)…You would be asked to engage in a guided conversation with me about your experiences as a working mother? What challenges you experience in the workplace with your supervisor, challenges you challenges with motherhood, how you negotiate home and work life, and how you deal with the issues that come up? It would not be a therapy session. The purpose would simply be to understand about experiences of working mothers through your eyes. No evaluation or judgment of your experiences would be made. It would take about an hour and a half to two hours of your time. Unfortunately we can't pay you for your time, but most people find the conversation interesting and worthwhile. If for some reason you started to feel uncomfortable and did not want to

continue we would stop. Of course everything you say is completely confidential. What do you think? Do you have other questions?

(If they say yes or ask more about how it works…..)

We can do the interview at your home, or if you prefer, on campus. ---make arrangements--- When we meet for the interview on ___we will review the procedures involved in this study and ask each of you to sign a consent form documenting your willingness to participate.

When potential respondent is not known to you.

Introduce yourself as a doctoral student in the Department of Social Work and Social Ecology at LLU. I recently interviewed (or spoke with regarding) ___name of referral___ for a study we are doing with working mothers one year postpartum. (Referral Source) thought you might be interested. We know working mothers face many challenges in our rapidly changing world. To learn more about what working mothers are experiencing, we are making a collection of their stories. May I tell you more about the project? Continue as above.

INFORMED CONSENT FOR MOTHERS

Title: **Postpartum Working Mothers: The Maternal Employee-Employer Relationship and U.S. Leave Policy**

Principal
Investigator: Colwick Wilson, PhD
                    Phone: ***-***-****
                    cwilson@llu.edu
Student
Investigator: Veronica Hay
                    Phone: ***-***-****
                    vhay04g@llu.edu

1. Why Is This Study Being Done?

Working mothers face many challenges in our rapidly changing society. You are invited to participate in a research study about the real-life experiences of working mothers. My aim is to build a collection of stories that will help better understand what working mothers think about their working relationship with their supervisor and how legal mandates, such as Family Medical Leave Act, affect how they are managing their lives as mothers and employees. This collection will provide a repository of information that can be accessed for scholarly study of working mothers of young children.

You are being asked to participate in this study because your experience as a working mother could be used to improve working relationships between employees and employer, positively influence the workplace culture, and aid in the development of social policy.

2. How Many People Will Take Part In This Study?

Approximately 30 subjects will participate in this study.

3. How Long Will The Study Go On?
Participation in this study will last approximately 2 ½ hours to 3 hours.

4. How Will I Be Involved?
You must meet the following requirements to be in the study:
In addition to the individual interview, you are invited to participate in a focus group. The

purpose of the focus groups are to help ensure the credibility and validity of the

information gathered during the individual interviews. Each focus group will consist of

approximately six mothers and a researcher. In an effort to maintain anonymity, the

statement of confidentiality will be read before the focus group begins and the researcher

will create a pseudo name for each participant that could only be crossed referenced and

identifiable to the researcher. The focus group process will last approximately 45 minutes

to 1 hour. Interviews will occur in a mutually agreed upon location that offers comfort

and confidentiality such as your home, LLUs Social Work Department, or LLUs

Behavioral Health Institute. Because the analysis of the study data is a continuous

process and new information is gained throughout the course of research you may be

contacted for follow-up questions, however you will not be contacted more than two

times. Therefore, your participation in this study may last up to 12 months.

Participants need to be English speaking, female, between the ages of 20-45, have at least

one child aged two or younger, and returned to work after taking maternity leave. Must

not have (or had) a nanny, work at least 35 hours per week. Participation in raising a

child must have been consistent (child could not have had any out of home placements

foster/relative placements).

If you meet the screening requirements and you choose to take part in the study, then the following procedures will take place:

A set of basic demographic questions followed by questions about motherhood and your employment will be asked. Based on your permission the interview will be tape-recorded.

5. What Are The Reasonably Foreseeable Risks or Discomforts I Might Have?
The risk level associated with participation in this study is considered minimal. Discussing the challenges you experience as a result of motherhood and working is not likely to produce more emotional distress than you already experience. The opportunity to discuss these issues in a confidential location may have the result of reducing stress. Although the risk level associated with this study is considered minimal, speaking about your life as a working mother may cause you to experience a range of emotions. Should you need additional support beyond those provided by your employer a list of therapeutic resources that you may pursue at your own expense includes the following: Should you experience immediate distress immediately call 911. If you are not in immediate distress please contact the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to speak with a trained counselor, or contact your doctor's office, or go to the nearest hospital emergency room. You may also contact the National Mental Health Information Center at 1-800-789-2647; or the Substance Abuse Mental Health Services Administration Treatment Referral Helpline at 1-800-662-HELP. Additionally, you may send an anonymous email to a trained volunteer Samaritan at jo@samaritans.org if you are concerned about confidentiality. Samaritans.org is a public non-profit organization that consists of volunteers who offer therapeutic, mental health support to people during difficult times.

6. Will There Be Any Benefit To Me Or Others?

There is no foreseeable benefit to you for your participation in this study. However the

potential benefit to society may include: learning about the experiences of mothers who

return to work after taking maternity leave; exploring how supervisors could better

support women who return to the workforce after maternity leave; exploring how the

relationship with employers affects mothers re-entry into the workplace after maternity

leave has been taken; and identifying policy development issues affecting working

mothers who return to the workplace after taking maternity leave.

7. What Are My Rights As A Subject?

Your participation in this study is completely voluntary. You have the right and are free

to choose what information you reveal. You may decline to answer a question, stop the

tape-recorder, or terminate the interview at any time. Your withdrawal from participation

is without consequence.

8. How Will Information About Me Be Kept Confidential?

Efforts will be made to keep your personal information confidential. All personal

information revealed in the interview will be held in strict confidence. Your name will be

deleted from the transcriptions of the tapes. After transcription, the tapes will be

destroyed. In our analysis of the interviews, you will be known only by a number or

pseudonym. All identifying material will be purged when quotes or case examples are

used in the presentation or publication of study results.

9. Cost

There is no cost to you for participating in this study.

10. Will I Be Paid To Participate In This Study?

Participation in this study is completely voluntary. Each qualified subject who initiates

participation will receive a $20 gift card from a pre-designated vender e.g., Starbucks,

Best Buy, Olive Garden. Once you initiate participation in this study by signing the

informed consent form, you will be reminded that you may opt out of the study at any

time, and that discontinuing with the interview does not disqualify you from receiving a

gift card.

11. Who Do I Call If I Have Questions?

If you wish to contact an impartial third party not associated with this study regarding

any questions about your rights or to report a complaint you may have about the study,

you may contact the Office of Patient Relations, Loma Linda University Medical Center,

Loma Linda, CA 92354, phone (909) 558-4647, e-mail patientrelations@llu.edu for

information and assistance.

12. Subject's Statement of Consent

- I have read the contents of the consent form and have read and/or listened to the verbal explanation given by the investigator.
- My questions concerning this study have been answered to my satisfaction.
- Signing this consent document does not waive my rights nor does it release the investigators, institution or sponsors from their responsibilities.
- I may call research supervisor Colwick Wilson, PhD during routine office hours at ***-***-****, or email him at cwilson@llu.edu if I have additional questions or concerns. Please note that routine office hours for Dr. Wilson are based on Eastern Standard Time Zone hours. Additionally, I may contact student investigator Veronica Hay at ***-***-**** or vhay04g@llu.edu should additional questions or concerns arise.

I understand I will be given a copy of this consent form after signing it.

Signature of Subject	Printed Name of Subject

Date	

13. Investigator's Statement

I have reviewed the contents of this consent form with the person signing above. I have explained potential risks and benefits of the study.

Signature of Investigator	Printed Name of Investigator

Date

APPENDIX D

INFORMED CONSENT FOR FATHERS

Title: **Postpartum Working Mothers: The Maternal Employee-Employer Relationship and U.S. Leave Policy**

**Prical
Investigator:** Colwick Wilson, PhD
Phone: ***-***-****
cwilson@llu.edu
**Student
Investigator**: Veronica Hay
Phone: ***-***-****
vhay04g@llu.edu

1. Why Is This Study Being Done?

Working mothers face many challenges in our rapidly changing society. You are invited

to participate in a research study about the real-life experiences of working mothers. My

aim is to build a collection of stories that will help better understand what working

mothers think about their working relationship with their supervisor and how legal

mandates, such as Family Medical Leave Act, affect how they are managing their lives as

mothers and employees. As the husband, or partner, of a working mother you have

important information about your wife's/partner's return to the workplace and may be

able to offer suggestions about how to better support her during this transition. This

collection will provide a repository of information that can be accessed for scholarly

study of working mothers of young children.

You are being asked to participate in this study because your experience as the husband,

or partner, of a working mother could be used to improve working relationships between

employees and employer, positively influence the workplace culture, and aid in the development of social policy.

2. How Many People Will Take Part In This Study?
Approximately 45 subjects will participate in this study.

3. How Long Will The Study Go On?
Participation in this study will last approximately 2 ½ hours to 3 hours.

4. How Will I Be Involved?
You must meet the following requirements to be in the study:

In addition to the individual interview, you are invited to participate in a focus group. The purpose of the focus groups are to help ensure the credibility and validity of the information gathered during the individual interviews. Each focus group will consist of approximately six mothers and a researcher. Focus groups for husbands/partners will consist of approximately 5 participants. In an effort to maintain anonymity, the statement of confidentiality will be read before the focus group begins and the researcher will create a pseudo name for each participant that could only be crossed referenced and identifiable to the researcher. The focus group process will last approximately 45 minutes to 1 hour. Interviews will occur in a mutually agreed upon location that offers comfort and confidentiality such as your home, LLUs Social Work Department, or LLUs Behavioral Health Institute. Because the analysis of the study data is a continuous process and new information is gained throughout the course of research you may be contacted for follow-up questions, however you will not be contacted more than two times**.** Therefore, your participation in this study may last up to 12 months.

Participants need to be English speaking, female, between the ages of 20-45, have at least one child aged two or younger, and returned to work after taking maternity leave.

Husbands/partners must have lived in the home with their wife/partner and child upon

your wife's return to work after taking maternity leave. Must not have (or had) a nanny,

work at least 35 hours per week, or be the husband of a wife who worked at least 35

hours per week. Participation in raising a child must have been consistent (child could not

have had any out of home placements foster/relative placements).

If you meet the screening requirements and you choose to take part in the study, then the

following procedures will take place:

A set of basic demographic questions followed by questions about motherhood and your

employment will be asked. Fathers/partners will be asked a set of questions aimed at

gaining your experience with supporting your wife/spouse as she transitioned back into

the workplace. Based on your permission the interview will be tape-recorded.

5. What Are The Reasonably Foreseeable Risks or Discomforts I Might Have?
The risk level associated with participation in this study is considered minimal.

Discussing the challenges you, or wife/partner experienced as a result of motherhood and

working is not likely to produce more emotional distress than has already been

experienced. The opportunity to discuss these issues in a confidential location may have

the result of reducing stress. Although the risk level associated with this study is

considered minimal, speaking about your experience during this time may cause you to

experience a range of emotions. Should you need additional support beyond those

provided by your employer a list of therapeutic resources that you may pursue at your

own expense includes the following: Should you experience immediate distress

immediately call 911. If you are not in immediate distress please contact the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to speak with a trained counselor, or contact your doctor's office, or go to the nearest hospital emergency room. You may also contact the National Mental Health Information Center at 1-800-789-2647; or the Substance Abuse Mental Health Services Administration Treatment Referral Helpline at 1-800-662-HELP. Additionally, you may send an anonymous email to a trained volunteer Samaritan at jo@samaritans.org if you are concerned about confidentiality. Samaritans.org is a public non-profit organization that consists of volunteers who offer therapeutic, mental health support to people during difficult times.

6. Will There Be Any Benefit To Me Or Others?
There is no foreseeable benefit to you for your participation in this study. However the potential benefit to society may include: learning about the experiences of mothers who return to work after taking maternity leave; exploring how supervisors could better support women who return to the workforce after maternity leave; exploring how the relationship with employers affects mothers re-entry into the workplace after maternity leave has been taken; identifying policy development issues affecting working mothers who return to the workplace after taking maternity leave; and explore ways husbands/partners might support their wives so that they could be success as they transition back into the workplace.

7. What Are My Rights As A Subject?
Your participation in this study is completely voluntary. You have the right and are free to choose what information you reveal. You may decline to answer a question, stop the

tape-recorder, or terminate the interview at any time. Your withdrawal from participation is without consequence.

8. How Will Information About Me Be Kept Confidential?

Efforts will be made to keep your personal information confidential. All personal information revealed in the interview will be held in strict confidence. Your name will be deleted from the transcriptions of the tapes. After transcription, the tapes will be destroyed. In our analysis of the interviews, you will be known only by a number or pseudonym. All identifying material will be purged when quotes or case examples are used in the presentation or publication of study results.

9. Cost

There is no cost to you for participating in this study.

10. Will I Be Paid To Participate In This Study?

Participation in this study is completely voluntary. Each qualified subject who initiates participation will receive a $20 gift card from a pre-designated vender e.g., Starbucks, Best Buy, Olive Garden. Once you initiate participation in this study by signing the informed consent form, you will be reminded that you may opt out of the study at any time, and that discontinuing with the interview does not disqualify you from receiving a gift card.

11. Who Do I Call If I Have Questions?

If you wish to contact an impartial third party not associated with this study regarding any questions about your rights or to report a complaint you may have about the study, you may contact the Office of Patient Relations, Loma Linda University Medical Center, Loma Linda, CA 92354, phone (909) 558-4647, e-mail patientrelations@llu.edu for information and assistance.

12. Subject's Statement of Consent

- I have read the contents of the consent form and have read and/or listened to the verbal explanation given by the investigator.

- My questions concerning this study have been answered to my satisfaction.

- Signing this consent document does not waive my rights nor does it release the investigators, institution or sponsors from their responsibilities.

- I may call research supervisor Colwick Wilson, PhD during routine office hours at ***-***-****, or email him at cwilson@llu.edu if I have additional questions or concerns. Please note that routine office hours for Dr. Wilson are based on Eastern Standard Time Zone hours. Additionally, I may contact student investigator Veronica Hay at ***_***_**** or vhay04g@llu.edu should additional questions or concerns arise.

I understand I will be given a copy of this consent form after signing it.

Signature of Subject	Printed Name of Subject

Date

13. Investigator's Statement

I have reviewed the contents of this consent form with the person signing above. I have explained potential risks and benefits of the study.

Signature of Investigator	Printed Name of Investigator

Date

Postpartum Working Women Study

Each interview should address all of the following general questions, followed by probes to expand and clarify meaning and to pursue topics raised by the respondents. Elicit specific examples. Ask "why?" The order and wording of the questions may be altered to fit the flow of the conversation.

<u>Getting Started</u>

1. Begin with a few moments of "small talk" to engage the respondents and help them feel comfortable. Use clues from their surroundings (if interview is in their home) to connect with them in a personal way or ask about their drive (if they come in for an interview).

2. Review the purpose of the study and the informed consent document, stressing <u>confidentiality</u> and eliciting their questions. Obtain the informed consent of <u>each</u> participant.

3. Tell participants that they are participating in a <u>directed conversation</u>; that you are interested in how working mother are impacted by their working relationship with their work supervisor; that you are NOT evaluating them, but learning from them. Remind them that they may decline to answer any question or shut off the tape or conclude the interview at any time. Ask if there are any other questions.

4. Complete personal data sheet.

PERSONAL DATA SHEET

Postpartum Working Mother

Please answer the following questions:
1.   What is your age?:……………………………………………....................

2.   What is your country of birth?:………………………………..……………........

        2A. If other than the USA, how long have you been in the US? …………… years

3.   Race/ethnicity you most closely identify with:

        o Caucasian   o Black/African American   o Hispanic/Latino American

        o Asian American   o Other (please specify)….………………………………

4.   Religious organization/denomination that you most identify with..........................

5.   What is your highest level of education completed?

        o Middle School o High School o Associates o Bachelors o Masters o PhD

        o JD o MD o Other (please specify)…………………………………………..

6.   Did you grow up with:

        o Both parents   o Mother only   o Father only   o Other (please specify)………

7. What is the highest level of education your parents completed?

	Mother (Maternal guardian)	*Father* (Paternal guardian)	*Step/foster mother or father*
High School Degree			
Vocational Training			
Associate Degree			
Undergraduate Degree			
Graduate Degree			
Other Training			

8. How many children do you have?...

   8a. How many are your biological children?…………….…………………….

   8b. How many are your step/adopted children?.................…………………….

   8c. How many of your children are living at home?...

9. What are the ages and gender of your chil/dren in the home?:

Birth Order	*Gender (male/female)*	*Age*
First child		
Second child		
Third child		
Fourth child		
Fifth child		

10. What is your current marital status?:

   o Single   o Married   o Divorced   o Widowed   o Separated

   o Other (please explain)

11. What is your current socio-economic status?……………………………………

12.	Is your current place of work?:

    o State	o Federal	o For-profit	o Non-profit	o Public	o Private

    o Self-employed	o Other (please specify)……………………………………..…

13.	What have been your other employment experiences?
    o State	o Federal	o For-profit	o Non-profit	o Public	o Private	o Part-time

    o Temporary	o Other (Please specify)………………………..………………

14.	Are you hourly or salaried?..

15.	How old were you when you *first* started working (paid employment)?................

16.	How many years have you been in the workforce?...
    16a. How long have you worked at your current place of employment?.................

    16b. How long have you been in your current position?..

17.	How are you categorized?:
    o Managerial	o Supervisor	o Line staff	o Administrative assistant

    o Professional	o Non-professional	o Blue collar

    o Other (Please specify)...

INTERVIEW QUESTIONS FOR

POSTPARTUM WORKING MOTHERS: QUALITATIVE STUDY

A. **<u>Working Women as Individuals</u>** (background, family of origin, identity, career)
1. When you were younger, what was your perception about motherhood?

2. How did you come to learn that you were pregnant?

    a. Probe: What led you to share your news of pregnancy with family and

    friends?

    b. Probe: What led you to share this information with your supervisor?

3. What is it like being a working mother?

    a. Probe: How rewarding or <u>satisfying</u> is having a career and

    motherhood?

    b. Probe: What are some aspects of being a working mother that are

    <u>challenging</u> to you?

    c. Probe: What makes being a working mother <u>meaningful</u> to you?

    d. Probe: How does being a working mother help shape your

    <u>identity</u>/<u>sense of self</u>?

4. What core values or ethics guide you personally as a working mother?

    a. Probe: What <u>motivates</u> you and <u>guides</u> you in your position as a

    working mother?

    b. Probe: How do you relate to the <u>core-values/ethics</u> of being a mother

    and having a career?

5. How has your perception about motherhood changed since you've become a mother?

B. **Maternity Leave Benefits** (Family Medical Leave Act)
   1. How did you learn about your leave rights/benefits?

      a. Probe: How has the Family Medical Leave Act (FMLA) been helpful to you during this process?

      b. Probe: If you could change FMLA, how would you change it?

      c. Probe: If married- How did you and your spouse decide who was going to take leave and how much leave time would be taken?

C. <u>**Relationship Formation**</u>
   1. Please tell me about the story of your relationship with your supervisor.

      a. Probe: How long has s/he supervised you?

      b. Probe: What <u>attributes</u> do you appreciate about your supervisor?

      c. Probe: What <u>attributes</u> do you wish your supervisor had more of?

   2. How has your relationship evolved or changed during the course of your employment?

      a. Probes: As a <u>regular employee</u>, as a <u>pregnant employee</u>, as a <u>mother</u>?

D. <u>**Supervisor-Supervisee Relationship**</u> (satisfaction, challenges, conflict, time, etc.)
   1. What aspects of your work most impact your role as a mother?

   2. How does being employed affect your ability to be a mother?

      a. Probe: How does your supervisor support your role as a mother?

      b. Probe: How does your supervisor support you with the <u>demands</u> of motherhood?

    c. Probe: What are some areas in which you have expressed a <u>need for</u>

        <u>more support</u> to your supervisor?

3.How has or does being a mother affect your work?

4.Could you talk about how you manage work and family?

    a. Probe: Why is it that way?

    b. Probe: How do you manage the responsibilities or the conflict

        associated with paid work and family work?

5.As an employee, how do you manage the professional demands of your job and

  that of being a mother?

    a. Probe: How do you manage when there is a conflict between your job

        and your child?

    b. Probe: What are your thoughts about how your supervisor feels about

        how work needs are being met? Probe further for professional and

        personal needs

    c. Probe: Would you say that one person's professional responsibilities

        precedence over motherhood? Why is that?

    d. Probe: How do you perceive support from your supervisor?

6.How do your supervisor and you handle disagreements or conflicts between work

  and motherhood?

7.What do you do to ensure your work is satisfactory to your supervisor?

8.How did you broach the topic of maternity leave with your supervisor?

    a. Probe: How did your supervisor support your leave request?

9.Have you ever felt that your supervisor discriminated against you when you were

pregnant or had an obligation related to motherhood?

   a. Probe: How did you deal with this?

10. What advice about work and mother would you give to other employed women

who are becoming mothers?

11. How did you utilize your leave time?

   a. Probe: To prepare for the baby (getting baby items)?

   b. Probe: To rest (focus on yourself, your health, strength, etc.)?

   c. Probe: To seek employment that might be more flexible?

   d. Probe: Any other ways?

12. While you were on leave what were your thoughts about work?

13. How did you decide to return to work?

   a. If still on leave, how will you decide to return to work?

14. How effective was the leave time you were granted?

   a. Probe: How did your leave time benefit you and your child?

   b. Probe: What challenges did you experience as a result of your leave

      benefit?

   c. Probe: What you say that the time allotted for your leave was

      beneficial?

         i. Why or why not?

   d. Probe: What would make maternity leave more beneficial?

E.--Race/Culture

1. At times, professional who are members of a minority group face challenges because of their race or culture. As a minority female employee, have you experienced any of these challenges and how did it impact your functioning at work or your ability to be a mother?

2. As a minority mother, could you tell me of some of the challenges you face

   a. Probe: What challenges have you experienced in your profession in relation to your race and/or ethnicity?

   b. Probe: What challenges have you experienced as a mother in relation to your race and/or ethnicity

3. As a result of the demands of being employed and the demands of family life, if you had a choice to do your education over, would you chose the same profession, why or why not?

F.--Stress

1. What are your thoughts about the demands of your professional life?

   a. Probes: What are the demands? How stressful are the demands?

2. What are your thoughts about the demands of motherhood?

   a. Probes: What are the demands? How stressful are the demands?

3. What other demands or expectations do you experience apart from your job and motherhood?

   a. Probes: What are those demands? How stressful are those demands?

4. How do you cope with stress?

   a. Probes: What works best? What does not work as well?

5. What kinds of support are available to you in managing the stressors in your

    life?

    a. Probes: What is most helpful about their support? Least helpful?

6. How does stress affect your relationships?

    a. Probes: With your supervisor? With your children? With colleagues?

    With friends, family, or extended family?

G.--Gender
1. Tell me about any differences you have observed between female vs. male

    employees

    a. Probe: What if any are the differences you have experienced?

    b. Probe: In the workplace?

    c. Probe: In marital life?

    d. Probe: In experiences of parenting?

    e. Probe: In regards to ethnicity (personally and to other professionals at

        work)

2.   How have you felt supported and empowered (as a woman) in your

    professional life?

    a. Probe: In the workplace?

    b. Probe: In marital life?

    c. Probe: In experiences of parenting?

H.--Parenting
1. How did you make the decision to become a mother?

2. How does having children impact your professional life?

a. Probe: When in your professional training or career did you begin your family?

b. Probes: Do you feel this was the ideal timing? What would the ideal timing be, if there is any?

3. What does quality time as a family look like?

4. How are you able to arrange for quality time as a family?

5. How do you balance work and family demands with your personal needs?

a. Probe: What values and priorities guide you in balancing these demands and needs?

b. Probe: What expectations do you place on yourself?

c. Probe: What expectations does your ethnicity place on you?

d. Probe: What does it mean to be a good parent? How do you achieve that?

e. Probe: What does it mean to be a good employee? How do you achieve that?

f. Probe: How positively do you feel about your ability to meet these expectations from yourself and from others?

6. What is your relationship like with your children?

a. Probes: Is it enjoyable? How do you spend time together? What do you do? How do you communicate with each other?

7. How is parenting handled with your children?

a. Probe: How do you discipline?

b. Probe: Who does most of the discipline of the children?

8. What aspects of being a working mother affect your parenting or your relationship with your children?

   a. Probe: What are some of the benefits to your family of your being employed?

9. Are you married to a man or are you in a same sex union?

   a. Probe: How does your support you as a mother and a working woman?

   b. Probe: How do you and your partner decide which responsibilities you are responsible for as they relate to your child?

      i. How do you decide whose turn it is to wake up at night and feed/change the baby?

      ii. How do you decide who will stay home from work when the baby is sick or has an appointment?

   c. Probe: Do you think your partner understands the challenges you experience as a mother and a working mother?

      i. How so?

      ii. Tell me more about that

10. How do you think your child(ren) view(s) your professional life?

11. How do you think your child(ren) view you as a mother?

12. How do you think your supervisor views your commitment and work ethic since you have become a mother?

13. Since you have had your baby, have you ever felt guilty asking to take a sick day or time off to care for your own personal needs?

    a. Probe: Tell me more about that

14. If you had a choice to do your life over again, would you choose the same

    profession, **why or why not**?

        a.   Probe: What field might you choose?

               i. Probe: Why?

15. If you had a choice to do your life over again, would you choose to be a

    mother and have a career, **why or why not**?

16. Can women really have it all?

APPENDIX H

INTERVIEW QUESTIONS FOR HUSBANDS OF

POSTPARTUM WORKING MOTHERS: QUALITATIVE STUDY

1. What has your experience with fatherhood been like?

2. What does being a father mean to you?

3. What does being supportive look like to you?

4. How have you supported your wife in her role as a mother?

5. Do you feel supported in your role as a father?

6. Did you take paternity leave?

7. How did you support your wife as she transitioned back to work?

8. Do you think your wife suffered from PPD or anxiety?

9. If so, how did you support her through that period?

10. What are some of the changes you've seen with your wife?

11. Does your wife ever speak with you about her struggles with motherhood?

12. What are some of the changes you've experienced since becoming a father?

13. How do you communicate/express your challenges with fatherhood?

APPENDIX I

DEMOGRAPHICS OF

POSTPARTUM WORKING MOTHERS: QUALITATIVE STUDY

Subject #	AGE	Gender	BIRTH COUNTRY	ETHNICITY	CURRENT MARITAL STATUS	# OF BIOLOGICAL CHILDREN	# OF STEP CHILDREN	HIGHEST LEVEL OF EDUCATION ATTAINED	EMPLOYMENT STATUS: SALARIED/ HOURLY
1	30	F	Mexico	Hispanic	2nd M	1- 1½ yr 1- 9 yrs	1- 9 yrs	Medical Assistant Vocational Training	Hourly
2	36	F	USA	Indian	1st M	1- 2 yrs	0	JD	Salaried
3	34	F	USA	African-American	1st M	1- 1½ yr 1- 3 yrs	0	Masters	Hourly/ Contractor
4	34	F	USA	African-American	1st M	1- 22 mo	0	Masters	Salaried
5	28	F	USA	Chinese Am. and Caucasian	1st M	1- 1yr	1- 13 yrs 1- 17 yrs	Masters	Salaried
6	36	F	USA	Hawaiian & Hispanic	1st M	1- 2 yrs	0	Masters	Salaried
7	35	F	Cuba	Hispanic	1st M	1- 6 mo	0	Masters	Salaried
8	32	F	Mexico	Hispanic	1st M	1- 18 mo 1- 10 yrs	0	Masters	Hourly
9	22	F	USA	Hispanic	Single-Never Married	1- 3 yrs 2 days	0	Associates	Currently an undergrad student
10	35	F	South Korea	Asian Am	1st M	1- 6½ mo	0	JD	Salaried
11	34	F	USA	Caucasian	1st M	1- 22 mo	0	Masters	Salaried
12	36	F	USA	Asian Am	1st M	1- 15 mo	0	Masters	Salaried
13	31	F	Mexico	Hispanic	1st M	1- 22 mo	0	Masters	Salaried

Subject #	AGE	Gender	BIRTH COUNTRY	ETHNICITY	CURRENT MARITAL STATUS	# OF BIOLOGICAL CHILDREN	# OF STEP CHILDREN	HIGHEST LEVEL OF EDUCATION ATTAINED	EMPLOYMENT STATUS: SALARIED/ HOURLY
14	29	F	USA	African-American and Samoan	1st M	1- 8 mo 1- 6 yrs	0	Medical Assistant Vocational Training	Hourly
15	38	F	Columbia, SA	Hispanic	1st M	1- 1½ yr	0	Masters	Salaried
16	31	F	El Salvador	Hispanic	1st M	1- 1 yr 1- 12 yrs	0	Masters	Salaried
17	34	F	USA	Caucasian	1st M	1- 1½ yr 1- 4 yrs	0	Masters	Salaried
18	34	F	Australia	Caucasian	1st M	1- 6 mo 1- 3 yrs	0	Masters	Salaried
Subject #	AGE	Gender	BIRTH COUNTRY	ETHNICITY	CURRENT MARITAL STATUS	# OF BIOLOGICAL CHILDREN	# OF STEP CHILDREN	HIGHEST LEVEL OF EDUCATION ATTAINED	EMPLOYMENT STATUS: SALARIED/ HOURLY
19	31	F	USA	Caucasian	1st M	1- 6 mo	0	Masters	Salaried
20	31	F	USA	Hispanic	1st M	1- 2 yrs	0	Masters	Salaried
21	32	F	USA	Caucasian	1st M	1- 1 yr 1- 4 yr	1- 15 yrs	Bachelors	Salaried
22	28	F	USA	Hispanic & German	1st M	1- 2 yrs	0	High School	Salaried
23	35	F	USA	Hispanic	1st M	1- 4 mo 1- 2 yrs	0	Masters	Hourly
24	36	F	USA	Caucasian	1st M	1- 8 mo	0	Masters	Salaried
25	32	F	USA	Hispanic	1st M	1- 2 yrs	0	Masters	Salaried
26	36	F	USA	Cuban Am	1st M	1- 6 mo	0	Masters	Hourly
27	30	F	USA	Chinese and Caucasian	1st M	1- 1 yrs	0	Masters	Salaried

28	36	F	USA	Caucasian	1st M	1- 2 yrs 1- 3 yrs 1- 6 yrs	2- ages were not disclosed	Masters	Salaried
29	32	F	USA	Caucasian	1st M	1- 19 mo	0	Masters	Salaried
30	36	F	USA	Caucasian	1st M	1- 18 mo 1- 6yrs	0	Masters	Salaried
31	38	F	USA	Hispanic	1st M	1- 11mo	0	Masters	Hourly
Fathers									
51	39	M	USA	African-American	1st M	1- 17 mo 1- 13 yrs 1- 17 yrs	0	Masters	Salaried
52	36	M	USA	Hispanic	2nd M	1- 1½ yr 1- 9 yrs	1- 9 yrs	High School	Hourly
53	32	M	USA	Caucasian	1st M	1- 20mo	0	Bachelors	Salary + Commission
Focus Group									
41	34	F	USA	African-American	1st M	3 yrs, 1½ yr	0	Masters	Hourly
42	28	F	USA	Chinese/Caucasian	1st M	1 yr	13, 17	Masters	Salaried
43	38	F	USA	Hispanic	1st M	11 mo	0	Masters	Hourly